

VIDEO INTERVIEW TRANSCRIPT

Parry, Eldryd: transcript of a video interview (12-Jul-2016)

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Date of publication: 08-Mar-2017

Date and place of interview: 12-Jul-2016; Queen Mary University of London

Publisher: Queen Mary University of London

Collection: History of Modern Biomedicine Interviews (Digital Collection)

Reference: e2017068

Number of pages: 5

DOI: 10.17636/01019734

Acknowledgments: The project management of Mr Adam Wilkinson is gratefully acknowledged. The History of Modern Biomedicine Research Group is funded by the Wellcome Trust, which is a registered charity (no. 210183). The current interview has been funded by the Wellcome Trust Strategic Award entitled “Makers of modern biomedicine: testimonies and legacy” (2012-2017; awarded to Professor Tilli Tansey).

Citation: Tansey E M (intvr); Tansey E M, Yabsley A (eds) (2017) *Parry, Eldryd: transcript of a video interview (12-Jul-2016)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017068. London: Queen Mary University of London.

Related resources: items 2017069 - 2017074, History of Modern Biomedicine Interviews (Digital Collection)

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Biography: Professor Sir Eldryd Parry KCMG OBE MD FRCP (b. 1930) studied medicine at Cambridge and Cardiff, and was seconded from 1960 to 1963 to University College Hospital, Ibadan, Nigeria. In January 1966 he returned to Africa at Haile Selassie I University, Addis Ababa, and left in 1969 to take the Chair of Medicine at Ahmadu Bello University, Zaria, Nigeria. In 1977 he became the Foundation Dean of Medicine at the University of Ilorin, Nigeria, where he introduced a radical Community Based Education and Service (COBES) programme. From 1980 to 1985 he was Dean and Professor of Medicine at the now Kwame Nkrumah University of Science and Technology, Kumasi, Ghana. He was Senior Editor of *Principles of Medicine in Africa* until 2009 (4th Edition, 2013). He is an Honorary Fellow at Cardiff University, Emmanuel College Cambridge, the London School of Hygiene & Tropical Medicine, the Royal College of Surgeons of England, the College of Physicians and Surgeons of Ghana, and a Foundation Member of the Faculty of Medicine and Surgery of Amoud University, Somaliland. In 1988 he founded Tropical Health and Education Trust (THET), which he chaired until 2007. He was given a Lifetime Achievement Award by the Royal Society of Tropical Medicine and Hygiene in 2007. He received the OBE in 1982, and was appointed KCMG in 2011.

[1]. BECOMING A DOCTOR: FAMILY INFLUENCES

I come from a medical family. My great uncle, my father, my mother, my mother's junior brother and sister were all doctors. My sister herself became a doctor and in subsequent generations there are also other doctors. And the important thing in my own life was that I grew up in a home where there were two very dedicated General Practitioners [GPs]. My mother and father worked endlessly for their patients. They were on-call and they went and did home visits, as was the custom in those days, to rich and poor alike, giving the same level of service whoever the patient was. My father would take off his hat and his coat and leave them either on the chair with no wall paper or else give them to the butler when he went into the big house. And my mother was a wonderful GP. She was very careful and very thoughtful and when she went to Cardiff there were only four women GPs in the city. So she didn't have a long time to wait before patients came to see her. She took me when I was a clinical medical student one night, when she was called at about one o'clock in the morning, to the upstairs room of a small side street house, a terraced house, where a woman had pulmonary oedema. My mother gave morphine and the patient was left comfortable and quiet, and I saw excellent medicine in the context of the day done by my mother in the middle of the night, when she would have to get up and do the ordinary work of a GP the following morning at nine o'clock. It was an example. Then my father was a very scholarly GP who studied books and kept on buying books throughout his life, annotated those books with the names of patients in the margins of his books.

I went to Cambridge after Shrewsbury, and was rather out of my depth initially, and only came round really to getting the benefit of the University, I think, in my third year. But when I went to Cardiff to the new Medical [School] where Professor Harold Scarborough had recently been appointed Professor of Medicine, his inaugural lecture was *Authority, Observation, Experiment*. It was the era of authority in the physician and he turned that upside down and said, 'We must make observations, test it by experiment and not just be content with the authority of the old.' That was seminal to me. Harold Scarborough brought to Cardiff a new

* Interview conducted by Professor Tilli Tansey, for the History of Modern Biomedicine Research Group, 12 July 2016, in the School of History, Queen Mary University of London. Transcribed by Mrs Debra Gee, and edited by Professor Tilli Tansey and Mr Alan Yabsley.

challenge: not to rest on authority and the opinion of experienced physicians, but to observe carefully and test by experiment. And this was very important to my whole understanding of medicine, and has really governed much of my ideas since in clinical science.

When I was a clinical student, disease was rife in South Wales, TB [tuberculosis] was everywhere and I got tuberculosis, pulmonary tuberculosis. I was pretty sick initially and then, at six months after I'd been in hospital, I had a thoracotomy because it was customary to remove any radiological evidence of disease and it was a beautifully done operation. So I had experience of being an acute medical patient and acute major surgical patient, which actually has been a great help since in my talking to patients.

[2]. HAMMERSMITH HOSPITAL AND SECONDMENT TO IBADAN, NIGERIA, 1960-1963

When I went to the Hammersmith from the National Heart Hospital after working for the very stimulating Dr Paul Wood for nine months. Paul Wood took no prisoners in medicine. I went to the interview and at the interview there was a man who got a double first at the same time as I most certainly didn't get a double first. And I was asked whether I would be prepared to be seconded to Ibadan in Nigeria for a year from the Hammersmith. And I said, 'Yes, I'd be delighted,' because I was aware of overseas medicine - I had friends who were missionary doctors, and my mother used to have small recitals in our drawing room at home to raise money for the new Ludhiana womens' Christian Medical College in India. And I got the job and then, 18 months later, my wife of six days and I sailed for Nigeria.

But we absolutely loved Nigeria. The medicine was marvellously interesting; I had to look after 30 acute medical beds within three months of arriving, with a House Officer and an SHO [Senior House Officer], with an 85% or 95% autopsy rate. So there were no hiding places in clinical medicine, and we had students all the time. It was very stimulating and I learned an immense amount. After a few months it was obvious that a year was not going to be enough, because I was already getting very interested in endomyocardial fibrosis, and the Hammersmith kindly agreed to my extending it for two, and we actually stayed for two-and-a-half years, during which time I collected a lot of information and wrote papers and so on, and got data for my MD, on studies in endomyocardial fibrosis, at Cambridge.

[3]. ILORIN MEDICAL SCHOOL, NIGERIA 1977-1980

When we started the Medical School in Ilorin, we lived in the field with students, and I chose to live in a village on the border with Benin. It had a market once a week. We had a patient who came to the dispensary in the village who had a big ulcer on her leg, which she'd had for years. Now normally one would put tulle gras on that, which is gauze impregnated with Vaseline, but of course we had none of that. And so we bought some fabric in the village market and a pot of Vaseline, and cut holes in the fabric and put it on. And beautifully the wound began to granulate in from the sides, and here we were doing what I suppose would be politically correctly called "appropriate technology" in the field, and seeing it work very well.

Because Ilorin was going to be something new and Professor Akinkugbe and I agreed with that, we wanted to be radical in our approach to education. I had been to see Maurice Backett, the new Dean of the new Medical School in Nottingham, to ask for advice, and I said to him, 'How about statistics and epidemiology?' He said, 'Do you give lectures about a tool? You use it.' So we took students into the field on day one and took them to, for example, a primary school so that they could count the number of children who had tinea capitis; by such they would learn the prevalence of tinea capitis.

[4]. HAILE SELASSIE UNIVERSITY, ETHIOPIA, 1966-1969

When I went to Ethiopia my colleague, Dr Anthony Bryceson, who was there already, had noticed that patients who were treated with tetracycline for relapsing fever had a vigorous reaction. In relapsing fever the organisms, the spirochaetes, circulate in the blood unlike in syphilis when they are fixed in the tissues, so there is a vigorous reaction when the spirochaetes are killed. And we decided to study this. First of all we noticed that blood pressure and heart rate and respiratory rate changed, and we did a preliminary

communication to *The Lancet* about that. And the following year we decided to do it in a bit more detail, and worked with two medical students from Oxford, who came out for an elective, and looking at patients who were given intravenous tetracycline, following the blood pressure, the heart rate, the respiratory rate, and the white cell count, and the presence or absence of spirochaetes in the blood, and we had a dramatic result showing a reciprocal relationship between fever and the presence of white cells. And that went on to my coming back on a visit passing through London and asking Moran Campbell, who wasn't a Professor yet then, if he had anyone who could come out and help us solve patients with a respiratory rate of 80. He said, 'Yes, I have a young man here called David Warrell who will come and join you.' So David came out and together we dissected this with Helen Pope, later Helen Watkins, and that led to a flurry of quite interesting papers on the Jarisch-Herxheimer reaction.

[5]. THET, TROPICAL HEALTH AND EDUCATION TRUST, 1988 ONWARDS

When I was in Kumasi [Ghana] as Dean, overseas aid was becoming important and people used to come to Africa and tell people what they were going to do for them. To me, as a Dean, this was really unacceptable. We knew what we needed and we knew what we needed to achieve, the goal we had set ourselves, or had been set by Government. And so when I came home I wanted to try to continue, based on my experience, to do things for the African Medical Schools where I had worked. For example, they had no books. It was a bombed-out period, very difficult period. Students had no books, there were no teachers in certain subjects, and so I decided to set up a small charitable trust with the help of a very close neighbour. So Helen, my wife, and Richard Southwell, a very senior 'silk' [Queen's Counsel] who was a neighbour, and I set up THET, the Tropical Health and Education Trust, a name which Richard himself thought of. And in that we began initially by just putting sets of books into Medical School libraries which could be used by students. And it went on from that to developing the skills of young colleagues, and we put people through a Master's at the London School [of Hygiene & Tropical Medicine], a few, and then developed partnerships between the Medical Schools overseas and their counterparts in Britain, which has really been the flagship of THET ever since. And so that now it's the preferred organisation for partnerships within the United Kingdom, and has been recognised in that by the Department for International Development with major grants.

[6]. REFLECTIONS ON A 'CAREER'

When we left Ilorin, I'd resigned as Dean, it was rather painful. Peter Williams [Director of the Wellcome Trust] thought he might employ me to run a research project on hypertension in urban migrants in Nairobi, so Stan Peart, who was a Wellcome Trustee and he interviewed me. And in the interview Stan said to me, 'What about your career?' And I said to Stan, 'Well, I don't really think in terms of a career. I don't know that I've got one.'

My career, if you can call it that, has been a series of invitations. It began really for Africa with a secondment and I haven't applied for a job since then, because it has been a series of invitations. And in all our decisions, whether to accept the invitation, my wife and I have been guided by the principle that it would be hard to say 'No' to an invitation from a senior, and I'll use the word 'African', leader who wants a job done. And at the same time we've often believed this is, because we are practising Christians, this is part of God's purpose for us as a Christian couple; because we want to do God's will, we see this as an expression of our active, ordinary, everyday faith.

[END OF TRANSCRIPT]

Further related resources:

1. Reynolds L A, Tansey E M (eds) (2001) *British Contributions to Medical Research and Education in Africa after the Second World War*. Wellcome Witnesses to Twentieth Century Medicine, vol. 10. London: The Wellcome Trust Centre for the History of Medicine at UCL.
2. Overy C, Tansey E M. (eds) (2017) *Development of Rural Medicine c.1970-2000*. Wellcome Witnesses to Contemporary Medicine, vol. 61. London: Queen Mary University of London.

3. Tansey E M, Wilkinson A (intvrs); Tansey E M, Wilkinson A, Overy C (eds) (2017) *Parry, Eldryd: transcript of an audio interview (12-Jul-2016)*. History of Modern Biomedicine Interviews (Digital Collection), item e2017067. London: Queen Mary University of London.