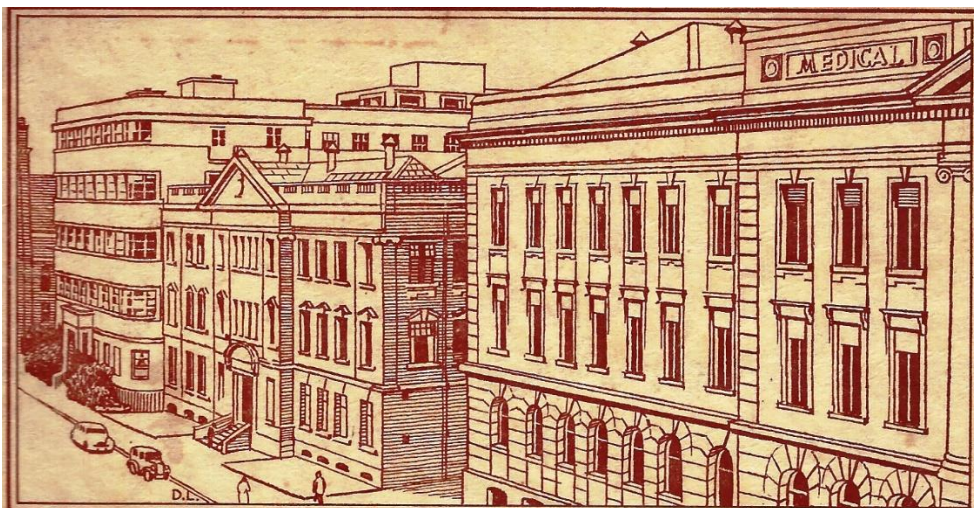


## Foreword

In May 2012 Auckland Medical History Society president Graeme Woodfield met with Linda Bryder, professor of history at The University of Auckland, to discuss ways of commemorating the 50<sup>th</sup> anniversary of the Society. They agreed that a good way of marking the occasion was to hold a ‘Witness Seminar’, drawing on the experiences of some of the older members of the Society, and focusing specifically on their experiences while undertaking postgraduate medical training in the UK between 1950 and 1965. It was felt their collective memories and stories would contribute considerably to contemporary medical history. As the AMHS Newsletter noted in July 2013, these overseas experiences had been a career highlight for many New Zealand doctors. And as one of the participants commented after reading the transcript: ‘What riveting reading! A social history of medical Kiwis adapting to “Mother Britain’s” modus operandi of the day.’

The seminar was held in The Danish House in Auckland on 20 July 2014 and attracted 18 participants, all of whom had graduated from Otago – then New Zealand’s only Medical School – between 1951 and 1962. Linda Bryder and fellow-historian John Armstrong co-ordinated the event. Deborah Dunsford recorded the proceedings, assisted by History Department doctoral candidate Willem van Gent, and Barbara Batt typed up the transcript.



*The Otago Medical School, from the cover of Hercus and Bell's history, The Otago Medical School under the first three deans (1964).*

## Introduction

Participants in this Witness Seminar are part of a long tradition of New Zealand doctors travelling 'Home' to the UK to advance their medical education, which extended back to the early days of British colonisation of New Zealand. Although the Otago Medical School was established in Dunedin in 1875 it provided only a partial curriculum until 1887, when William Ledingham Christie became its first graduate. Prior to that time New Zealand students were required to complete their training overseas. Most went to the UK, with Edinburgh and London being the two most favoured destinations. This continued long after Otago provided a full medical degree, with doctors seeking postgraduate education and sitting for membership of the Royal Colleges.

The presence of New Zealand and Australian medical students in Edinburgh led to the forming of The Australasian Club in 1876. The Christchurch *Star* noted in 1890 that Edinburgh was especially attractive to medical students, partly because it was cheaper to study there than in London. (Another factor was undoubtedly the pre-eminence of Edinburgh's medical school at that time.) By 1890 the Australasian Club had grown from its initial 10 members to a total of 120. At that time both honorary secretaries were New Zealand medical students, who ended up with very different career trajectories. One was Robert Valpy Fulton MB CM Edinburgh 1889, the son of a New Zealand politician, who returned to New Zealand in 1890 and is best remembered as the author of *Medical Practice in Otago and Southland in the Early Days* (1922). The other, Thomas Parkinson, was descended from a family of Canterbury sheep farmers and qualified in 1890, becoming a distinguished London GP. Amongst his patients were members of the aristocracy, including at least one prime minister. Parkinson was knighted in 1916.<sup>1</sup> Those who followed faced a similar choice, whether to stay and build their careers in Britain or elsewhere, or return to New Zealand.

In the first half of the twentieth century, an increasing number of medical students completed their medical degree at Otago rather than seeking overseas education. In the first decade of the twentieth century fewer than 100 doctors graduated from Otago. This figure doubled in the next decade and by the 1920s had risen to more than 500. During the 1950s well in excess of 1,000 undergraduates successfully completed their medical studies at Otago.<sup>2</sup> In his William Meredith Fletcher Shaw Memorial Lecture for 1960, Wellington obstetrician Thomas Corkill claimed to be one of the last of the New Zealanders who 'went overseas almost as a matter of course and then sought postgraduate refreshment after the war and before return'.<sup>3</sup>

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<sup>1</sup> *British Medical Journal* (BMJ) obituary, 16 February 1935, 336.

<sup>2</sup> Figures extracted from Dorothy Page, *Anatomy of a medical school: a history of medicine at the University of Otago 1875-2000*, Dunedin, 2008, 313-44.

<sup>3</sup> TF Corkill, 'New Zealand's debt to British obstetrics', *Journal of Obstetrics and Gynaecology of the British Commonwealth*, February 1961, 68:150.

Corkill had qualified MB ChB Edinburgh in 1915 and acquired the Edinburgh MD and the MRCE Edinburgh in 1920 before registering as a doctor in Wellington in March 1921.

In terms of postgraduate qualifications, the first New Zealand-born individual to obtain the Fellowship of the Royal College of Surgeons (FRCS) was Louis Barnett, who did so just two years after completing his undergraduate studies at Edinburgh in 1888.<sup>4</sup> Coincidentally, Barnett was also the brother-in-law of R.V. Fulton. The earliest New Zealander to obtain the Edinburgh FRCS was James Palmer, son of a Christchurch banker. His entry in the 1903 *Cyclopedia of New Zealand*, compiled by Palmer himself, outlined his education and career path:

He was educated at Christ's College, Christchurch, and when he left it in 1884, he sailed for Edinburgh, where he went through a medical course, extending over four years. At the close of the term he took his diploma as MB CM and almost immediately proceeded to London, where he gained an extensive and practical experience of surgical work in one of the leading hospitals. In 1888 Dr Palmer visited Paris, where he walked the hospitals. He visited New Zealand in 1889, but left again in 1890 for Edinburgh. There he gained his three other diplomas, and in 1893 returned to Christchurch, where he has since practised his profession.

Some who decided to complete their medical degrees at Otago also sought membership of the Royal Colleges following graduation. The first to do so was Herbert Barclay, superintendent of Waimate Hospital in Canterbury, who took time out in 1896 to obtain this recognition in Edinburgh.<sup>5</sup>

Expatriates like Thomas Parkinson and William Ledingham Christie, who pursued successful medical careers in London from the 1890s, were an important link in the continuing medical bonds between New Zealand and the UK, helping to establish and maintain networks across the decades. Arguably the most high-profile expatriate was Arthur Porritt, who was awarded a Rhodes scholarship in 1923 to go to Oxford, where he qualified in medicine in 1928.<sup>6</sup> Six years after graduation Porritt was invited to speak at the third annual dinner in London for University of New Zealand graduates and undergraduates. He stated that 'much was heard about Rhodes Scholars who preferred to make their home in England. A certain proportion of the scholars of New Zealand University could do as much good work in England and other parts of the world for New Zealand as if they returned to their

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<sup>4</sup> Sir Louis Edward Barnett (1865-1946) was professor of surgery at the Otago Medical School 1909-24. See AW Beasley. 'Barnett, Louis Edward', from the Dictionary of New Zealand Biography. Te Ara - the Encyclopedia of New Zealand, updated 4-Jun-2013 URL: <http://www.TeAra.govt.nz/en/biographies/3b9/barnett-louis-edward>.

<sup>5</sup> Herbert Clifford Barclay (1866-1932) was surgeon-superintendent of Waimate Hospital 1890-1917. After the First World War he settled in England.

<sup>6</sup> Graeme Woodfield & Joseph Romanes, *No ordinary man: the remarkable life of Arthur Porritt*, Wellington, 2008.

own country.' Porritt agreed with Cecil Rhodes's sentiment that scholars should return home to spread the spirit imbued at Oxford but added that 'the further point had to be remembered that a certain number must remain away to keep alive in England and other places the points of view of their own Dominions.'<sup>7</sup> He himself put this into practice, with one of his biographers arguing that his term as governor-general of New Zealand from 1967-72 was not that successful 'for he was felt to have behaved like a particularly well-bred Englishman, remaining rather aloof from the average New Zealander. Indeed it was said that he appeared to have lost his Antipodean approach to life. When his time as governor-general was over he returned to Britain, for there appeared to be no ties to keep him in the country.'<sup>8</sup>

The most striking example of New Zealand networking in the interwar period was the pioneering work of three New Zealand-born plastic surgeons – Harold Gillies, Archibald McIndoe and Arthur Mowlem.<sup>9</sup> Two other successful New Zealanders became Oxford medical professors. Robert Reynolds Macintosh was Nuffield professor of anaesthesia from 1937 to 1965,<sup>10</sup> while John Stallworthy held the Nuffield chair of obstetrics from 1967-73.<sup>11</sup> Another New Zealander to contribute in this sphere was Charles Read, a 1924 Otago graduate who worked in London from 1926 and rose to become president of the Royal College of Obstetricians and

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<sup>7</sup> 'Influence of Rhodes Scholars: Problem of return to Dominions', *The Times*, 5 November 1934. Rhodes Scholarships were founded in 1902 by the mining magnate and politician Sir Cecil Rhodes (1853-1902) for study at the University of Oxford; until 1977 they were restricted to male students.

<sup>8</sup> PJ Morris, 'Porritt, Arthur Espie, Baron Porritt (1900–1994)', *Oxford Dictionary of mcmich* [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/55260>, accessed 23 March 2015].

<sup>9</sup> Gillies and McIndoe were cousins, and the three men formed the core group of UK plastic surgery during this period. See MC Meikle, 'The evolution of plastic and maxillofacial surgery in the twentieth century: the Dunedin connection', *The Surgeon: Journal of the Royal Colleges of Edinburgh and Ireland*, October 2006, 4.5:325-334 & Murray Meikle, *Reconstructing faces: the art and wartime surgery of Gillies, Pickerill, McIndoe and Mowlem*, Dunedin, 2013

<sup>10</sup> Sir Robert Reynolds Macintosh (1897-1989) MRCS LRCP 1924. Son of a Timaru newspaper editor and mayor. Never practised in New Zealand. Nuffield professor of anaesthetics, Oxford University 1937-65, the first such professorial appointment outside the United States. See J Beinart, *A history of the Nuffield Department of Anaesthetics, Oxford, 1937-1987*, Oxford, 1987, & Keith Sykes, 'Macintosh, Sir Robert Reynolds (1897-1989)', rev. *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/40073>, accessed 23 March 2015].

<sup>11</sup> John Arthur Stallworthy MB ChB NZ 1930 was born in Dargaville, son of a former New Zealand Minister of Health and grandson of the first chairman of the Northern Wairoa Hospital Board. See JO Drife, 'Stallworthy, Sir John Arthur (1906–1993)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/53336>, accessed 23 March 2015].

Gynaecologists (RCOG) in 1955.<sup>12</sup> Five of the six named here were knighted, Mowlem being the exception.

The combined field of obstetrics and gynaecology provided especially strong links between the UK and New Zealand from the 1930s, as already evidenced in the references to Corkill and Stallworthy; the latter, even from a distance, was able to influence events in his native land. During a visit to the UK in 1939 the redoubtable Dr Doris Gordon, who had been the driving force behind the foundation of the New Zealand Obstetrical Society in 1927, sought to discover why the Society's Obstetric Scholars sent there as part of the scholarship it had established in 1929, did not return to New Zealand to practice. She discovered that of the nine scholars appointed, only one had returned to New Zealand. Subsequent discussions with Stallworthy and Sir William Fletcher Shaw<sup>13</sup> sowed the seeds for the establishment of a postgraduate school for obstetrics and gynaecology in New Zealand, a proposal which came to fruition with the founding of National Women's Hospital in 1946.<sup>14</sup>

Sometimes the networking was led by UK doctors. Charles Read had been encouraged to stay in the UK by the eminent gynaecologist Victor Bonney.<sup>15</sup> Perhaps inspired by his connection to Read, Bonney visited New Zealand in 1928 as an official delegate from the British Medical Association and wrote about his experiences in the *British Medical Journal (BMJ)*. Bonney was greatly impressed by the New Zealand profession's affection for 'Home' and called on his UK colleagues to do more to maintain these links, for fear that Antipodean doctors might be drawn to their 'comparatively-near neighbours' in the US, where there was a different outlook. He identified two clear requirements to achieving this goal: 'first, an improvement in the facilities open to Australians and New Zealanders for post-graduate work in this country, and secondly, personal visits to the Dominions by representatives of the profession at home to promote better understanding and more intimate relations'. Bonney compared UK resources for postgraduate study

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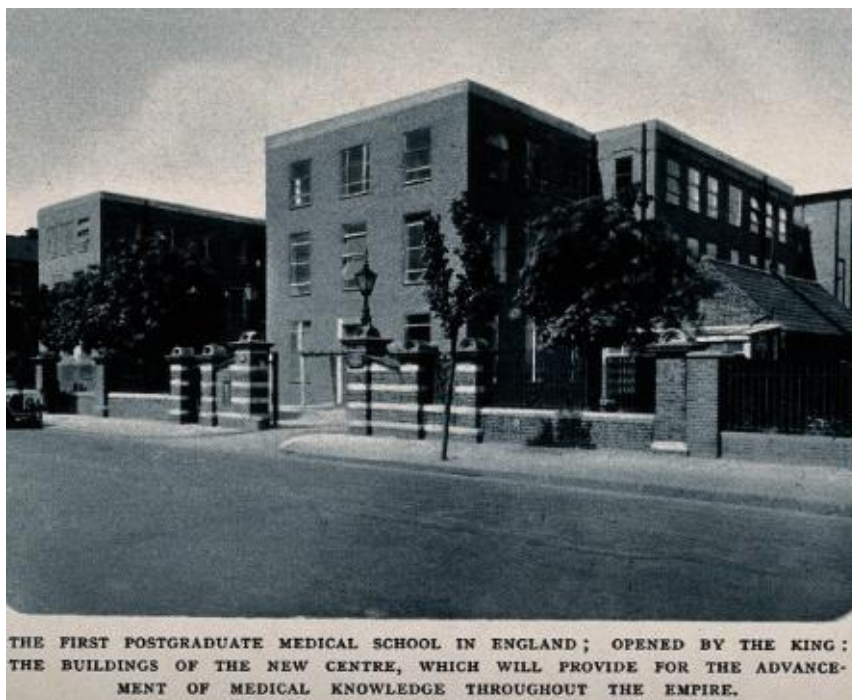
<sup>12</sup> 'Read, Sir Charles David (1902-1957)', in <http://livesonline.rcseng.ac.uk/biogs/E005297b.htm>.

<sup>13</sup> Sir William Fletcher Shaw (1878-1961) was a Manchester obstetrician and gynaecologist who was instrumental in the formation of the Royal College of Obstetricians and Gynaecologists in 1929, serving as honorary secretary (1929-38) and president (1938-43). See Ornella Moscucci, 'Shaw, Sir William Fletcher (1878-1961)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/571119>, accessed 25 March 2015].

<sup>14</sup> Linda Bryder, *The rise and fall of National Women's Hospital: a history*, Auckland, 2014, 26-45. On Gordon see also Linda Bryder, 'Gordon, Doris Clifton', from the Dictionary of New Zealand Biography. Te Ara - the Encyclopedia of New Zealand, updated 1-Oct-2013 URL: <http://www.TeAra.govt.nz/en/biographies/4g14/gordon-doris-clifton>.

<sup>15</sup> See F. W. Roques, 'Bonney, (William Francis) Victor (1872-1953)', rev. Michael Bevan, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2009 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/31963>, accessed 26 March 2015].

unfavourably with the US and Europe, advocating the establishment of such facilities in 'a large hospital devoted solely to post-graduate work'. Bonney's vision became reality in 1935 when London's Hammersmith Hospital, founded in 1902, became home to the new Royal Postgraduate Medical School, an association which lasted until the latter became part of Imperial College in 1997.<sup>16</sup> Among those who took up Bonney's suggestion to visit the Antipodes was Fletcher Shaw who came to New Zealand in 1946 to grant National Women's Hospital recognition as a training school for membership of the RCOG.<sup>17</sup>



*This photograph of the new Postgraduate School appeared in the Illustrated London News, 18 May 1935. Image courtesy of the Wellcome Library, London.*

While the Royal Australasian Colleges of Surgeons<sup>18</sup> and Physicians,<sup>19</sup> founded in 1927 and 1938 respectively, offered postgraduate training and fellowships, many

<sup>16</sup> See Sir Francis Fraser, *The British Post-graduate Medical Federation: The First Fifteen Years*, London, 1967, James Calnan, *The Hammersmith, 1935-1985: the first fifty years of the Royal Postgraduate Medical School at Hammersmith*, Lancaster, 1985 & Christopher C Booth, 'Medical science and technology at the Royal Postgraduate Medical School: the first 50 years', *BMJ (Clinical Research Edition)*, 21 December 1985, 1771-9.

<sup>17</sup> Linda Bryder, *The rise and fall of National Women's Hospital: a history*, Auckland, 2014, 38.

<sup>18</sup> See C Smith, 'The shaping of the RACS, 1920-1960', in DE Theile, PH Carter & CV Smith (eds), *Royal Australian College of Surgeons handbook 1995*, Melbourne, 1995,

Australians and New Zealanders still opted to travel to the UK for this purpose, with many spending time at Hammersmith. The Second World War limited such opportunities but the late 1940s brought a revival of this practice.

This renewed interest was encouraged by a report in September 1948 of a two-day meeting, attended by representatives from Australia, Canada, Ceylon, Eire, Great Britain, India, New Zealand, Pakistan, South Africa and Southern Rhodesia, to discuss a proposed British Commonwealth Medical Conference, the first of which would be held in Saskatoon, Canada, in June 1949. The *BMJ* commented that medical men and women throughout the Dominions drew inspiration from the UK and frequently went 'Home' for postgraduate experience, especially now that modern transport had reduced the world 'to the size of a parish'. It went on to explain that the aim was to foster existing associations and to 'integrate in corporate form the separate units of medical organization in the Dominions'.<sup>20</sup>

The concept made only limited progress in the 1950s but was revived in the early 1960s largely through the efforts of two New Zealanders, Sir Arthur Porritt and Sir Douglas Robb. On 21 May 1960 the *BMJ* reported that the British Medical Association's 1961 annual meeting would be held in Auckland, New Zealand, as far from Britain as it was possible to get, 'yet the medical relationship between the two countries could hardly be closer'. BMA president Sir Arthur Porritt reiterated these sentiments in his presidential address, entitled 'Commonwealth and common health'.<sup>21</sup> Sir Douglas Robb, whose *BMJ* byline described him as 'surgeon, Green Lane Hospital, Pro-Chancellor, University of Auckland', reiterated this theme of kinship in his president's address to the 129<sup>th</sup> annual meeting of the BMA in Auckland, which built on Porritt's words. He wrote: 'Those of us who are living our lives in distant Commonwealth countries, returning at critical periods to the Homeland for refreshment and inspiration, have developed some conception of the possibilities of a fuller interchange – an interchange to be modified, no doubt, as the participants grow and mature, as Canada and Australia have already done.'<sup>22</sup>

Two editorials published in the same edition of the *BMJ* praised the achievements of the two New Zealanders, and the contributions of their country to UK medicine, describing Robb as a 'medical statesman moulding the medical services of New

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13-54, AW Beasley, *The Mantle of Surgery. The First Seventy-five Years of the Royal Australasian College of Surgeons*, Melbourne, 2002 & DS Cole, *The first half century of the College in New Zealand. Royal Australasian College of Surgeons, 1927-1977*, Auckland, 1977.

<sup>19</sup> See Ronald Winton, *Why the pomegranate? A history of the Royal Australasian College of Physicians*, Sydney, 1988 & JC Wiseman (ed), *To follow knowledge: a history of examinations, continuing education and specialist affiliations of the Royal Australasian College of Physicians*, Sydney, 1988.

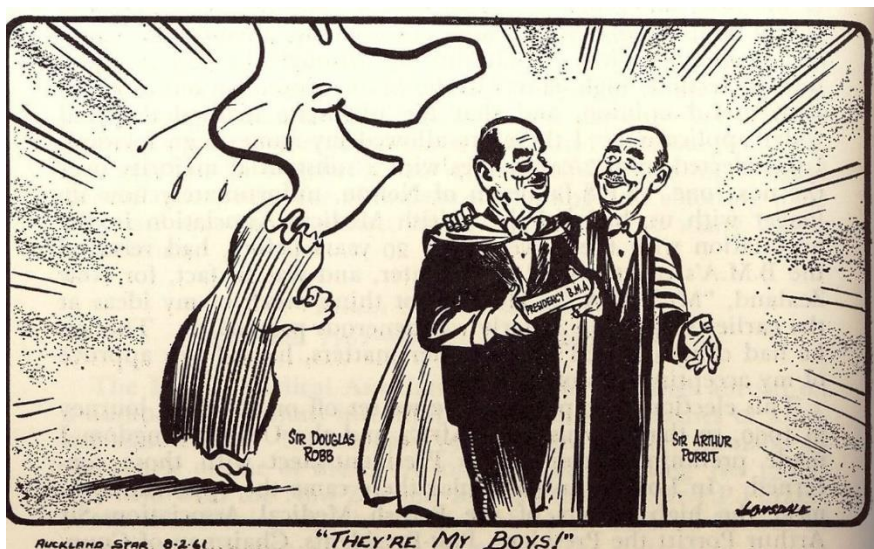
<sup>20</sup> 'Medicine in the Commonwealth', *BMJ*, 25 September 1948, 606.

<sup>21</sup> *BMJ*, 25 June 1960, 1907-11.

<sup>22</sup> Sir Douglas Robb, 'Medicine and health on a Commonwealth basis', *BMJ*, 11 February 1961, 375.



Zealand' and commenting that 'so many distinguished New Zealand doctors who have settled in England were among the most prominent speakers at the meeting in Auckland this week is an eloquent witness of the benefits we at home have secured from this migration'. A second editorial paid tribute to Robb's role in the formation the previous week of the Commonwealth Medical Association, at a meeting in Auckland.<sup>23</sup>



*Douglas Robb (left) and Arthur Porritt, as depicted by an Auckland Star cartoonist in 1961.*

In 1950 most New Zealand doctors seeking postgraduate experience still elected to go to the UK. As Thomas Corkill explained in his 1960 memorial lecture, New Zealanders looked to both the UK and the US for knowledge, but to the former 'for the balanced view in the approach to most of our problems'.<sup>24</sup> Of the 18 participants who came together in Auckland in July 2014 to discuss their postgraduate experiences in the 1950s and 1960s, 17 had been to the UK. One of the seminar participants, Dr Harold Coop, explained what had motivated his choice of location: 'My interest is in the important responsibility that postgraduates have, when completing their training, to look around the world and determine where is the most important knowledge to bring back to New Zealand.'<sup>25</sup> The seminar discussions revealed a number of interesting differences between the way medicine was practised in the two countries, and the New Zealanders' responses to these.

<sup>23</sup> BMJ, 11 February 1961, 414. On Robb's role see also Derek Dow, 'Commonwealth links of common health', *New Zealand Doctor*, 10 November 1999, 40 & Derek A Dow, 'Sir Douglas Robb', in N Tarling (ed), *Auckland minds & matters*, Auckland, 2004, 128-46.

<sup>24</sup> Corkill, 152.

<sup>25</sup> Email from Harold Coop to Linda Bryder, 23 April 2014.



With such a small sample of the 1000-plus who graduated in the 1950s and early 1960s, it is difficult to assess how representative their experiences were, although the seminar transcript reveals a number of recurring themes and common experiences. The testimony of many of the participants confirms the value and the extent of networking in shaping careers. Such links included personal contacts between teachers at the Otago Medical School and colleagues abroad, New Zealand graduates permanently resident in the UK or the US, and peers who had preceded the participants by only a short time. At least one met with Sir John McMichael to seek advice. McMichael was a leading figure in the British Postgraduate Medical Federation who, along with Douglas Robb, had been appointed in 1960 as a Sir Arthur Sims Travelling Professor, charged with carrying the gospel to Australia and New Zealand.<sup>26</sup> On this occasion the recipient of the advice, David Richmond, elected not to heed McMichael's words (see page 44).

Many participants enjoyed associations with leading figures in their fields, experience which stood them in good stead on their return to New Zealand. Coming from a country whose citizens prided themselves on their egalitarianism, the class structures of the UK made their mark upon several of those who spoke at the witness seminar. The prevailing orthodoxy of mid-twentieth century New Zealand was summed up in the 1969 comment by one of the country's leading historians that 'it [NZ] must be more nearly classless... than any advanced society in the world'.<sup>27</sup> The prevailing work ethic in the UK also came under scrutiny, not always favourably, from the New Zealand postgraduates.

It appears that most of those who travelled overseas were seeking specialist knowledge, with only two of the 18 electing for a career in general practice upon returning to their homeland. A disproportionate percentage elected to study haematology, for reasons which were not fully explained during the seminar. Several did, however, comment on the relatively advanced state of transfusion medicine in New Zealand compared with the UK. Other areas referred to included renal medicine and respiratory diseases, reflecting some of the current concerns of the era. One good example of this, and of the networking referred to earlier, can be seen in the testimony of Peter Holst, who was persuaded to switch from anaesthetics to respiratory medicine, and from a planned trip to the UK to a postgraduate programme in the US by Thomas O'Donnell. O'Donnell was an Otago graduate who had returned to his alma mater while Holst was a final year student, and had previously been attached to the Department of Respiratory Medicine at Hammersmith Hospital before a spell as a visiting fellow in cardiovascular research at the University of California in San Francisco.

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<sup>26</sup> Sir Douglas Robb, *Medical odyssey: an autobiography*, Auckland, 1967, 158. The Sims Commonwealth Travelling Professorships were established in 1946 to promote exchange between the Dominions and the 'Old Country'. The donor was Sir Arthur Sims (1877-1969), a New Zealand accountant, businessman and international cricketer. See <http://livesonline.rcseng.ac.uk/biogs/E006120b.htm>.

<sup>27</sup> Keith Sinclair, *A history of New Zealand*, 2<sup>nd</sup> edition, Auckland, 1969, 285.

Beyond their professional lives, participants offered collective insights into the impact of their foreign sojourns. For many the journey began with working their passages as ships' surgeons. Half a century later, their memories of what this involved remain vivid, and varied. The problem of finding accommodation, especially for those who travelled with partners and families, also evoked stirring recollections, from the grandeur of a sixteenth century dwelling near Edinburgh to small London flats with no provision for drying laundry. Other memories of their stay in London, which participants alluded to, include London's smog, the opening of the UK motorway system, the Cuban missile crisis and 'swinging London'. All help capture the atmosphere of the era and the impression made upon the New Zealand contingent.

In this post-war era, not all of those who went overseas to advance their education returned home; Graeme Woodfield, a participant in the seminar, estimated that 30 per cent of his class of 1959-60 failed to do so. Those who did come back to New Zealand were often assisted in finding posts by their overseas mentors, or were actively encouraged to come home by local leaders such as Douglas Robb or Derek North.<sup>28</sup> For some, the return was something of a culture shock; for others, it was a smooth transition into the specialist careers for which they had trained abroad. Martin Wallace, who came back as a part-time renal surgeon, perhaps best summed it up with his explanation as to why he accepted a post at Waikato Hospital: 'We were keen to get home, so I accepted his offer.'

**Linda Bryder**

**Derek A Dow**

**May 2015**

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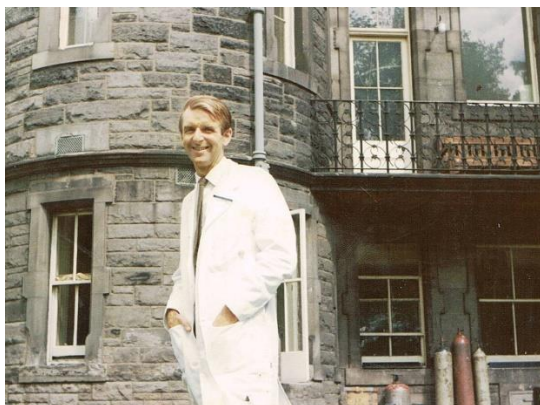
<sup>28</sup> John Derek Kingsley North (1927-) MB ChB NZ 1950 MRCP Lond 1955 FRCP Lond 1969. New Zealand Rhodes scholar 1950. Professor of medicine 1968-91 and dean of medicine, 1989-91, University of Auckland.



## Transcript

**Linda Bryder** welcomed participants and outlined the goals of the seminar. She explained that the 'Witness Seminar' was an interactive occasion at which participants were asked to reflect upon their experiences of going overseas for postgraduate medical training. This included why they chose the destination they did, their experiences abroad, including differences encountered and networks created, and what effect all this had on their long-term careers. She invited Graeme Woodfield to begin the discussion.

**Graeme Woodfield:** I was working in Auckland, and I had done my house surgeon years, and had done over two and a half years in pathology as a pathology registrar. And then I was offered the chance of a postgraduate fellowship to go overseas, and it was one that was offered to most doctors in Auckland, junior doctors, who would do I think four years with the Hospital Board. And so the decision was where to go, and I had been offered a post with Dameshek's<sup>29</sup> laboratory in Boston. But I didn't like the idea of going to America – I think I have a little bit of an anti-American bias – and we had a lot of friends who were going to Edinburgh, so that's where we decided to go. And what decided me to go to Edinburgh I think was John Buchanan had just arrived back from overseas, and he was I think the first specialist in haematology, and he encouraged me to become a haematologist. And I was intent on becoming the world's best clinical haematologist.



*Graeme Woodfield outside the Royal Infirmary of Edinburgh c.1966.*

During my pathology training I had done some study in – of course as I had to – in transfusion, and I hated it. I thought it was the worst subject you could get into. It was full of antigens and antibodies and all strange names I didn't like, and the technicians were so confident. And I said that's one specialty that I shall never go into. Well, we went to Edinburgh, and fortunately fluked the membership fairly quickly which gave you the open door to getting a job. And I needed a job because

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<sup>29</sup> William Dameshek (1900-69) MD Harvard 1923. American clinical haematologist. Founding editor in 1946 of the American Society of Hematology journal, *Blood*. See Robert S Schwartz, 'William Dameshek: compassionate clinician and gifted teacher', *The Haematologist*, July-August 2008.

we had no money. And I wanted to work with Howard Davies<sup>30</sup> who was the haematologist at Edinburgh, first-class person, great little unit, but there were no jobs. The only job available was in a blood transfusion service, and so that's eventually where I landed up for the next three or four years. So it was really quite accidental I became a transfusionist, not of choice but of accident really.

**John Armstrong:** It's a very common theme that I hear when people talk about serendipity, meeting the right person at the right time. There was a job here, there was a free house here, that's often the start of their specialty training. It often wasn't through choice or preference but it was just the luck of the draw and I'm sure it was a very common theme.

**Linda Bryder:** Which is important in itself as were the networks that you talk about and perhaps the bias towards Britain that a lot of New Zealanders probably shared, maybe not all of them in fact.

**John Armstrong:** Can I just get the chronology. What year did you go away?

**Graeme Woodfield:** That was 1965.

**Margaret Maxwell:** I qualified in Dunedin in 1955, married my husband Rodger Maxwell<sup>31</sup> who had qualified down there in 1953. I had a Health Department bursary so I had to work here for two and a half years before we could go overseas. So he did various other things in pathology and geriatric medicine, waiting for me to be free to go.

So we went to the UK, to London in the middle of 1958. I had held hospital positions here, including a six-month stint as ENT registrar. I knew I wanted to do general practice, and tried to fit in things that were appropriate. We went over to Britain on one of the Port Line<sup>32</sup> ships and I think many of our vintage got their sort of free passage by being a ship's doctor. So Rodger was a doctor and I was a paying passenger – £200 at the time which seemed an awful lot. He went on to do postgraduate study and work in London, mainly at Hammersmith Hospital.<sup>33</sup> I decided to earn the money that we needed to keep us there. So I did half-time general practice with a doctor out in Ealing, and then got on the list for the area health office over there, doing locum clinics in paediatrics, antenatal, postnatal, immunisation sectors. I was able to go to lectures, I didn't do any exams over there.

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<sup>30</sup> Samuel Howard Davies (1914-2003) MB ChB Edin 1952. Consultant haematologist. Established the department of haematology, Royal Infirmary of Edinburgh in 1961. See BMJ, 8 May 2004, p.1138.

<sup>31</sup> Rodger Heath Maxwell (1923-2010) MB ChB NZ 1953. Medical superintendent in Auckland, North Shore, Waitakere and Whangarei hospitals 1966-86.

<sup>32</sup> The Commonwealth and Dominion Line was formed in 1914 by amalgamating four shipping companies which plied between the UK, Australia and New Zealand. It adopted the name Port Line Limited in 1937 then became part of the Crusader Shipping Co Ltd in 1957.

<sup>33</sup> For a history of London's hospitals see Geoffrey Rivett, *The development of the London hospital system, 1823-1982*, London, 1986.

I went to lectures at Moorfields Eye Hospital<sup>34</sup> and Gray's Inn,<sup>35</sup> Middlesex, in various specialties that were applicable to general practice.

We met people over there that were colleagues from New Zealand: Ross and Marian Moore, Ross is here today, John and Elizabeth Scott, Ken and Jewell Mayo – Ken was a radiologist and worked mainly in Bristol but came up to London quite frequently.<sup>36</sup> Our first child was born in 1960, Deirdre, at Hammersmith Hospital and I had to keep on working. So Marian Moore kindly babysat Deirdre while I went off to do my general practice stints.



*St Margaret's College Ball, Dunedin 1955. Margaret Parsonage (as she then was) is on the extreme right of the front row while John Scott is the bespectacled figure second from left in the back row.*

I had to come back to New Zealand by ship because I was now five months pregnant with our second child and you couldn't travel by ship if you were over six months pregnant, so Rowan was born back here at Cornwall Hospital.<sup>37</sup> Rodger came back about two months later. He'd had to finish out a stint at one of the

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<sup>34</sup> Moorfields Eye Hospital, the first in the world to be devoted to eye disease, opened in 1805 as a dispensary. It was renamed the London Ophthalmic Infirmary when it moved to Moorfields in 1822 and was accorded the Royal title in 1837. It amalgamated with two other London ophthalmic hospitals in 1947 and became known as the Moorfields, Westminster and Central Eye Hospital. See FW Law, *The history and traditions of the Moorfields Eye Hospital: vol 2: being a continuation of Treacher Collins' history of the first hundred years*, London, 1975 & Peter K Leaver, *The history of Moorfields Eye Hospital, Volume III: forty years on*, London, 2004.

<sup>35</sup> The four Inns of Court, one of which is the Honourable Society of Gray's Inn, are professional associations for barristers and judges.

<sup>36</sup> Kendall Maurice Mayo (c.1927-82) MB ChB NZ 1953. Director of radiology, Middlemore Hospital, Auckland. See NZMJ, 1982, 95, 51-2.

<sup>37</sup> Cornwall Hospital, Auckland, was constructed in 1943 as an American Army military hospital to accommodate casualties from the war in the Pacific. In 1946 it was adapted for use as a combined maternity and geriatric hospital. Renamed National Women's Hospital in 1955, it remained in use for this purpose until the new NWH opened in 1964. See Linda Bryder, *The rise and fall of National Women's Hospital: a history*, Auckland, 2014.



hospitals there. And from the sublime of London to the ridiculousness of Kaitaia,<sup>38</sup> we set up a home up there for about three years when he was the physician specialist there, and then he changed his tack to being an administrator and continued on that for the rest of his working life.

I came back after five years of looking after our three children to doing general practice and had a solo practice in Takapuna. I also was involved from the 1960s in writing regular articles for the *New Zealand Family Doctor*, because our mentor James Newman<sup>39</sup> was one of the editors of that and he said they needed to have someone who could talk about children's problems. And the first thing he told me I had to write was an article on managing a plane journey with children over to the UK. I said, 'Well, I've never done it.' He said, 'That doesn't matter, you can write something about it.' But the articles had to be useful to the general public. This was before a lot of medical articles got into the various women's journals.

It was a satisfying time to be over in the UK and I also subsequently have been involved in the New Zealand Medical Women's Association and the International Medical Women's Association and conferences throughout the world.<sup>40</sup> So it's given me the opportunity of knowing what is going on overseas as well as what is going on here.

**Linda Bryder:** Thank you. I think Margaret has introduced quite a few things there that we could maybe pick up on as we go on, so thank you very much. We'll get John Scott to also start talking.

**John Scott:** I ended up as a professor of medicine in Auckland. I started out with a family in the Auckland area. I had no knowledge of medicine whatsoever. One GP in the South Island and another prominent doctor there were related to me through my father. At school I studied languages and mathematics. I come from a long line of mathematicians in the United Kingdom. Anyway, I decided I didn't want to be a teacher, like the rest of the family. I didn't want to go into mathematics and languages. So in the sixth form at Mt Albert Grammar<sup>41</sup> I switched, and I did chemistry for one year in the seventh form and I did electricity and magnetism. I sat Scholarship and fluked it on the bottom of the list and decided I would do medicine. It was no more conscious thinking on my part.

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<sup>38</sup> Kaitaia Hospital opened in 1904. See Keith Parker, *Kaitaia's hospital: a glimpse at hospital services and volunteer health care in the far north, 1904-2004*, Kamo, 2005.

<sup>39</sup> James Lister Newman (1903-83) MB BChir Cantab 1929. Geriatrician and medical superintendent, Cornwall and Green Lane Hospitals, Auckland, 1952-68. See Ronald Barker, 'Newman, James Lister', from the Dictionary of New Zealand Biography. Te Ara - the Encyclopedia of New Zealand, updated 4-Dec-2013, URL: <http://www.TeAra.govt.nz/en/biographies/5n7/newman-james-lister>.

<sup>40</sup> The New Zealand Medical Women's Association was established in 1921. The International Medical Women's Association was founded in 1942.

<sup>41</sup> Mt Albert Grammar School was founded in 1922 as an offshoot of Auckland Grammar.

However, looking back on it, my mother particularly moulded me very carefully. She was a friend of Sir Douglas Robb,<sup>42</sup> Alice Bush<sup>43</sup> and others. So I started off with a moderately left-wing viewpoint of medicine and the need for change, because those two and one or two others, including Dr Smith<sup>44</sup> from Rawene had begun to alter medical politics, and they were not thinking along the lines of others. So my introduction to medical politics was somewhat radical. So I just drifted into medicine, I drifted through medical school. But I ended up half-way through doing a BMed Science, and I got a degree and wished I had the opportunity to see a really great scientist at work. I just missed Karl Popper.<sup>45</sup> He became a friend of my father's through mathematics so I was aware that science was a huge vision of human activity, there was lots of ins and outs. Anyway, from Eccles<sup>46</sup> I learnt scientific method, methodology and some of the morals and ethics of science – that was a very important part of my background.

So I then became deeply interested in science, then got back into medical school, much as we will hear from John Buchanan who did the same sort of thing. And then what was I going to do? As I say, I wouldn't do general practice. I decided I didn't want to be a super specialist, well, I thought I would try my hand at research. So I

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<sup>42</sup> Sir (George) Douglas Robb (1899-1974) MB ChB NZ 1922 FRCS Eng 1926 FRACS 1930. Auckland surgeon. Chancellor, University of Auckland 1961-8. Chairman of steering committee which oversaw the establishment of the Auckland Medical School, which admitted its first students in 1968. For Robb's experiences of postgraduate study in the 1920s see Sir Douglas Robb, *Medical odyssey: an autobiography*, Auckland, 1967, 33-43.

<sup>43</sup> Alice Mary Bush (1914-74) MB ChB NZ 1937 MRCP Lond 1949 FRCP Lond MRACP 1946. Auckland paediatrician. See Fay Hercock, *Alice: the making of a woman doctor: 1914-1974*, Auckland, 1999.

<sup>44</sup> George McCall Smith (1882-1958) MB ChB Edin 1904. GP in the Hokianga 1914-48 and medical superintendent, Rawene Hospital. See GK Welch, *Doctor Smith: Hokianga's 'king of the north'*, Hamilton, 1965 & Frank Rogers, 'Smith, George Marshall McCall', from the Dictionary of New Zealand Biography. Te Ara - the Encyclopedia of New Zealand, updated 30-Oct-2012, URL: <http://www.TeAra.govt.nz/en/biographies/4s32/smith-george-marshall-mccall>.

<sup>45</sup> Sir Karl Raimund Popper (1902-94). Lecturer in philosophy at Canterbury University College, Christchurch 1937-46 then reader in logic at the London School of Economics and professor of logic and scientific method, University of London from 1949. Lifelong friend of Sir John Eccles. See Alan Ryan, 'Popper, Sir Karl Raimund (1902-1994)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2011. [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/55259>, accessed 23 March 2015].

<sup>46</sup> Sir John Carew Eccles (1903-97) MB BS Melbourne 1925. Australian physiologist, Nobel Prize winner and professor of physiology, University of Otago 1943-51. See David R Curtis & Per Andersen, 'John Carew Eccles 1903-1997', *Historical records of Australian science*, 2000, 13:4.439-73 & Peter BC Matthews, 'Eccles, Sir John Carew (1903-1997)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Oct 2007 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/66204>, accessed 23 March 2015].

asked Sir Edward Sayers,<sup>47</sup> who was my consultant, Michael Gilmour<sup>48</sup> and one or two others, what I should do and I got them as referees – that was an important point – getting your referees, the referees you got were very important. They wrote overseas, together with a standard letter from the Auckland Hospital Board which said John Scott worked for three years for the Auckland Hospital Board, da, da, da, he was a satisfactory doctor, bang. That was his testimonial because I saw some of them later on and they were pretty awful. If they didn't like you they didn't put a comment in, so that person in the United Kingdom would know you were no good. But if you were reasonably satisfactory everybody got the same thing. Then, where to go? I learnt that the best place to start was Hammersmith, so I went to Hammersmith – that's because everybody went to Hammersmith, I thought.

So off I went as a ship's doctor, on a shilling a day, or a shilling and sixpence I think it was a trip, which was never collected. We were the reverse of the Maxwells, in that we had two children by that stage so Elizabeth looked after the kids on the boat and I did the medicine. I was on a ship where the chief purser was a well-known man but the captain was very well-known, he was not the marshall but something of the Port Line, the Cunard Line. And the ship was the *Port Vindex*, it was in the middle of its life. It had been an aircraft carrier during the war, and for that reason it had a very good surgery.<sup>49</sup> I had a compound tib and fib in the Pacific, I'd been well trained and so I anaesthetised the patient, handed him over to the captain, and used some 13 hours of anaesthetic and the patient did very well and I had a Thomas splint,<sup>50</sup> the whole works, and did the original surgery on the bin deck and later I just strapped it as an experiment. Anyway, that was a wonderful experience.

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<sup>47</sup> Sir Edward George Sayers (1902-85), MB ChB NZ 1924 MRCP Lond 1935 FRCP Lond 1949 FRCS Edin 1960. Methodist missionary in the Solomon Islands 1927-34. First New Zealand president, Royal Australasian College of Physicians 1956-8. Professor of therapeutics and dean of the Otago Medical School 1959-67. See <http://munksroll.rcplondon.ac.uk/Biography/Details/3945> & AW Beasley, 'Sayers, Edward George', from the Dictionary of New Zealand Biography. Te Ara - the Encyclopedia of New Zealand, updated 30-Oct-2012

URL: <http://www.TeAra.govt.nz/en/biographies/5s3/sayers-edward-george>.

<sup>48</sup> Arthur Oswald Michael Gilmour (1919-99), MB ChB NZ 1943 MRCP Lond 1952 FRCP Lond 1968. Medical tutor, Auckland Hospital 1954-6 and sub dean of the Auckland branch of the Otago Medical School 1962-72. See <http://munksroll.rcplondon.ac.uk/Biography/Details/5430>.

<sup>49</sup> *HMS Vindex* was commissioned by the Royal Navy as an aircraft carrier in December 1943. She was renamed the *Port Vindex* in 1947, converted into a refrigerated cargo ship, and ultimately scrapped in August 1971. See <http://www.theshipslist.com/ships/lines/portline.shtml>.

<sup>50</sup> The traction splint was devised by Hugh Owen Thomas (1834-91), often regarded as the father of modern orthopaedic surgery. It was originally intended to immobilise the legs of patients suffering from tuberculosis of the knee or fractures of the femur. See D La Vey, *The life of Hugh Owen Thomas*, London, 1956.



*The Port Vindex, berthed in Napier  
in the 1950s or early 1960s.*

There's one story I could tell, but she's not alive now, but Margot Craw<sup>51</sup> who was a class ahead of me, she was on a ship and got the same sort of message, [speaks in French... navigate le bateau] which is a sort of French trawler. Anyway, she ended up going in a little boat and there were waves doing this in the middle of the Atlantic and they had to transfer to a little trawler and ended up I think at Brest. Anyway later on, the same message came through, and I and a mate and the first officer were put in a little boat, and we had a practice going up and down the side of the boat. The night was dark and it was stormy and fortunately for us we got the second message that they could all relax, all the big passenger liners had steamed past the ship that was in trouble, but we were going to go across, we were being picked up there, and then I would have ended up in Dunkirk, with Elizabeth never having been to Britain and two kids, it would have been hell. Anyway, it didn't happen. But it was a pretty good example of how life would suddenly give you nasty experiences.

Anyway, we landed in Britain, and went to Hammersmith. Hammersmith hit me like a bit of a sledgehammer. I suddenly realised what the class system meant. Hammersmith in those days was a hot bed of communism amongst intellectuals in London. Three of the professors were well-known communists; Martin Grainger,<sup>52</sup> who led the [strikes] at London Airport, and at the Ford works at Dagenham, used to put a cloth cap on his head as he left the hospital at 5pm to go off to do his business. He was written up by Queen's magazine, the conservative journal, which pointed out what he had done.

Now he and I clashed immediately. I was a pretty well-trained physician by the time I left. I had my London membership, I had my Australasian membership and I

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<sup>51</sup> Margot Ronson Craw (1923-2000) MB ChB NZ 1953. Lecturer in chemistry, University of Brisbane before undertaking her medical degree. See *Today's News-Herald*, 28 March 2000.

<sup>52</sup> Christopher (Chris) Agamemnon Pallis (1923-2005) BM BCh Oxon 1947. Lecturer in Royal Medical Postgraduate School 1957-82 and consultant in neurology and expert on brainstem death at Hammersmith Hospital. Active in the Socialist Labour League (later the Workers' Revolutionary Party), under the pseudonyms 'Martin Grainger' and later 'Martin Brinton' or 'MB'. See David Goodway, *Anarchist seeds beneath the snow: left-libertarian thought and British writers from William Morris to Colin Ward*, Liverpool, 2006, 288-308.

wanted to prove some research. Anyway I felt a bit cheeky and I argued with my consultant and all hell broke loose. Fortunately my co-houseman (I was a humble houseman) Neil McIntyre<sup>53</sup> had a very academic background – a very academic mind, and he and I fought with our registrar, that was not a good start. What I learned was that the system whereby you had an 11-plus examination<sup>54</sup> at the age of 11 and you were separated into sheep and goats whichever way you liked to look at it, and the sheep became the doctors, they became utter snobs by then and were intellectually a cut above people who had failed. There's lots of stories about that.

So anyway I survived Hammersmith. But I learned that in England at the height of the Cold War<sup>55</sup> you could be a very good communist, an active communist like Chris Bennett, but you did it separately from medicine.

So where to go next? Well, I had partly gone to England also to try and get a job with a man called Squire<sup>56</sup>, under Peter Medawar<sup>57</sup> – later Sir Peter Medawar, he was the head of the first major English unit in immunology and they had set up a huge project laboratory in Birmingham. I travelled up to Birmingham, in one of the first Mini Minors<sup>58</sup> ever built – they were badly built and they had holes drilled in

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<sup>53</sup> Neil McIntyre MB BS Lond 1958. Professor of medicine and clinical sub-dean 1976-99, Royal Free Hospital School of Medicine, London. Author of *How British women became doctors: the story of the Royal Free Hospital and its medical school*, London, 2014.

<sup>54</sup> The 11-plus exam formed part of the 1944 Butler Education Act which created a tripartite system of secondary school education for England and Wales, with separate strands for academic, technical and functional students who were streamed for grammar, technical or secondary modern schools. A similar system was implemented in Scotland and Northern Ireland. The 11-plus was largely abandoned with the introduction of comprehensive state schools in 1976, intended to be neighbourhood schools for a specific catchment area.

<sup>55</sup> The Cold War, an ideological struggle between the Western Allies on the one hand and the Soviet Bloc on the other, effectively began in 1948 with the attempt to cut West Berlin off from the rest of Germany and the resulting Berlin Airlift. Other potential flashpoints included the Korean War, the Cuban missile crisis of 1962 and war in Afghanistan 1979-89.

<sup>56</sup> John Rupert Squire (1915-66), MRCS LRCP 1941. Leith Newman professor of experimental pathology, University of Birmingham 1948-66.

<sup>57</sup> Sir Peter Brian Medawar (1915-87). Professor of zoology, universities of Birmingham 1947-51 and London 1951-62 then director, National Institute for Medical Research. Nobel Prize winner in physiology (1960) and regarded as the father of organ transplantation. See NA Mitchison, 'Peter Brian Medawar. 28 February 1915-2 October 1987', *Biographical memoirs of fellows of the Royal Society*, 1990, 35(0): 282-301 & Avrion Mitchison, 'Medawar, Sir Peter Brian (1915-1987)', rev. *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2009 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/40016>, accessed 23 March 2015].

<sup>58</sup> The revolutionary transverse-engine front-wheel drive Mini Minor was designed by Sir Alex Issigonis (1906-88). The first vehicle rolled off the production line in August 1959. By the time production ended in 2000 more than 3.5 million minis had been built.

the wrong places, so water poured in. The M1<sup>59</sup> had just been built and we went on the M1, and I went in with soaking trousers, I was dripping, for an interview. And there was Ken North,<sup>60</sup> Derek North's brother, David Stewart,<sup>61</sup> who later became Dean of Otago, and a couple from the United States – Harvard and Yale.

At the end of the year I had the job to my great surprise. I had two and a half blissful years after that, I spent one year in England, in London doing my membership at Hammersmith, and then two and a half years and I had a project, a very good project. At the end of the time, what would I do? It was made easier when in the middle of the night the phone rings: 'Is that you Scott?' 'Yes sir.' I suddenly realised it was Sir Douglas Robb on the end. 'Come home boy, we are starting a medical school in Auckland', and he slammed down the receiver. So that's how I came back to Auckland.

**Linda Bryder:** OK, so I think we will talk more about that later.

**John Scott:** And the other thing that hit me was the importance of the 11-plus and structuring in many of the universities, it hit me like a sledgehammer.

**Peter Rothwell:** I went to Otago, graduated in '53, did two house surgeon years at Wellington,<sup>62</sup> and one at Palmerston North.<sup>63</sup> And I think one of the things I seem to recall was those of us who had no real connections, the sort of usual referees' things we had in our pockets were pretty useless. But people who came back, fed back to us that they had been to Hammersmith and that the postgraduate course seemed to be the place to get there, get a foothold, and try and get known. But certainly throughout, I agree, the two things that strike me are the networks – because unusual things helped other unusual things – and the other is serendipity. Serendipity has been defined as hunting for a needle in a haystack and finding the farmer's daughter!

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<sup>59</sup> The M1 was the first UK motorway. The first section, north of Watford, opened in November 1959 but initially extended for only 7 kilometres.

<sup>60</sup> Kenneth Alfred Kingsley North (1930-) MB ChB NZ 1954. New Zealand Rhodes scholar 1954. Consultant endocrinologist 1964-9 and director, Medical Unit 1970-2, Wellington Hospital. Consultant physician, Royal Berkshire Hospital, Reading, 1972-84.

<sup>61</sup> Ralph David Huston Stewart (1933-) MB ChB NZ 1956 MRCP Lond 1960 FRCP Lond 1976. Professor of medicine, University of Otago 1974-82, dean of the Otago Medical School 1986-90, dean of faculty, 1991-5 and assistant vice-chancellor 1991-8.

<sup>62</sup> Wellington Hospital opened in 1847 as one of New Zealand's first four public hospitals. See DM Wilson, *A hundred years of healing: Wellington Hospital 1847-1947*, Wellington, 1948 & Laurie Barber and Roy Towers, *Wellington Hospital 1847-1976*, Wellington, 1976.

<sup>63</sup> Palmerston North Hospital opened in 1893. See Jo Kellaway & Mike Maryan, *A century of care: Palmerston North Hospital, 1893-1993*, Double Bay, NSW, 1993.



We did a pretty mundane thing really – I was married in June '57. In July we left from Napier on the *Port Lincoln*,<sup>64</sup> a narrow-gutted ship they reckoned would roll in dry dock, through Panama and then network number one was: here I am in the King George V dock, get a belt on the back and there's Graham Sharp,<sup>65</sup> me mate from the same class, to pick us up, to take us to their place, to live there for ten days to get a foothold to find a flat. We found a flat in about ten days luckily, and there's another network thing – that Polish chap that we got the flat from in Ealing, it was his first time he'd had tenants and we apparently made such a good impression that he wouldn't have anything other than New Zealanders afterwards. And Rob Scoular<sup>66</sup> went there, David Caughey<sup>67</sup> went there, I forget how many went, as the beginning of a network.

Another thing that seemed quite irrelevant was you wouldn't think that the army had anything to do with this, but at an annual camp for the second general hospital in Waiouru,<sup>68</sup> Allan Ballantyne,<sup>69</sup> who was a physician from Hastings I think it was, I hadn't known before. He'd been to Britain, and he said I'll give you a reference to my old boss over there, a chap named Scadding.<sup>70</sup> You know I'd never heard of Scadding, stuck it in my hip pocket, went over there and as it happened, after the postgraduate course we'd put in then for a job. So there was nothing quite doing and as with the lot of us we have all done locums here, there and everywhere, Box Hill general practice, Mayday Hospital,<sup>71</sup> a month in the dark of winter, and then out of the blue Jim Jardine<sup>72</sup> rings up who's doing surgery at the Central Middlesex.<sup>73</sup>

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<sup>64</sup> The *Port Lincoln* operated as part of the Port Line from 1946 until she was scrapped in 1971. Peter's wife was the only passenger on board.

<sup>65</sup> Graeme Ralph Sharp (1926-) MB ChB NZ 1953 FRCS Edin 1960 FRACS 1961 MRCOG 1960 FRCOG 1977. Visiting obstetrician and gynaecologist, Wellington Hospital 1967-85.

<sup>66</sup> Robin Stuart Charters Scoular MB ChB NZ 1954 MRCP Lond 1960 MRACP 1965 FRACP 1972. Gastroenterologist and former chairman, Tauranga Hospital Board.

<sup>67</sup> David Egerton Caughey (1932-) MB ChB NZ 1956 MRCP Edin 1963 FRCP Edin 1972 MRACP 1964 FRACP 1971. Rheumatologist, Auckland Hospitals 1967-76 then physician-in-charge, rheumatology, Auckland Hospital 1977-82.

<sup>68</sup> The Waiouru sheep station on the Central North Island volcanic plateau was purchased by the New Zealand government in 1930 as a training area for the army's territorial forces. From 1950-8 it was the focal point for compulsory military training and all army recruits still undergo their basic initiation at Waiouru.

<sup>69</sup> Diamond Allan Ballantyne (1911-84) MB ChB NZ 1937 MRCP Lond 1946 FRCP Lond 1959. Visiting physician, Hawke's Bay Fallen Soldiers Memorial Hospital. The hospital had opened on Anzac Day 1928. See <http://munksroll.rcplondon.ac.uk/Biography/Details/203>.

<sup>70</sup> John Guyet Scadding (1907-99) MB BS Lond 1930. Consultant physician, Hammersmith Hospital and Royal Postgraduate Medical School 1946-72, Professor of medicine, London University 1962-72 and the father of respiratory medicine in Britain.

<sup>71</sup> Mayday Hospital evolved from the Croydon Workhouse Infirmary of 1885 and was renamed Mayday Hospital in 1923. It became part of the National Health Service in 1948 and subsequently was known as Croydon University Hospital from 2010.

<sup>72</sup> James Lewis Jardine (1929-2012) MB ChB NZ 1953 FRCS Eng 1958 FRACS 1961. General surgeon in Rotorua 1961-96.

‘Hey, there’s a house surgeon here leaving a month early,’ he said, ‘there’ll be a bit of a gap.’ So I nipped over there and said, ‘Here I am,’ and there we are, I got a job on the spot with Horace Joules<sup>74</sup> and Keith Ball.<sup>75</sup>

It was well run, a good hospital, and in fact that one month’s locum led to an offer of a job there but in the meantime I had been fortunate to get a house surgeon job at Hammersmith. And who would it be for but for Scadding, Fletcher<sup>76</sup> and Hugh-Jones.<sup>77</sup> And I hadn’t produced my joker to get the job, having got the job I got this thing out of my hip pocket, and said to Dr Scadding, ‘Oh, by the way sir, I’ve got a note here’ and he knew immediately, he knew his writing: ‘Oh, Allan Ballantyne.’ He knew his writing straight away. But there again, Scadding, Fletcher and Hugh-Jones at Hammersmith – Scadding has a visiting job at the Brompton.<sup>78</sup> So provided you don’t put a foot wrong, it helped get a job at Brompton. And then of course Bill

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<sup>73</sup> The Central Middlesex Hospital opened in 1903. See JDA Gray, *The Central Middlesex Hospital: the first sixty years 1903-63*, London, 1963.

<sup>74</sup> Horace Joules (1902-77) MB BS Lond 1925. Senior physician 1935-9 then medical director, Central Middlesex Hospital. Co-founded an anti-smoking clinic at the hospital in 1962 after reading the findings of Richard Doll and Austin Bradford Hill, and Action on Smoking and Health (ASH) in 1971. See <http://munksroll.rcplondon.ac.uk/Biography/Details/6826> & Keith Ball, ‘Joules, Horace (1902-1977)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/56892>, accessed 23 March 2015].

<sup>75</sup> Keith Percy Ball (1915-2008) MB BS Lond 1938. Consultant cardiologist, Central Middlesex Hospital, and early anti-smoking campaigner. Co-founded Action on Smoking and Health (ASH) in 1971.

<sup>76</sup> Charles Montague Fletcher (1911-95) MRCS LRCP MB BS Lond 1939. Son of Sir Walter Morley Fletcher, first Secretary of the UK Medical Research Council. Joined Department of Medicine, Hammersmith Hospital 1952. Professor of clinical epidemiology 1973-6. Instrumental in persuading the Royal College of Physicians to produce their hugely influential report on the hazards of smoking in 1962. Inaugural chairman, Action on Smoking and Health (ASH) 1971-8. Also a key figure in the pioneering television programme, ‘Your Life in Their Hands’. See Elizabeth Burrows, ‘Fletcher, Charles Montague (1911-1995)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2009. [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/60342>, accessed 23 March 2015].

<sup>77</sup> Philip Hugh-Jones (1917-) MB BChir Cantab 1939. Respiratory physiologist. Worked at MRC Pneumoconiosis Unit, South Wales 1945-55 then part-time director, MRC Clinical Pulmonary Physiology Research Unit, Hammersmith Hospital 1964-7.

<sup>78</sup> The Royal Brompton Hospital was founded in 1842 as the Hospital for Consumption and Diseases of the Chest and relocated to the Brompton site in 1847. The hospital became part of the NHS in 1948 and, as the Institute of Diseases of the Chest, undertook postgraduate teaching in tandem with the London Chest Hospital and the National Heart Hospital. It was later renamed the Royal Brompton National Heart and Lung Hospital. See PJ Bishop, *The seven ages of the Brompton: a saga of a hospital*, London, 1991.

Foreman<sup>79</sup> who is an ex-New Zealander who had been at Brompton, went to Sully.<sup>80</sup> He kept recruiting people, and so Marshall Luke,<sup>81</sup> Neil Turnbull,<sup>82</sup> myself, later on Murray Kirk,<sup>83</sup> all went through that sort of network.

And so there were connections here, there and everywhere that led from one place to another. The main thing was, being unknown, was somehow or other get a foothold and get known, and get a chance to show what you could do. And I think the average New Zealander, by the time they were over there I found we were very very total potential, we'd had two full rotating years as a house surgeon, a good solid year as a registrar, I'd done six months doing some general practice locums and you could turn your hand to anything, and as they said, we weren't there for nothing, we weren't going half way around the world for nothing.

**John Scott:** The average European, you couldn't afford to pay them.

**Peter Rothwell:** Well, it was important, and if we could perhaps at this stage, some of you will remember Pappworth, and John certainly will, M.H. Pappworth,<sup>84</sup> when asked after all the people he had tutored for the exams, what was the feature of them all, and he said singleness of purpose, that they were there not to muck around. And if I might just mention briefly, Pappworth, who was a well-known character, he was

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<sup>79</sup> Harold (Bill) Mason Foreman (1913-76) MB ChB NZ 1937 MRCP Lond 1947 FRCP Lond 1963. Worked at Brompton Hospital 1945-51 then physician-superintendent, Sully Hospital, Glamorgan and lecturer in tuberculosis. See <http://munksroll.rcplondon.ac.uk/Biography/Details/1590>.

<sup>80</sup> Sully Hospital, Vale of Glamorgan, Penarth, opened as a TB sanatorium in 1936 and was later described by architectural historian Nikolaus Pevsner as an outstanding example of inter-war architecture. General chest and heart unit from the late 1950s.

<sup>81</sup> Charles Marshall Luke (1926-2014) MB ChB NZ 1949 MRCP Lond 1954 FRCP Lond 1972 MRACP 1957 FRACP 1965. Worked at Hammersmith Hospital 1954 and Sully Hospital 1954-6. Visiting physician, Cardiology Department, Wellington Hospital 1958-91. See NZMJ, 19 December 2014, 96-7.

<sup>82</sup> Arthur Neil Turnbull (1923-) MB ChB NZ 1951 MRCP Lond 1959 FRCP Lond 1975 MRCP Edin 1959 FRCP Edin 1972 MRACP 1960 FRACP 1969. Worked at Hammersmith Hospital 1957 and Sully Hospital 1958-9 then returned to Wellington as a chest physician.

<sup>83</sup> Gordon Murray Kirk MB ChB NZ 1957 MRCP Lond 1961 FRCP Lond 1986. Chest physician and medical superintendent, Palmerston North Hospital for more than 35 years. Father of David Kirk, former All Blacks captain.

<sup>84</sup> Maurice Henry Pappworth (1910-94) MB ChB Liverpool 1932. Tutor for MRCP examinations and author of *A primer of medicine: being an introduction to clinical neurology, alimentary, respiratory and cardiovascular diseases*, London, 1960. Also a medical ethicist who wrote *Human guinea pigs: experimentation on man*, London, 1967. See <http://munksroll.rcplondon.ac.uk/Biography/Details/3435>, Stephen Lock, 'Pappworth, Maurice Henry (1910-1994)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2009

[<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/55242>, accessed 23 March 2015], & A Gaw, 'Finding Maurice Pappworth', *Nigerian Medical Journal*, Oct-Dec 2011, 52(4): 278.

of Jewish extraction, immigrant from Europe, he was a golden-headed boy for Lord Cohen<sup>85</sup> and a gold medallist at Liverpool. Whether it was because of his Jewishness or his natural brazenness, it was never quite clear, but he never actually obtained a position at a teaching hospital in London as he had hoped.

He set up in Harley Street as a consulting physician but rapidly grew to be known as a tutor. Those tutorials – I can remember busting a gut to get over there at about 5 o'clock I think, a couple of trips in all this, two-hour sessions, non-stop, room like this, packed with people, sitting on the floor, anywhere, backs to the walls, odd notes. His only teaching aids were a bit of a blackboard and a stub of chalk. He gave very logical, well thought-out lectures that were well received, and that's why he was popular that way.<sup>86</sup> I still remember the standard fee for this was a pound, I don't think it was a guinea, I don't remember if there were shillings around but I sure remember at the end of it the table covered with pound notes, and Pappworth was talking to people about things, sort of stuffing pound notes into every available pocket.<sup>87</sup>



*Peter and Gaye Rothwell celebrating passing the MRCS at the Piccadilly Night Club, January 1959. Peter wrote 'No expenses spared (nearly had to pay by washing dishes!).'*

And one of the other sessions he did which was of interest was a clinical session where he took, I think three of us – it might have been four – we met in Harley Street, we jumped into his Wolsey, 6/80 or whatever it was, he took us around the

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<sup>85</sup> Henry Cohen, 1<sup>st</sup> Baron Cohen of Birkenhead (1900-77). Professor of medicine, University of Liverpool 1934-65. President of the British Medical Association 1950-2, the General Medical Council 1961-7 and the Royal Society of Medicine 1964-6. See <http://munksroll.rcplondon.ac.uk/Biography/Details/923> & WD Rubinstein, Michael Jolles & HD Rubinstein (eds), *The Palgrave dictionary of Anglo-Jewish history*, Basingstoke, 2011, 163.

<sup>86</sup> According to one obituarist, Sir Christopher Booth, Pappworth had coached over 1600 young doctors, many from the old Dominions and 'He could claim that some 75% of the doctors from New Zealand and Australia who got their membership during the postwar period had done so because of him.' *BMJ*, 1994;309:1577.

<sup>87</sup> Pappworth must have had numerous pockets. His wealth at death was recorded as £785,707. See Lock, ODNB.

northern circular to Friern Barnet,<sup>88</sup> which was a big asylum, it had been snowing, we struggled through the snow to this wonderful big Nightingale ward with a log fire, where he had, as far as I recall, [what] seemed to be mainly male nurses. But he had certain patients lined up who had other conditions, they were congenital conditions, acquired conditions, interesting things, congenital VSDs,<sup>89</sup> collapsed upper lobes, you name it. And he would make one of the group take the case as a short case, examine it and present it, and I can tell you that when he did that, you knew – am I paying for this? – you know, and after this the exam was quite a bit friendlier really. But at the end of the afternoon he then went to each bedside separately, stood beside the bed, presented the case as it should be presented, and gave the grateful recipient a sixpenny piece. He had a pocketful of sixpences.<sup>90</sup>

I know he was asked by one of the examiners, ‘What did he teach people?’ and he said, ‘I taught them tricks.’ But basically he was teaching them good methods, priorities, it was basically good stuff, and the only thing he asked anyone at the end of it all was the one thing that he insisted on was that all candidates wrote back to him with their experiences in the exam, because there were occasions where unfair things were being asked and if that’s the way you prepared yourself, well you had the answer too. And so basically those were the only tricks involved.

So I think that I was someone who went there without a foothold anywhere, and that’s pretty risky. But I think in later years there were more direct connections. I mean I was fortunate for instance at the Brompton that my registrar was Margaret Turner-Warwick,<sup>91</sup> well, she rose later to be a bigwig there, and of course the first lady president of the College of Physicians, and not through any personal magnetism of mine but she did come to Hamilton once or twice to us, but happened to have a sister living there.

And I’ll just say one final thing on my ship’s trip back where mainly people didn’t see anything but people with wax in their ears and a few things like that. I was able to observe a full-blown total go-to-whoa case of major pulmonary embolism, a thin woman who had been ill in a deckchair for two or three days, I remembered retrospectively. She’d got out of bed in the morning, felt something funny in her

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<sup>88</sup> The Second Middlesex County Asylum, which later became Colney Hatch Lunatic Asylum then Colney Hatch Mental Hospital, opened in 1851. It was renamed Friern Hospital when the 1959 Mental Health Act required the word ‘Mental’ to be removed from hospital nomenclature.

<sup>89</sup> A ventricular septal defect is a congenital cardiac anomaly which creates a hole in the wall dividing the right and left ventricles of the heart.

<sup>90</sup> The sixpenny bit or ‘tanner’ remained in circulation from its first minting in 1551 until 1980. It was worth 1/40<sup>th</sup> of a pound, or 2½ pence after decimalisation in 1971.

<sup>91</sup> Dame Margaret Elizabeth Harvey Turner-Warwick (1924-) BM BCh Oxon 1950. Thoracic specialist, senior lecturer at the Institute of Diseases of the Chest (Brompton Hospital), professor of thoracic medicine, Cardiothoracic Institute, University of London 1972-87. President of the Royal College of Physicians 1989-91. The College had been founded in 1518.

chest, she collapsed unconscious; she had acute right heart failure. By the middle of the day she had woken up but still had signs of acute right heart failure, no haemoptysis or peripheral signs, and by the evening looked fairly good. Luckily we were calling into Curacao<sup>92</sup> at 2am in the morning, we sat around with the pilot and said, 'Sorry she'll have to go off,' and by the next morning, of course it was quite serious because her husband with her had to go, the cabinet had to be locked, they had silver with them they had bought in England etc. We went to the hospital, my wife and I, the ambulance had broken down a couple of times, a few things like that. And off we went and 48 hours later we had a cablegram to say she'd had another major one and died. And so the captain was quite pleased. It is not a good thing a death at sea, they say it damps the festivities somewhat – you stop the engines and push him over the stern.

**John Richards:** I'm sorry, I was a bit late. I'm not quite sure what we were doing, except it would appear giving an account of our careers.

**Linda Bryder:** No, what we are doing at the moment at the beginning of the process where we say what inspired us to go to Britain or wherever we went for training and why we chose to go where we went to.

**John Richards:** I come from a general practice family. My mother was a general practitioner, my father was a general practitioner, and it seemed appropriate that I should be a general practitioner, and so I set about getting myself into that situation and decided to go to England because I had an inferiority complex about general practice and always felt that it was rather second rate and that tended to be encouraged by John Scott who has been a very good friend throughout my career and has always pushed me to do things which perhaps I wouldn't have otherwise done.

But John led me to believe that one should have a postgraduate degree and consequently I went to Edinburgh, and because that seemed to be where people were getting a very good course and I think probably there was a bit less competition. I did three months there and took the Edinburgh membership three months later, and passed it, and then went down to actually live with the Scotts for some months while we both went to the postgraduate school at Hammersmith.

I well remember actually one very foggy night – they were still getting London fogs at that time – shockingly foggy night and I had a little Volkswagen and John had to get out and walk in front of us, front of me, to show me the route to follow with the car, it was that foggy. Anyhow, we got back home to John's residence, which was actually the home of his aunt, and that was right in the middle of High Street, Chelsea. I went there recently and some things have changed and some remain the same. But anyhow that was a very convenient place and it was a great pleasure to share this accommodation with the Scotts at that time.

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<sup>92</sup> Curacao is an island off the coast of Venezuela.





*The health hazards of a 1950s London smog. Note the helmet chin strap still firmly in place!*

I arranged to do a course in Edinburgh, and that was, as I said, a three-month course and then I followed that for another three months I went down to Hammersmith and did the Hammersmith course. And we were all interviewed by the endocrinologist, the New Zealand endocrinologist Russell Fraser,<sup>93</sup> and he asked me, ‘Which do you prefer, clinical medicine or research?’ And when I said clinical medicine, I could see his face fall because he was obviously looking for people who were going to be helpful and good in his research programme. And I knew from that moment that I was almost certainly not going to get a job at Hammersmith because that’s what the interviews were for. But it was good to meet a lot of very notable physicians and surgeons who attended at Hammersmith to give lessons and that sort of thing, so that was very good.

John [Scott] meantime was marking time in New Zealand to get a bit of money and he worked in a practice in Mission Bay [Auckland] and he found that he enjoyed that very much. We wrote to him, or he wrote to me, and said how good it was and how they were interested in another practitioner to come into the practice, and so I wrote and offered myself and came back to this job which John had almost organised for me, and I worked there for ten years, almost full-time general practice, although for some of that time I was also a visiting physician in geriatrics, so I think I will leave it at that.

**Linda Bryder:** Thank you. So I was just thinking about the timing, and I was thinking this is actually a really good kind of, dare I say it, introductory session at the moment where people are talking about their area. I did say originally that we would be having afternoon tea about 2.30, but I think we will do it at 3.00 and we will just keep going around the room, and then after the afternoon tea perhaps we will get to the more reflective questions, like what differences did you find in the British health system from New Zealand and what was the long-term impact, things like that. So I think actually it’s going really well, just getting people to talk about

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<sup>93</sup> Thomas Russell Cumming Fraser (1908-94) MB ChB NZ 1932 DSc Otago 1975. Pioneer of scientific endocrinology. Based at Hammersmith Hospital 1946-75. Deputy director, Medical Research Council of New Zealand, 1975-81. See <http://munksroll.rcplondon.ac.uk/Biography/Details/1649>.

just starting to remember their personal experiences at this stage, so was there one more fifties?

**Ross Moore:** I haven't much extra to say in addition to what's already been said about the fifties but I followed the same path as John and John. My name is Ross Moore. I was born and bred in Auckland, went to Mt Albert Grammar, before John, just a bit before John, scraped through the scholarship<sup>94</sup> which helped me at Otago no end, because in those days you got 100 quid in your pocket every year, to help you through, as well as all your fees paid, so I wasn't a completely impecunious student, especially when you had to pay only two quid a week for full board and lodging.

But after that, I came to – after graduation in '53 – I came to Auckland Hospital<sup>95</sup> and spent quite a few years there, because I was a slow learner you see, and I eventually became a geriatric registrar at the same hospital as Rodger Maxwell was the registrar one year before me, and then I became a medical registrar at the same time as John Scott and John Richards. And we got to know each other pretty well and then, of course as I say, I followed a similar path to the other people, went over to England as a ship's doctor on one of the Port Line ships, the *Port Sydney*,<sup>96</sup> with my wife, and she was expecting our first child then.



*In a nice touch, all passengers on board the Port Sydney were presented with a copy of this postcard of the vessel.*

And when we arrived in London I did the usual things like go to the Hammersmith Hospital for the course in advanced medicine, went to Pappworth's training tutorials, went to the Queen Square<sup>97</sup> neurological demonstrations and learned a lot

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<sup>94</sup> Scholarships were first awarded by the University of New Zealand to incoming students in 1872, three years after the establishment of the University.

<sup>95</sup> Auckland Hospital opened in 1847 as one of New Zealand's first four public hospitals. See David Scott (ed), *The story of Auckland Hospital 1847-1977*, Auckland, 1977 & Derek A Dow, *Auckland's hospitals: a pictorial history 1847-2004*, Auckland, 2005.

<sup>96</sup> The *Port Sydney*, launched in 1954, incorporated carved timbers salvaged from an earlier ship of the same name. A refrigerated freighter, it also carried 12 passengers on the 'meat run' between Australia, New Zealand and the UK. See <http://www.ssmaritime.com/MS-Port-Sydney.htm>.

<sup>97</sup> The National Hospital for Neurology and Neurosurgery, Queen Square, London, was founded in 1859 as The National Hospital for Diseases of the Nervous System including

of neurology there. I was pretty good at fast writing in those days and I could write down virtually everything they said, so I learned an awful lot from that Queen Square, and in fact that set the scene for my final sort of pathway in medicine which was into neurology at Palmerston North Hospital.

But one of the things that happened to Marion and I over there was that when the first little boy arrived, Stephen, after he was just a few months old, I said to Marion, ‘Wouldn’t it be lovely if he had a little playmate while we were over here?’ because we had decided that we would stay there, getting a little bit more experience. By this time I had got a job at Central Middlesex Hospital with a neurologist, Robert Porter.<sup>98</sup> But we didn’t know that when the playmate arrived it wasn’t one, it was two playmates at once! And so we had the steep learning curve of having to deal with three little tots under 15 months of age.

But anyway, we survived that, and luckily I got a job back at Palmerston North Hospital after spending two years with Robert Porter as his registrar in general medicine, and I was a general physician, because trained in general medicine, general physician there whole-time for several years. And then in ’76 I did a little private practice and by that time I was able to set myself up as doing neurology only in private, but at the hospital in those days, this is going back to ’76, we still had to do a certain amount of general medicine, which was good for us to keep us on the straight and narrow you might say, so we weren’t all sort of pointed in the one direction, and we had to spread our wings a bit. But I thoroughly enjoyed my time at Palmerston North Hospital and I thoroughly enjoyed my time in England. It was especially nice when we were sharing a house with John and Elizabeth Scott.

**Viv Sorrell:** ex-general surgeon, graduated in ’58 and we followed a very traditional course – and I’ll come to your point about differences in physicians and surgeons at the end perhaps. We went down to Dunedin after Auckland Hospital house surgeon years, did the primary in Bill Adams’<sup>99</sup> anatomy department, anatomy demonstrator, and then followed the guidance of John Borrie<sup>100</sup> who told everybody what to do about postgraduate training, and took off to England.

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Paralysis and Epilepsy. Later known as the National Hospital for Nervous Diseases, it adopted its current title in 1988.

<sup>98</sup> Robert Johnston Porter (1910-69) MRCS LRCP 1935 MB BChir Cantab 1937. Joined Central Middlesex Hospital staff in 1947, consultant neurologist from 1948. His particular interests included epilepsy and multiple sclerosis. See <http://munksroll.rcplondon.ac.uk/Biography/Details/3614>.

<sup>99</sup> William Edgar Adams (1908-73) MB ChB NZ 1935. Lecturer in anatomy 1938-43, University of Leeds then professor of anatomy 1944-68 and dean of medicine 1968-73, University of Otago. See JB Carman, ‘In memoriam’, *Journal of Anatomy*, December 1973, 116.3:453-6.

<sup>100</sup> John Borrie (1915-2006) MB ChB NZ 1939, FRCS Eng 1946 FRACS 1957. Senior lecturer and associate professor in cardiothoracic surgery, Otago Medical School 1952-80. Author of *Despite captivity: a doctor's life as a prisoner of war*, Wellington, 1975.

We went on one of these interesting trips too as ship's doctor. Our Star Line got as far as Rangitoto<sup>101</sup> before we came back, having said all our farewells to everybody. So we took off again the next day, and seven weeks later we eventually arrived via America and Canada in the UK. We heard that after that, the Star Line had taken that ship off the line as unserviceable.<sup>102</sup>

In the UK I went to London, a peripheral London hospital, Edgware General<sup>103</sup> on the north side, and spent three years there. For a start, Beverley had to support me as a nurse, because we had no money. By a quirk of fate I progressed in that hospital at Edgware General from house surgeon to registrar to locum consultant within the three years, which was a little bit bizarre but as I say a quirk of fate.

And then we went up to Edinburgh, sorry, Manchester Royal Infirmary,<sup>104</sup> having passed the London and English fellowships and spent quite a good year there. During that time I went down to see and be interviewed by John Goligher<sup>105</sup> in Leeds<sup>106</sup> about a senior registrar job there. After a very brief talk he said, 'Well, you've been in England for about three years, you're not going to stay much longer are you, so I won't appoint you,' and that was that.

Returning to your point before, perhaps the difference between medicine and surgery, looking back on it, although the time in UK was very rich as an experience and practical work was good, in retrospect we could have done the same sort of thing staying in New Zealand and Australia. I think I was about at the sort of turning point when people started to train in surgery and do very well back here, and with the idea of doing the training and then perhaps going off to a specialty

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<sup>101</sup> Rangitoto is a dormant volcanic island, 11 kms from the centre of Auckland City.

<sup>102</sup> The White Star Line merged with rival Cunard in 1934 but the Australian and New Zealand services were taken over by Shaw, Savill & Albion. White Star had been founded in 1845 to service the Australian gold rush trade; it also commissioned the ill-fated *Titanic*.

<sup>103</sup> Redhill House opened in 1838 as a workhouse for the Hendon Board of Guardians. It was renamed Edgware General Hospital with the inception of the NHS in 1948 and had over 600 beds by the mid-1950s. The Hospital closed in 1997 but a new Edgware Community Hospital was opened on the same site in 2005.

<sup>104</sup> Manchester Infirmary was established in 1752, was granted permission to add 'Royal' to its name in 1830, and moved to its current site in Oxford Road in 1908, in close proximity to Owen's College. See William Brockbank, *Portrait of a hospital 1752-1948*, London, 1952 & HK Valier, JV Pickstone & SVF Butler, 'The Manchester Royal Infirmary, 1945-97: a microcosm of the National Health Service', *Bulletin of the John Rylands University Library of Manchester*, 2005, 87.1:167-92.

<sup>105</sup> John Cedric Goligher (1912-98). First full time professor of surgery, University of Leeds 1954-77. The Leeds School of Medicine was founded in 1831 and the University of Leeds in 1904. See ST Anning and WKJ Walls, *A history of the Leeds School of Medicine: one and a half centuries 1831-1981*, Leeds, 1982.

<sup>106</sup> Leeds General Infirmary was founded in 1767. See ST Anning, *The General Infirmary at Leeds: vol.2, the second hundred years, 1869-1965*, Edinburgh, 1966 & Malcolm Parsons, *The General Infirmary at Leeds: a pictorial history*, York, c. 2003.

centre for a sub-specialty extra training for periods afterwards. So that was pretty much my experience.

**John Buchanan:** I went to Takapuna Grammar School<sup>107</sup> and went to university, following that intending to be a secondary school teacher, and did a couple of years for a BSc degree with mathematics and chemistry and so on. I'd always had a hankering to do medicine but I thought it was competitive at that time and I wouldn't make the cut, and that was one of the reasons I think in my going to university and starting off on a science degree. I did a bit better than I thought when I got to university, and so I was able to cross-credit some of those units and so on, and was accepted into the Otago Medical School.<sup>108</sup> On the way through I did a bachelor of medical science in anatomy and then qualified at the end of 1957.

And I did a couple of years as a rotating house surgeon in the Auckland Hospital Board institutions and then I went to the University of Otago as an assistant lecturer in pathology for one year. In fact at that time the assistant lecturers were essentially registrars in pathology for the Hospital Board. There was some behind-the-scenes kind of reimbursement, although we did some teaching and small group seminars and so on, which was very good. I had always developed an interest in pathology – I think it was from Bruce Howie<sup>109</sup> who was a professor of pathology in Dunedin but he was a haematologist as well. Pathology in those days embraced a number of disciplines which have subsequently become disciplines in their own right, and I think he stimulated my interest. And so after a year there I really decided I wanted to be a haematologist, but the department at Otago at that time was heavily oriented, as were most pathology departments in fact, to morbid anatomy, and it wasn't very clinical at all in terms of its clinical pathology areas.

So I decided having done a year there to go overseas, and I was fortunate in that I went back just to work for a month or two in the Auckland Hospital Board institutions before I headed off for Britain. And so I went to see Dr Jock Staveley,<sup>110</sup> who was later Sir John Staveley, who was actually the first haematologist called such, in New Zealand in fact, and asked him about this, and he was terribly helpful, and what he did actually was give me a letter to a chap by the name of Dr John

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<sup>107</sup> Takapuna Grammar School, on Auckland's North Shore, opened in 1927. It was the fifth secondary school to be established by the Auckland Grammar Schools Board.

<sup>108</sup> The Otago Medical School admitted its first students in 1875 but did not produce its first graduate, William Ledingham Christie, until 1887. Prior to that date students had to travel overseas to complete their degrees. See Charles Hercus & Gordon Bell, *The Otago Medical School under the first three deans*, Edinburgh, 1974, and Dorothy Page, *The anatomy of a medical school: a history of medicine at the University of Otago 1875-2000*, Dunedin, 2008.

<sup>109</sup> John Bruce Howie (1922-2013) MB ChB NZ 1946 FRCPATH 1963 FRACP 1970. Senior lecturer 1955, associate professor 1963, and professor of pathology 1969-88, Otago Medical School.

<sup>110</sup> Sir John ('Jock') Malfroy Staveley (1914-2006) MB ChB NZ 1938, MRCP Edin 1947 FRCP Edin 1958. Haematologist, Auckland Hospital Board 1949-64 and director, Auckland Blood Transfusion Service 1964-76.

Pinniger<sup>111</sup> who was a very highly regarded Englishman who had come out and worked as a pathologist in Auckland for a few years after World War II. And so Jock Staveley knew him well and he gave me a letter to John Pinniger, who had subsequently gone back to be the head of the Louis Jenner Laboratories<sup>112</sup> at St Thomas's Hospital<sup>113</sup> where he had trained. It was one job John Pinniger said would have brought him back to the UK – he really liked and fitted in well to the New Zealand scene, and he was highly regarded as a pathologist because he was very able in all aspects of the discipline but very clinically oriented. He used to go on the ward rounds with physicians and surgeons and so on.

Anyway, just to mention, as others have done, a very important part of my experience actually was being a ship's doctor on the *English Star*,<sup>114</sup> one of the Blue Star Line vessels, going from Napier over to London, through the Panama Canal, calling at Dunkirk and so on, and that was a very rich experience. I won't detail all of the things there, but I saw things that just hadn't been part of my life until then. As the *English Star* took off from Napier I remember the steward on board, one of the young stewards with glitter in his hair, waving and blowing kisses to another chap on the wharf. I don't know that anybody had taught me about some of those things at medical school, and here they were, ok, off we went on the ship. I was very impressed with the ship's officers on the ship, how well-read some of those young training officers were – we had a captain, a chief engineer, and then there was the chief refrigeration engineer who were very important and a chief steward. And we dined with the 12 passengers, old aged people who were taking a leisurely trip by cargo ship to Britain, and, like others, I signed on for a shilling. But you didn't collect the shilling at the end, but you got free board and lodging, and so that was great.

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<sup>111</sup> John Lawrence Pinniger (1914-63) MB BCh Oxon 1940 MRCP Lond 1941 FRCP Lond 1958. Senior pathologist, Auckland Hospital 1947-9, physician-in-charge, Clinical Laboratory, St Thomas's Hospital, London, 1949-61. See <http://munksroll.rcplondon.ac.uk/Biography/Details/3575>.

<sup>112</sup> Louis Leopold Jenner (1866-1904). First director, St Thomas's Hospital clinical laboratory 1897-1900. Jenner's stain, used in microscopy to stain blood smears, is named after him. Son of Sir William Jenner, who is erroneously claimed to have discovered the distinction between typhus and typhoid.

<sup>113</sup> St Thomas's Hospital dates from the thirteenth century but has been on its present site in Lambeth since 1871. It is a large NHS teaching hospital. See EM McInnes, *St Thomas's Hospital*, London, 1963.

<sup>114</sup> The Blue Star Line was founded in 1911 to carry frozen meat from South America to the UK. Following World War II it expanded operations to Australia and New Zealand, merging with the Port Line, Shaw, Savill & Albion, and the New Zealand Shipping Company to form the Crusader Shipping Company. The *English Star* was launched in 1949 and broken up for scrap in 1973.

We had a bit of engine trouble on the way over and having been through the Panama Canal, we stopped at I think it was called Cristóbal,<sup>115</sup> anyway it was an American kind of area on the eastern side of the Panama Canal, and we went ashore. We had been warned that only the main street was safe, but that you could drive around and have a look at the place in a taxi. And so that's what I did, and so it was my first experience of driving through slum areas once you got off the main street and see all of these people, black people with the kids with no clothes on, running around and so on. It was also a shock to me that the taxi driver was insistent on knowing what time the vessel was going to depart, and spent much of the journey encouraging me to go to one of the brothels there and said I had plenty of time but I declined his offer. But these to me were remarkable kinds of experiences.

There are a few other things, elderly passengers getting ill that I won't really dwell on here, but it was really a very profound experience in growing up and seeing that there was another world there of people like the ship's officers running the ship. And I was the ship's doctor who used to accompany the captain and the chief officer and so on, on the vessel, and just the way the captain approached some of these young kids who would be from Glasgow or other places learning the trade. I remember one day one of these young fellows was sitting on a chair and he didn't get up when the captain came in. The captain said, 'Get up, I want to inspect the seat that you are sitting on,' basically, and it was a nice way of instructing him what was expected.



*John and Noeline Buchanan on their wedding day, 1962. John writes: 'We were engaged in NZ but had travelled independently to London (me as a ship's doctor on a cargo ship) and were married there.'*

Anyway, we arrived there, I went up to see John Pinniger who I had the letter of introduction to at St Thomas's Hospital. We had a chat, he offered me a job on the spot. No payment for the first few weeks because they didn't have an actual

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<sup>115</sup> Cristóbal, now part of the Panamanian city of Colón, was the provisional headquarters of the Panama Canal Commission from 1904 until the opening of the Canal in 1914. Cristóbal came under Panamanian jurisdiction from 1957. It was named after the explorer Christopher Columbus (1451-1506).

establishment position, but the offer of something, I think it was called a junior assistant pathologist, it was like a senior house officer in pathology. And so I was in the haematology section and I learnt a lot of my haematology there at St Thomas's Hospital.<sup>116</sup> Most of the people in the laboratory were women technologists in training, all of whom had been to prestigious girls' schools, often relatives of people on the staff of the hospital. I had been told before I went to St Thomas's that I would find it rather snobby, but I didn't actually. I found them very helpful at the level that I was at in the laboratory, and Dr Pinniger and Dr Wetherley-Mien,<sup>117</sup> who were the two with whom I inter-related, were most helpful and supportive.

One of the problems for me having decided to do haematology, was to sort out which postgraduate qualification to do, because pathology itself was breaking into disciplines. The colleges of pathologists had only just been established in Australia – the New Zealanders at that stage were a bit equivocal as to whether they were going to join it. There wasn't a college of pathologists in London,<sup>118</sup> that came later, and so the qualifications to look at were the membership examinations of the Colleges of Physicians and I chose the Edinburgh College because it had the arrangement whereby half the examination was in general medicine, and the other half was in any specialty you liked to choose. And I chose haematology, and so I sat the membership examination in Edinburgh and that was my first qualification. I won't go into details now but I subsequently got multiple other qualifications as the disciplines evolved and Australasian colleges were established.

**David Bremner:** I'll speak rather briefly. I did my house surgeon years in Dunedin and after that I wanted to do pathology, I had decided that's what I would do as a specialty, and as a result of serendipity I applied for a job in Melbourne, in the Department of Pathology in Melbourne which was a prestigious department at that time.<sup>119</sup> So I went to Melbourne as a research assistant and I was there for two years interestingly, and I realised that really I wasn't learning to be a practical pathologist,

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<sup>116</sup> See AV Hoffbrand, 'Historical review: haematology at the Hammersmith Hospital and Royal Postgraduate Medical School 1934-1994', *British Journal of Haematology*, 2003, 123:207-18

<sup>117</sup> Gordon Wetherley-Mein (1918-87). Professor of haematology, St Thomas's Hospital, 1964-83. See G Wetherley-Mein, 'Haematology at St Thomas's 1818-1983', *St Thomas's Hospital Gazette*, 1981, 82:5-12.

<sup>118</sup> The UK Royal College of Pathologists was established in 1962. The College of Pathologists of Australia had been founded in 1956 and gained the designation 'Royal' in 1970. It became the Royal College of Pathologists of Australasia in 1980 as a consequence of the increasing number of New Zealand fellows.

<sup>119</sup> The Department of Pathology, Melbourne University, was separated from that of Anatomy in 1905. From 1950-66 the chair was held by New Zealand-born Edgar Samuel John King (1900-66). See entry on King in *Records of the Australian Academy of Science*, 1:2, Canberra, 1967 & John V Hurley, 'King, Edgar Samuel John (1900-1966)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/king-edgar-samuel-john-10740/text19035>, published first in hardcopy 2000, accessed online 20 November 2014.



and research wasn't really my cup of tea. So then I went to the various hospitals in Melbourne, to the Melbourne Children's Hospital<sup>120</sup> which had a good department of pathology, and some paediatric pathology, and then went to Fairfield Hospital<sup>121</sup> which was the infectious diseases hospital, and so it had a strong background for microbiology and virology, and we did general pathology there as well, which was interesting for one as the registrar in pathology there had to do the post-mortems. And that was interesting because I had to do a post-mortem on a person who died from polio, which one doesn't see these days, and then one of my vivid memories and I found some notes I had made when I was there on the post-mortems. I did an interesting one who died from bafairseacterial endocarditis, I'd forgotten about this but there it was in my notes.

From there I went to Melbourne Hospital to do chemical pathology. The College of Pathologists in Australia had been established just a few years previously, and so one did the College of Pathologists' exam. It was just the College of Pathologists of Australia, didn't have a royal charter in those days. So one took the exam at the end of the time, and then I worked in the women's hospital where I wanted to do a project on bacterial urinary infection in pregnant women I was interested in because a paper had been published on antibiotic response in that, and in association with Ken Fairley and Priscilla,<sup>122</sup> we were localising the site of infection at that time. I looked at the antibiotic response and that was an interesting project. But that finished and I was looking for a job in microbiology and one came up at Middlemore<sup>123</sup> so I came back to Auckland.

**Margaret Guthrie:** This is partly about me and partly about my husband. I was part of the graduating year of 1950, it was a year that a third of the class were returned servicemen and I married one of them, John Wray,<sup>124</sup> who had been seriously wounded at Tobruk [North Africa] and spent nearly three years in Wellington Hospital in what was known as the soldier's ward, before the days of penicillin. And in actual fact he and another man, John Barton, made sort of history in this country medically in that they were the first two people who ever had

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<sup>120</sup> The Melbourne Free Hospital for Sick Children opened in 1870. It became the Royal Children's Hospital in 1953 and moved to Parkville in 1962. The pathology laboratory was rebuilt in 1912 and the first salaried pathologist was appointed in 1914.

<sup>121</sup> The Queen's Memorial Infectious Diseases Hospital opened in 1904 and was renamed Fairfield Hospital in 1948 when it began to accept general medical and surgical patients. The virology laboratory established in 1950 quickly gained an international reputation for education, research and treatment.

<sup>122</sup> Priscilla Sheath Kincaid-Smith (1926-). Director of nephrology, Royal Melbourne Hospital 1967-91 and professor of medicine, University of Melbourne, 1975-91. Her husband, Kenneth Fairley, was also a renal physician, at the Royal Women's Hospital in Melbourne.

<sup>123</sup> Middlemore Hospital, Auckland opened in 1947. See David Scott (ed), *Middlemore memories: the first 50 years of Middlemore Hospital ... as recalled by the people who created it*, Auckland, 1997.

<sup>124</sup> John Wilkinson Wray (1919-63) MB ChB NZ 1950.

penicillin in the country.<sup>125</sup> And that was what actually allowed John to become well, it looked as though it had cured the situation anyway he'd gone through, he'd had a shattered thigh, he'd had not just osteomyelitis, but bouts and bouts of septicaemia and all sorts of complications, including TB over that time. But penicillin allowed him to get well enough to go to medical school. And in actual fact he wasn't completely better until he collapsed in second year, the first time he did it, and that time Walter Robertson<sup>126</sup> in Wellington only had a little penicillin so he divided it between two men, and in actual fact probably if he hadn't wanted to share it round it might have been better for the one. But eventually Renfrew White<sup>127</sup> had enough and John spent three weeks and he was OK for 16 years after that.



*Medical Ball, Dunedin, 1951.  
John Wray, Iris Fraser,  
Margaret Wray, Bob Fraser.*

But we set up in general practice in Havelock North after we graduated, and it became clear over time that, well we always knew that he wouldn't make old bones, that his health was not that wonderful. He used to assist Alan Marshall,<sup>128</sup> who was a surgeon and a friend, as his surgical assistant at Royston Hospital<sup>129</sup> twice a week. And Alan died quite suddenly of a massive aneurism, bleeding aneurism. And that made us think, because his wife Edna was very bitter because when Alan had gone to do his postgraduate fellowship in London, she had stayed at home and she hadn't had the experience. And John said I'm going to study pathology and you and the three children which we had by this time, we're all going. And the idea was that I

<sup>125</sup> Penicillin was first administered in New Zealand to Roger Kingsford, an 18-year-old who was treated in Nelson Hospital for osteomyelitis and staphylococcal septicaemia in 1944. See <http://archives.govt.nz/gallery/v/Walter+Nash+Exhibition/Technology/Medicine/Penicillin/> & *New Zealand Herald*, 25 March 1944.

<sup>126</sup> Walter Sneddon Robertson (1898-1968) MB ChB NZ 1912. Physiotherapist and head of fracture management, Wellington Hospital, 1922-9. Director of orthopaedic services Wellington Hospital 1947-54.

<sup>127</sup> James Renfrew White (1888-1961), MB ChB NZ 1912 FRCS Eng 1915. Surgical tutor then senior lecturer in orthopaedics, Otago Medical School, 1920-48. See Seyed B Mostofi (ed), *Who's who in orthopaedics*, New York, 2004, 357-8.

<sup>128</sup> Alan Francis Marshall (1914-59) MB ChB NZ 1937. Surgeon, Hawke's Bay Fallen Soldiers Memorial Hospital, Hastings, New Zealand, after postgraduate study in the UK. See <http://livesonline.rcseng.ac.uk/biogs/E005137b.htm>.

<sup>129</sup> Royston private hospital, Hastings, New Zealand, opened in 1921. See E Bradley, *The history of Royston Hospital*, Hastings, 2007.

would probably aim to become a paediatrician, that's sort of rather ironical story isn't it, because I ended up at the other end of life, as it were. So in actual fact we didn't have that much help, we were in Havelock North, Hawke's Bay, and there wasn't a strong pathology presence. But we were very lucky in that through family connections of John, his family was very friendly with the Rowe family, and Betty Rowe had married a New Zealand surgeon, Alan Rutter,<sup>130</sup> who was the senior surgeon of Westminster Roehampton<sup>131</sup> and they lived at Sidcup in Kent. They and my aunt and uncle near Cambridge, we had two home bases, as it were. So we ended up in Guildford. John never came back to New Zealand – he was about to sit his final exams, he had actually applied for a position at the Princess Margaret Hospital<sup>132</sup> and he had the massive cerebral bleed himself, and that was that. So I actually didn't do my postgraduate work in the UK until 1982, and that's another story.

**Elizabeth Berry:** I graduated in 1960 and spent a couple of years in Christchurch Hospital<sup>133</sup> as a house surgeon. Interesting I was the only full-time woman on the staff, there was one very part-time anaesthetist, so that's a story in itself. And then I had three years as a pathology registrar. I didn't really mean to do pathology, but when I was applying for a registrar job it was the time of the switch-over to the travel grant and all the registrars stayed. And so all of a sudden there were very few jobs: there were a couple of jobs that went to very good people. So the pathologist said would I like a job and I said, 'Yes please', and I really enjoyed this very greatly.

Because it was a very nice mixture of lab work and a bit of clinical work associated with haematology part of the training, I was very very fortunate in retrospect to have Dr Fred Gunz<sup>134</sup> who was, I think he was the first haematology person appointed in Australasia, and Denis Stewart<sup>135</sup> as the pathologist. I sat my MD

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<sup>130</sup> Allenson Gordon Rutter (1912-92) MB ChB NZ 1935 FRCS Edin 1938. Methodist missionary then Colonial Medical Service doctor in the Solomon Islands 1938-48. Later consulting surgeon in the UK.

<sup>131</sup> Queen Mary's Hospital, Roehampton, was founded in 1915 as a rehabilitation hospital for military personnel who had lost limbs while on war service. It was incorporated into the NHS in 1960 as part of the Westminster Hospital Group and was renamed Queen Mary's University Hospital.

<sup>132</sup> Princess Margaret Hospital, Christchurch, opened in August 1959. See North Canterbury Hospital Board, 'The Princess Margaret Hospital: silver jubilee, 1959-1984', *The Pulse*, 1984, 12.8:1-19.

<sup>133</sup> Christchurch Hospital opened in 1862. See FO Bennett, *Hospital on the Avon: the history of the Christchurch Hospital, 1862-1962*, Christchurch, 1962.

<sup>134</sup> Frederick Walter Gunz (1914-90). Research fellow with William Dameshek in Boston, 1956. Haematologist, Christchurch Hospital 1950-67. Director of medical research, Kanematsu Memorial Institute, Sydney, 1967-80.

<sup>135</sup> Denis Tiffin Stewart (1910-96) MB ChB NZ 1937. Director of pathology, Christchurch Hospital, 1949-76 and chairman of pathology services 1972-6. See *New Zealand Journal of Medical Laboratory Technology*, November 1977, 67 and *Pathology*, 1997, 29:107-8.

papers in pathology because that was the only qualification available in pathology at the time, but like most other people I didn't do a thesis at that time – I did complete it later on. And after three and a half years I went to the United States.



*Elizabeth Berry.*

Why did I choose the States? I chose the States because my mother was American – I had quite a lot of relatives there and I had been there before, and also because Fred said to me one day, 'where do you want to go?' and listed people all over the world, 'do you still want to do haematology, where do you want to go?', listed people all over the world. He was pretty well known, because he and Dameshek who Graeme mentioned, had written a textbook on leukaemia which was the sort of textbook for that subject at the time<sup>136</sup>, and so I chose to go to Boston.

Boston City Hospital<sup>137</sup> was really intriguing, it was a hospital for the poor, so I got a lot of experience in the sort of haematology that we don't see in New Zealand – all the thalassaemias<sup>138</sup> and sickle cell anaemias and all that sort of stuff. I was also amazed because we didn't have good lab techs there, we had to do it ourselves, which proved to be very useful later on when one had to do practical exams. So I had to learn how to do a lot of stuff including transfusion, and I also had to set up a cytogenetic lab which was quite a useful thing again in the future. It was very strange – there were three haematology departments in one hospital, three universities all having a separate haematology department – in some ways the place was quite mad – Boston University,<sup>139</sup> Tufts<sup>140</sup> and Thorndike-Harvard<sup>141</sup> all at once.

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<sup>136</sup> The first edition of Dameshek and Gunz's *Leukemia* was published in 1958. For correspondence between the two men see Dameshek's papers, Center for the History of Medicine, Countway Library of Medicine, Boston.

<sup>137</sup> Boston City Hospital, the first municipal hospital in the United States, was established in 1864. It amalgamated with Boston University Medical Center in 1973.

<sup>138</sup> See RJ Trent, J Yakas, J Rutherford, HA Blacklock & KN Mickleson, 'British type alpha O-thalassaemia in New Zealand', *New Zealand Medical Journal*, 8 February 1989, 39-41, which described the disease for the first time in a New Zealand family.

<sup>139</sup> Boston University was established in 1869, as an evolution of the Newbury Biblical Institute of 1839.

Anyway, from the United States, that was really good experience actually, I went over too – because my husband needed to do a bit of postgraduate education and get a qualification, so we went to Edinburgh for him to do a membership, and I had a job as a senior lecturer, or a lecturer, in haematology at the Northern General Hospital,<sup>142</sup> which was good because I could carry on with the cytogenetic studies I had already been doing. And then we went down to Oxford where I did a research job. Research in Oxford was quite interesting – there was absolutely no supervision whatever. They said ‘would you like to investigate thrombosis?’ you know, bring me a project. It was quite a challenge, by the end of a year sort of had a fairly good project going. But at Oxford my boss really liked the pub over the road, and if you couldn’t drink a pint and a half of beer at lunchtime, and after work, you were no good. And then we came back to New Zealand and I was the assistant haematologist under John Buchanan which was great.<sup>143</sup>

**Ron Trubuhovich:** My name is Ron Trubuhovich and I missed out on medicine when I first applied. I didn’t make the cut in 1949 so I did dentistry, and after a year of that I applied for medicine and got into medical school. And then half-way through that I took a year off and went back to dentistry because I wanted to get married. But I spent my house surgeon years at Dunedin Hospital and then I became an anaesthetic registrar, Peter Holst with me on one occasion – for three months I think it was, Peter.

And I was very lucky because of two people – William Morris, Lord Nuffield<sup>144</sup> and Sir Robert McIntosh,<sup>145</sup> the Nuffield professor of anaesthesia at Oxford. And I’ve

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<sup>140</sup> Tufts College, Massachusetts, was founded in 1852 as a non-sectarian institution. It changed its name to Tufts University in 1954 and evolved into a major research institute.

<sup>141</sup> The Thorndike Memorial Laboratory, founded in 1923, achieved distinction under the aegis of the Boston City Hospital Harvard Medical Services. See Maxwell Finland, *The Harvard Medical Unit at Boston City Hospital: volume 1*, Boston, 1982.

<sup>142</sup> The Northern General Hospital, Edinburgh, began life as the Pilton Hospital for Infectious Diseases then became a tuberculosis sanatorium in the 1920s. It was demolished in 1996 to make way for a supermarket.

<sup>143</sup> For Berry’s work with haemophiliacs see Chantal Lauzon (ed), *Still standing: Haemophilia Foundation of New Zealand 1959-2008*, Waiuku, 2008 & *ASTH Newsletter*, February 2011, 17.1:5-6.

<sup>144</sup> William Morris, 1st Viscount Nuffield (1877-1963). Oxford car manufacturer who donated much of his wealth to medical and education projects in Oxford and elsewhere.

<sup>145</sup> Sir Robert Reynolds Macintosh (1897-1989) MRCS LRCP 1924. Son of a Timaru newspaper editor and mayor. Never practised in New Zealand. Nuffield professor of anaesthetics, Oxford University 1937-65, the first such professorial appointment outside the United States. See J Beinart, *A history of the Nuffield Department of Anaesthetics, Oxford, 1937-1987*, Oxford, 1987, Keith Sykes, ‘Macintosh, Sir Robert Reynolds (1897-1989)’, rev. *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/40073>, accessed 23 March 2015] & R Trubuhovich, ‘Sir Robert Macintosh and intensive care’, *Intensive Care Medicine*, 1990,16:472-3.

always felt guilty about a scholarship I got as a Nuffield Dominion Scholar<sup>146</sup> to Oxford because I don't think they advertise it very much outside Dunedin. I don't know whether I was the only applicant, but the previous two holders had been anaesthetists and so they took on a third, and by that time I had a wife and two children.



*Ron Trubuhovich's dental graduation, 1953.*

We went to England by boat which took five weeks and it was a very glorious sort of trip, except I was swotting for my primary at the time. We had the inevitable call for the ship to pick up a sailor, allegedly with appendicitis, on an Israeli boat. So the surgeon travelling with us, he removed a normal appendix under an anaesthetic that I gave the patient.

When we reached England it was in the depths of winter, and it was the most miserable place imaginable – everyone was in brown and black. It rained all the time, and it was our misfortune that we were in England for 18 months before we had the first decent summer. The first real summer we had there wasn't a summer at all, it was just a sort of upgrade on the English winter. But I haven't heard anyone else say but in these different cities in the UK, the Kiwis seem to find each other out very quickly, and they form a coterie, a very close group that meet together and bitch about the English all the time, usually friendly with Australians too.

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<sup>146</sup> The Dominion Scholarships Fund was created in 1938 with an initial donation of £168,000 from William Morris. It underwrote postgraduate medical training and research at Oxford University for medical graduates from Australia, New Zealand and South Africa. Originally these were targeted on the four Nuffield departments of anaesthetics, medicine, obstetrics and gynaecology, and surgery. See Colin Bundy, 'A benefaction and its benefits: The Oxford Nuffield Medical Fellowship and South Africa', *South African Medical Journal*, July 2011, 101.7:450-3

The Nuffield Scholarship gave me a position at the Nuffield Department of Anaesthesia at the Radcliffe Infirmary,<sup>147</sup> and I did my English fellowship in anaesthesia then. And Sir Robert Mackintosh retired and under his successor Alex Crampton-Smith<sup>148</sup> I did an MSc, not good enough to do a DPhil. And that took up three years, and we really had a wonderfully enjoyable time the last 18 months in the UK. Except the £1800 scholarship didn't get you far enough and I had to get another job spending nights and weekends doing anaesthetics up at Banbury Hospital,<sup>149</sup> 20 miles north.

We eventually came back to New Zealand at the end of that time. I had meantime been appointed as deputy medical officer in charge at the acute respiratory unit at Auckland Hospital which was the foundation intensive care unit in this country. I called there on the way to England, and was fascinated by the work that Matt Spence<sup>150</sup> was doing there, and when he wrote and offered me a job when I was half-way through my time in England, I said yes very quickly. And I spent the next 30 years working full-time there.<sup>151</sup>

**Pat Clarkson:** I was a medical student, I guess in the 1950s, and graduated in 1957 and at that stage I had no idea of the interesting things that were going on in cardiology, both around the globe and in New Zealand. And I found myself as a house surgeon, and later a registrar, in Napier,<sup>152</sup> and I was more interested in medicine than surgery. Surgery to me always seemed like you made a mess and then you had to tidy it up. And that wasn't terribly attractive. And I sort of got interested in cardiology, but then it seemed that at that stage there were coronaries and there was hypertension, there was a couple of valves, and that was about it. So

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<sup>147</sup> The Radcliffe Infirmary, Oxford, opened in 1770 and closed in 2007. In 1941 it was the location for the first intravenous use of penicillin in humans.

<sup>148</sup> Alexander Crampton Smith (1917-2010) MB ChB Edin 1941. Consultant anaesthetist in Oxford from 1951 and Nuffield professor of anaesthetics and fellow of Pembroke College, Oxford University 1965-79. Developed the NHS's first purpose-built intensive care unit at the Radcliffe Infirmary.

<sup>149</sup> The Horton General Hospital, Banbury, opened in 1872 with funds bequeathed by Mary Ann Horton, the unmarried daughter of a hosiery manufacturer. The hospital became part of the NHS in 1948.

<sup>150</sup> Matthew Spence, LRCP Edin, LRCS Edin LFPS Glas 1944. Appointed to take charge of the Respiratory Unit at Auckland Hospital in 1959 and played a major role in the evolution of intensive care in New Zealand and Australia.

<sup>151</sup> See D Arthur et al, *The development of intensive care at Auckland Hospital*, Auckland, 1983, PL Byth, 'The history of the Australian and New Zealand Intensive Care Society' in JC Wiseman (ed), *To follow knowledge: a history of examinations, continuing education and specialist affiliations of the Royal Australasian College of Physicians*, Sydney, 1988, 95-6, & GD Phillips & RV Trubuhovich, *Australian and New Zealand Intensive Care Society: a record of events, the first 25 Years: 1975-2000*, Melbourne, 2000. See also LA Reynolds & EM Tansey (eds), *History of British intensive care, c.1950-c.2000*, Wellcome witnesses to twentieth century medicine, London, 2011.

<sup>152</sup> Napier Hospital opened in 1880. It was amalgamated with Hastings Hospital in 1999 to form the Hawke's Bay Regional Hospital.

it seemed that the interesting cardiology that was on the move was the paediatric stuff. So that's what got my interest, and I was lucky to meet an ex-New Zealander<sup>153</sup> who was a paediatric cardiologist working at the Mayo Clinic<sup>154</sup> who visited where I was, and we had a few clinical sessions with him and so forth, and that proved a good thing and I wound up going off to the Mayo Clinic and spending a little bit of time in general paediatrics and then in paediatric cardiology.

It was an interesting trip, going to the States, unlike everyone who has spoken so far, I went by air, at least to the west coast of the States, and spent a few days in San Francisco, and then I decided that I wouldn't fly across the States to the wilds of Minnesota, I would go by train, and that took about two and a half days. And I wound up about 40 miles from Rochester where I was going. And I must say I had no idea of how I was going to make the last 40 miles.

But anyway as I looked out, got out on the station there, what do I spot but a New Zealander that I had only met once, that had actually come the 40 miles from Rochester to meet me off the train, and how he knew that I was on that train, I have got no idea, because I didn't know which train I would be on. But that's the way things shape up, and not only that, he must have realised that the average salary that they offered you was below the breadline. And so he had organised for me the only moonlighting job that was available, to work at the local mental institution one or two nights a month for free board and lodgings. So that was my arrival and I soon settled in to a lot of hard work there and cold winters, and wound up taking my boards in paediatrics and paediatric cardiology, and after four years came back to New Zealand.

**David Richmond:** My name is David Richmond. I graduated from Otago in 1962. I took a rather long time to decide what I wanted to do in medicine, and it wasn't until 1965 I spent the year as registrar in the medical unit to Derek North. And that was really the time when they were starting work on kidney transplants and dialysis and I got quite enthusiastic about that.<sup>155</sup> And it was through him that I had a fellowship arranged at Georgetown University Hospital<sup>156</sup> in Washington DC in

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<sup>153</sup> The New Zealander was Patrick Augustine Ongley (1919-98) MB ChB NZ 1945.

<sup>154</sup> The Mayo Clinic, Rochester, Minnesota was founded by Dr William Mayo and his two sons, Dr William Junior and Dr Charles Mayo. From the late nineteenth century it evolved into the world's largest private group practice, with a strong emphasis on teaching and research.

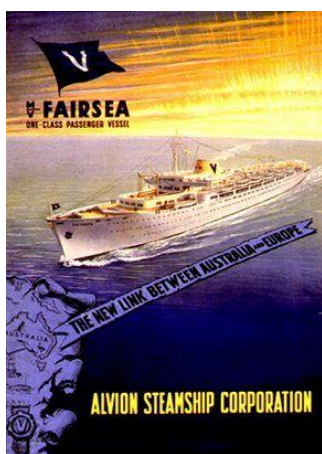
<sup>155</sup> See Peter Doak, 'Reflections on renal transplants in New Zealand: the early years', in DE Richmond, TE Miller & Judy Murphy, *In the beginning: a history of the Medical Unit at Auckland Hospital and the formative years of the Department of Medicine, The University of Auckland*, Auckland, 2013, 395-402.

<sup>156</sup> Georgetown University Hospital, Washington DC, was founded in 1898 as part of Georgetown University. It is now known as MedStar Georgetown University Hospital.



George Schreiner's unit.<sup>157</sup> That was one of the top renal units in the United States at the time. So I had one of those Hospital Board scholarships that others have mentioned, and I was also fortunate to get money from the American National Kidney Foundation<sup>158</sup> which at that stage had a policy of funding foreigners rather than Americans into fellowships.

But we decided that we would head off to the UK because it didn't start until July 1<sup>st</sup>, and my job finished at Auckland in December. We got married, and then we took off straight away on the *Fairsea*,<sup>159</sup> which broke down in the middle of the Indian Ocean, like it always seemed to do, for a couple of days. But we eventually arrived in London. It was the middle of winter and it was pretty desperate. I didn't have a job to go to, but we decided that I would try and work.



*A postcard of the Fairsea, after her 1958 refit, describing the ship as 'the new link between Australia and Europe'.*

I went down to see Sir John McMichael<sup>160</sup> who was an appointee of the General Medical Council as a sort of adviser and supervisor of New Zealand students, and

<sup>157</sup> George E Schreiner (1922-1912) MD Georgetown 1946. Head, Division of Nephrology, Georgetown University Hospital 1951-86. Initiated nephrology training programme in the 1960s.

<sup>158</sup> The National Nephrosis Foundation was formed in 1950 by American parents Harry and Ada DeBold, whose son died of nephrosis aged 4. It was renamed the National Kidney Foundation in 1964.

<sup>159</sup> The SS *Fairsea* was one of the first American-built diesel-engine ships and was launched in 1941. Her first voyages to Australia were carrying refugees on behalf of the International Refugee Organisation. From the late 1950s she was operated by the Sitmar Line, sailing between Britain, Australia and New Zealand. The *Fairsea* was sent to the ship breakers in 1969 after an engine room fire. See <http://www.ssmaritime.com/sitmar3.htm>.

<sup>160</sup> Sir John McMichael (1904-93) MB ChB Edin 1927 MRCP Edin 1930 FRCP Edin 1940 MRCP Lond 1942 FRCP Lond 1946. Professor of medicine, University of London 1946-71, Director, Department of Medicine, Post Graduate Medical School of London 1946-66, and of the British Postgraduate Medical Federation 1966-71. Introduced cardiac catheterisation to the UK. See <http://munksroll.rcplondon.ac.uk/Biography/Details/3039> & Christopher C Booth, 'McMichael, Sir John (1904-1993)', *Oxford Dictionary of National Biography*,

had a pleasant afternoon with him. He asked me what I wanted to do, what I was going to do. I told him that I was planning to get a job as a registrar if I could, but he was very sniffy about that. He said that although I had the Australasian membership I would probably find it quite difficult to get the British one, and he advised me that I should do the Hammersmith course and so on. But I didn't really feel I wanted to bind myself down in that way, so I didn't take his advice and got a job at King's College Hospital<sup>161</sup> in the renal unit. It was one time when being ignorant really paid off.

I went down to the BMA House<sup>162</sup> and you will remember that they had these corridors with all these job applications on the wall, and we found this one which looked as though it was a really good one – it was for a locum registrar in the renal unit at King's College Hospital for five months. Yep, that would suit me. So I rang up the hospital, got hold of Professor Anderson's<sup>163</sup> secretary, and she arranged a date for me the following afternoon to go over and see John. And my wife and I went over and went up to his office and the secretary greeted me, she expected me, and we sat down for a chat. He was a very nice man, I'd never met him before, but it turned out he had run into Derek North a few times – I had a referee's letter there from Derek – and after some afternoon tea he graciously accepted me as his locum registrar. And he said, 'Come along and I will show you the ward and the dialysis unit.' So we went off and spent another half hour messing around and then he said, 'Now I think we could probably get you a flat across the road, so I'll take you down to the house governor's office and we will see what we can do.'

So we went to the house governor's office – this was about two hours after I had really started the interview – and he introduced me to the house governor as his new renal registrar. The house governor looked aghast; he said, 'But Professor Anderson, what are we going to do about these other four candidates who have been

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Oxford University Press, 2004; online edn, May 2009

[<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/52408>, accessed 23 March 2015].

<sup>161</sup> King's College Hospital, London, was founded in 1840 near Lincoln's Inn Fields. It relocated to its current site at Denmark Hill in 1909. It was given teaching hospital status following the inception of the NHS in 1948. The Renal Unit was formed in the 1960s by Victor Parsons (1929-95) BM ChB Oxon 1953 MRCP Lond 1958 FRCP 1972. Parsons retired early to study theology and became a curate in Upper Norwood, London. See <http://munksroll.rcplondon.ac.uk/Biography/Details/3465>.

<sup>162</sup> BMA House is located in Tavistock Square, London. Designed by Sir Edwin Landseer Lutyens (1869-1944), it has housed the BMA offices since 1925. The building was originally designed for the Theosophical Society which ran out of money in 1914 and withdrew. The BMA took possession of the unfinished property in 1923, signing a 200-year lease.

<sup>163</sup> John Anderson (1921-2002) MB BS Durham 1950 MRCP Lond 1954 FRCP Lond 1962. Ran artificial kidney unit in Durham 1957-9. Professor of medicine 1965-86 and chairman, Department of Medicine, King's College Hospital Medical School. Pioneer of computerised medical record keeping. See <http://munksroll.rcplondon.ac.uk/Biography/Details/5246>.

waiting here all afternoon to be interviewed?’ Of course they knew the right thing to do was to go through the house governor, I didn’t, I went straight to the professor. So it paid off.

We then went off to the US on the old *Queen Elizabeth I*,<sup>164</sup> I think it was her third to last voyage before she was taken off the run, and by bus down to Washington DC. And we spent a very interesting two years. I had a fellowship there, two years, the first year was a clinical fellowship in renal disease, the second was a research fellowship, and then I was fortunate to be invited by the hospital to stay on for a third year as chief medical resident, and that was a most interesting year in which I learnt a lot. So we were in the United States altogether for about three and a half years, came back again through Europe, and back to New Zealand to a job as a medical research fellow actually, for a couple of years before I got a lectureship at the university. But it was a great experience, and we still have got a lot of great friends over in America.

**John Hawkes:** My name is John Hawkes and I’m a bit of an aberration, or an illustration of serendipity, because I failed a year at medical school – I majored in track and field athletics and nearly went to the southern university, Berkeley University in California, to pursue my athletic career, but my mother gave me a wake-up call that that would have been pathetic. So I decided to go to England after doing a house job, SHO,<sup>165</sup> at Masterton Hospital,<sup>166</sup> which was a real revelation. And I set off as a ship’s doctor, Port Line cargo ship in ’61, without any prospects, and I did a number of SHO locums in the south-east of England.

And then one day my great mate Dr Barrie Tait,<sup>167</sup> who some of you may well know, rang me up from Paris. And he’d got this job in Paris, the American Hospital of Paris,<sup>168</sup> when he was working assisting Brian Barratt-Boyes,<sup>169</sup> who said to

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<sup>164</sup> The Cunard Liner the *Queen Elizabeth* was launched in 1938 and entered passenger service in 1946 after six years as a troopship. She was withdrawn from service in 1969.

<sup>165</sup> Senior house officer.

<sup>166</sup> Masterton Hospital, New Zealand, opened in 1879. See CJ Carle, *Masterton Hospital 1879-1979*, Masterton, 1979.

<sup>167</sup> Gilbert Barrie Wharton Tait MB ChB NZ 1959 MRCP Edin 1966 MRCP Lond 1969 MRACP 1971 FRACP 1975. Rheumatologist and pain medicine specialist, Christchurch. Largely responsible for the University of Otago Postgraduate Diploma in Musculoskeletal Medicine, which came online as a distance teaching diploma in 1989.

<sup>168</sup> The American Hospital of Paris came into being in 1906 to treat expatriates and was granted federal status in 1913.

<sup>169</sup> Sir Brian Gerald Barratt-Boyes (1924-2006) MB ChB NZ 1946 FRACS 1952 FACS 1964. Pioneer of cardiac surgery in New Zealand. See Donna Chisholm, *From the heart. A biography of Sir Brian Barratt-Boyes*, Auckland, 1988, Harvey White, ‘Sir Brian Gerald Barratt-Boyes’,

<http://www.royalsociety.org.nz/publications/reports/yearbooks/year2006/obituaries/barratt-boyes/> & Jill Wrapson. ‘Barratt-Boyes, Brian Gerald’, from the *Dictionary of New Zealand Biography*. Te Ara - the Encyclopedia of New Zealand, updated 30-Oct-2012. URL: <http://www.TeAra.govt.nz/en/biographies/6b2/barratt-boyes-brian-gerald>.

Barrie, 'Don't just go to Britain, do something different.' And Barratt-Boyes was a great friend of France's most eminent cardiovascular surgeon, Dubost.<sup>170</sup> So I duly got this job in the American Hospital in Paris, and I said, 'How come, it's very difficult?' And Barrie, who is pretty laid back, said, 'Well yes, it is unusual, one of the English interns has been found in bed with a patient.' So on that note I arrived there and spent 15 months, and it was a real revelation, but I don't know whether you know what I'm talking about, but my education was that in the First World War we were fighting the wrong people, not the Germans, we should have been fighting the French. Because I'm sure you're fully aware that since William the Conqueror, Guillaume the Conquéran, won the away game, there has been a perpetual war between the two countries.

So there were all sorts of revelations and one of them was the incredible power of the senior medical staff in Paris, and the American Hospital was staffed by three permanent American physicians. All the other posts were either held by full-time French specialists or part-time French specialists, and they were a formidable lot. I got to know Dubost quite well and he was a very eminent cardiac surgeon, and he had been offered jobs in America. And I said to him, because he spoke very good English, 'Why didn't you accept them?' and he said 'Good God, I'm a patriotic Frenchman, I never will leave France!'

And so Barrie made contact with a Professor Dessais who was the professor of rheumatology, or he found the specialty, and I understood he spoke very good English. So Barrie gave me an introduction. I went to see this very large man, and he interviewed me in his office on a very sunny day, and he stood behind his desk whereby the sun was flooding into the room, and all I could make out was his silhouette. And my French was pretty b awful at that stage, and I stammered and stuttered in Franglais, and before long I fled.

But one of the things that fascinated me, I sat the ECFMG<sup>171</sup> exam, I'm sure you know what I'm talking about, in late 1962 and it coincided with the Cuban missile crisis<sup>172</sup> so it's a very vivid memory, and I met this charming French newly qualified doctor who spoke very good English, and I assumed the exam would be a pushover for him. His mother was an American and his father was French – he said, 'Good God, no!' Each professor in the medical schools in Paris and elsewhere wrote their own textbooks, and as students you had to regurgitate what they had written. And he envied us because he knew that in the English-speaking world we

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<sup>170</sup> Charles Dubost (1914-91). Professor of cardiac surgery, University of Paris. Appointed assistant-surgeon of hospitals in Paris in 1947 and gained a reputation for colorectal surgery before turning his attention to cardiovascular surgery.

<sup>171</sup> The Education Commission for Foreign Medical Graduates is part of the required pathway for accreditation in the US.

<sup>172</sup> The Cuban missile crisis, a standoff between the USA and the USSR which played out over a thirteen-day period in October and November 1962, brought the world to the brink of nuclear war.

had standard textbooks, for example Harrison Medicine,<sup>173</sup> edited by Harrison and many contributors in the same, with Cecil and Loeb<sup>174</sup> and likewise in surgery, and there were all sorts of revelations. The French went to extraordinary lengths, the few that did speak English, not to speak the language.

**Linda Bryder:** I think we are going to have to stop there because afternoon tea is beckoning. Thank you though, that was a great introduction to your training overseas. When we come together again, having had a cup of tea and a piece of cake or whatever, we are going to be a little bit more reflective and try and get you to think about what it was like to be a Kiwi abroad, whether you felt different from the other people you were training with, working with, and also to reflect on the broader differences between the specialism that you were in and ended up in in New Zealand from say Britain or America or wherever you were, and also, just one second before we go off and have our tea, I'll just let John say if he also wants something for you to reflect on and to think about during the cup of tea to come back with.

**John Armstrong:** Just a couple of very brief things. I have been noticing a lot of references to people travelling with their families. I was wondering if anybody had the experience of going as a single person, if possible whether they could make any comparisons between them, and I think it was Ross, talked about having three young children and whether you think that experience shaped your decision-making while you were in Britain – I'm sure it did in terms of your career. The other issue, I'm curious about whether anybody did think about staying in the United Kingdom. If so, why, if not, why not; and also perhaps after the break we could talk about your experiences coming back to New Zealand. I think the phrase 'the sublime to the ridiculous' has come up, and I would be curious to hear how you found that transition back from the centre of the medical world to the edge if you like.

**Peter Holst:** Like David Richmond I graduated in 1962. David forgot to mention, in fact, that that was the first time the University of Otago had had a graduate for many many years.<sup>175</sup> I had a previous, I'd been a student at the university for a while and I had a previous degree but it was from the University of New Zealand as Alison's was. But they had to set up a special graduation for the medical and dental

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<sup>173</sup> *Harrison's principles of internal medicine* was first published in 1950 and reached its eighteenth edition in 2011. The editor for the first five editions was Tinsley Randolph Harrison (1900-78), the seventh generation of his family to study medicine. See James A Pittman, 'Tinsley Randolph Harrison', *American National Biography*, Oxford, 1997, 10:221-2.

<sup>174</sup> Russell LaFayette Cecil (1881-1965) published the first volume of his edited *Textbook of medicine* in 1927. Robert Frederick Loeb (1895-1973) collaborated with Cecil from 1947. The book was generally accepted as a successor volume to Sir William Osler's *The principles and practice of medicine*, first published in 1892.

<sup>175</sup> In 1962 the University of New Zealand, which had existed since 1869, was disestablished and thereafter degrees were awarded by the four autonomous universities of Auckland, Canterbury, Otago, and the Victoria University of Wellington.

students in December 1962, so that we could obtain the necessary professional registration. And it was held in the student union, not in the town hall with the organ and the mace and all that stuff – it was a low-key affair.

**David Richmond:** I just came across my old programme the other day.

**Peter Holst:** Well, it's worth framing. I spent then four and a half or five years in Dunedin, after graduation. I took the examination for membership of the Australasian College of Physicians.<sup>176</sup> And there were difficulties about deciding on what I should do, having had an enjoyable time with Ron Trubuhovich in anaesthesia, I wondered about anaesthesia. But I was persuaded really by an excellent clinical mentor that respiratory medicine was the way to go. And my mentor was Tom O'Donnell<sup>177</sup> who had come to Dunedin after postgraduate experiences when I was a final year student. And he and I talked from time to time about where I should go and do, and he said, 'Well, why not go to the United States?' And in fact that's what we decided to do.

So in, I guess it was late June 1962 we flew out of Whenuapai<sup>178</sup> to Honolulu, and then to San Francisco. It actually used up all our money from our postgraduate study grant essentially. There was only a dribble left. And I spent two years at an excellent structured postgraduate programme rather like the one that David described. I had a year as a clinical fellow, four months' experience at the University Hospital, the Moffitt Hospital<sup>179</sup> in San Francisco, four months at the Veterans Administration Hospital,<sup>180</sup> that was something else, at Fort Miley, and four months at the San Francisco General Hospital,<sup>181</sup> a city hospital like the Boston City Hospital, I guess. Two clinical things stick out – the severity of lung infections

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<sup>176</sup> The Royal Australasian College of Physicians was incorporated in 1938. See Ronald Winton, *Why the pomegranate? A history of the Royal Australasian College of Physicians*, Sydney, 1988 & JC Wiseman (ed), *To follow knowledge: a history of examinations, continuing education and specialist affiliations of the Royal Australasian College of Physicians*, Sydney, 1988, 95-6.

<sup>177</sup> Thomas Vianney O'Donnell (1926-2014) MB ChB NZ 1950 MRCP Lond 1957 FRCP Lond 1972. Associate professor 1966-70 then personal chair in medicine 1970-3, University of Otago. Foundation professor of medicine 1973-86 then dean 1986-92, Wellington School of Medicine.

<sup>178</sup> Whenuapai, an RNZAF station since 1937, doubled as Auckland's civil airport for international flights from 1945 until the opening of the new Auckland Airport at Mangere in November 1965.

<sup>179</sup> Herbert Charles Moffitt (1867-1951) was professor of medicine and dean of the University of California School of Medicine. The new teaching hospital in San Francisco, opened in 1955, was named the Herbert C Moffitt Hospital in his honour.

<sup>180</sup> Construction of Fort Miley Military Reservation in San Francisco Bay began following the Spanish-American War of 1898. The Veterans Administration Hospital was added in the mid-1930s.

<sup>181</sup> The San Francisco General Hospital dates from 1857, seven years before the opening of what would become the University of California Medical School. The wooden hospital was demolished in 1908 during a plague epidemic and replaced with a red brick edifice in 1915.

and the rapidity of progression to abscesses in people that were using drugs, and the severity of sarcoidosis<sup>182</sup> in the black population. I saw people who were blind by the age of 25, something I don't think there is much experience of in New Zealand.

After a lovely time in San Francisco – we were as poor as church mice – but in the second year I got a slightly better stipend and we had a good time there. And then we went to Montreal, drove to Montreal, and spent three and a half months there. I had an attachment to a very interesting young pathologist called James Hogg<sup>183</sup> at McGill. Jim was interested in lung structure and function. Roy Muir,<sup>184</sup> another contemporary of ours, had found us accommodation when we arrived there, and it was in the apartment of Bernie<sup>185</sup> and Tanya Gunn.<sup>186</sup> And I had known Tanya slightly in Dunedin. Alistair<sup>187</sup> of course was a student in Wellington for a while, their son.

In my postgraduate years in Dunedin, the University of Otago Medical School was reviewed in 1968 by a Scot who was then resident in Canada, called Ronald Christie.<sup>188</sup> Ronald Christie found that the University of Otago Medical School was the most economic medical school in the British Commonwealth and proposed some quite radical changes, like making it possible for the students to use the library and some fairly simple things. And four or five years after his report, his younger

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<sup>182</sup> Sarcoidosis, a disease of unknown origin which causes inflammation of cells, was first described by Sir Jonathan Hutchinson (1828-1913) of London in 1877. The first international conference on the disease was held in London in 1958, to be followed in 1961 by the first US conference, convened in Washington.

<sup>183</sup> James C Hogg (1935-) MD Manitoba 1962. Acknowledged as one of the world's leading experts in chronic obstructive pulmonary disease (COPD) and has been inducted into The Canadian Medical Hall of Fame.

<sup>184</sup> Roy Charles Muir (1938-2002) MB ChB NZ 1961 MRANZCP 1969 FRANZCP 1977. Practised as a psychiatrist in Canada then returned to New Zealand in 1971 as associate professor, Department of Psychological Medicine, University of Otago. Pioneer in adolescent psychiatry.

<sup>185</sup> Bernard Maurice Gunn (1926-2008) BSc NZ 1953. Geologist, Trans-Antarctic Expedition 1955-8 and subsequent trips.

<sup>186</sup> Tania Roberta Gunn (1932-99) MB ChB NZ 1955 FRCP Canada 1980. Paediatrician. Member of research team from the Department of Paediatrics, University of Auckland, which developed a cooling cap designed to protect babies against brain injury. See Linda Bryder, *The rise and fall of National Women's Hospital: a history*, Auckland, 2014, 230-1.

<sup>187</sup> Alistair Jan Gunn MB ChB Otago 1982 FRACP 1982. Professor of physiology and paediatrics, University of Auckland 1994-. Awarded the MacDiarmid Medal by the Royal Society of New Zealand in November 2014 for his pioneering research on using brain cooling to prevent brain injury in babies who experience low oxygen at birth.

<sup>188</sup> Ronald Victor Christie (1902-86) MB ChB Edin 1925 MRCP Lond 1938 FRCP Lond 1942. Professor of medicine, University of London 1938-55, physician-in-chief, Royal Victoria Hospital, Montreal 1955-68 and dean of medicine, McGill University, 1964-8. See <http://munkscroll.rcplondon.ac.uk/Biography/Details/848>. For the Christie Report see Page, *The anatomy of a medical school*, 171-7.

colleague, David Bates,<sup>189</sup> came to Dunedin. And David Bates was a very interesting and stimulating man, and he had reinforced my ideas of going to North America.

We then spent two and a half months in London – no fog unfortunately, I was looking forward to the fog – but the Clean Air Act,<sup>190</sup> although the buildings were, and the railway lines and the railway carriages and the railway stations were all positively filthy still, there was no real smog to think about. I returned to Dunedin and then sometime later moved to Wellington.

**John Armstrong:** That's interesting, thank you Peter. 1968 I think is a really key year here because that was the year commercial airlines started flying from New Zealand<sup>191</sup> and I think that whole transition from shipboard movement based on the taking of meat, cheese and doctors to Britain in large numbers opened up the United States as an option, I think, much more readily. People could afford to go there, there weren't as many ships going to the US.



*TEAL's first jet-engined plane, the DC8, came into service in 1965.*

I'm just curious, one thing this conversation we had during the lunch break are often quite revealing as well, one of the themes that came up was the cultural contrasts between New Zealand medicine and British medicine, but even more so, people

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<sup>189</sup> David Vincent Bates (1922-2006) MRCS LRCP 1944 MB BCH Camb 1945 MRCP Lond 1948 FRCP Lond 1967. Respiratory physiologist. Director, Respiratory Division, Royal Victoria Hospital, Montreal 1956-62 and chairman, Department of Physiology 1962-7. Dean of medicine 1972-7 and head of respiratory medicine 1972-87, University of British Columbia, Vancouver. Joint author with Ronald Christie of *Respiratory Function in Disease*. His interest in this field was sparked by the 1952 London smog. See <http://munksroll.rcplondon.ac.uk/Biography/Details/5657> and *Thoracic Society News*, March 2007, 17.1:8-9.

<sup>190</sup> The Clean Air Act 1956 was a direct consequence of the Great Smog of 1952 which led directly or indirectly to more than 4,000 deaths; the exact figure is unknown but some estimates claim it was more than 10,000.

<sup>191</sup> Trans-Tasman flights operated by TEAL (Tasman Empire Airways Limited) began in April 1940. Connection could then be made by flying-boat to the US. Teal was renamed Air New Zealand in 1965 and the inaugural Auckland-Los Angeles service dates from December 1965. Air New Zealand's London office opened in May 1967 and the first Auckland-Los Angeles-London flights to be operated by Air New Zealand planes began in 1974. See <http://www.airnewzealand.co.nz/assets/PDFs/company-history-july-2014.pdf>.



have spoken about the contrast between British medicine and the United States or France or Libya, places like that. I'm just curious for people to reflect maybe a little bit on how they viewed British medicine in those terms, this could be in terms of your professional interactions with your British colleagues, but also in medical terms.

**Linda Bryder:** Whether you are regarded as the colonial in the big metropolis.

**Pat Clarkson:** Very much you can be regarded as the colonial, because I can remember a long time ago we had a visitor from the United Kingdom that gave a talk and so forth, and he wasn't too much on the ball, but anyway at the end of it, one of my colleagues made some comments, and the visitor just brushed them aside. So I thought, 'Well I'll get up and have a go', so I got up and had a go. I was likewise just brushed aside. But the next day the visitor was visiting with the first colleague and he was obviously trying to help the poor colonials because he said to him, 'You know that thing that we were talking about yesterday you know is a very interesting paper,' and this is where the Brits often fail, because 'You know it's from the Mayo Clinic,' and my colleague says, 'mm.' 'Yes,' says the visitor, 'by someone Clarkson.' And my colleague just said, 'You know, that was her yesterday.'

And I think there is the attitude amongst a lot of the British that if you weren't top of the hierarchy then what you had to say really wasn't of particular value. And I encountered that in the States when I found myself talking to visiting Brits and then when they discovered I wasn't a senior consultant on the staff they sort of dropped me like a hot potato.

**Linda Bryder:** So that's Pat's experience of being in America, what about you guys who were in Britain?

**Graeme Woodfield:** Well, one of the things I found in Britain is that the Brits when we were there seemed to be reluctant to accept new ideas. We were looking for new ideas and were happy to put them into action straight away. And a good example of that was in Edinburgh when I arrived there thinking that this was going to be the top sort of place to go for learning on haematology – they were still using bottles for their blood, whereas we'd been using in New Zealand for the last five years plastic bags.<sup>192</sup> And so eventually, to cut a long story short, Edinburgh actually changed to using bags made in Australia for collecting blood, but they were so slow about these things.

**John Armstrong:** Why do you think that was, out of interest?

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<sup>192</sup> Plastic bags were first used in New Zealand in 1965. See Linda Bryder & Derek Dow, *Banking on blood: Auckland Regional Blood Services 1941-1991*, Auckland, 1991, 44.

**Graeme Woodfield:** I just don't think they were as innovative. The system was more tradition-bound, as Pat was saying, it is dependent upon the right sort of people saying the right things, but it was quite a different attitude. We were keen to improve and improvise and to develop things, whereas they were sort of stuck in the mud, I often used to think.

**John Armstrong:** It's interesting. I think a lot of people I spoke to had this idea that because hospitals were quite regular in their terms of hierarchy, to progress to consultant could take quite a long time, and saying the wrong thing during the course of that time could put you back quite a long way. So there was an unwillingness to question your seniors, and that was one of the reasons why they thought that medicine didn't progress, that all these new ideas weren't very much welcomed. But to come back to Linda's point, before it also probably helped New Zealand doctors to progress because they were more willing, because most of you weren't after consultancy roles, you were after experience, qualification and then coming back, so for you there might not have been the same risk involved of asking those questions and pushing those boundaries a bit more.

**Graeme Woodfield:** I used to write back to Jock Staveley and say, 'Why don't you publish some of this data because it's so interesting and it's so relevant to modern transfusion technique?' The other dominant thing, I will just say, when we were in Britain is the great friendliness of people. It was amazing how I, as a New Zealander, could walk into the office or laboratory of some very prestigious people and they would welcome you. For instance, Arthur Mourant,<sup>193</sup> who wrote the sentinel publication on blood groups in the world, immediately invited me to lunch. I couldn't believe it, here was I a very junior person and here was he a top consultant. And later on when I got interested in coagulation and fibromylitis and went to Oxford, there was Rosemary Biggs,<sup>194</sup> there was Charlie Rizza,<sup>195</sup> there was Oscar Ratnoff,<sup>196</sup> all these important people, made you feel very welcome.

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<sup>193</sup> Arthur Ernest Mourant (1904-94) BM BCh Oxon 1943 MRCP Lond 1955 FRCP Lond 1960 FCPATH 1963. Geologist who qualified in medicine in 1943. Became a world authority on blood groups. Director of the Ministry of Health Blood Group Reference Laboratory 1946-65. Author of *The distribution of the human blood groups*, Oxford, 1954 which expanded the scope of anthropology. See Gary P Mission, A Clive Bishop & Winifred M Watkins, *Biographical memoirs of fellows of the Royal Society*, November 1999, 45:329-48 & FLM Corbet, 'Mourant, Arthur Ernest (1904-1994)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2007 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/55892>, accessed 23 March 2015].

<sup>194</sup> Rosemary Peyton Biggs (1912-2001) MB BS Lond 1943. Director, Oxford Haemophilia Centre 1966-77. See Rosemary Biggs, Christine Lee, Charles Rizza, & Tilly Tansey, 'Witnessing medical history: an interview with Dr Rosemary Biggs', *Haemophilia*, 1998, 4:769-77 & Barbara J Hawgood, 'Rosemary Biggs MD FRCP (1912-2001) and Katharine Dormandy MD FRCP (1926-78): from laboratory to treatment and care of people with haemophilia', *Journal of Medical Biography*, February 2013, 21:41-48.

**Linda Bryder:** Is that because you were a colonial, or did they make everyone feel welcome?

**Graeme Woodfield:** I don't know, it made me feel welcome, but I remember leaving Oxford and being so impressed by their work that I bought them a big box of Black Magic chocolates because their work was just so wonderful. So you know that was a very dominant impression for me, this great friendliness.

**Peter Holst:** I have a slightly opposite comment in many ways. I found the clinical method that I had been taught in New Zealand which was essentially British, stood me in very good stead, and many of my American colleagues really had no idea how to examine a patient. They don't often do that of course, they look at the x-ray and do something else. On the other hand, I taught each year that I was in the US in their introduction to clinical medicine programme, where I found that the students were enormously keen to learn how to do these things. I don't know whether they remember them or not, but they were far more enthusiastic than any student that I ever dealt with in Dunedin or Wellington.

**David Richmond:** Yes, I found exactly the same thing Peter, that the residents were very well read, and they had been taught to make presentations, and so they could talk the leg off a wooden horse and back on again about anything you cared to ask them, but when you got them into the ward they were hopeless clinically. And a person like me feeling quite reserved about my ability to spout forth about some of these more complicated and complex things in medicine, I was really profoundly pleased to find that they couldn't actually do a simple clinical examination in the ward. That was one thing that was different.

Another thing that was different was their whole approach was an eye-opener really, in that a person coming into the ward instead of having a decent history and clinical examination, would be asked a few questions. Some diagnoses would be specified, and then there would be a call for bloods and x-rays and urine analysis and all the rest of it, and a whole screed of tests done, following which an attempt would be made to make a diagnosis. It was just so totally different from anything we had been taught, and of course a heck of a lot more expensive. But they did have the problem that they were up against the possibility of a charge of medical negligence<sup>197</sup> if they

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<sup>195</sup> Charles Rocco Rizza (1930-) MB ChB St And 1955 MRCP Edin 1964 FRCP Edin 1972. Consultant physician 1966-93 and director 1977-93, Oxford Haemophilia Centre. Chairman, Haemophilia Centre Doctors' Organisation 1987-90 and medical advisor, Haemophilia Society 1970-93.

<sup>196</sup> Oscar Davis Ratnoff (1916-2008). Haematologist and professor of medicine, Case Western Reserve University School of Medicine, Cleveland, Ohio. Discovered Factor XII and co-author of the coagulation cascade hypothesis in 1964. Also helped identify haemophilia as a risk factor for AIDS. See BMJ, 5 July 2008, 337(7606):58.

<sup>197</sup> See JC Mohr, 'American medical malpractice litigation in historical perspective', JAMA, 5 April 2000, 283(13):1731-7 & Kim Price, 'Towards a history of medical negligence' *The Lancet*, 16 January 2010, 192-3.

hadn't done everything to make a diagnosis. So that was something I noticed as well.

Another thing that was a real problem though to us at Georgetown was the impossibility of people paying for the drugs that were ordered for them. It wasn't uncommon for people to come up to our outpatient clinic and there was some kind of a system of part-payment for them for those clinics but there was no such system for their medications. They had to pay full-market value. So very often you would have people coming back again after two or three weeks and not even sent their prescription in or taken their prescription in to be filled, because they couldn't afford it. And that was a really big problem particularly in the city hospital, like DC's General Hospital<sup>198</sup> which was of course mainly black patients in those days. But that made attempts to provide therapy really really very frustrating.

**Margaret Maxwell:** Where I was working was in this general practice out in Greenford<sup>199</sup> and it was a fairly localised group of patients who had been rehoused from High Holborn when that had been virtually demolished during the war. So they were all a community together, but they also had difficulty even in paying for the basic charge for prescriptions that we gave them, and they'd say, 'Well, I can only pay for two, don't give me more than that because I can't afford it.' Another point relative to what Graeme said, before we went overseas we were told it was far more useful to go overseas, because of our low population here and the high population over there, we were more likely to see some of the examples of conditions that we had only read of in books here.



*'Woollies' stores (formally Woolworths) featured on every major high street in the 1950s UK. The Greenford store is hiding coyly behind the London double decker bus.*

And another little point was that when I came to be leaving there, I said goodbye to the patients I had been seeing for almost three years, and I said I was going back to New Zealand – 'Why go back to New Zealand?' I said. 'Well, that's where I came from.' 'No, you're English,' they said. So I wasn't sure if that was a compliment or not.

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<sup>198</sup> The District of Columbia General Hospital, the city's only public hospital, opened in 1806. A new building was erected in 1922 when the facility was renamed Gallinger Municipal Hospital. In 1953 it became the District of Columbia General Hospital, the name it retained until the hospital's closure by the Mayor in 2001 as part of a cost-cutting exercise as the city struggled to overcome bankruptcy.

<sup>199</sup> Greenford is a suburb in the London borough of Ealing.

**John Hawkes:** I would like to say that all the years I had in England, which were 31 in all, five years postgraduate work and I had the great fortune to work in the Oxford regional rheumatological research unit for three years under a magnificent Englishman who won an MC in the war, Dr Alan Hill,<sup>200</sup> and it was very collaborative. There was an Indian registrar, KT Rajan<sup>201</sup> and a senior registrar, Andrews.<sup>202</sup> They were terribly helpful, as were the paramedical staff, which contrasted so much with my experience in France where I learnt gradually in France that patients shopped round for their doctors and they carried their notes and x-rays with them and had no qualms about slanging off their doctors. Not only that, they maintained that their doctors did not hesitate in criticising other doctors in the presence of a patient. Now that was totally alien to me, and then I went back as a consultant for 25 years, Bedford Hospital<sup>203</sup> and I got on wonderfully well with my colleagues.

But in retrospect the National Health Service was fundamentally flawed, summed up brilliantly by Enoch Powell<sup>204</sup> who you may remember was the Minister of Health in 1960. And he rubbished the NHS whose founder the idealist Sir William Beveridge<sup>205</sup> believed that the cost of free healthcare would decline as the nation's health improved. He [Powell] was a brilliant classics scholar, as you probably know, a professor of Greek aged 25, and political firebrand. Powell described Sir

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<sup>200</sup> Alan George Seymour Hill (1916-2008) MB ChB Edin 1939 MRCP Edin 1947 FRCP Edin 1953 FRCP Lond 1971. Joined RAMC in 1940, where he served in a Scottish regiment and was awarded the Military Cross. Appointed first director, Oxford Regional Rheumatic Diseases Research Centre, Stoke Mandeville Hospital, Aylesbury. Editor of *Modern trends in rheumatology*, London, 1966. See <http://munksroll.rcplondon.ac.uk/Biography/Details/5978>.

<sup>201</sup> Kunnathur Thiruvengkatachari Rajan MB BS Madras 1958. Consultant physician, Mid Glamorgan Health Authority for 27 years. Active in Arthritis Care and the Arthritis and Rheumatism Council.

<sup>202</sup> Francis Michael Andrews MB BS Lond 1954. Consultant in rheumatology/physical medicine, Battle Hospital, Berkshire, 1966-1991. Retired from medicine in 1991 to become a priest. See Laurel Young, 'Rheumatology through the ages', <http://www.royalberkshire.nhs.uk/Downloads/Presentations/Rheumatology%20Through%20The%20Ages%20Laurel%20Young%20branded%20pdf.pdf>.

<sup>203</sup> Bedford General Hospital officially opened in 1803, funded largely through the philanthropy of the well-known MP, anti-slavery advocate and brewer, Samuel Whitbread (1720-96). See Bernard Cashman, *Private charity and the public purse: the development of Bedford General Hospital 1794-1988*, Bedford, 1988.

<sup>204</sup> John Enoch Powell (1912-98). English MP from 1950-87, initially as a Conservative and from 1974 as an Ulster Unionist. As Minister of Health from 1960 to 1963 he developed the 1962 Hospital Plan and initiated debate on the deinstitutionalisation of care for the mentally ill. See Simon Heffer, *Like the Roman: the life of Enoch Powell*, London, 1988.

<sup>205</sup> Sir William Henry Beveridge, 1<sup>st</sup> Baron Beveridge (1879-1963). Architect of the post-1945 British welfare state, which drew heavily on his 1942 report, *Social insurance and allied services*. One of the major outcomes was the inception of the NHS in 1948. See Janet Beveridge, *Beveridge and his plan*, London, 1954 & Jose Harris, *William Beveridge: a biography*, Oxford, 1977.

William's delusion as 'a miscalculation of sublime proportions'. The other thing that struck me forcibly is that many of the bureaucrats had entered the National Health Service, which at one stage was Europe's largest employer, one million people, and there being expats in the days of Empire, and when the Empire disintegrated it was a wonderful job for them, the NHS, and one of the consequences was that successive conservative and labour governments ignored the plight of the private wealth-creating sectors.

**John Richards:** When I was in Britain I initially, as you heard earlier, stayed or lived with the Scotts for some period of time, but that came to an end of course when I got married. I found a wife and got married there and we had to look for other accommodation. And we found it very difficult to find anything which approached the sort of thing that you would expect in New Zealand, which might be suitable for students or young married couples. And finally we found the British Medical Association had a listing of available premises, and we looked up one of those, and found it was actually run by a Maltese doctor, owned by a Maltese doctor. Anyhow we moved in there, because it was very nicely presented, and one day the Maltese doctor asked me if I would like to have a look over his surgery. And so I said, 'Yes, I would be very pleased to have a look at it.' And so he took me downstairs and I was taken into this very spartan room with very little in the way of decoration, I think probably a holey carpet and generally a pretty rough-looking place. And then he took us into another room next door and that had a plush carpet about two inches thick and lovely furniture and everything very spic and span, delightful. And so he said to me, 'The first one you saw that was for the National Health patients and the other one, that's for my paying patients.' I think that was quite a good commentary on the National Health Service, as it was operating at that time anyhow.

**Elizabeth Berry:** Just a couple of points, first of all on the subject of transfusion, I would really like to endorse what Graeme said about the really advanced state of the New Zealand transfusion service. When I arrived in Boston in 1966 there were never more than 50 units of blood in the blood bank for an enormous city hospital, patients were only transfused if they had a haemoglobin below 55 and were in heart failure. So that was pretty hard to manage, and the other thing was when I was in Oxford, if you wanted platelets at a weekend, you had to ring up the donors, call them in, bleed them, prepare the platelets, and feed them a cup of tea. So when I got back to New Zealand and all this stuff was available it was absolutely wonderful.

The other thing briefly was in terms of labs in the States, again at the city hospital, we had a specialist haematology lab, as I said there were three in the hospital, but each ward had a sort of little room at the end where the residents did the tests. So I really fear for the level of a lot – you know, they did the urines and the haemoglobins and things, after hours anyway. So it was pretty Mickey Mouse. We do a lot better in New Zealand.

**Margaret Guthrie:** I'd just like to make a comment for someone who was a patient. At the Royal Surrey County<sup>206</sup> there was this huge waiting room and clinics off it but there was only one appointment time – it was 9am – and you were just expected to be there, there was no cafeteria, but you could make tea and coffee and you could get a biscuit. They really weren't very patient-oriented at all.

**John Armstrong:** I wonder if anybody else found that experience of the change from a population the size of New Zealand which in the 1960s was kind of like 1-2 million to London with eight million. Did anybody else find that change significant?

**John Buchanan:** There's just a couple of comments I could make in relation to how I found it in haematology at St Thomas's Hospital, compared to when I came back. I think the first thing there is that they had a big population in Britain, and so you saw a much wider range of cases than we were at that time seeing in New Zealand, particularly with the black populations with sickle cell disease<sup>207</sup> and those kind of things which were seen not in large numbers then and increased over the years in Britain, and not here. But there was a bigger range. With that however with their big population there was more specialisation in the sense that one hospital would be looking at haemolytic anaemias of a rare sort and the other at coagulation disorders of a rare sort and so on. And so each laboratory didn't take things to the same level that was necessary at Auckland Hospital where you really had to do everything. It was a big deal to send samples overseas if indeed that was possible to do so, because of the nature of the test. So that was a difference.

The other thing is that I agree with what Elizabeth said in relation to availability of blood products. I was in the same situation at St Thomas's Hospital. After hours, if we wanted fresh plasma – as we did in those days for the treatment of haemophilia – you called up the donors, there was a panel somehow, they came to the hospital, you bled them, prepared the product, same for platelets, and so on. The other thing that I look back with amazement is that at St Thomas's I think that their standard of general laboratory work was good. But at about 5 o'clock the technical staff all went home and from then on it was the junior pathologist, people like me, who were responsible for doing everything, right through to the next morning.

Now fortunately they did have somebody coming in for chemistry at that stage, but all of the haematology, microbiology or whatever, was done by the resident pathologist or who was standing in for him. And at St Thomas's Hospital there was

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<sup>206</sup> The first Royal Surrey County Hospital was built in 1866 and was initially known as Farnham Road Hospital. The current hospital opened in 1980. See Paul M Davies, *The 'old' Royal Surrey County Hospital 1866-1983: an outline of its origins and development*, [Surrey], 1982.

<sup>207</sup> The term sickle cell anaemia entered the medical literature in 1922, although the first description of abnormal sickle-shaped red blood cells had been made by James Herrick (1861-1954) and Ernest Edward Irons (1877-1959) in 1904. The discovery that the disease resulted from an abnormality in the haemoglobin molecule was made by Linus Carl Pauling (1901-94) and colleagues in 1949.

a job called the resident pathologist, and it was a young registrar-level person who was appointed for six months and was just on call the whole time, unless he arranged with someone like me to come and sleep there for the night and be responsible for doing that kind of work. Out of all the different things I've ever done in medicine, one of the most difficult actually was the cross-matching in the middle of the night, where you're alone in this big laboratory, dead simple theoretically, but you mix this and that and it agglutinates or it doesn't. But in the middle of the night it's not so simple as to what's agglutinating and what's not, and the evidence is all there for getting it all screwed up. And so clinical medicine is much greyer, and I look back with those times.

So having said that when I came back to Auckland initially I was very agreeably surprised at the range of tests that was offered, the standard of tests, the efficiency with which they were done, and the availability of things after hours, weekends, whatever. I think we had a superb technological staff actually of dedicated people in the laboratories supporting us.

**John Armstrong:** There's a couple of really key points in there. My understanding is that because there was that kind of super specialisation between institutions, doctors from this part of the world are going to specialise but wanted to be quite broad in their skills, had to move around a lot in the UK. Not many people stayed in one place the whole time and then came back. And I'm curious, you mention being at St Thomas's, if you or anybody else noticed contrasts between working in those major teaching hospitals and maybe some of the regional institutions?

**Maria Collins:** I'm Maria Collins and I'm not a medically qualified doctor but I've a science degree in biochemistry, and I went to the UK in the early sixties and worked at St Mary's<sup>208</sup> in Paddington, and I found the hierarchical structure was fantastic for a Kiwi: we had no place in their hierarchical structure, so therefore we could fit in with the cleaning person or the chief pathologist, and I was his sort of research assistant and he forgot that I wasn't medically qualified and discussed all his problems – I mean medical issues I'm talking about – as well as what he wanted me to do. And I could talk to the cleaning lady as well and hear all about her issues. And I found that was quite extraordinary, having heard about the hierarchical structure in London, so that was from a lab point of view. We Kiwis were also very highly sought after. There was no problem getting a job. If you were about to leave they would be trying to dangle a few more pounds to get you to stay, and saying, 'If you want to do your OE in Europe, come back and we will keep the job open for

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<sup>208</sup> St Mary's Hospital, London. Founded in 1845 and the first London Hospital to be planned as a teaching hospital, with St Mary's Hospital Medical School opening in 1854. Noted former staff include Sir Alexander Fleming (1881-1955), who in 1945 shared the Nobel Prize in Physiology with Howard Florey and Ernest Chain for their work on penicillin.



you.’ So from that point of view it was very flattering to be a Kiwi, and they seemed to like us.



*Maria Collins, working as a biochemist at Sullivan and Hills in 1961.*

**Linda Bryder:** The advantages of being a Kiwi: they couldn’t box you for example by your accent or anything.

**John Hawkes:** I think the other thing is that we had such a favourable image in view of the incredible commitment we made in the First and Second World Wars which I’m sure you are fully aware of. Proportionately we lost more men who were either killed or wounded than any other of the Allies, and I had a wonderful innings in England. I couldn’t speak highly enough – yes, it was hierarchical, but I found the hierarchy was much more pronounced here in Auckland, but I won’t go into that.

**Peter Rothwell:** I had three different experiences really. The Hammersmith for instance which was, as John said, an unusual institution in some of the people there had unusual ideas. My boss there Scadding, Fletcher and Hugh Jones – Charles Fletcher who was pilloried by his colleagues to a large degree because he dared to go onto television as a television doctor, had the whole of our staff – and I was the junior person – registrars and the lot, round to their home one night, fully catered and everything, and we all ended up crawling round the house, as Britons do, looking for hidden things, typically British sort of stuff.

The Brompton by contrast was a bit like *Doctor in the House*<sup>209</sup> – W.D.W. Brooks,<sup>210</sup> who was a Mary’s man used to arrive in his Rolls Royce with his striped

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<sup>209</sup> *Doctor in the house*, London, 1952 was the first in a series of comic novels written by ‘Richard Gordon’, the pen name of English surgeon and anaesthetist Dr Gordon Ostlere (1921-). A film adaptation, starring Dirk Bogarde, was released in 1954 and a television series followed in 1969-70.

trousers and his black coat, everyone was lined up at the door, the registrar took his bag, and he used to say, 'Come along now.' We went off to a room to get changed, I think he sort of filled his pipe or something. Having said all that he was a jolly sort of nice bloke, and he invited my wife and I to go with him to two prime seats at Twickenham for an international rugby match. So he was a jolly sort of nice bloke.

Sully Hospital of course was quite different again, run by a New Zealander. Well, that was democracy at work. Everybody mucked in there – it was really great – all the occasions, the junior staff, the senior staff, all the charge nurses, were one mix and they had social things at the hospital, this would be, it's a 250-bed hospital which was draining most of Wales for all the cardiac and thoracic specialty – in other words it's a population of three million they were draining on. In hospital things, dinners down in the Shirley Bassey<sup>211</sup> country in the docks.

We went one night to Archie Cochrane's<sup>212</sup> place, and we were very impressed because he had a butler, and it just included everybody, and that was a Bill Foreman sort of feel about the place. He had a very cosmopolitan staff, Europeans. He had some connections with Polish people and whatnot, and a steady string of New Zealanders who he'd fished out of the Brompton pool from time to time, so certainly Marshall Luke, Neil [Turnbull] and Murray, several there, but that was an unusual British hospital.

**Ron Trubuhovich:** I don't know how representative this is or not, but it seemed to me as far as surgical cold lists – that's prepared surgery – was concerned at Oxford at the time when I was there, it was so different from Dunedin [Hospital] which had immense discipline, things started at half-past eight on the dot, no nonsense. They didn't seem to like getting up early in Oxford, and the list might start at 9, it might start at 9.15, something like that. You carried on with the anaesthetic for the surgeon. Perhaps an hour after it started the door would open and the anaesthetic consultant, whose list you were doing, you were supposed to assist him – 'Everything all right old chap? Carry on, I'll be over at the Acland<sup>213</sup> if you want me (where I'm earning a great crust).'

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<sup>210</sup> William Donald Wykeham Brooks (1905-93). Consultant physician, St Mary's Hospital 1935-70 and Brompton Hospital 1938-70. Co-editor, *The Quarterly Journal of Medicine* 1946-67. See <http://munksroll.rcplondon.ac.uk/Biography/Details/580>.

<sup>211</sup> Dame Shirley Veronica Bassey (1937-). Welsh singer, born in Cardiff.

<sup>212</sup> Archibald Leman Cochrane (1909-88). Director of the UK Medical Research Council's Epidemiology Research Unit in Cardiff. Pioneered the use of randomised controlled trials. See AL Cochrane with M Blyth, *One man's medicine: an autobiography of Professor Archie Cochrane*, London, 1989 & Richard Doll, 'Cochrane, Archibald Leman (1909-1988)', rev. *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2008 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/40680>, accessed 23 March 2015].

<sup>213</sup> The Acland Hospital, Oxford, was founded in 1978 as The Sarah Acland Home for Nurses. It evolved into a private hospital and nursing home. Sarah Acland (1815-78) was the wife of Sir Henry Wentworth Dyke Acland (1815-1900), regius professor of medicine,

**David Richmond:** I think that Ron's experience is probably fairly representative, because the first morning that I went across the road from the flat that they had given us at King's College to the hospital, I went about a quarter to eight because that's roughly when we would start work at Auckland and there was nobody there, the offices were all locked up so I went back across the road and I said to my wife, 'There's nobody there', and she said, 'Probably they don't start until eight.' So I read the paper until 8 o'clock, went across the road, still all locked up. Did the same thing at half-past eight, still locked up, so I thought, 'I'd better go up to the ward and see what's going on.' So I went up to the ward, braved a rather ferocious ward sister, she laughed when she heard my dilemma. She said, 'Ha Ha, you won't get anything happening down there until about quarter past nine at the earliest.' And so it proved. But they did work quite long hours, and often the clinic would go over until 6.30, 7 o'clock at night. And so that made the difference.

And when I got to the United States it was so different because everything started there at 7 o'clock in the morning, and sometimes with breakfast, you had breakfast conferences, and so the working hours were different, although I suspect the actual time people worked was pretty much the same in both cases.

**Graeme Woodfield:** I'd just like to say a word of thanks to some of my colleagues who were in Edinburgh at the same time as I was, it was a great relief for our wives – and we all had children at that stage – to have other colleagues there who could share the load, we could share information, and Liz Berry was there at that time and Bryan Trenwith<sup>214</sup> and Graham Tucker<sup>215</sup> and a number of other ones. And I just think that was great, instead of family, because to ring home cost I think \$3 a minute, to ring from England to New Zealand, so you can imagine how many phone calls we had. So we did stick together. It was a great help to our wives I think.

**John Armstrong:** I spoke to Dr Colin Fenton<sup>216</sup> during my research and he told me a story about trying to organise a phone call home at the time when it was radio transmission, and you had to have good weather all the way through the connection for it to work. And he said he managed to make one phone call in three years. And because of that, as many of you have said, you are starting families overseas, it must have been incredibly isolating. You've all been very positive and talked about the

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Oxford University, 1858-94. Acland's grandson, Dr Hugh Thomas Dyke Acland (1874-1956) was born in New Zealand and was a surgeon in Christchurch from 1903-56.

<sup>214</sup> Bryan John Trenwith MB ChB NZ 1960 FRCR 1971 MRACR 1970 FRACR 1984. Auckland radiologist and clinical teacher, University of Auckland.

<sup>215</sup> Graham Stanley Tucker (1932-) MB ChB NZ 1960 FRCS Edin 1967. See GS Tucker, *A life worth the living: the life and times of Graham Stanley Tucker*, 2013.

<sup>216</sup> Colin Robert Fenton (1927-) MB ChB NZ 1951 FRCS Edin 1957 FRCS Eng 1960. Wellington ophthalmologist 1961-2004. For a detailed account of Fenton's postgraduate years in London 1954-60 see John Armstrong, 'The common-health and beyond: New Zealand trainee specialists in international medical networks, 1945-1975', PhD thesis, University of Waikato, 2013, *passim*.

positive parts of this experience, but it must have been difficult as well I imagine, in family terms.

**Linda Bryder:** Ron, do you want to talk about difficulties?

**Ron Trubuhovich:** I'm sorry I couldn't talk my wife into coming, because she would have a very interesting story to tell you about going shopping with children instead of with dogs.

**Linda Bryder:** Anyone else want to talk about negatives?

**Peter Holst:** Well, we wanted to rent a place short-term in London and that turned out to be difficult. If we had had an elephant, it would have been easier than with two children.

**Linda Bryder:** That's true in Oxford too I think.

**Peter Rothwell:** John, you'll remember relating one of your interviews with Bob Gudex,<sup>217</sup> of one of the colleagues who was on his own in Britain, and who in the middle of a dinner at his place burst into tears, and said he just couldn't cope with the loneliness any more. So those that had networks were fortunate, and most of them did. But some of them who were on their own, it was pretty tough.

**John Richards:** I was a senior house officer at the Whittington Hospital<sup>218</sup> for a year and one of the things that bugged me rather was that it was considered to be very bad form if you had occasion to ring up the junior specialist; that was a no-no except in the most extreme situations.

**Margaret Guthrie:** Actually I think that Ron Trubuhovich has said something quite important. It might be interesting to talk to some of those wives. I can tell you one thing that I was told before we left, was that as we had decided to be there two or three years that we would buy. We could buy – we'd sold a property – we took the money with us – and we bought a house. I was told before I left that I would probably have to sign an agreement that no washing would ever be seen on the line – there wasn't to be a washing line. You could at a pinch just have smalls and they used that word 'smalls', but no major washing. So everyone in our street in Merrow in Guildford sent their washing out. Well we rapidly worked out that if we bought a Thor washing-machine and a dryer we would actually save money. Now nobody talked to us for a while about it and then when they got to know us they

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<sup>217</sup> Robert Graham Gudex (c.1935-) MB ChB NZ 1949. Obstetrician and gynaecologist, Waikato Hospital, for 35 years. President, New Zealand Regional Council, RCOG 1979-82.

<sup>218</sup> Whittington Hospital, London dates from 1848, when a smallpox hospital was constructed on the site. The current hospital is the result of the amalgamation of three separate units in 1946. It was named after the fourteenth century Lord Mayor of London, Dick Whittington, of folk tale fame.

were fascinated at the financial reasoning we had that in actual fact we saved money.



*Thor washing machine advertisement, 1949.*

**Margaret Maxwell:** We had the same problem because we were in a small flat when I was pregnant with Deirdre and we had to move out and it was exceedingly difficult to find a flat where we could put clothes out on the line, because in this previous one, just for Rodger and I, I used to do the washing and hang it up in the main living room with one of those gas heaters to dry it and all the condensation, it was horrible. And then of course we were always using the old-fashioned, now, flannelette nappies, it wasn't the disposable nappies, so you had to wash them all and that really was quite a problem.

**John Hawkes:** My wife who is a white Russian, French-Italian-German Russian, born in Shanghai, and somehow or other survived the Japs, but why I mention this, we had a terrible innings with our first child, born in 1964, the hospital didn't want to have anything to do with us really, they wouldn't provide accommodation, so our son Christopher, an infant, was sent to Paris to one of Olga's relatives, where she went with him of course, and that was for about a month or so, and then finally we did get hospital accommodation and that was a great saga – I won't go into that.

**David Richmond:** You probably remember that in London the water was so hard that you couldn't actually get it to lather up unless you bought some kind of additive to put into the water – it made washing nappies very very difficult.

**Peter Holst:** In our first brief stay in London in the period of two and a half months, most of the nation was on strike for various reasons and I wanted to establish my credentials with the Automobile Association, and so fairly early on in our stay I took the tube over to Leicester Square. It was late afternoon, getting on to

winter, and I thought, ‘None of the guide books had ever mentioned a pyramid in Leicester Square.’ But my God, there was a pyramid. When I got closer to it I realised it was rubbish bags.

**Pat Clarkson:** Well, all this talk about washing reminded me one time I encountered patients that had boils in the family and I suggested they hang their washing out in the sun. Well, it was like I was suggesting that they move to outer space – this was in America – they’d never heard of anything like this in their lives.

**Peter Holst:** Pacific Gas and Electricity had a big hoarding, we saw it in many parts along the sides of the roads, ‘Keep California Tidy, Get a Dryer’.

**John Armstrong:** Did anybody go to the British Medical Association dances and things like that, or dinners I believe they held for postgraduate overseas students as a way to make people a bit welcome?

**John Hawkes:** Just a brief note on children and animals. As you have commented the English have an aversion to children, exemplified by the fact that there is a Royal Society for the Protection of Animals<sup>219</sup> but not a Royal Society for the Protection of Children.<sup>220</sup> The other point is that in France, the French have twice as many dogs per capita than the English but they are quite ruthless about it because, when they go on holiday, they just let their animals go feral and you may know that Brigitte Bardot<sup>221</sup> when she got tired of men, she set up the equivalent of a Royal Society for the Protection of Animals.

**Ron Trubuhovich:** For all of this, I just feel a little bit uncomfortable because actually we were guests in their country, to our advantage, and yes, that’s enough. Well, I mean, think of the Somalis in our country, how do they get on?

**Graeme Woodfield:** I think we were exceedingly fortunate to be in England, because we were received well overall and we got a pretty good reception. We did have extraordinary pieces of good luck. I’ll just tell you about one: I got a ring when I was in Edinburgh from a lady called Helen Haviland, and she said, ‘I’ve got a place that you might like to look at’, because we were looking for a place. And so we went out to see this place in Musselburgh – it was a sixteenth century lodge – and we went right through the place. And she said, ‘Would it do?’ And I said,

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<sup>219</sup> The Royal Society for the Prevention of Cruelty to Animals (RSPCA) is a UK charity founded in 1824.

<sup>220</sup> The London Society for the Prevention of Cruelty to Children was founded in 1884, renamed the National Society for the Prevention of Cruelty to Children in 1889, and granted a Royal Charter in 1895. It did not seek to change its name, in order to avoid confusion with the existing RSPCA. It now uses the acronym NSPCC. The Scottish equivalent, founded in 1889, became the Royal Scottish Society for the Prevention of Cruelty to Children in 1921 and adopted its current nomenclature of Children 1st in 1995.

<sup>221</sup> Brigitte Anne-Marie Bardot (1934-). French actress and singer who became an animal rights activist after retiring in 1973.

‘Well, it was lovely, but we couldn’t afford anything like this.’ Well, she said, ‘How much could you afford?’ And I think we said, ‘£28 a month.’ That was what we were paying, and she said, ‘That’ll do.’ And so we had this beautiful place, Oliver Cromwell<sup>222</sup> used to live next door – it was a marvellous place, great Scottish paintings on the walls and Scottish carpets, it was just beautiful. But she turned out to be the daughter of the previous governor-general to New Zealand, Sir Bernard Fergusson,<sup>223</sup> and it was just one of those incredible pieces of luck that made our life in Edinburgh very very pleasurable indeed.

**Linda Bryder:** It wasn’t very cold?

**Graeme Woodfield:** Not the place – it had walls about six feet thick and centrally heated.

**John Buchanan:** Just the opposite of central-heating reminded me that we did go up from St Thomas’s where I was to Manchester for a substantial period to learn cytogenetics, and while we were there we took a flat during their winter for several months. And the locals were all talking about emigration to New Zealand and so on during those winter months, they were so cold and so miserable, but they seemed to forget about it when spring came and they never lagged their pipes or provided adequate heating for the apartment. And this particular apartment we had, it was spacious, it was in an old house and so on but it was so bitterly cold. And just relating it back to the washing, I don’t think there was a washing-line, we didn’t use it anyway, but we used to try to drip-dry my shirts in the bathroom. And in the morning when you got up these would just stand up because they were converted into ice, and so you could lean them against the wall, and it was a huge problem getting these jolly things dry.

**John Armstrong:** I’m just aware that it’s 4.30 and probably time’s pressing. I wonder whether we could move on to maybe the last bit of the story in the return home. I really take your point Ron about we’re not trying to slag off at the English here but we are just trying to find the differences between the experiences here and in the UK, and I wonder how that worked in reverse. How did you find the return to New Zealand? Was it generally positive, or what were the challenges?

**Elizabeth Berry:** I would have to say the return to New Zealand was very positive. I came back to Auckland, I had an office to myself for the first time in my life which was very exciting, I was absolutely delighted to find that John Buchanan had managed to obtain clinical beds, that’s a big thing in haematology. When I was training you had, Dr Gunz was able to use the beds belonging to one of the

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<sup>222</sup> Oliver Cromwell (1599-1658). English soldier and politician who became Lord Protector of England, Scotland and Ireland in 1653, after he led military campaigns against Ireland in 1649-50 and Scotland in 1650-1.

<sup>223</sup> Sir Bernard Edward Fergusson (1911-80), later Baron Ballantrae. Governor-general of New Zealand 1962-7. Fergusson followed his father and both grandfathers in this role.

physicians, but it was slightly uneasy. John had his own beds, there was a ward, the lab was much more comprehensive than where I had been. Blood transfusion services were excellent, and the only other thing that surprised me slightly was that I really trained more in leukaemia lymphoma-type area but an area which was in need of somebody was in the coagulation haemophilia area, but that was a big learning-curve, but one that I really enjoyed – so all good.

**John Armstrong:** Did you miss anything when you came back?

**Elizabeth Berry:** No, I don't think so. I should say that I had made excellent contacts overseas, and this is what you previously mentioned who I still know. And that was a very valuable aspect and you had been exposed to so many different areas of haematology, training experiences, this was extremely valuable. And I do notice that I hear from medical children about working in departments where somebody has been to medical school, trained, and never been anywhere out of the place and that can be very restrictive.

**Ron Trubuhovich:** The day I returned to New Zealand at the end of January 1968 is for ever fixed in my mind. I got off the boat with \$1.40<sup>224</sup> in my pocket, and a friend took us on a drive around Auckland in the car, and I just couldn't believe it, everything was white and gleaming. The sun was shining, it was just totally unforgettable after England, and you just felt so relaxed here, the invisible glass had gone. Everything was so accessible and so free and easy to talk to.

**John Armstrong:** When you say invisible glass, are you talking about the class system in the medical hierarchies, that kind of thing?

**Ron Trubuhovich:** Really one was always on guard on what you did say and what you didn't say.

**John Armstrong:** Interesting.

**Margaret Maxwell:** When we came back from the UK probably all of us had to find a house or a flat to live in and you didn't have to worry about whether it had a kitchen or a bathroom to itself as the ones over in the UK were, that was really quite difficult if you wanted to find a flat, you had to cull them out as to whether they had a bathroom and/or a kitchen, or hopefully both, and it was difficult. The other thing that I know we enjoyed coming back to was the fact that you had a garden to yourself, and you could use that and the children could enjoy it.

**Peter Holst:** As we came back to New Zealand we were flying from Auckland intending to land in Wellington and our flight was diverted and we were landed at

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<sup>224</sup> Dr Trubuhovich returned to New Zealand just seven months after the introduction of decimal currency on 1 July 1967 – which means he presumably went off to the UK with pounds in his pockets and returned with his solitary dollar!



Ohakea,<sup>225</sup> and I left my black attaché in the airport at Ohakea. Well, from there we had gone to stay with my parents who lived in a place that no one will have heard of in the Manawatu called Bay Ness, and Air New Zealand phoned and said, 'We've got your son's bag.'

**John Richards:** I had almost exactly the same experience. The day I arrived from Britain I was met by some family members and got taken to the family home and while we were in there having morning tea my satchel was taken also. It was found a few hours later by the police and all the documents were removed from it.

**Graeme Woodfield:** I would just like to emphasise what Liz said that being in England or America or anywhere else was a great advantage to us because we made so many contacts and networks. And in later years many of those doctors whom we'd met in England came out to New Zealand and partook in our programmes.

**John Armstrong:** Returning to the world of medicine, coming home was one thing, but how did you find practicing in New Zealand after the experience of going overseas? Was there any culture shock coming back?

**Pat Clarkson:** Well I suppose practising good medicine is the same pretty well anywhere.

**David Richmond:** Well, I'm sitting here listening to all this sweetness and light and wondering whether I'm robust enough to say that when I came back, I made a very bad mistake. The second day I arrived back I needed to go and buy something; I went down to Newmarket. And Newmarket in those days was the dead end of the world. And I walked down Broadway Newmarket and I thought, 'What the devil am I doing here?' I couldn't believe it that I was back in Newmarket, because I had come from Washington DC I guess, which is the centre of the world, I guess, in many ways, and there I was walking down Newmarket. I got over that of course, but I will never forget the terrible feeling of depression that came over me on that second day.

**Graeme Woodfield:** I had a different experience altogether of course because I had spent seven years working in developing countries, Libya and Papua New Guinea, and coming back to New Zealand and finding everything that worked beautifully and smoothly was a great pleasure.

**John Hawkes:** I would like to emphasise that point. I'm so old I remember that in 1953, we were the third wealthiest country in the world and although Austin Mitchell<sup>226</sup> was a bit of a cynic, I'm sure you know about his book, *A Quarter Acre*

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<sup>225</sup> The Ohakea RNZAF base is located some 22 kms west of Palmerston North and 150 kms north of Wellington.

<sup>226</sup> Austin Vernon Mitchell (1934-). Lecturer in history 1959-63 and sociology 1963-7, University of Otago. Journalist in the UK then British Labour Party MP 1977-2014.

*Half Gallon Pavlova Paradise*, and where we are now, compared with that, I will not discuss.



Austin Mitchell followed up his 1972 book, *The half gallon quarter acre pavlova paradise*, with a 2002 sequel entitled *Pavlova paradise revisited: a guide to the strange but endearing land where Kiwis live*.

**Ron Trubuhovich:** But I don't want to be hogging this. I came back to a specialty which just did not exist in the UK.

**John Armstrong:** And what was your reaction? Did you find it, was it your role do you think when you came back with this knowledge you had and these networks you have, to build it up from there?

**Ron Trubuhovich:** Well, someone else had built it all up here, and I just moved into that. I don't know if that answers your question.

**Linda Bryder:** It does.

**John Armstrong:** That's OK. Just in terms of people's experience coming back with this high level of education, to places where that might not have been in place, it's a big opportunity isn't it, in lots of ways?

**Peter Holst:** I found it was a very smooth transition to get back into the New Zealand medical workforce. I returned to Dunedin, and it was good and it had moved ahead and I was very satisfied.

**John Richards:** I think perhaps we should just mention that general practice in England we found to be much less free with their time than the New Zealand doctors are. I'm not saying that New Zealand doctors are as good as they might be in that respect, but in Britain some of the practices gave two-minute appointments and others five-minute appointments and a ten-minute appointment would be considered very excessive. That of course is a very general term but that was my experience, and that was what I was told by quite a lot of other people.

**John Armstrong:** This idea about returning from the centre of the world to the edge that in my experience is a reasonably common sentiment, and often the response has been for people to keep on travelling through their careers. Did you have that experience? Did people go back, once, twice, 25 times after they returned from that first trip?

**John Buchanan:** I'd just like to comment in relation to this that some of the specialties that were emerging at that time were themselves progressing very rapidly. And so when I first came back and it was very comfortable and I was able to do what I had done at St Thomas's and other places. But the discipline I'm in of haematology was changing enormously rapidly. Following World War II there had been, science had come in, and looked at chemotherapy and they were just beginning to get remissions in patients who weren't cured and had come back for more treatment. The workload was building up enormously. And within a couple of years I felt inadequate clinically.

I'd done a lot of kind of what you would call consultation from the laboratory in Britain and so on, commenting, but I hadn't really looked after cases at a kind of consultant level so after a couple of years I had the opportunity to spend a year in Melbourne and I went across and I worked in a Professor de Gruchy's<sup>227</sup> department in Melbourne which was kind of the Australasian centre for clinical haematology at that time, as opposed to laboratory haematology. And so I did find it necessary to move on for another year. And I have to say when the history of it all was written, that year in Melbourne was the most valuable in my professional life, because I made a lot of friends in Australia and through de Gruchy who was internationally renowned I met people all over Australia and the rest of the world. And it created contacts, which I've had for years, not only in being welcome and going to those places, but more importantly in being able to place other people in those departments for experience of Australia. And I think we focussed on the United States and on Britain, but Australia was becoming an important player, whereas New Zealand had been independent, and often chosen not to join Australia in specialist societies and so on – things were becoming Australasian, colleges were changing their name to incorporate the New Zealanders who'd really decided that New Zealand in a way was a bit small to train specialists in all of the areas where sometimes you don't need that many specialists in immunology or whatever it might be. So I just thought I would give that perspective.

**Pat Clarkson:** I guess the thing we haven't talked about is that there are often expatriate New Zealanders both in the States and in Britain who have often been very good at placing New Zealanders in their departments and also making sure that before they came back to New Zealand they had a reasonably good job to go to. And that's played a role in Australia and New Zealand from time to time I think.

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<sup>227</sup> Gordon Carl de Gruchy (1922-74). Professor of medicine, St Vincent's Hospital Medical School, Melbourne, 1962-74. President of the International Society of Haematology 1964-6. Author of *Clinical haematology in medical practice*, Oxford, 1958.

**Graeme Woodfield:** Just to point out that there were a lot of casualties along the way. I think 30 per cent of our class, from 1959-60, remained overseas and often took up quite prestigious places. And I speak from my own experience, it would have been easy to have stayed overseas in Britain, or I was offered a job in Canada, it seemed that the world was your oyster when you graduated and so...

**Linda Bryder:** So why did you come back?

**Graeme Woodfield:** Come back? Serendipity.

**John Hawkes:** As a sequel to that, Graeme Woodfield knows exactly what I'm about to say. There's a guy called Bramwell Cook,<sup>228</sup> I don't know if any of you know him, Dr Bramwell Cook, a very eminent gastroenterologist in Christchurch, who's gone to extraordinary lengths to compile the curriculum vitae of those of us who graduated in '59 and '60, and the revelations are unbelievable, reinforcing just what Graeme has said. One in particular, Ken McCredie,<sup>229</sup> who, like me, was regarded as an idiotic sportsman, finished up, and I don't know whether you know about this, being head of the Anderson Oncology Department<sup>230</sup> in Texas, and became a world authority in leukaemia.

And then there are others such as Professor Robin Carrell,<sup>231</sup> who, I don't know whether you know whom I'm speaking of, I'm sure the haematologists here know exactly whom I'm speaking of, who is married to my cousin and we've stayed there quite a few times since we returned to New Zealand 11 years ago. But he has done astonishingly well. Not only has he done brilliantly, for years he has been a member of the Royal Society, he is a Fellow of Trinity College Cambridge, a keeper of the Sir Isaac Newton Room, and before he took up his post from Christchurch Hospital, at Cambridge, he set up a company called Canterbury Scientific,<sup>232</sup> and it's one of

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<sup>228</sup> Herbert Bramwell Cook (1936-) MB ChB NZ 1959. Gastroenterologist and custodian of Cotter Medical History Trust, Christchurch. The Trust was the brainchild of Patrick William Cotter (1919-2012) MB ChB NZ 1944 FRCS Eng 1949 FRACS 1953. Christchurch surgeon and son of William Makuri Cotter MB ChB NZ 1918 FRCS 1925 FRACS 1939.

<sup>229</sup> Kenneth Blair McCredie (1935-91) MB ChB NZ 1960 MRACP 1966 FRACP 1973 FACP 1971. Senior fellow in haematology, Prince Henry Hospital, Sydney 1966-9. Pioneer in treatment of adult leukaemia. Worked at MD Anderson Cancer Center, Houston, Texas 1969-91, latterly as head of the leukaemia service. See <http://www.racp.org.nz/page/library/college-roll/college-roll-detail&id=215>.

<sup>230</sup> The University of Texas MD Anderson Cancer Center was founded in 1941 and named after Monro Dunaway Anderson, a wealthy banker, cotton trader and philanthropist. In 1971 it was designated one of the first three centres to be recognised under the 1971 National Cancer Act.

<sup>231</sup> Robin Wayne Carrell (1936-) MB ChB NZ 1950 FRS 2002. Clinical biochemist, Christchurch Hospital 1968-86. Professor of haematology, University of Cambridge, 1986-2003. Recipient of RSNZ Hector Medal 1986.

<sup>232</sup> Canterbury Scientific Ltd was founded in 1985 to develop clinical biochemistry tools, specialising in liquid haemoglobin controls. Robin Carrell was a co-founder and a director from 1985-2014.

the most successful biotechnical technology enterprises in New Zealand known only to a handful of people, has a turnover now of nearly 7 million dollars, nearly all of which is got from overseas, and its premiere product is a diagnostic procedure for identifying early diabetes and monitoring the treatment HB1AC – I could talk for a long time on Carrell.

**David Richmond:** One of the things we discovered when we were writing our textbook on the history of the Department of Medicine, sorry, the history of the medical unit in the first 30 years of the Department of Medicine,<sup>233</sup> was the immense work that Derek North put into trying to bring back or to encourage young New Zealand graduates to come back to New Zealand. He had a vision of building a department that was not just based around one or two specialties, but he felt that there was a need to have a department that was representative of as many specialties as possible. And he had his eye on a large number of New Zealanders who went overseas for training in the latter part of the 1960s, to try and encourage them to come home. Many of them he visited overseas on his trips. And he also worked with the Auckland Hospital Board to make arrangements that would satisfy both their requirements and the university's requirements for these new jobs that would have to be formed to enable these people to come home. And he worked all sorts of wrinkles, with research company money, with research for the Medical Research Council,<sup>234</sup> the Hospital Board and the University, to get salaries together for these people that he wanted back home to populate the Department of Medicine.

And I think we should recognise that what he did in Auckland was probably being done also by senior physicians in Wellington, Christchurch and Dunedin – Hamilton too I daresay. But a lot of us have got a great deal to owe to people like him for the fact that we were able to come back to jobs in New Zealand, because they weren't all that easy to come by in the late 1960s and early 1970s.

**Margaret Maxwell:** I think that we were at a stage when we were in medicine in the late 50s, 60s when our patients had very little knowledge of medical matters and you could virtually hand out a prescription and make a diagnosis by name. But they really didn't know anything about it. And I found that when I was working in general practice in UK in London. When I came back and then subsequently went to work as one of the doctors with the student health service at the University of Auckland it immediately struck me that the students wanted to know everything, 'Why are you giving me this?' 'What is wrong with me?', and wanted the full details of it. Of course subsequently there have been many more opportunities for people to get information through medical pages in this and that and on various

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<sup>233</sup> See DE Richmond, TE Miller & Judy Murphy, *In the beginning: a history of the Medical Unit at Auckland Hospital and the formative years of the Department of Medicine, The University of Auckland*, Auckland, 2013.

<sup>234</sup> The Medical Research Council of New Zealand was established in 1937 as an offshoot of the Department of Health. It became a statutory agency in 1951 and was renamed the Health Research Council in 1990.

programmes on TV. But we saw that transition of increasing knowledge within the community about medical matters.

**Linda Bryder:** I just thought I would ask Neil Anderson who is our current president to say a few words because I was chatting to him at afternoon tea and he's been sitting here quietly reflecting upon the differences between the experiences that all you guys have been telling us about and the experiences of the next generation, so I'll just give him a chance to actually tell the rest of you.

**Neil Anderson:** My experiences are a bit different from most people here. I went overseas in the mid-1980s and I think there are a few differences. First of all, in my era and subsequently, people had done all their training in New Zealand and then the experience of going overseas has been as a fellow or to do a specific sub-specialty interest or research, so it's a sort of a finishing school rather than the basic training, so that's the first thing. The second thing is that nowadays people don't worry about sitting membership exams in the UK generally or the American boards' exam because they do the fellowship exams in New Zealand, so we didn't have that sort of thing to worry about.

The third difference was that it now takes less than 24 hours to get to the destination, so the year as a ship's surgeon has disappeared and it's interesting, some people flew, but that would have been unusual in the '50s and '60s. I think a fourth difference is that there is much less dependence on the United Kingdom. There's been quite a few people here that went to the United States but I think in more recent times that has become a much more popular place to do postgraduate training. It's not only the United States and England but also Canada, Australia increasingly, and I think the experience that people get there nowadays is often better than you can get in the UK and North America.

And I guess another difference was the seeking out of other New Zealanders at your destination. I think it's become a much more international scene. I was in New York and the hospital I was working at there was only one other New Zealander there and he was the chief of surgery, and wasn't particularly interested in me, but there weren't all that many Americans there either – it was a very international set-up, so it's not just something that we Australians and New Zealanders are doing, it's the rest of the world are doing the same sort of thing now. So they are just a few things I thought of listening to everybody's interesting accounts of what had happened.

**Linda Bryder:** Thank you very much – that does show up the contrast I think.

## Appendix

**Harold Coop:** In 1963, postgraduate medical and surgical specialty training was only just beginning in Auckland, and for most people it was necessary to go overseas to obtain a fellowship qualification. A five-week journey by boat began the adventure.

I had enrolled in the course for the primary fellowship exam at the Royal College of Surgeons, London. Only the second of the two-part exam was in ophthalmology, and candidates for all surgical specialties sat the dreaded primary exam. Not having failed exams at Medical School, I was unprepared for the excellence expected in this exam, at which about 80% of the candidates were failed each time. Examiners would sometimes ask your specialty, and delight in asking ophthalmic candidates the detailed anatomy of the foot!



*Harold Coop graduating FRCS in 1967, on the steps of the Royal College of Surgeons.*

It took me three attempts to achieve the word-perfect anatomy detail required, but I was lucky to pass the second part of the fellowship in ophthalmology at the first attempt. Even then, an oral examiner handed me a pot containing a hand of an elderly person. I reasoned it had been amputated for the many cancerous lesions covering it, but the diagnosis was difficult. The only condition of multi-centric skin malignancy I knew of, incontinentia pigmenti, affected younger people. ‘Never mind, you have reasoned well’, said the examiner, after some discussion. Then, sitting in the historic College, he said, ‘It is the hand of one of the early radiologists who handled X-ray plates.’<sup>235</sup>

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<sup>235</sup> In 1936 a memorial was erected in the grounds of St George’s Hospital, Hamburg, Germany to those considered martyrs in the development of x-rays and radium after they succumbed to the hazards of radiation. The original memorial listed 169 names.

Once the primary was passed, outpatient clinic jobs at prestigious Moorfields Eye Hospital, the Mecca of Commonwealth ophthalmology, helped finances while one waited in line for a full-time training. This was fearsome competition, with consultants backing the candidates from their famous teaching hospitals, Guy's, Bart's, Thomas's. Luckily two things helped Kiwi applicants: the reputation of their forebears, and the fact that the Moorfields clinical professor, Barrie Jones<sup>236</sup> was one of them.

In a city of eight million people, a famous hospital drained a vast pool of pathology. It was possible to see in a week diagnoses rarely or never seen in New Zealand. A clinic might contain an old soldier with corneal burns from mustard gas in World War I, and an African child with a worm wriggling inside the eye. Difficult cases referred from other hospitals might have been badly or expertly handled, a populous country having more variation than ours. This was intense learning in what, and what not, to do.

When one finally reached the surgical training, one was taught by experts in their field, referring difficult cases from their own teaching hospitals. Thus the Grand Rounds were at a high level.

Three months was spent at Queen Square Hospital for Nervous Diseases, and also at the Institute of Ophthalmology,<sup>237</sup> with an emphasis on research. Here I held an animal licence for research using rabbits, which were well treated. The Home Office inspectors were entitled to enter, unannounced, at any time.

During my residency, fellow registrars expressed an interest in my painting and I put on a small exhibition in the hospital residents' library. Some consultants and several residents bought works, and they also clubbed together, much to my delight, to buy a good oil painting for the residents' lounge, called 'Oatfields in Fifeshire'. An interesting comment was made by a very distinguished consultant, who said,

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<sup>236</sup> Barrie Russell Jones (1921-2009) MB ChB NZ 1947 DO 1953 GRCP 1974 FRCP 1977 FRACO 1984. Professor of clinical ophthalmology, Institute of Ophthalmology, London 1963-86. Pioneer of preventive ophthalmology. See <http://livesonline.rcseng.ac.uk/biogs/E001033b.htm> & Alex May, 'Jones, Barrie Russell (1921-2009)', *Oxford Dictionary of National Biography*, Oxford University Press, Jan 2013 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/101875>, accessed 23 March 2015].

<sup>237</sup> The Institute of Ophthalmology opened in 1948 and merged with University College London in 1995. It was the brainchild of Sir William Stewart Duke-Elder (1898-1978) MB ChB St Andrews 1923, who was its director of research for 17 years and editor-in-chief, *British Journal of Ophthalmology* and *Ophthalmic Literature*. See *Biographical memoirs of fellows of the Royal Society*, 1 November 1988, 26:85-105 & Philip Awdry, 'Elder, Sir (William) Stewart Duke- (1898-1978)', rev. *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/31052>, accessed 23 March 2015].



'This is wonderful. We have never had an art exhibition at Moorfields before. But what a strange thing that it should come from an Antipodean!' I was very disappointed some years later when the residents' painting was stolen, and I sent a silk screen print replacement.

I then did a final fellows' year in specialised retinal surgery, mainly operating on detachments, finally being entrusted with 'only eyes', in preparation for Auckland. But I believed it necessary for any senior registrar, ready to return to consultant practice, to look around the world to see if there was any centre with new technology, essential to visit. At that time, I thought the most important claim in ophthalmology, (or in diabetes, for that matter) was being made by Professor Gerd Meyer-Schwickerath,<sup>238</sup> in Essen, Germany. He had invented a light coagulator to make tiny burns in the retina inside the eye. Many specialists agreed this could help to burn out a little bleeding patch.

But then the Professor claimed something quite different. He said that making multiple scattered burns would cure diabetic retinopathy, making it disappear. This was rudely ridiculed by the Americans. 'You're from Essen, among the aircraft factories in the Ruhr, Professor. Do you call that pattern bombing?'<sup>239</sup>

But our family visit to Essen in our VW Kombi<sup>240</sup> camper van, gave me some convincing evidence. The professor was fond of old maps and manuscripts and modern paintings, and writing limericks in English, so we got on well. He explained the treatment was like a punctate amputation of oxygen-demanding retina. The diabetic arteries could supply only so much tissue, as in a limb, which sometimes needed amputation. Therefore I started this treatment programme in New Zealand in 1969, six years before the USA trial results were released. In that six years, about 200 diabetics here were saved from blindness, before the treatment was accepted worldwide.

Many years later the professor was honoured by the Americans, but before that time he was pleased to have support from afar. I thought he would enjoy a gold-illuminated page with a limerick so I sent him one:

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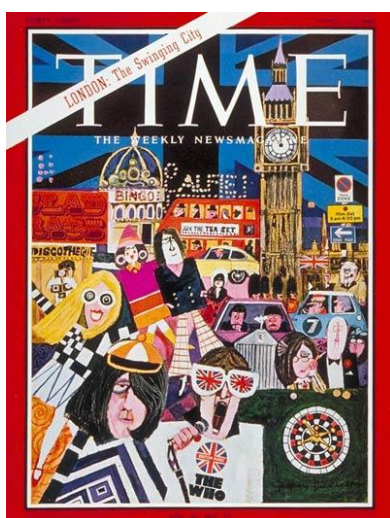
<sup>238</sup> Gerhard Rudolph Edmund Meyer-Schwickerath (1920-92) MD Hamburg 1946. Director, Department of Ophthalmology, Essen University Hospital 1959-85. See GRE Meyer-Schwickerath, 'The history of photocoagulation', *Australian and New Zealand Journal of Ophthalmology*, May 1989, 17.4:427-34.

<sup>239</sup> Essen is one of a number of industrial cities in Germany's Ruhr Valley. As the home of the Krupp armaments works it was the target for repeated attacks by Allied bombing raids from 1942-5.

<sup>240</sup> The Volkswagen Kombi panel van went into production in 1950 and was derived from the iconic Beetle. The last German-built Kombi appeared in 1967 but production continued in Brazil until 2013. More than 3.5 million Kombis rolled off the production lines during its 63-year history.

There was a professor in Essen,  
 To coagulate was his profession.  
 He blasted with light every eye-ball in sight  
 As if Zeus had giv'n him a lesson

My young Essen colleagues said his laughter rang down the corridor, and he had it framed.



Time magazine's cover for 15 April 1966 was entitled 'London: the swinging city'.

'Swinging London' in the 1960's, was vibrant and exciting. Mini-skirts, Carnaby Street<sup>241</sup> fashion, and Soho night life were climaxed by the Profumo<sup>242</sup> scandal. This talented Minister of Foreign Affairs misled Parliament by denying his visits to call-girl Christine Keeler.<sup>243</sup> David Frost's Friday evening TV programme TWTWTW,

<sup>241</sup> Carnaby Street, in the Soho district of the City of Westminster, came to epitomise Swinging London. It was home to a myriad of fashion designers, the best-known of whom was perhaps Mary Quant (1934-) who popularised the mini skirt, patterned tights, and hot pants.

<sup>242</sup> John Dennis ('Jack') Profumo (1915-2006). Conservative MP 1940-5, 1950-63. Resigned all public offices after admitting he had lied to Parliament about his affair with Christine Keeler, who was also involved with a senior naval attaché at the Soviet Embassy in London. From 1963-2006 Profumo worked as a volunteer at the London charity, Toynbee Hall. See Simon Heffer, 'Profumo, John Dennis (1915-2006)', *Oxford Dictionary of National Biography*, Oxford University Press, Jan 2010 [http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/97107, accessed 23 March 2015].

<sup>243</sup> Christine Keeler (1942-) and Mandy Rice-Davies (1944-). Former models and showgirls who gained notoriety for their part in the Profumo Affair and their involvement with the osteopath Stephen Ward.

'This Was The Week That Was',<sup>244</sup> made the nation stop everything to watch. He did not have to write the script; the politicians did it for him, week by week.

In hospitals, the jokes flew round the staff and wards. 'What did Mandy Rice-Davies (another call-girl) say about it all? Answer: She said, "Everyone is so mean to Mr Profumo. He is a very nice man. You can tell he's a gentleman; he dresses so well. And so quickly too!"' Moorfields was close to the Old Bailey, and during a trial, when Keeler gave evidence, passing truck drivers would wind down their windows and yell out, 'We love you, Christine!'



*Carnaby Street in the 1960s.*

A spectacular young dancer from The Talk of the Town<sup>245</sup> revue bar came to Moorfields in a see-through blouse. She was referred from department to department to be examined. Equally difficult to cure was the nice old East End stallholder who brought smoked salmon for the staff at each visit. Or so the stories went.

Life for Kiwis often brought exciting continental exploration, wife and family jammed into a Kombi, or camping. In London, the arts and culture were sometimes breath-taking, as were the first experiences of Venice or the Louvre.

So also was the sense of history. Under the dull leaden clouds on the day of Winston Churchill's funeral,<sup>246</sup> the sound of the Dead March echoing round the

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<sup>244</sup> The ground-breaking satirical programme 'This was the week that was', otherwise known as TWTWTW or TW3, aired on BBC Television in 1962 and 1963. The show was presented by (Sir) David Paradine Frost (1939-2013), the son of a Wesleyan minister. The list of scriptwriters reads like a who's who of mid-twentieth century British comedy.

<sup>245</sup> The Talk of the Town began life in 1900 as the London Hippodrome, presenting circus, music-hall and variety club acts. It was refurbished and converted into a nightclub in 1958 by the Russian-born impresario Bernard Delfont.

<sup>246</sup> Sir Winston Leonard Spencer-Churchill (1874-1965). Entered politics in 1900 and succeeded Neville Chamberlain as Prime Minister in 1940, a position he held until July 1945 when he was defeated at the polls by Labour leader Clement Attlee. His state funeral on 30

stone buildings sent a shiver down the spine, as did the sight of four RAF group-captains leading endless columns of airmen doing the slow march, with rifles pointed downwards.



*Churchill's funeral, 30 January 1966.*

What a privilege, to be part of all this experience.

**Martin Wallace:** The course at the Postgraduate Medical School at Hammersmith Hospital began a week after our arrival [in March 1965]. The hospital, in Du Cane Road, was separated by Artillery Lane from Wormwood Scrubs<sup>247</sup> prison. The course ran for ten weeks, with lectures, clinics and tutorials. The Postgraduate Centre, the Wolfson Institute,<sup>248</sup> is a modern building with an extensive medical library, lecture theatres, and cafeteria. There was also a bar for medical staff, a novel experience for New Zealanders. The students on the course were from many countries and included Bernard Treister<sup>249</sup> from Wellington. There were Australian, Canadian, African, Indian, British and other students. The lectures were excellent in general, and we were exposed to well-known British teachers. There were some who had fascinating backgrounds, including a neurologist who was said to be a

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January 1965 drew representatives from 112 nations and was watched on live television by some 350 million viewers.

<sup>247</sup> Construction of Wormwood Scrubs prison began in 1875 and was completed in 1891, using convict labour in the main. It was given a heritage listing in 2009, largely in recognition of its distinctive gatehouse. Perhaps its most notorious inmate was George Blake, the Soviet spy sentenced to 42 years in 1961, who escaped from the Scrubs in 1966 and fled to the USSR.

<sup>248</sup> The Wolfson Institute for Biological Research, part of University College London, was established in 1995. It is located in the refurbished Cruciform Building, formerly part of University College Hospital.

<sup>249</sup> Bernard Treister (1937-2006) MB ChB NZ 1960 MRCP Edin 1966 FRCP Edin 1982. Undertook postgraduate training in London and Stanford. Paediatric cardiologist in Melbourne 1970-2006. See <http://www.rcpe.ac.uk/obituary/dr-bernard-treister-frcp-edin>.

card-carrying member of the Communist Party.<sup>250</sup> All aspects of internal medicine were covered, and at that time I did not know what branch I would take. I had however arranged to sit for the MRCP examination, and I knew I had to pass. Lorraine was very supportive of my need to study, and by the end of the course I was almost ready.

During this time I became aware that a position as a registrar on the renal team<sup>251</sup> was becoming vacant. I applied for this and was given an interview. The renal physician was Oliver Wrong,<sup>252</sup> who had had New Zealand staff before, including Bruce Morrison,<sup>253</sup> by this time a renal physician in Wellington. The interview was a very British procedure, with the chairman of the Board of Governors of Hammersmith Hospital, his secretary, the medical superintendent, and the senior staff member for whom the applicant would work. There were five applicants in the waiting room, two for the renal job, and three for a similar post in rheumatology. (One renal applicant didn't make it to the interview.) While waiting, a conversation began amongst the other four English applicants, based on an exploration of each other's schools. I was silent, but eventually was asked directly 'and what school did you go to?' 'Eketahuna District High School,'<sup>254</sup> I said. There was a painful silence.

The interview was very polite, with an emphasis given to my four years' experience since the MB and the fact I had the MRACP qualification. As we all waited to be told the outcome, the room seemed to become darker and quieter. The secretary came out from the interview room and said 'Would Dr Wallace and Dr Jones like to join the Board for sherry, and the Board thanks you all for your interest.' Those not invited to sherry left. I don't remember the sherry with any particular delight, but I now had a position as a registrar in renal medicine at a reputable unit, and my future in medicine was determined.

The examination for the MRCP was of the same form as the RACP exam, but having passed the MRACP I was excused the written papers, and had clinical and

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<sup>250</sup> See fn 30 above.

<sup>251</sup> The renal unit at Hammersmith Hospital evolved as a consequence of the London Blitz. See EGL Bywaters & D Beall, 'Crush injuries with impairment of renal function', *BMJ*, 22 March 1941, 427-32. The article emerged from the shock research being carried out in the Postgraduate Medical School.

<sup>252</sup> Oliver Murray Wrong (1925-2012) BM BCh Oxon 1947 FRCP Lond 1967 FRCP Edin 1970. Pioneering nephrologist. Professor of medicine, Dundee University 1969-72 and professor of medicine, University College Hospital Medical School 1972-90.

<sup>253</sup> Roderick Bruce Ian Morrison (1931-92) MB ChB NZ 1955 MRACP 1959 FRACP 1970. Renal physician, Wellington Hospital 1966-94. See

<http://www.racp.org.nz/page/library/college-roll/college-roll-detail&id=113>.

<sup>254</sup> Eketahuna, located between Palmerston North and Masterton in the lower North Island of New Zealand, is a stereotypical small rural New Zealand town with an economy based primarily on sheep and dairy farming.

viva sessions only. These were held on the same day at the Westminster<sup>255</sup> and University College<sup>256</sup> hospitals. I had some examiners I had met as teachers on the course, but it was quite a harrowing day. The results came through by post, and I was very pleased to pass. The job at Hammersmith, an NHS appointment, didn't begin for four weeks. Money was always an issue, so I phoned up the BMA locum service. I was offered a registrar locum at the Royal London Homoeopathic Hospital.<sup>257</sup> I was surprised and said I didn't want to be struck off the British Register. 'There is no danger of that, doctor', said the secretary, 'after all the Royal family patronise this hospital.' I was asked to go for an interview.

The interview was quite informal and was with two physicians. One said that he had no problem with my practising orthodox medicine, and when the patient got better we could both claim the credit. He said I would find it very different to the Hammersmith! The other physician took me around the hospital including the private wing where all sorts of magical things were going on. I was not to have any input there. He became quite confiding and told me he had polycythaemia vera, a proliferative bone marrow disease. 'And what is the homoeopathic treatment for that?' I asked with some interest. 'Oh no, I go up to the Hammersmith for radioactive phosphorus treatment.'

The hospital is next door to the National Hospital for Nervous Diseases (Queen Square) and the Great Ormond Street Children's Hospital,<sup>258</sup> both deservedly famous institutions. It is a remarkable feature of British medicine that this centre for magic and irrational treatment should have survived in that context. There are other such centres in Britain. Mind you, there are lots of churches too.

My four weeks there as a registrar were quite enjoyable, even if I caused a stir by going in on a Saturday and arriving at 9am. I had spare time and visited a room

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<sup>255</sup> Westminster Hospital was founded in 1819 and the medical school followed in 1834, when the hospital moved to larger premises adjacent to Westminster Abbey. In 1939 it was again relocated, to nearby Horseferry Road. The hospital closed in 1994 when its facilities were transferred to the new Chelsea and Westminster Hospital in the Fulham Road. See JG Humble, *Westminster Hospital 1716-1974*, London, 1974.

<sup>256</sup> In 1834 the North London Hospital was opened to provide clinical beds for the London University medical students. It adopted the title University College Hospital in 1837. The new Cruciform Building was opened in 1906 and survived until 1995. See WR Merrington, *University College Hospital and its medical school: a history*, London, 1976.

<sup>257</sup> The London Homoeopathic Hospital was established in Soho in 1849 under the auspices of Dr Frederick Hervey Foster Quin (1799-1878), a pupil of the discipline's founder, Dr Samuel Hahnemann (1755-1843). It was granted the 'Royal' title by King George VI in 1949. It was renamed the Royal London Hospital for Integrated Medicine in 2010.

<sup>258</sup> The Hospital for Sick Children opened in Great Ormond Street in 1852 as Britain's first inpatient children's hospital. In 1929 JM Barrie gifted the royalties from all publications or performances of his immortal *Peter Pan* to the hospital. Charles Dickens was another great supporter. See Jules Kosky, *Mutual friends: Charles Dickens and Great Ormond Street Children's Hospital*, London, 1989.

which had a label 'Research' on the door. It was a library really, and had the accumulated undisturbed dust of the ages over rows of *The proceedings of the Hahnemann Society*.<sup>259</sup> I took the first volume off the shelf and explored. There were remarkable accounts of personal experiences of the effects of various substances taken by the writers as they sought symptoms which mimicked those of various diseases. Then by a remarkable abandonment of reason they applied a substance which caused purging, given in very small doses, to the treatment of diarrhoea. Hahnemann had established his Law of Succession which states that as a serial dilution of the active substance is made, the container must be banged on the table top ten times (not two or four). As I read this, the twentieth century passed by in Great Ormond Street, and the autographed photo of Prince Charles<sup>260</sup> on the wall moved gently with the traffic vibrations. My boss was right, this was not like the Hammersmith.

The RLHH had been a casualty clearing station during the Blitz,<sup>261</sup> and still took acute admissions while I was there. Given its position in London, tourists from all over the world ran the risk of admission for acute illness. One American woman patient asked me what on earth was going on as she had chest pain and no cardiograph had been done. She was however being given tincture of arnica. I advised transfer to another hospital. One Saturday morning I found an exsanguinated man who was admitted overnight with a bleeding duodenal ulcer. He too was receiving arnica or crataegus oil or some other magical stuff but the house surgeon, a Belgian student of homoeopathy, had not thought of a blood transfusion. I organised blood from the London Blood Transfusion Service,<sup>262</sup> who told me they had never had a Saturday blood request from the RLHH before.

This spell in another time and another dimension has nurtured in me an abiding distaste for magic in medicine and those who profit from it.

Only a block or less away from the hospital is Guilford Street. Although I didn't know it at the time, it was in this street that my ancestor John Farthing was arrested in 1815, convicted of theft at the Old Bailey, and subsequently sent to Tasmania.

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<sup>259</sup> The Hahnemann Society for the Promotion of Homoeopathy was founded in 1833 in the US.

<sup>260</sup> Prince Charles' interest in homoeopathy apparently dates from his childhood, following on from the beliefs of his great grandfather and grandfather, King George V and King George VI. His commitment to alternative medicine was reinforced in December 1982 when he addressed the British Medical Association at its 150<sup>th</sup> anniversary meeting. See <http://www.telegraph.co.uk/news/uknews/prince-charles/10433939/Prince-Charles-and-homeopathy-crank-or-revolutionary.html>.

<sup>261</sup> The Luftwaffe's sustained bombing of Britain, known as The Blitz from the German word blitzkrieg or lightning war, targeted 16 cities. London alone was subject to 57 raids from September to November 1940, at the height of the campaign.

<sup>262</sup> The London Blood Transfusion Service was established after World War I and became a division of the British Red Cross in 1926. See Stephen Lock, John M Last & George Dunea, *The Oxford illustrated companion to medicine*, Oxford, 2001, 120.

Renal registrar at Hammersmith Hospital was an NHS position but involved participation in the Postgraduate Medical School activities. The medical renal service was headed by Oliver Wrong, and involved the management of 12 beds, six for men and six for women. There were two registrars and a house physician. Outpatient clinics and the service in general attracted referrals from all over England, and from Greater London in particular. When I joined the other registrar was Mike Chamberlain, who was very welcoming. He had been at the Westminster Hospital at the time that Stephen Ward, involved in the Profumo Affair, was admitted with an overdose. Mike said the staff were instructed not to dialyse or attempt resuscitation.<sup>263</sup> Mike had also caused a stir with a review of abdominal aorta aneurysm treatment at that hospital. The review did not support the claimed safety records. He was not an establishment man.

Oliver also had an active laboratory practice devoted to the study of the way the colon lining handled water and electrolytes. There were 'research assistants' working with him who were supported from their home countries. Two were from Canada, one from London, and one from the West Indies. They would attend ward rounds which were quite an event. They were all intending to become renal physicians.

Outpatient clinics were attended by all the clinical staff on Monday mornings. Oliver came late, so that the registrars had the most interesting patients to see. Oliver would check our findings, and it was a great learning experience.

The renal registrars took alternate weeks on call for renal medical problems, and we were part of the general admitting roster, having to sleep in the hospital every few weeks. The Hammersmith Hospital was the only hospital in the London area not obliged to accept admissions through the Emergency Bed Service.<sup>264</sup> This privilege was aimed at keeping the beds free for 'postgraduate medicine'. I was caught out one night when I accepted a patient with 'encephalitis' into one of our beds. The

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<sup>263</sup> Stephen Thomas Ward (1912-63). Fashionable osteopath who practised in London from 1945. Convicted in July 1963 of living off immoral earnings but took an overdose of sleeping pills prior to the verdict being announced and died three days later. On 8 December 2013 journalist Tom Mangold reported in *The Independent* that Ward had left a note for a friend asking him to 'delay resuscitation as long as possible'. The case still attracts controversy. See Geoffrey Robertson, *Stephen Ward was innocent, OK: the case for overturning his conviction*, London, 2013.

<sup>264</sup> London's Voluntary Hospitals Emergency Bed Service was set up in 1938 to 'facilitate the admission of acute and emergency cases to the voluntary hospitals'. See RE Peers, 'London emergency bed service', *BMJ*, 10 September 1938, 597 & RE Peers, 'London voluntary hospitals emergency bed service', *The Lancet*, 30 September 1939, 763. For its ongoing importance see BG Evans, 'The emergency bed service – the past illuminates the present', *Community Medicine*, 1985, 7:265-71 & BG Evans, 'The emergency bed service – a barometer of London's hospital service', *Journal of the Royal College of General Practitioners*, November 1987, 37(304):491-3.



patient had had encephalitis indeed in 1919 and had been bed-bound in Shepherds Bush with Parkinsonism ever since.

Grand Rounds were an event at the Hammersmith and were often reported in detail in the *British Medical Journal*. As a registrar, I was expected to present cases for Oliver. These public displays were quite demanding and criticism was to be expected: sometimes unfair, and at other times helpful. For example, Moran Campbell,<sup>265</sup> a famous chest physician, pulled me up for using the word 'micturation' as synonymous with 'urination'. It isn't! I found I was learning renal medicine very quickly with the great variety of patients seen. Mike Chamberlain left and was replaced by Lewis Sevitt,<sup>266</sup> who became a very good friend. There were opportunities to publish cases with a special renal interest and I had three published papers by 1968. In 1967 Oliver was invited to travel to South America and I was left in charge of the unit, with Moran Campbell as my nominal 'boss'. Needless to say, I was determined not to have to ask for help!

The previous incumbent was another New Zealander, Ken Melvin.<sup>267</sup> He had been a registrar in endocrinology and had been able to use prison volunteers from the 'Scrubs' as subjects for establishing normal, while they were resident in the ward. On occasion, he was able to do them favours.

When he was planning to leave, he advertised his car for sale, and allowed a prospective buyer to take it for a spin. The car disappeared, and the police were rather dismissive about yet another car theft. 'We have hundreds on our lists, sir.' He told one of his prison inmate subjects of this event. 'Don't worry, Doc, we can help.' Some few night later he received an anonymous phone call telling him where his car was, with an address in North London. Using his second set of keys, he repossessed it. By this time, the owner was of course not the thief, and Ken had a problem explaining to police how he had found the car when they couldn't.

My major responsibility, shared with the RSO, was to organise 'dining in nights' for the entire medical and surgical staff. These were dinners at which senior members of staff who were leaving were farewelled, and an invited speaker was the entertainment. I had to organise the speaker, and realising that the London phone

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<sup>265</sup> Edward James Moran Campbell (1925-2004) MB BS Lond 1949 MRCP Lond 1952 FRCP Lond 1964. Lecturer in physiological medicine, Middlesex Hospital Medical School and Hammersmith Postgraduate School. Inaugural R Samuel McLouglin professor of medicine, McMaster University, Hamilton, Ontario 1968-75. See GJ Gibson, 'Moran Campbell and clinical science', *Thorax*, September 2004, 59:9:737-40 & Moran Campbell, *Not always on the level*, London, 1988.

<sup>266</sup> Lewis Howard Sevitt (1938-) MB BCh Dublin 1962 MRCP Lond 1965. Consultant physician and specialist in renal medicine, The London Clinic, Harley Street.

<sup>267</sup> Kenneth Eric Webley Melvin MB ChB NZ 1958. Chief of medicine & Brill Professor, St Vincent Hospital, Portland, Oregon, 1972-2004 and professor of medicine, Oregon Health Sciences University.

book offered an entrée to all, I invited Jonathan Miller,<sup>268</sup> Sir Isaac Wolfson<sup>269</sup> (the donor of the postgraduate centre) and Maurice Pappworth, author of the medical textbook I had found so helpful. I did not know that Dr Pappworth had had a public feud with the cardiology unit over what he alleged were improper clinical 'trials'. As MC I had a good time!



*Maurice Pappworth (1910-94).*

I had always intended that we should come back to New Zealand. I was told that the Dunedin Hospital was about to establish a post in renal medicine. However, the authorities were too slow to act. Dr Cable<sup>270</sup> at Wellington suggested I write to the medical superintendent at Waikato Hospital<sup>271</sup> who offered me a post, part renal medicine and part general medicine. We were keen to get home, so I accepted his offer.

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<sup>268</sup> Sir Jonathan Wolfe Miller (1934-) MB Camb 1960 BCh Camb 1959. Left medicine to pursue a career in the theatre and as a television presenter. Writer and presenter of the 1978 television series, 'The body in question'. Also a research fellow in the history of medicine, University College London, 1970-3. See Kate Bassett, *In two minds: a biography of Jonathan Miller*, London, 2012.

<sup>269</sup> Sir Isaac Wolfson (1897-1991) was managing director and chairman of Great Universal Stores 1932-87. In 1955 he established the philanthropic Wolfson Foundation which funded educational, health and youth projects. See L Bullock, 'Isaac Wolfson Bt. 17 September 1897-20 June 1991', *Biographical memoirs of fellows of the Royal Society*, 1994, 40:422-6 & Geoffrey Alderman, 'Wolfson, Sir Isaac, first baronet (1897-1991)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2014 [<http://www.oxforddnb.com.ezproxy.auckland.ac.nz/view/article/50705>, accessed 23 March 2015].

<sup>270</sup> James Verney Cable (1908-2005) MB ChB NZ 1932 MRCP Lond 1935 MRACP 1952 FRACP 1959. Resident physician, Wellington Hospital 1946-74. See <http://www.racp.org.nz/page/library/college-roll/college-roll-detail&id=452>.

<sup>271</sup> Waikato Hospital opened in 1887. See RE Wright-St Clair, *From cottage to regional base hospital. Waikato Hospital 1887-1987*, Hamilton, 1987 and John Armstrong, *Under one roof: a history of Waikato Hospital*, Hamilton, 2009.

## **Participants:**

**(Dates of graduation are in brackets)**

Dr Neil Anderson	Dr Margaret Maxwell (1955)
Dr Elizabeth Berry (1960)	Dr Ross Moore (1953)
Dr David Bremner (1957)	Associate Professor John Richards (1955)
Associate Professor John Buchanan (1957)	Professor David Richmond (1962)
Dr Patricia Clarkson (1957)	Dr Peter Rothwell (1953)
Maria Collins	Professor Sir John Scott (1955)
Dr Harold Coop (1959) [ <i>in absentia</i> ]	Dr Vivian Sorrell (1958)
Dr Margaret Guthrie (1951)	Dr Ronald Trubuhovich (1961)
Dr John Hawkes (1959)	Dr Martin Wallace (1960) [ <i>in absentia</i> ]
Associate Professor Peter Holst (1962)	Dr Graeme Woodfield (1960)

## **In attendance:**

Dr John Armstrong  
Professor Linda Bryder  
Dr Debbie Dunsford  
Willem van Gent

## **Apologies for absence:**

Associate Professor Brian Barraclough, Dr Kevin O'Brien, Dr Harold Coop, Dr James Methven, Dr Gordon Nicholson, Dr Robin Norris, Dr Martin Wallace

## Biographical Notes on Participants

Neil Edward Anderson MB ChB Auckland 1978. Auckland neurologist.

John Armstrong PhD Waikato 2013. Historian/negotiator, Office for Treaty Settlements.

Elizabeth Waugh Berry née Burns (1937-) MB ChB NZ 1960. Played a pivotal role in establishment of Haemophilia Centre at Auckland Hospital 1974. Chair, Medical Advisory Board, World Federation Haemophilia Medical Board 1988-92.

David Andrew Bremner (1932) MB ChB NZ 1957 FRCPA 1965. Clinical microbiologist, Middlemore Hospital 1970-1 and microbiologist-in-charge, Auckland Hospital 1971-98. Senior lecturer in microbiology, University of Auckland 1971-98.

Linda Bryder DPhil Oxon 1985 FRSNZ 2010. Professor of history, University of Auckland 2009-.

John Gordon Buchanan (1932-) MB ChB NZ 1957, MRCP Edin 1962, FRCP Edin 1980 MRACP 1964 FRACP 1971 FRCPATH 1978. Haematologist-in-charge, Auckland Hospital, then associate professor of haematology, University of Auckland, 1971-97.

Patricia Mary Clarkson (1934-) MB ChB NZ 1957 MRACP 1959 FRACP 1974. Neonatal paediatrician, National Women's Hospital, Auckland 1971-99, clinical teacher, University of Auckland School of Medicine 1974-99.

Maria Collins. Biochemist and marriage guidance counsellor. Wife of Jim Collins, captain of the Air NZ flight which crashed on Mt Erebus in 1979. See M Dearnaley, 'One moment, and 25 years of pain', *New Zealand Herald*, 26 November 2004.

Harold Valentine Coop MB ChB NZ 1959 DO Lond 1964 FRCS Eng 1967 FRACO 1983. Auckland eye surgeon. Pioneer in 1969 of laser treatment for diabetic retinopathy. Landscape artist and author of the novel *House surgeon*, Christchurch & London 1964, under the pseudonym Harold Valentine.

Margaret Winn Guthrie (1924-) MB ChB NZ 1951. Gerontologist. See Margaret Guthrie, *An enduring savour: reflections of a woman doctor on early influences*, Wellington, 2009, 159-62 & Margaret Guthrie, *Memoirs of a woman doctor: different stars for different times*, n.p. 2014.

John Goldie Hawkes MB ChB NZ 1959 MRCP Edin 1965. Consultant rheumatologist, Bedford Hospital, 1974-2002.

Peter Eugene Holst (1938-) MB ChB Otago 1962 MRACP 1967 FRACP 1972. Respiratory physician. Senior lecturer 1974-82 and associate professor of medicine 1982-93, Wellington School of Medicine.

Margaret Dawn Maxwell (1931-) MB ChB NZ 1955. Worked in general practice, student health and medical journalism. Edited *Women doctors in New Zealand: an historical perspective, 1921-1986*, Auckland, 1990.

Ross Osborne Moore (-) MB ChB NZ 1953 MRCP Lond 1960 MRACP 1971 FRACP 1976.

John Gwyther Richards MB ChB NZ 1955 MRCP Edin 1960 FRCP Edin 1973 MRACP 1966 FRACP 1973 MRCGP 1964 FRCGP 1970. Son of Rosina Dorothy Richards née Crawley (1897-1989) and JFW Richards (1887-1965). Associate professor, Department of General Practice, University of Auckland 1973-.

David Eric Richmond (1938-) MB ChB Otago 1962 MRCP Lond 1967 FRCP Lond 1983. Inaugural Masonic professor of geriatric medicine, University of Auckland 1986-98.

Richard Peter Gorton Rothwell MB ChB NZ 1953 MRCP Lond 1959 FRCP Lond 1981. Respiratory and intensive care physician, Waikato Hospital 1961-95 and head, Waikato Academic Division/Waikato Clinical School 1993-2001. President, Australasian Thoracic Society 1977-9. Patron, Waikato Health Memorabilia Trust.

Sir (Philip) John Scott (1931-) MB ChB NZ 1955 MRCP Lond 1960 FRCP Lond 1975 MRACP 1959 FRACP 1966. Professor of Medicine, University of Auckland 1975-96. President, Royal Society of New Zealand 1997-2000.

Vivian Francis Sorrell (1934-) MB ChB NZ 1958 FRCS Eng 1964 FRCS Edin 1964 FRACS 1967. Gastroenterologist who performed stomach by-pass on future New Zealand Prime Minister David Lange in 1982. See Michael Bassett, *Working with David: Inside the Lange cabinet*, Auckland, 2008.

Ronald Valentine Trubuhovich (1929-) BDS NZ 1953 MB ChB NZ 1961 FFARCS Eng 1966. One of the pioneers of critical care medicine in Auckland. President, Australian and New Zealand Intensive Care Society 1981-2 and first vice-dean, Faculty of Intensive Care, Australian and New Zealand College of Anaesthetists 1993-6.

Martin Russell Wallace (1935-) MB ChB NZ 1960 MRACP 1964 FRACP 1972 MRCP Lond 1965 FRCP Lond 1982. Renal physician, Waikato Hospital 1968-.

David Graeme Woodfield (1935-) MB ChB NZ 1960 MRCPE 1965 PhD Edin 1968 FRCPE 1974 FRCPA 1975. Medical director, Auckland Blood Services 1976-98.

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