

Johnson et al. 2010: Supplementary Material 5

Edited transcript of interview with Ralph Robinson by Martin Johnson on 2nd September 2009 in the Anatomy School Cambridge

[Edited and approved for release January 2010. Where changes, corrections or clarifications are inserted that substantially alter the original transcript, they are indicated in square brackets]

Speaker key

MHJ Martin Johnson
RR Ralph Robinson

MHJ For the record, this is an interview between Martin Johnson and Ralph Robinson on 2nd September, 2009. And I'll start by saying that I've discussed the nature of the project with you, and the interview, and the consent form. I think it would be really helpful for us if you could just tell me, briefly, your career history: where you went, where you trained ... not necessarily detailed dates, and so on, but roughly the sequence.

RR Well, I became a medical student at St Mary's Hospital, Paddington in 1954, and I qualified from the University of London via St Mary's in the spring of 1960. I was always fairly determined on a career in obstetrics and gynaecology [and indeed my pre-registration year was spent entirely in the specialty]. For the next four years I went down the general surgical route and for a while, I was tempted towards general surgery; but for political reasons, I couldn't see myself making it there. So I went back to my first...

MHJ Political reasons?

RR Well, there were two of us in parallel from the same year; one of them a great friend now deceased, and we were always neck-and-neck doing things; and, just an example, a registrar job came up in Harefield in, I think it was in the Winter of 1963, and there was a shortlist of two, and he and I were the two, and we went for an interview; and getting there was quite interesting, through the snow and all the rest of it. We were both interviewed at some length, it was one of the real key jobs to get; the chairman came out and said, look, we can't make a decision. Will you take the toss of a coin? And he got it.

MHJ Wonderful.

RR I've never felt any resentment at all about it: I thought it was perfectly fair. And I went off down, continued the surgical route for a while, but...

MHJ Was this all in St Mary's?

RR It was always in that orbit ... I didn't come outside London until I came to Cambridge in '68. I passed my FRCS fairly quickly [1963], and then did a surgical

registrar job, and everything was going well. There was a job back at St Mary's, and quite clearly this friend of mine was going to get it, because he was in situ there by this time, and I thought, really, it's going to be difficult to continue in this line, although I would have quite liked to have done it; and again I have no regrets about it. I then went back to my original bosses in O&G, and I said, look, I really want to come back. And they said, fine, well, there's a job...

MHJ Who was that at the time?

RR Well, my bosses at the time had been Douglas McLeod, who was one of the consultant obstetricians and gynaecologists at St Mary's, and the other one was a very young consultant then, who was later Sir George Pinker. But on that occasion it was Douglas McLeod who said, oh, there's a job vacant at Queen Charlotte's [Hospital] on 1st January – you'd better get your papers in now. I was one of the three people appointed there from 1st January 1966, and [continued in O&G for the rest of my career].

MHJ That was a registrar position?

RR No, I had to go back - from being a registrar in surgery, I had to go back to being a senior house officer in obstetrics and gynaecology. That was interesting: I don't want to divert, but politically, it was a very, um... politically and financially, a very difficult period for me. I had timed my return [to O&G] to take advantage of a promise made by the then government that people doing the sort of thing that I had done - got to a certain level, who then for training purposes, had to drop grade - would not lose their salary position, which had meant quite a substantial loss of salary; but also, one had to pay residency fees, if you dropped back. So there was a double whammy, and this was to be abolished; The then government, which had made the promise (it was the socialist government of Wilson at the time) reneged on their agreement, after I'd already made the decision to move.

So it was a painful few months; and in fact ... quite an extraordinary thing happened: there were three of us who were in very serious difficulty. I was by then married, with one child, and a second one on the way, and a couple of other colleagues were in the same boat; The day after the government announcement.. well, a couple of days after this was announced, the house governor of Queen Charlotte's called the three of us separately into his office and said, you boys must be in trouble. And I said, yes, we are. And he said, well, we had... there was a meeting of the consultant staff last night, and they've put a fund together to loan you money to see you over the next couple of years; and you can pay it back over whatever period you like. And I think we'd have all of us had to give up and go off into general practice or something had that not happened, so it's quite extraordinary: I can't imagine it happening in these days.

I've always felt something of a debt of gratitude to the people involved - all of whom I've learned from. And anyway, going back to the main theme, I started at Queen Charlotte's at the beginning of '66; I was there for six months, and the great Sir Stanley Clayton, as he later became, was the professor there, and worked with... gosh, I've for the moment forgotten...

MHJ So Charlotte's? Wasn't Clayton at King's [College Hospital] ...?

RR Clayton was from King's – gave up being an NHS consultant, became a professor at Queen Charlotte's, and he was professor in the department of O&G, which was spread between Charlotte's and Hammersmith in those days; it was... JJ Brown was at Hammersmith, and Clayton was at Queen Charlotte's Hospital and Chelsea Hospital for Women. The key scientific thing that was going on there at the time was all the early work on prostaglandins, and that was already very interesting. That was one thing, and the other major project that was foetal blood-sampling in labour introduced by Richard Beard and David Morris, that was a very instructive period.

I then went on to a year at Chelsea Hospital for Women (gynaecology only), and that was a key training job from a gynaecological surgery point of view – some extraordinarily good surgeons there; but with my previous surgical experience I was allowed to do an enormous amount. And the chap who took me under his wing was Moolan Feroze, Sir Rustam Feroze, and a chap called George Wynne-Williams, who was also very good; but I got on with them all extremely well, and worked for many of them subsequently, or had things to do with them. [Chelsea was where I had my first real exposure to oncology, which in due course was to become my sub-specialist interest.] I went back to St Mary's: that would have been 1st July 1967.

MHJ So by this stage you were a registrar?

RR I was a registrar. Sorry, in the middle of 1967, July 1st, '67 – and the exciting thing then was that we had the first foetal monitor at St Mary's: that was under the aegis of Peter Huntingford, and a fellow registrar Howard Pendleton, who was just - well, the same age as me – but he moved to Vancouver and stayed there forever, and still lives out there – worked with this foetal monitor and so on; it was really very exciting. But after I'd been there about four months the senior registrar [was appointed to a consultant post leaving a vacancy for] a senior registrar. I had been a registrar in obstetrics and gynaecology only a few months.

George Pinker was just about to go off lecturing or something in Australia; and he said: actually, "you're applying for this job" - and disappeared. And I thought, gosh, you know, I'm not ready for this. I've done a lot of surgery and so on, but I don't think I'm ready for this. I thought I'd better go and talk to my other friend, ; and I went and talked to Moolan Feroze, and he said, don't apply for that – apply for the one that's available here - the resident obstetrician job at Queen Charlotte's. I thought, this is worse, because I... you know; and to cut a long story short, eventually I didn't go for the Queen Charlotte's one, though I'd have dearly loved to have had it; the reason I didn't was that a succession of absolutely superb resident obstetricians at Queen Charlotte's had all had difficulty getting consultant jobs; and the reason for that was, the consultant staff at Queen Charlotte's were all also London teaching hospital consultants, and their first loyalty was always to their senior registrar from their own teaching hospital.

I thought, really, that's not the best deal. I put in for the St Mary's post, and rather to my surprise, got it. One of the things also involved in that was that the senior registrar, whom I replaced, should have come here to Cambridge. There had been an exchange at senior registrar level in place between St Mary's and Cambridge for some years, so I

should just expand on that. It was an increasingly difficult period for the London teaching hospitals; the amount of work going to them had declined, so their trainees' experience was limited, whereas out in the 'provinces' there were hospitals overloaded with work. The latter had registrars who were having difficulty getting jobs - the jobs were going to the people in London, well, from the London teaching hospitals, because that's where the power lay - they were not necessarily getting the work experience, and vice versa.

A rotating post had been set up between St Mary's and here [Cambridge], two years in each, the view being you'd normally take about three to four years being a senior registrar before you could be a consultant. But [the St Mary's/Cambridge had not] happened by chance, trainees had just got jobs as they were about to rotate. Then my predecessor didn't want to come here. Now, I'm not sure whether I should tell you why she didn't want to come here, but it was related to the fact that Cambridge was already known for its abortion practice, and she felt vehemently opposed to it.

MHJ So then Cambridge was supportive [of abortion]?

RR Very supportive. And it antedated the Abortion Act, remember, it was passed in '67, but implemented on 1st April '68. So...

MHJ So was that a [local] policy - was that [Ossie] Lloyd's [Cambridge Senior Consultant]?

RR That was Lloyd, yes. She was reluctant to come, partly for that reason, [also, as for the reasons above, was reluctant to leave the St. Mary's post]. But there was anxiety at this end because there was an excellent senior registrar up here Vivian Jones, who felt he really wanted to go to London... because East Anglian Hospitals were having difficulty placing their senior registrars - Norwich people had even found it impossible to place trainees. So having been appointed... I hadn't got the MRCOG - I had the FRCS, but I didn't have the MRCOG - and the latter was considered to be a *sine qua non* for being a senior registrar - and I said to them, look, I'd rather have the MRCOG before I went up there [to Cambridge]: could we delay this, to let me take it in January, and perhaps I could go up on 1st February, in the hope that I will have passed? Well, fortunately I got it ... and so I came up here with the MRCOG as well, I started here on 1st February `1968...

MHJ So you never were a registrar at St Mary's?

RR I was a registrar for a period of five months and acted as Senior Registrar for one month..

MHJ It's called fast tracking ...

RR Very fast tracking - well, it was extraordinary, because there was more to come. And...

MHJ So let me get that right - you came here in 1968?

RR I came – I started here on 1st February 1968... and Viv Jones went to St Mary's, and later was moved on – he got a consultant post in Swindon very quickly. I arrived here in '68, and sort of settled down into this very busy, extraordinarily busy place, the sort of volume of work I had never seen.

MHJ So the consultants here at that time were...

RR There were two - Oswald Lloyd and Janet Bottomley. And it was really very busy. The Maternity Hospital was the old workhouse in Mill Road, gynaecology patients were squeezed into this place here [Old Addenbrooke's Hospital in Trumpington Street]; the outpatients were in the new hospital [in Hill's Road]. And as well as those, I also went to Huntingdon on Thursday morning and Doddington on Thursday afternoon; I was frequently called to Newmarket when the chap there forgot to tell somebody he was going away for a few days...

MHJ Who was the consultant in Newmarket? Was there a consultant?

RR John Hesketh. The O&G Team worked very hard: I enjoyed every minute of it, actually; it was really flat out. The key thing, the thing that struck me, is that the decision-making was often made, had to be largely made, at senior registrar level, and I was thrown into this, always having had a very, you know, supportive consultant staff – that's not to say they weren't supportive, it's just they were worn out.

MHJ ...all the pressure...

RR Yes, the [consultants] were worn out. So that was fine [as far as I was concerned I was happy to have the experience]. And then, at the end of '68, when I'd been here for about, just a year, there was a lot of muttering around about another consultant job coming up, which - I really took little or no interest in, because I saw myself going back to St Mary's at the end of December [1969?]. In fact, at the time, I had ideas of going off to the States or somewhere for a year in oncology, which was really my interest from my general surgery days and from being at Chelsea with John Blakeley, who was the surgical oncologist, and Braithwaite Rickford Tom Lewis, who with Moolan Feroze attracted most of the oncology between them.

But also, we had joint sessions with the [Royal] Marsden [Hospital] across the road [in Chelsea], and we had a lot of cases from the services - we had the specialist advisor to Army, Air Force and Navy [on the staff at Chelsea], so service personnel's wives came in with their cancers from all over the world, so it was a fantastic place for cancer training at that time. And I'd thought, well, this is really where I want to be going, and to do that, at that time, we would really have had to have gone off to the States for a year; and I had that sort of going on in my mind, and I hadn't really seen myself doing other than going [to London]. Now, this talk was going on [of another Consultant in Cambridge]; also, there was a lot of talk about the new medical school.

MHJ Yes, we'll come to that ...

RR And so, anyway, we got sort of, oh, beyond, past Christmas, and suddenly an advert appeared for this curious post which was part NHS and part funded by the Department of Education, I think, and the idea was to have a post for someone who would, quote, ‘help out on the clinical side’, which was seriously underprovided, but also, to help with the planning for obstetrics and gynaecology in the new clinical school. And I looked at it and I thought, this, you know, I’d love to stay here, but this isn’t for me, really. And weeks went by, candidates started showing up to look around, and some very outstanding people came..

MHJ Can you say who came? Do you remember...?

RR Yes, I can almost tell you the shortlist ... but actually, there was a number, , but in the event, quite a small number applied; and I think there were only about seven or eight applications in the end.. One of them was Chamberlain, was “Bodger” Chamberlain - the professor, the South African professor at, I think it was Manchester; Max Elstein... I can’t remember who the other one – one of them ended up in prison – I can’t remember who that was, and ... oh, the chap who went to Gloucester, I can’t remember – there were those people who were ready for consultant jobs, were four or five, but Max and Bodger Chamberlain, I certainly remember. And I mustn’t get confused with when it came to looking for the new first Chair [of Obstetrics and Gynaecology] some years later.

MHJ Was Patrick Steptoe – did he...?

RR He was nowhere in the frame.

MHJ He wasn’t in the frame? Or he didn’t come down...?

RR No. No. I can be absolutely certain about that. Patrick...

MHJ Before we go on with that, can you tell me how long... Lloyd had been in post for a long time, hadn’t he?

RR He came here towards the end of the War, and he came here because the O&G department of the Middlesex Hospital - large chunks of the Middlesex Hospital - were moved to Cambridge, and The Leys [School] was sort of a convalescent home; so he was here, [In April 1943, he was appointed Temporary Assistant Surgeon to the Gynaecology Department. In 1946 he became Honorary Surgeon to the Obstetric and Gynaecology Department and with the Advent of the NHS, he was appointed Consultant Obstetrician and Gynaecologist at Addenbrooke’s and to The East Anglian Regional Hospital Board]. There’s no doubt he was an extraordinarily well qualified (MD; FRCS; MRCOG) able and hard-working man; he was a very good selection but yes, he had an unfortunate reputation in many ways.

MHJ He was clearly a very strong character?

RR Oh, he's an alpha male, from every point of view, actually. And I think, like many people who became involved with abortion, they also became tainted; and he didn't deserve that, really.

MHJ And then [Janet] Bottomley: had she been in post for a long time?

RR Janet Bottomley [MD FRCS MRCOG] was appointed, I think, in 1948 replacing Dr. Canney – this information will be available – but I'm pretty certain she was not appointed until just after the NHS came in.

MHJ Right, but she'd been in post quite some time by the time you had...

RR Oh, yes. Well, they'd both been... yes, you see I came in '68. So they'd both been in post for over 20 years; and when you think, in those days, people were often in their mid- to late- 30s when they – you see, they're both retired... Ossie retired in '76, when he was 65; so if you're taking back 30 years, he would have been – I beg your pardon, 65 - he'd have been 35 when he came. Janet went a bit early: she wanted to go a bit early, and that's part of the story later on; but she'd been in post for a long time. Ossie was replaced on 1st August, 1976. Janet Bottomley was replaced on the 1st of January, 1976, and she was replaced by John Williamson, and Ossie Lloyd was replaced by Peter Milton, but that all becomes the *mêlée* of the university department later on.

MHJ Yes, yes, we can come to that later. The reason I'm asking you about this, is that in some of the correspondence we've been looking at about Patrick Steptoe, it's said that sometime during the sixties he applied for a consultant's post here at Addenbrooke's, and did not get it because he was considered too old. So the only consultant post that would have come up is the one that you're describing that you got, I think. So that's why I'm just teasing this one out a bit.

RR Well, he could well have applied, but not taken it any further; but I, I...

MHJ And this is a fairly reputable source, because [Alex] Turnbull [then Professor of O&G in Cardiff, later Oxford] said this in some correspondence.

RR Well, that's a very reputable source.

MHJ Yes, so I'm sure that there is something in it.

RR That archival material will be available somewhere.

MHJ Well, we've tried, I've been up to the Addenbrooke's archives, but I haven't come across it. I mean, there are records of appointments, but there's no record of Steptoe being there, that I can find.

RR No. No, no. Well, I have no recall of my showing him - I was always the person they asked to show them around. He may have come and discussed it with Janet

Bottomley, or with Ossie Lloyd, I suppose, but I have no knowledge of it at all. I find that surprising - not that he applied, but surprised that it wouldn't have come to my knowledge and stuck in my mind. [Prior to 1974, Addenbrooke's was not administratively integrated into the EA Regional Health Authority, so if the post was outside Cambridge I may well have had no knowledge of it.]

MHJ Well, that's one of the reasons I wanted to talk to you, because ...

RR His son might know?

MHJ Well, I'm going to talk to his son; I'm in contact with him, but I don't want to press the point, but ...

RR No, no, but please, that's the first time I've heard that mentioned, actually. I did look through quite a lot of papers. I did the eulogy for him at the Council of the College of Obstetricians, when he died in '88.

MHJ Have you got a copy of that?

RR I think I do, actually.

MHJ Was it published? Was it published?

RR It will be in the minutes of the Council of the Royal College of Obstetricians and Gynaecologists. Anyway, yes, well I can't, I can't tell you more, really, about that. Where were we? There I was in this position, going back now to the beginning of '69, and then I thought, well this is all very interesting, I'll show these people around. And Bodger Chamberlain was chatting up everybody and one of the other people who was interested was Max Elstein - oh, gosh, my memory is so terrible now - I am confused with the Chair. . But anyway, the job came up, and this was all going on, and then one day, I got a phone call from the house governor of Addenbrooke's, who's still alive; and he may have some memory of these things.

MHJ Who is that?

RR Cannon. Graham Cannon.

MHJ Do you know how to get hold of him?

RR Yes, I could tell you. He is a man for whom I have enormous respect, and he's alive and well; Bobbie, his wife, sits on the Grants Committee, I serve... it's a long story ... He rang me up one day and said, I'd like you to come and see me. I said, oh, God, this is a complaint or something. So I went and had a glass of sherry with him in his office, which was in a rather nice little building on the corner ... the new wing on Trumpington Street, and there was a big bow window; and he said, I'm very upset that you haven't applied for this job - we thought you were quite happy here. And I went

through the sort of things I've been saying to you now; he said, you know, you're making a big mistake, because, you know, there's a great future if you came here. And I said, but you know, Mr Cannon, I'm not ready - I don't think I'm ready for this. I was just coming up to 33, and the chaps who got consultants' jobs were about 36, 37: he said, well, you know, you ought to talk to one or two of the consultants.

And the next thing that happened was that John, the late John Withycombe, who was the general surgeon/urologist, said to me, stopped me in the corridor and said, you know, come and have a chat. We went into the old consultants' sitting room, and he said, why aren't you applying for this job? Because I'd done various things with him, you know: gynae urology, and if there was a bit of a problem I'd go to him, or something like that - he says, you really should be part of this; it's got a huge future. He said, I know it's dreadful at the moment, he said, but it's got a huge future. And he really sort of put me in the picture.

And so I then rang Sir George Pinker, and he says, God, he says, you must put in for this, you know; and I rang Feroze, and he said, you'll be making a big mistake if you don't do it. He said, you'll get a job back in London, if you want it, but... so, having talked to my wife, I said, what will you feel if we - there was a point about staying in Cambridge for her; she said, well, you'd better have a go - we'll be going back to the wrong end of Putney. So I put in for it, and there was this Appointments Committee, and I almost felt slightly uncomfortable, because the college representative on the Committee was Sir George Pinker. And I asked Clayton to be one of my referees, and he said, no, I won't be your referee, and, but I'll tell you why; and he said, I'm supporting Chamberlain. He said, I don't make a practice of supporting two people, and, you see, he's much senior to you, much more experienced, much more ready, and he'd probably be a very good professor.

MHJ Clayton was fairly honest, was he?

RR Oh, absolutely; inscrutably honest, and I wasn't fussed at all. I thought, you know, if it doesn't happen, then that'll be great. So there I turned up for this interview, and I had a bit of a grilling, and just before, you know, the usual thing at the end: now, what would you like to ask us? And the Chairman was Lord Todd...

MHJ Right, yes. Whom, of course, I knew well.

RR ... and Lord Todd said, now, Dr Robinson, what would you like to ask us? And I said, well - he was Chairman of the Governors, incidentally, at the time - I said, well, Lord Todd, it's no news if I tell you that the maternity hospital as it is at present is totally unacceptable. It's dangerous for women, it's hopelessly inadequate in terms of the workload we have, and there have been promises of a new hospital, I gather; and I would be reluctant to accept the job unless I felt there was promise of a fairly early transfer to a new hospital, which must be on the main hospital site because we do not have the appropriate laboratory facilities for a hospital like this: you know, and I put it out fairly strongly.

And he looked me straight in the eye: he said, well, thank you for that question; I can assure you there'll be a new hospital by 1972. And I said, well, thank you, Lord

Todd. He said, that's fine; is there anything else? I said, no, I would have similar comments about many of the other things, but I didn't – well, I hope you're reassured. So I left the room, and they gave me the job! I couldn't believe it, actually. But there were strings: I was very happy about the clinical bit, except for little details which I'll mention in a minute, but the sting was that five - 5 of an 11-session week - five sessions were supposed to be under the supervision of Ivor Mills: I was very unhappy about that...

MHJ Hmm. He was professor of...

RR Medicine. I was unhappy about that...

MHJ Why was that? Because of the university link?

RR He was the university link. And I felt resentful, actually, because it wasn't really mentioned until after the appointment, that I was expected to answer to him for various things, and that caused me great unhappiness over my first few years; and he wanted me to do experimental work which I was quite...

Can I just go back a step? The key thing the place needed was a young energetic consultant to get the place into some sort of order, and I was very happy to do that. The junior staff were pretty good, and, you know, they all saw that, you know, things really needed to... because the consultants never got out at night - they were tired, you know, they were worn out; and the other thing they were doing, was they [the consultants] were organizing a British Congress which happened here in the Summer of '68, and that really finished the both of them, actually. And all of this followed on, and they were never quite the same, I think: it was a huge burden for them – it was a great occasion, actually. But anyway, that, what it needed was real...

MHJ Focus...?

RR ... focus. And I was quite happy to do that; I wasn't involved in private practice or anything of the sort, and I gave one day a week to working in the low temperature laboratory here [on the University Downing Site adjacent to Anatomy], where there was a chap called Pryor [David Pryor], who was a sort of in-training O&G man, who worked at Newmarket as a registrar, and an elderly man whose name I've forgotten. And it's the sort of work, these days, I don't think would get ethical approval: they anaesthetised this heavily pregnant sow first thing in the morning on an ancient ventilator which could just about keep this sow going, and then the piglets were partly delivered, cannulated, and studies were done on them; and it was absolute, you know, butchery. I had my own little project going on, doing similar sort of work on placental transfer in guinea pigs – it never came to anything, and it was unsupervised: I never saw any form of ethical approval, and so on.

These sorts of things were going on. And the other thing that made it difficult for me was that ... the interesting thing was that infertility was really a huge problem, but nothing was being done about it. I'd been here about a year, and there were all sorts of things going on which I was very unhappy about in the infertility field, because a lot of them drifted towards Ivor Mills. And I could understand that, but at lunch, which we

used to have around the dining table, one day he suddenly said, Ralph, I gather you've been using Clomiphene? So I said, well, yes. He said, now you've had some pregnancies? So I said, yes. You know, it's much too dangerous a drug for a gynaecologist to use. And there was a sort of quietness around the table; and I just let it pass.

But I thought, you know, this is intolerable. And he was, he was very interested in PCO [polycystic ovaries], and his method of diagnosis then was to do a pneumoperitoneum, and the thing that I found rather difficult, within a very short period of time I had several young women referred to me for abortion who had had pneumoperitoneums done as part of their investigations, and in fact they'd all been done when they were already pregnant. Oh, God, it was a madhouse. So we'd never really hit it off, and that was a...

MHJ So Mills was within Cambridge, I remember, had a bit of a reputation in a different way from Lloyd, but as being a bit – I mean, his work on anorexia caused a lot of unease ...

RR Disquiet,, yes.

MHJ ... but on the more endocrine reproductive side, what was his reputation like, generally?

RR Well, I think I would find it difficult to know whether he had so many of these cases because of his skills, or whether it became a dumping-ground for other people's problems; and I sympathise with him, actually, for that. I'm not short on sympathy, because it was a difficult field; and if you think that if you wanted an FSH measurement in 1969, you had to book it so that the appropriate mice could be found and prepared...

MHJ It's very different from today.

RR Of course. People didn't know about RIA and bio-assays, let alone, you know, all the fabulous things that there are now. So it wouldn't be fair to be overcritical, given the strictures there were... But then I think he made the mistake of getting outside his territory, you know.

MHJ Yes. You made the comment about ethical matters, on the work he was doing - ethics were in a very different state then...

RR Of course!

MHJ But do you think that Mills was suspect ethically, generally? Or regarded as being so?

RR No, I don't think I could answer the question, really – not because I don't want to, but because I don't think I could. He, I think, was very well-meaning, but if you take his, as an example, his anorexia cases, it would never enter his head, I don't think, by the time

he was getting towards retirement, that this was largely a field for psychiatrists. And that's where it's gone to, you know; and he would say, well, none of the psychiatrists is interested. Well, that could, that might have been the case, but it got to these girls going around with back-packs on, and having curious things that they were all taking – tricyclic antidepressants and so on...

MHJ Was Mills very powerful within the Addenbrooke's structure?

RR Yes.

MHJ He was? Because he had a foot in the university camp and in the hospital?

RR Yes, and that became very important later, too.

MHJ All right. So on committees he would exercise a lot more influence on other people with his strong personality, and so on?

RR Oh, yes. I mean, there were two utterly powerful people on the hospital committees when I came - I wasn't on them initially – one was Walpole Lewin, who was the senior neurosurgeon, and he was politically and intellectually, I would say, head and shoulders above most; Mills was a manipulator, really; I don't think he was in Walpole's league intellectually.

MHJ He was very effective?

RR Ah, yes, he was; but then, you know, - it's not on the subject of this morning - but neurosurgeons generally then considered that they, you know, were the right hand of God, really, and behaved that way, too. And that in no way detracts from Walpole: I had great respect for him, but ... just to move on slightly - when I got into the business of the clinical school planning committee - and someone else to whom I owe a great deal, because he sort of introduced me to the labyrinthine workings of the university, was Frank Young [Professor of Biochemistry] and he chaired the working group preparing for the new medical school. And we used to have these long meetings at Darwin, and I found him an extraordinarily sensible, pragmatic, kindly man who'd stop and explain, you know, because he knew that I was absolutely – you can imagine, my background was totally unprepared for this sort of exercise. And then we had the Curriculum Committee, and the person who did the donkey work there was the late Theo Chalmers.

MHJ Yes, can you tell me about Theo Chalmers' work?

RR Well, Theo was intellectually very strong. He was a Consultant in Medicine – I don't think he ever had a Chair. And he died prematurely, you know. He was the real workhorse of getting the medical school going, both sort of the general planning, the ideas of who would be doing what, what Chairs we needed, doing the donkey work of getting those created... and he was an extremely good physician as well: I'd say that he was without any doubt the best physician. Actually, I'll tell you who might know about

this, who was very involved with all this, and that is Desmond Hawkins. He was a radiologist, a great friend of Theo's, very powerful man, also politically, and he was in retirement the President of Hughes Hall. And he's still going strong in his 80s; I see him regularly.

Anyway, coming back to the Curriculum Committee: he [Chalmers] and Ivor Mills were on it, and myself, Ben Milstein, Roy Calne... and there was an immediate division, because the surgeons there, among which I'd counted myself although I'm obstetrics and gynaecology, I bridged the gap: I also had responsibility for paediatrics, incidentally, and methodology in this sort of setting... Because right from the outset we said, this course is far too short: because, if you remember, it was scheduled to start, I think, in August, and students would be qualifying two years in the December, which was a good six months less than anything in the University of London ...

MHJ And that was to preserve the three-year undergraduate course?

RR That's right.

MHJ I think, if my memory is correct, is that there was quite some uncertainty within the University about the final approval for the clinical school until quite late on, because I think in, what was it, '72 or '73, the final Vote went through – quite late on.

RR Well yes, and there was bitter opposition amongst many of the Colleges against the Medical School, and that rolled over into the early days of our Medical School, perhaps illustrated by the fact that we had difficulty filling the places. And that led John Butterfield [Regius Professor of Physic] to start accepting people who were willing to pay their fees, from other places, some rather strange, filling out the places; and the Cambridge preclinical students were being told by their tutors – I've never heard it directly, but indirectly - saying, you know, for goodness' sake don't go to this place - Addenbrooke's - go to London – that's where the action is; and it might have been true at the time, actually, but as you know now, that's not the deal: people want to come here, and they want to go to Oxford.

MHJ I'm particularly interested in the Department of Obstetrics and Gynaecology, and how that advanced, because I think Theo Chalmers was very much involved in trying to recruit the first professor. And I wondered what you could tell me about the names that came up there?

RR Well, I remember the key points pretty well, really. It's a pity: I threw away all the stuff when I moved house. What happened was, I think there was a Search Committee, and a whole lot of people applied. There were large... huge number of applications, initially.

MHJ Really?

RR They were fishing expeditions, most of them, really. But somewhere along the line David Baird was interested, and - this is an area I feel really quite strongly about -

David came and had long sessions with me, one of many people who did, actually. And we sat down over meals, and we talked around it and had many chats, and I felt weak, really, in many ways. Well, it's what we had to offer him, or indeed, what we had to offer anybody else. It was not an attractive...

MHJ Were you still in Mill Road, then?

RR We're in Mill Road and Old Addenbrooke's - there was a lot going on politically at that time, some of which we might expand on. But if we stay with David, when the Chair came up - we're talking now about the summer of '74, I suppose.

MHJ Oh, that late?

RR I tell you, I say that, because Charles Douglas, who was the eventual first professor, arrived on the 1st August 1976, or thereabouts; it might have been the 1st September. I suppose, technically, it'd have been the 1st October, wouldn't it? It was the University year.

MHJ Yes, but David Baird has come up in some of the paperwork I've been looking at, but this was much earlier: this was in '72, so his name was in the frame by then. But you are saying '74?

RR You know, well, this is where my memory starts to fail me. I switched from the job I was doing on the 1st December, '72, to being a fulltime NHS consultant, and Janet Bottomley slotted into my NHS sessions, and we managed to get a few more [sessions]. The reason for the change was that we desperately needed more clinical time.

MHJ And that was when in '72?

RR I'd been in post from 1st August '69, which was when I took up the consultant job, and I stayed until the end of November, 1972. And two things happened then. One was, that I left my six NHS sessions - at least, I kept those, but I added another five to bring me up to eleven; and a little while later I dropped two to be able to do some private practice. And at the same time, we appointed Michael Bright, who was Hesketh's new colleague I mentioned earlier; and Mike Bright had three sessions with us, and the rest of them are at Newmarket. That must have been in '72, '73, or thereabouts [Bright was actually appointed from 1 May 1974 replacing David Prior, a clinical assistant who emigrated to Edmonton, Alberta, Canada, personal communication]. I doubt whether Baird would have been interested in that.

MHJ Yes. Can I just... because I want to come back to Baird, but first Bright? So Hesketh had been in Newmarket, and Bright replaced him; it wasn't in addition to Hesketh?

RR No, ah. You're quite right: I think he was initially in addition to Hesketh. And then Hesketh went at a later date [1976 according to Bright], when he was replaced by

Rae Martin, a lady Rae Martin; you're quite right. Mike... was appointed in addition to Hesketh. And then I can't remember when Rae Martin was appointed, but it was some years later, perhaps, say, five years, something of that sort. That's when Hesketh retired.

MHJ Okay. I mean the reason that I'm interested in that, is that I've been looking through the records of the East Anglian Regional Hospital Board, and there is a number of records there suggesting that the obstetrics consultant there was overworked; and they had a desperate need for more hours, and there's references to extra sessions, half-time posts, and so on and so forth. And so Bright was the person who actually moved in to fill that need eventually?

RR Bright came in... Lloyd had sessions at Newmarket too, but a registrar might go in his stead or Lloyd, he would go there and just do a bit once a fortnight.

MHJ Okay. Again, if I can just focus on that for a moment, because Steptoe was interviewed for a part-time Consultant post at Newmarket on 15th January 1971. What the record seems to suggest is that they were quite keen to appoint Steptoe, but he prevaricated, and it never happened. [RER comments: I was totally unaware of this. This post would have been a Regional Hospital Board Appointment, and might not even have reached the ears of Addenbrooke's, though I would be surprised if Lloyd who was a Consultant at Newmarket did not know about it. It would anyway have been a singularly unattractive post. When Bright was appointed (below) I was involved and central to that appointment, for which there was a strong field, was that there were 3/4 sessions at Addebrooke's as part of the post].

RR I've got the sequence right now: Mike was first of all an addition, with sessions at Newmarket and three here [at Addenbrooke's]. Hesketh went later, and Rae Martin was put into that position. Bright was a registrar when I arrived as Senior Registrar. And he went to Saint Mary's as the senior registrar - to the job I should have taken at the end of '69, beginning of '70. He also had a year in South Africa; so it might have been '72/73. But just in case I forget, the whole question of Steptoe and Newmarket also raises its head at a later date.

MHJ A later date?

RR We haven't got that far yet, but you're probably aware there was an enormous pressure to try and get Steptoe into the staff at Addenbrooke's, somewhere around '78, '79 period, after Louise Brown was born. And that didn't come about for a variety of reasons, political, largely; but we were still here, stuck still down here [on the Old Addenbrooke's Hospital site]. We still had years to go before we got off the hook, and getting to our proper accommodation. And one of the alternatives that was offered to them, to Bob and Steptoe, was accommodation at Newmarket, at that stage.

MHJ Even then?

RR Even then, yes. But Bob's first option was - we're now jumping ahead a long way - was the Old Addenbrooke's [private wing, which was "mothballed" around 1972/3 when Stage 2 at the New Site was commissioned and the major specialties left Trumpington Street] - it was later occupied by a private company - I can't recall now their name. It's a Cambridge brick building. Well, that was the old private wing with the children's ward on the ground floor, and that was vacated in 1972, 1973, when they all moved. And it lay empty. Well, it was open for a while when we had an outbreak of echovirus in the maternity hospital. Myself, and Cliff Robinson, just the two of us, ran it for a couple of weeks until we realised it wasn't working; you know, the infection got in, and so on. But otherwise it lay empty, and Bob saw it as, you know, wonderful - just across the road from the [Physiology] lab.

MHJ So that would have been instead of Bourn Hall?

RR Before Bourn Hall happened, yes.

MHJ You know, we haven't really got as far as that so I'm not clued up on that period, but that's really interesting.

RR We can come back to that, yes, sure.

MHJ I'd like to stick with the sort of early '70s. Do you know anything about the MRC, the MRC request to all the departments of obstetrics and gynaecology that went out in early 1971 about applying for money for an MRC research unit?

RR No.

MHJ Because that came to Chalmers; it came to the Deans, and there was some discussion at that point about whether or not Edwards and Steptoe would be the bid.

RR Well, I have no recall of that. That doesn't mean to say it wasn't run past me, but I have no recall of that at all.

MHJ Because at that point, that's where Baird's name comes up. Because one of the things that Chalmers says in the interchanges with the MRC is that Cambridge wants to recruit - they gave two names in the course of discussion, Melville Kerr from Canada, and Baird is the other one. And they were quite keen to recruit Baird to Cambridge in connection with the Chair of obstetrics and gynaecology in order to stop Roger Short from leaving Cambridge, because Roger Short in fact later left, and went to Edinburgh from the vet school; and Roger was considered a scientific prize, and Theo Chalmers wanted to keep Roger in Cambridge and to track Baird down to the Chair.

RR Actually, yes - I was involved in those discussions. I'd forgotten the Baird connection. And that might have been the Baird connection - the whole idea of Roger being made the professor [of Obstetrics and Gynaecology] when Theo Chalmers and I sat down to discuss that.

MHJ What? Short being a professor of obstetrics going through? That was seriously true, because that doesn't come up in the papers?

RR That was the point.

MHJ So then where would Baird have fitted into all this?

RR Well, I'm not sure, I can't remember. But the point was that Theo Chalmers said to me - look, this must be in that context - I haven't connected with the MRC things til now, because this is almost nearly 40 years ago - but the idea of having Roger... I met Roger Short many times; one was when he did this wonderful lecture at the Congress I talked to you about, where he produced a chicken that he'd turned from hen to cockerel, and then back...

MHJ From his bag? At Churchill College

RR At... at Lady Mitchell Hall, actually. I think so, yes.

MHJ I remember it.

RR You remember it?

MHJ When was that?

RR I think that was July, '68.

MHJ '68, yes, I was doing my PhD at the time.

RR It was Lady Mitchell Hall, wasn't it?

MHJ I thought it was Churchill. It was an after-lunch session - we were a bit somnolent weren't we? This chicken was squawking around the auditorium.

RR It was, it followed by a lecture by Joseph Mitchell, [Regius Professor of Physic], which was, for me, totally incomprehensible, as I remember, about the physics of radiotherapy. Mind you, I didn't get to many of the talks, because I was doing all the work. Anyway, Theo said to me, look, he told me, you know, Roger Short? And I said, yes, yes. How would you feel about him becoming a professor of obstetrics and gynaecology? Don't answer, he said, think about it, and, ah, come back to me with it.

And I thought about it for a while there, too, and I went back to him and I said: well, he'd be an absolute treasure to have in the department, but he couldn't be the professor of obstetrics and gynaecology, in my view. You can have him as a professor of reproductive medicine and get away with it, but please tell me how I, as an obstetrician, should go to the women of Cambridge and say: the professor of obstetrics and gynaecology in this university, in this hospital, is a vet. And his face clouded, and he

said, that's a very difficult argument. I said, well, dwell on it, because... And I've always regretted it, actually, but it would have been very difficult.

Well, the other thing that I said, there'd be one way out of it and that is, you must appoint two professors: you must have a professor of obstetrics and gynaecology. But you can't call Roger a professor of obstetrics and gynaecology - call him the professor in reproductive medicine, who, with his acolytes (who will be medically qualified) could give him access to human reproduction, but you couldn't really make him professor of O&G and I think that this is where Baird may have come in, on the scene, in 1971, '72, I suppose, but...

MHJ Hmm-hmm, that makes sense.

RR Yes. It may be and it may be I've got it wrong, but we had these discussions and to cut a long story short, with David Baird, I was very keen to get David Baird, actually. I thought he would have really been a great prize, and I think nothing that's happened to him since really changes my view very much. But the work he was doing was really fantastic.

And I always think David slightly used us: I don't think he'd mind my saying this, but I think he manipulated us a bit to enhance his position and eventually get a Chair in Edinburgh, where I don't think he wanted to move from, anyway. And I think the tipping-point for him, probably, if there needed to be a tipping-point, and it wasn't all Machiavellian manoeuvring, was the absence of anything to offer an incoming professor. As I say, all you could offer him were clinical sessions, and even then, they were limited because of the absence of proper operating space and all these other things, you know, these would be coming on line within a few years.

But that was one thing. And if you think, if we just jump ahead to when Charles Douglas came, his department was in a portacabin in the back of Old Addenbrooke's. Somewhere we managed to find him a little office in Mill Road, and it stayed like that until they had some space in New Addenbrooke's, you know on, I think it was on the 6th level, or something.

MHJ It was not an attractive post. I think that some of that reflects the paralysis in decision-making in Cambridge about the clinical school, and the ambivalence about it, to some extent: it took a long time to really get it. It must have been very frustrating for you.

RR It was. It was utterly frustrating because we had other people who came. I remember a chap coming all the way from Los Angeles or somewhere, who, you know, his application was this thick, and his publications were a separate volume twice as thick - I don't know, can't remember his name, now. And there was a very good chap from New York who'd gone there from UCH, again, whose name I've forgotten, would have been an ideal man. He would have been good because he was in my own interest, which was oncology. And they would have been prizes, these people, but they said, well, you know, where are the labs? And they, a lot of them pulled out, and we were left with a very thin field; and in the end, when it came to appoint a professor, there was no one

there. And I then, I knew Charles Douglas who was a personal friend through our professional connections...

MHJ Where was he before he...?

RR He was at Royal Free. And that is interesting, and I'm not letting out any State secrets by saying Charles was at the old Royal Free in Gray's Inn Road, and he'd become very politically active there. And when they moved to Hampstead he'd expected to become either the Dean or one or other prestigious position runner-ups; and he didn't get it. I knew him ... we were in the same travelling club. So we, you know, met all over the world and we'd had our jollies, and I thought what an engaging chap he was, very interested in students, and this sort of thing. And when, we were then left high and dry, without anyone, and I talked to Theo about it. Theo actually knew him as well, and said, well, do you think he'd come?

And so I invited him, and he came. Just looking ahead again: I thought, well, Charles will come for - whatever number of years it was, because by the time he came he was already 60, probably, I should think; and I thought: this will be a stop-gap; and a lot of our first professors were of that ilk. But he actually stayed on to 67, and that was too long, really, because the whole thing stalled, and we didn't really get going as a proper academic department until Steve Smith came in; and he pushed things on apace, you know. We didn't get any doctorates during Charles Douglas' time, hardly any publications came out, and, you know, it was silly, really.

MHJ Yes, absolutely. When Cambridge did put in a bid in 1971 - Theo Chalmers put in a bid for this Unit money - and we've seen the accounts of each summary on the bid, and it said: Cambridge has great potential, but obviously no academic credibility in O&G.

RR Yes, that's absolutely true.

MHJ The other option that Cambridge had was to support Edwards' and Steptoe's bid, because they were already in discussion with the MRC about funding, and in fact had been offered, both had been offered, posts at the CRC at Northwick Park, and had said, no, they preferred to stay in Cambridge; Bob particularly preferred to stay in Cambridge. So with Theo Chalmers - there was a lot of discussing with the MRC about whether Bob and Patrick should form the basis for the Unit bid - given that they'd been offered CRC posts - should form the basis for the bid; and Chalmers, in discussion with Bunny Austin, amongst others, said no, we will mention them in the bid, but they won't be the core of the bid; it won't be the bid, it'll be a separate entity. I wondered what you, what light you can shed on any discussions, interactions there was between Steptoe, Edwards, Chalmers, Lloyd, Bottomley - what, you know, anything on that at all, about the sort of attitudes expressed?

RR Oh, very, very little, really. These sort of discussions did occur. I think... again, I'm a bit uncertain of the timing, but from the clinical point of view, there was a discussion about how could Steptoe be fitted into the clinical side of things? And the argument was: well, he's not really going to be involved; he's just going to be doing his

IVF work. Now, the problem about that was that, first of all, was the accommodation. And I think, as a general point, I don't think Bob... and I had only two discussions with him about the issue, and he was very cross because I think... this must probably have been about this time: he couldn't understand why the whole thing couldn't be packaged together, and they could be slotted into this building [at Old Addenbrooke's]. And I said, as I remember the conversation with him, but I never had a discussion with Steptoe of any sort: that's fine, if you want to do that. What discussion has there been with accommodation other than this wing? For example, what access are you going to need to operating theatre time?

MHJ We're now talking about '79, or...?

RR Oh, this would be earlier. This would... oh, this is where I'm confused: whether that was '79, because by '79 Patrick was already around...

MHJ I'm thinking back into '71?

RR Yes, I think if the issue would have been - we would have had an order on our books for additional consultant staff, and we were just not getting it through. And then there was this discussion: well, could we bring Steptoe in? And the problem about that would be, it would have added nothing to our manpower, but brought nothing in terms of manpower for us. And it would have also compromised clinical space. I don't remember the detail, but that was the sort of discussion

MHJ There just weren't the beds and things? And that was why the suggestion was Newmarket might be an option, because they needed extra consultant time, and they might...

RR And they also had spare space - it was being run down there.

MHJ Okay, right, yes. I mean, I know, in retrospect, Steptoe has been re-evaluated, but if you can take your mind back to '69, '70, '71, Steptoe held a sort of a bit of a grudge about never having been accepted in London, and going to Oldham's, and working there. And his reputation at that time was mixed, I think, to say the least. Is that fair?

RR I know very little of it, actually, but what has always puzzled me is, why did he go to Oldham? If it was an attractive job, the locals would have been after it, and he was at St George's, you see, and there were some powerful people at St George's. Mind you, one or two of them could be pretty vindictive individuals and quite clearly... he upset, must have upset someone in London...

MHJ He had a capacity to upset people, because he could be a little bit waspish, I think. That's the general story that he probably rocked the boat a bit?

RR Yes, you see, and thinking about the people that might have been involved at that time it would have been - David Roberts, who I think would be impossible to upset. I don't know when Patrick went to Oldham; that's the other thing.

MHJ Well, he'd been there since 1951.

RR Well, then David would be out of the frame then, but Tony Charles, very, pretty irascible, but easily, you know, he could damn people in a sentence, and a chap called Gwillim, who was an extraordinarily talented but bitter man, and so on; so there could have been all sorts of things. I've never quite known why he would have, why he would've gone to Oldham, really.

MHJ Did Lloyd or Bottomley ever express any views about Steptoe in that period?

RR Not that I recall; and, in fact, for a while, Steptoe used Ossie Lloyd's private consulting room, so that he couldn't have had any real objection to him, I don't think. [This was after Louise Brown's birth and when Steptoe had moved to Bourn Hall in the early 1980s by which time Lloyd had retired from the NHS].

MHJ I think Turnbull said something in the archive papers - says that the consultants in Cambridge didn't get on with Steptoe. Also, Jeffcoate, who was then I think President of the Royal College, from Liverpool - I think he said that if Steptoe went to Cambridge, he would lack his colleague's support because the senior staff there were opposed to Steptoe going to Cambridge. The senior staff wouldn't be loyal, that would be Lloyd, Bottomley and you?

RR I may have, probably by then.

MHJ You may have been there. It's not quite clear from Jeffcoate's comments whether he's talking about '67, '68, '69, about the time you were moving. I just wondered whether you picked from Chalmers, from Lloyd, from Bottomley, any vibes about Steptoe at that time?

RR You see, I think Steptoe's fame was really due, in the generality of gynaecology and indeed IVF - his real contribution to British gynaecology is laparoscopy. And that is what he really introduced into this country, and that is where he was a key player. This is why Bob teamed up with him, because that was his way of getting eggs. And I remember, during all these [times], well, Bob he got into one of his fairly aggressive modes on the telephones on one occasion, and he said something like: 'surely you need this man in Cambridge just to develop your laparoscopy? A neighbour of ours had to go to Manchester last month to get a sterilisation!' And I said, why did they have to do that, Bob? He said, well, no one in Cambridge is doing them. And at this... this must have been some time because I was then saying, you know, I've already done hundreds But that was Patrick's great gift, really.

MHJ Yes. I mean his book came out, I think in '66, his laparoscope book; so by '69, '70, was laparoscopy accepted and widely practised in obs and gynae?

RR No, no.

MHJ So when did it come in? I mean, you say you'd done hundreds, but when did you start?

RR I did the first one in Addenbrooke's in... oh, it wasn't until '73, or something like that. And the reason was we couldn't get the money together, we couldn't.

MHJ Was '73 a fairly typical time for it becoming into use widely in the UK?

RR Yes. It was going in London, it was picking up steadily in London, and there was one place particularly to go, which was the Royal Free - no, yes - the old fever hospital [Lawn Road, Hampstead]: there Alan Townsend was running a course, and that's where I went to learn. .

MHJ And that would have been in '73, or...?

RR That would have been about '73 I went there to do that. The first laparoscope in Cambridge, I took my pound notes and I bought the equipment, my own money, to buy it in the Allen & Hanbury's, behind, not John Lewis, certainly one of the big stores behind Oxford, Street, near the RSM; I went down and I bought it, and put it in the boot of my car and brought it back.

MHJ So you think it would be fair to say that in '70, '71, that sort of period, Patrick Steptoe probably had many more cases of laparoscopy under his belt than anybody else in the UK?

RR Undoubtedly, undoubtedly.

MHJ He was still streets ahead, though.

RR Oh, yes, undoubtedly, yes.

MHJ Oh, because that's quite interesting again, because some of the clinical reports from the times suggest that then it was commonplace, and people were doing it and it was straightforward, and that Steptoe was overplaying his skills. But what you're saying is that really, it was still pretty New Age?

RR Yes, it was. And actually Robin Venn at Bury actually started about three months before I did, because they managed to get the money to get the equipment together. But...and by the time new consultants arrived in Cambridge, John Williamson and Peter Milton, ... they came in '76 the technique was well established, I was... well, indeed, laparoscopy almost ruined my practice. Because there were people flooding in from

everywhere, particularly for sterilisation, and I just had to ration it: I couldn't cope with the numbers, as well as doing everything else. Once, you know, it took off, it was...

MHJ And what were the morbidity figures for laparoscopy in the early days? Were they seriously bad?

RR I'll have to say, no, not in my hands.

MHJ Yes, but I mean, generally, what was the sort of figure in the circulation?

RR Well, there were problems, and there was a Royal College of Obstetricians and Gynaecology reports published, but I doubt very much whether that was much before the... we're into the '80s before that was actually published.

MHJ I've found one in the late '70, yes.

RR And then all sorts of recommendations came from it. I had one or two [complications], including one interesting litigation case. The big problem was getting doctors used to the idea that they could go home next day, or even later the same day. And because we were using diathermy to sterilise, just to destroy the tubes... I used to tell them, you know, the patients had little slips to take home telling "if you have any pain after 24 hours you must contact us; you must come back and see us."

One lady, about 72 hours afterwards, got pain, showed this note to a GP, and the GP said, good Lord, you've had a sterilisation. What do you expect, woman? And hung onto her; and the next day she was obviously quite ill, and she was sent under the surgeons, and the surgeons didn't do anything about it, just said - well, just observe her: she's had a laparoscopy, that's why she's got all this pain. And eventually got round to doing an operation, and she'd got a small hole in the bowel that she was leaking from. And this was sewn up and she did very well - and she then sued.

And I, my defence was that this was an accepted complication: she was given instruction what to do, she did it; it was ignored by her GP, and the surgeon under whom she came didn't consult us either. And then well, the defence's side had to pay up. And it was a good lesson, you know. And then years later I had one, the only other major thing I had was a lady with achondroplasia, when I managed to hit a big vessel. Cases of accidents to patients with achondroplasia was the subject of a study by a surgeon in Leeds, they get into all sorts of trouble, because that's strange anatomy. My patient suffered no long term effects.

But, yes, and of course, there were problems. Yes, there were problems: people died, and, you know, for one reason or another. But basically I would have said, providing you had proper basic training, it was a pretty safe thing to do.

MHJ Safe, okay. And someone like Steptoe was very safe, because he'd pioneered it?

RR Yes, he had, yes. And he went back to the days of doing them with things like lights on the end of the scopes before fiberoptics, you know. And you see, he'd learned from, I think his name was [Raoul] Palmer in Paris who was really the person who had

been trying to do these things from the 1940's, but Palmer was the chap who took it on. Patrick went over, and learned from him there.

MHJ I'm aware we've been talking for some time and you may be getting a bit tired, and I just wanted to sort of try and just ask you one or two more general things. And then I may come back afterwards for follow-up questions. We've mentioned one or two... Clayton, you clearly had very high regard for...

RR A very high regard, yes.

MHJ ... and you respected him enormously; and Turnbull, who you clearly...

RR The highest possible regard, yes.

MHJ ... and Baird, likewise.

RR Absolutely.

MHJ What about Jeffcoate? Did you know him at all?

RR I met him, and I met him in only one context, he examined on a couple of occasions in the MB course here after I came to Cambridge; and I therefore met him because I was organising the MB clinical side of the examinations, and would sit next to him at lunch. And also Sir John Peel was another one who certainly also... former, future President. What I would rather say about Jeffcoate would have been hearsay, really. He was an outstanding man, no doubt about that.

MHJ In the sense of a clinician, or...?

RR Yes, an outstanding clinician, and politically, extraordinarily astute. The impression I got is, he perhaps wasn't always the easiest person to get on with, although people that knew him really well - and I had two friends in Liverpool, the Francis couple, husband and wife, who were both trainees of his, and both of whom are outstanding individuals themselves - had the very highest regard for Jeffcoate. He wrote his wonderful textbook which was the, you know, the working bible for learning gynaecology.

MHJ His views on infertility and its treatment; do you know...?

RR I know very little about that.

MHJ Because he has a reputation for being rather down on treatment of infertility, and saying it was all a bit of a waste of time and there wasn't much you could do, and it wasn't a major problem?

RR I've never heard that discussed, but that wouldn't surprise me. I think there were quite a lot of people who thought that way, really.

MHJ Liverpool is very near Oldham - do you know whether he knew Steptoe? Is it likely he would have known Steptoe?

RR Almost certainly, because Oldham's just down the road, isn't it, really?

MHJ But you don't know what he thought about Steptoe?

RR No, no. I have no inkling.

MHJ The organisation of obstetrics and gynaecology in that area would presumably have thrown them together?

RR I should think Jeffcoate would have had a finger in every pie within reasonable distance. I'm not quite sure whether Oldham would have come under Liverpool or Manchester, but probably the latter. And I can't remember who was the original before Max Elstein and there were two of them, two professors in Manchester; I don't remember who the professor was before that. Anyway, but he may have... The other person - I haven't seen Harold Fox for a while - he must be jolly nearly 90. And Winnie, Francis has died, but... The person who may know that would be Bob Atlay, who I'm very happy to write to, and ask him.

MHJ If you could just see whether he knew whether they knew one another, whether their paths had ever crossed?

RR Well, Bob Atlay, another friend was one of Jeffcoate's trainees, and was a very prominent member of staff for the LRI and was secretary of the RCOG for years, so I know Bob really very well and it'd cost nothing for me just to drop him a note and ask whether he knew of any relationship between Bob and Jeff, and... I'll do that, I'll write to him and ask him.

MHJ Okay. I think that has covered most of the things...

RR There's one other person and, that would know ... I think Dick Martin might also know, but there are people who might know the answer to that. Robert, Robert Atlay. , Richard [Dickey] Martin, who was also one of Jeffcoate's registrars, but Dickey's well into his '80s now, I should think; I haven't seen him for a decade, I suppose. Bob [Atlay] is the sort of chap who takes things on board and he's quite an extraordinary wheeler-dealer, and extraordinarily able and very good at his job, but also he'd work his way through a room of people prior to Council meetings, and you'd see him furiously writing things down as he sat there as secretary, and they'd be the little details of everything he'd said to people that morning, you know ...

MHJ Amazing. Must have a wonderful record of things. Okay. Well, I think we've covered most of the areas that I wanted to cover. I mean, it's been incredibly useful.

RR Yes. But Steptoe, Edwards, and David Baird, you know, have come up regularly in this conversation, and the reason I get a little confused is there was huge in-fighting going on, not over this, but over priorities. These sorts of things were sort of peripheral to me, because I was at the centre of arguments about whether the maternity hospital would get... with memories of Todd's promise - and I had a terrible fight with him at another occasion when, at a seminar at Wolfson College some time when he'd laid into the Royal Colleges. And I had to point out to him that, you know, if it wasn't for the efforts of the Royal Colleges there would be no training system ... it shocked him, it came to him as a bit of a shock. But it wasn't that I didn't like the man, I thought he was perfectly all right, but you know, I just didn't trust him anymore.

MHJ He could be very autocratic ...

RR Yes, he was. Incredibly autocratic, you know. We said nothing about what are the priorities, and where ultrasound came in; because when ultrasound came in laparoscopy went out of the window for infertility, apart from destroying tubes and little bits and pieces. But it was no longer a part of it, you know, it's all ultrasound now, isn't it? And this is why, in the context of time, you see Patrick's position slightly contracting a little, as it were, and I think that's a pity. But that's the reality of life, isn't it? You know, it becomes slightly different. And the key person in all of this has always been Bob, and...

MHJ Well, certainly in all the referees' comments, Bob is lauded, Patrick is suspect. That's what comes out. And because it was a very clinically-based project, and because of concerns about Patrick, Bob's enthusiasm, but naivety on clinical matters, was ...

RR Yes. I think naivety is a good word, because from conversations I had with him, he understandably had no idea of the implications of some of the things that he was suggesting. But going back to where I was with Todd - I was fighting the corner of getting the maternity hospital at the new Addenbrooke's site, when really the rest of the hospital wanted Papworth to move there, you know. And it was, in the end, out of my hands because - I'm sure you know the history of this - but we were told that Papworth was going to be the next and the maternity hospital would have to wait, and that we would be saved by the opening of a new hospital at Huntingdon, and an O&G unit there. And then, of course, the Government changed, and Gerard Vaughan [Health Minister] said all new hospital plans will be scrapped unless those contracts were already signed, or unless local people can raise half the money, the capital, to carry them out. And that, and then I got the phone call to say that David Robinson had given the money.

MHJ So everyone thinks the hospital's named after you!

RR Some people do - it wasn't after me at all, but one or two of my colleagues were very upset, really, when they wanted to call the road Robinson Way. And of course it didn't even occur to me that might be a problem. But there we are!

[Note added by RR afterwards: Looking back I have to say that although the potential for IVF was clearly appreciated, it probably was not high on my/our list of priorities. That is not to say I was unsympathetic towards couples with infertility, far from it, I had a large number in my practice and happily I was able to help many. Infertility was never my main interest and John Williamson's arrival in 1976 allowed me to hand over most of this work to his infertility clinic. In retrospect I suspect to integrate PS and RGE into our service would not have been a success particularly if there it had not been separately funded. My highest priority in my early years was to rationalise and improve the maternity service and any additional facilities and staff would have been sought with that in mind. Followed in later years by the need to develop a Gynaecological Oncology service. In my time at Addenbrooke's, despite major innovations, laparoscopy and day surgery are good examples, we never enjoyed, for gynaecology, the space and time it deserved and IVF, as almost always elsewhere, was not seen as a high priority, rather an expensive luxury. Indeed it was the view of many (and still is) that it was not a commitment that the NHS could afford!]