

AUDIO INTERVIEW TRANSCRIPT

## Parry, Eldryd: transcript of an audio interview (12-Jul-2016)

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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.

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**TT:** Tilli Tansey

**AW:** Adam Wilkinson

EP: Eldryd Parry

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**TT:** Medicine was in your family?

EP: Deeply within the family.

**TT:** Could you say a little more?

EP: Well, it wasn't just medicine, it was medicine of a very high order. I've shown you the scholarly approach my father took to learning and to study of his patients from the books and the marginal notes about patients, and the exceptional devotion which my mother and father showed to their patients. Let me give you just one example of that. They were, they did home visits all the time, that was how they worked. This was before the health service came in and they worked anywhere. During the War, before the War, in the 1930s, there was no money around. The Depression was in trouble. When my father died, at his funeral a woman whose son had been head boy of Cardiff High School, which was a Headmasters' Conference School then, a very, very good Grammar School, said to me, 'You would have been a very rich young man if your father had sent out bills.' Just that. And routinely, if there was a minister of religion, they reduced the bill by 50%. If they couldn't pay, they just didn't send it. That's one example. The other example is that my mother did an evening surgery two evenings a week, did an afternoon surgery. No sorry, every evening she did an

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evening surgery except Saturdays. And an afternoon surgery on two afternoons a week. So, sometimes the afternoon surgery ran into the evening surgery, two o'clock right the way through the afternoon, cup of tea, evening surgery.

After the evening surgery she would go around to the women at home who had metastatic cancer and who needed to go through the night, and she'd give them morphine in perhaps ten times the normal dose - i.e. she was giving sophisticated palliative care as a GP [General Practitioner] in the home herself to see them through the night. And there was never any question of being off duty or that sort of business, you know, out of hours. That was not admitted. They were at the service of their patients and they were loved. During the War when there was nothing around in terms of food, and chickens and turkeys you didn't hear of. One Christmas we had 17 different plates of pheasants or a chicken or a leg of lamb from a Welsh farm, 17 different ones. We didn't know what to do with them. And that showed the love you see, the patients, extraordinary. So that was the background, that was my background.

**TT: And where was this?**

EP: This was in Cardiff. My father served his patients as I've shown you whether in the side street or when we drove out into the county and were received by the butler, and I sat downstairs with the maid, and they went upstairs. Whatever the house he took his coat off, gave his hat, treated the family in exactly the same way whether they were the privileged or the unprivileged. And I was then privately educated first of all at the school of my great aunt, who ran a sort of dame's school, and with a boarding house even for the children of, I suppose, the more privileged families. And my mother went to that school before she went to university. And they were terribly upset when my mother and father said they were taking me out and sending me off to a prep school [laughs].

**TT: And you have siblings?**

EP: I have a sister who is two years my senior and she went from that school to Badminton School in Bristol, and then she came back to Howell's School in Cardiff and onto the Welsh School of Medicine. She became a Professor with a personal Chair in the University of Iowa where her husband had been headhunted as an anatomist. She specialised really in getting the older people into some sort of activity, geriatric advance; this was 30 years ago, more active. And she advised NIH [National Institutes of Health] on grants and that sort of thing from Iowa. But that was my sister. And I then went onto Shrewsbury with a scholarship. The deal was I wouldn't go unless I got a scholarship.

**TT: And were you always destined to do medicine?**

EP: No, not at all. The assumption was that at the age of 16, of course, one does one's rebellion, and I wrote to my father - there were no telephones in those days, you just wrote - and said, 'I really want to give up medicine.' I was in the middle of the Cambridge first MB's and 'I want to become keeper of furniture at the V&A [Victoria and Albert Museum],' because I was interested in old furniture, Welsh furniture particularly. He wrote back a telegram, sent a telegram, 'Don't dare shirk Cambridge exam this term, Father.' [Laughter]. The best telegram I've ever received in my life, because it set me straight and I've had a hobby and an interest in parallel. And then I went on to Cambridge, which was difficult, because I went with a classical scholarship and three years later I was in Cambridge and you started science at just about 15.

**TT: Had you not done science at Preparatory School?**

EP: Oh, not at all. Classics. Classics, History, French, Latin, Greek

**AW: So no interest in science at Secondary School?**

EP: Science was something that was quite separate in education. Very often people took up science when they actually went into university itself. A friend of mine two years ahead of me at prep school, who was also a

GPs son, got a classical scholarship to Trinity Cambridge, and then went into Medical School then. Science was not generally taught until you did school certificate. Anyhow I'm very grateful in medicine to have had a base in Latin and Greek. I still use the Greek in my Greek New Testament, so there we are.

**TT: So you went to Cambridge on a scholarship?**

EP: No, I didn't get a scholarship to go to Cambridge, I just went in on first MB's. I finished my first MB before going up. So there was no reason to stay on at School. So I left School and wasn't called up to National Service because I was going into medicine. University was difficult. I mean I loved it, but I wasn't ready for it and I had a very poor tutor. And I really didn't begin to perform in any way until my last year.

**TT: And you were doing natural sciences tripos?**

EP: I was doing the natural sciences tripos, yes. When I went to Cardiff, I absolutely thrived.

**TT: So you went to the Welsh National Medical School?**

EP: Yes, my father said, 'You're a Welsh boy, you've had all your education in England, it's time you came home to Wales.' And it was a genius decision, because Harold Scarborough who was a wonderful academic, had just been appointed a year, and he gave his initial inaugural lecture in Cardiff in my first term and it was on *Authority, Observation, Experiment*. And the old Medical Unit in Cardiff, the old Academic Unit run by a part-time Professor had been, 'This is what it is, I tell you my boy, I've seen 35 cases.' Harold turned that upside down and I loved it. And he grew a Medical Unit around experimental people of interest, a man called Lucien Paul Rollins Fourman. He was of mixed Russian and French and British parentage who was a polymath, wonderful person. He worked on magnesium transport in the gut and so on. And a very, very good scientist. And he was in the Medical Unit so we just loved it. I remember one afternoon I was on duty, (I did the house job on the Medical Unit), a boy came in who was a Mormon. And he was sent in, Paul Fourman said to me, 'Would you mind doing the serum calcium?'; I said, 'I've already done them.' [Laughter]. I remember that, it was Saturday afternoon, and he came to see the boy. The Cardiff Medical School was brilliant, and Harold Scarborough didn't lecture from a textbook, he lectured from an idea. He didn't talk about bronchiectasis, he'd talk about breathlessness. And whereas other lecturers did, you know, 'Let's do fractures of the leg,' or something, Harold didn't do that at all. And you could do what you wanted, you could go to any clinic at any time. There was a very good neurologist called J D Spillane, who wrote a book on tropical neurology. He had studied deficiency neurology in prisoners of war, which is where he'd been. And he was probably the leading authority in the country; very, very good. So it was great.

**TT: Was it a very big Medical School?**

EP: No, 40 or 50 in each year. I did everything else, I played rugby of course, and captained the squash, and secretary of the cricket [laughs]. But it was great, and I was living at home, which was very precious, and I saw general practice as it should be.

**TT: So you were having a very wide medical education?**

EP: Well, I went with my mother once in the middle of the night to somebody with pulmonary oedema in a side street, and we gave her morphine there and then. I've seen medicine first hand in that way, yes.

**TT: What about your career expectations?**

EP: I had no career expectations. I wanted to be a physician in 1951. The medicine of South Wales at that time in the 1950s, was the medicine of the poor world. There was rheumatic fever. When I revised for my Cambridge finals, I went to small hospital in Merthyr Tydfil, 54 beds, all rheumatic heart disease in children or rheumatic fever. And there was another one in Cardiff of 27 beds. So we just went and listened to 54

rheumatic hearts. So when it came to Cambridge exams it was a pushover. And in my finals at Cambridge, I was shown a man with a swelling here.

**TT: The lower back.**

EP: Yes. Along here, you see, over where the kidney would be. And I said, 'Well, this is perfectly straightforward. This patient has Pott's disease and he's got a paravertebral abscess.' The examiner's eyes nearly popped out. He said, 'Well, how do you know?' I said, 'I saw one three weeks ago in Cardiff.' [Laughs]. And it was a wonderful training. Four, up to five, coalworkers autopsies every day, usually pneumoconiosis - a superb pathology department, superb. Dillwyn Williams who went as Professor of Pathology (he went from the Hammersmith to Cardiff to Cambridge) was head of a wonderful group of pathologists and I, in the midst of all those bugs, got tubercle. So in my fifth year I spent a year in hospital as was the pattern then, they only had streptomycin and PAS [para-aminosalicylic acid]. I was there for a year. And the doctrine was that for every lesion you did a thoracotomy if there was still something visible at six months in the radiograph. So I had a major surgical operation, a tube in my chest, and I presented pretty ill at the beginning with a high fever and so on. I had a vigorous immune response, and a very high fever, and a pleural effusion, and I wasn't well. And then at six months I had this operation, which my uncle saw. He said it was the most superb surgery done by a man who had been a GP, he'd been a surgeon in the War and had taught himself thoracic surgery, and he was given an Honorary Fellowship of the College of Surgeons. He was a superb surgeon.

So I spent a year there and I read *The Lancet*, and I read physiology, basically, wanting to be a physician. So when I came to take the final exam, I was halfway through in my reading to the Membership. So I took the Membership, I got the Membership two years after I qualified. You could take the exam 18 months after qualification. I took it at two years. I was working for a chap called William Phillips, who was a good physician, and he was an examiner for the College. And they were going through the marks and they said, 'Where does this fellow come from?' And he said, 'Cardiff, of course.' [Laughter]. But I didn't have a distinguished academic record at Cambridge, not at all. I got a second, there was no classification, and it had to be a 2:1 otherwise you weren't passed exemption from the MB. If you got the equivalent of 2:1, which is what it was, you got exempt from the MB. But I didn't do well at Cambridge, work came alive at Cardiff.

**TT: You thrived much more at Cardiff?**

EP: Oh, absolutely. And also the sort of intellectual environment, because there was interest. My tutor at Cambridge was a very nice man, I just didn't fire.

**TT: When you qualified, with your Cambridge degree, you did house jobs in Cardiff?**

EP: Two house jobs, a Medical and Surgical Unit, and then the Resident Medical Officer [RMO] job when I was Head of the House Staff, I was in my first administrative job effectively, I was an SHO [Senior House Officer] running the housemen, and being responsible for the Overnight Casualty Department and the arrangements for that, and being head of the mess. So if there was a dinner in the mess, I would have to arrange it. This was the Royal Infirmary. Then having got the Membership, my house job ended at the end of January; I think, I got the membership in December or January. House job ended and I thought, 'I really should go to London.' So I looked for jobs and I found one at the National Heart Hospital. Harold Scarborough said to me, 'Why are you going there? They're only Consultants, you know.' [Laughter]. So I got a job there and worked for Paul Wood for nine months as his houseman, and we got on well. He said to me 'If you need help afterwards, ask me.'

**TT: So what was your job when you were working for Paul Wood?**

EP: Oh, I was clerking every case, clerking every case and looking after every patient, doing everything. Cardiovascular medicine, yes. I mean it was, there were Senior Registrars and people around and there were two of us, RMOs; we had our own little flat in the hospital, we were on call all the time and once the other

chap was on leave and I didn't get out of the hospital for six weeks (didn't get out of it for six weeks), because I was on call. One of the Senior Registrars said, 'You really must get out sometime, I'll come and do an evening for you.' We had, I can't remember how many beds, 60 or something beds in the hospital and if a patient came in I would clerk them. And I remember ringing up Paul Wood once, telling him about the problem. He said, 'Do you think I can't make a diagnosis of pulmonary oedema?' [Laughs]. But if you stood up to him and were prepared to discuss it, he was very, very good. But he'd been at the Hammersmith and this is the significant point, and then a job, a Medical Registrar job at the Hammersmith, and I applied for that when I was still at the Heart Hospital, and got it. And I worked for Cuthbert Cope. And working for Cuthbert after the first five months, the Professor, Sir John McMichael said, 'Cuthbert, I want that young man to come and work with me.' So Cuthbert said, 'Dictator, isn't he?' [laughter]. McMichael was the pre-eminent clinical scientist in Britain, given an FRS for his work on the cardiac catheter work with Sharpey Shafer, and to work for him was a great privilege. It wasn't so much training, it was just being around. And then we had a hypertension clinic, and at coffee time, on a Friday, he would come in and we'd discuss the morning's *Lancet*.

**TT: And what about grand rounds?**

EP: Yes, grand rounds went on, yes. There were grand rounds and they were intimidating as all things. And I, and then at the interview for that job they said, 'Would I be prepared to be seconded to go to Nigeria?' And I said, 'Yes, I'd be interested in this,' because my mother, widowed for some years by this time, used to have recitals in our drawing room at home with a silent collection for either Vellore or Ludhiana, the women's Christian Medical School. And a silent collection in the 1950s meant a pound note or a £5 note, and that was a lot of money. So she raised nearly £20 or something in an evening with a few friends and sent it off, and that was a lot of money. The environment of overseas work was very real. My aunt had been a missionary, many of my friends at Cambridge were missionary doctors. My best man went to Kenya, one of my closest friends, who went to Bart's, son of a Harley Street surgeon, went to Nepal, and so on. So it was in the whole sort of field and would I be prepared to go to Nigeria for a year, 'I'd love to!' I said. I went to the teaching hospital at Ibadan for a year six days after we got married. Helen was teaching, she'd come down from Somerville, where she read English, her father being a don. And then she went on to Cambridge to do the DipEd [Diploma of Education]. And she was teaching, but her headmistress said, 'Of course you can't possibly go, you must stay and teach here.' She said, 'Sorry, I've got other ideas.' So she came to Nigeria, being a very good teacher and a very clear mind, she had no difficulty in teaching of course.

**TT: Can I just go back a little and just ask you about this request for you, 'Would you take this secondment?'; what was the link?**

EP: The link was between the Professor of Medicine, in Nigeria, Alexander Brown, Sandy Brown, who died at 59 of a coronary in Ibadan where at the hospital the men's hall of residence is called after him, Alexander Brown Hall. He was the first Professor of Medicine, he went there in 1948. He had been either the houseman or the Medical Assistant to McMichael in Edinburgh. And Harold Scarborough also knew them because Harold was also from Edinburgh. Harold himself had been to Nigeria to work for three months' sabbatical in Ibadan with Sandy Brown in three months early in 1960. So Helen and I went to see Harold at his home in South Wales for him to tell us about Ibadan. And I got into EMF, endomyocardial fibrosis, with Derek Abrahams, who had been a physician at the London and worked for Clifford Wilson on the Medical Unit at the London (Hospital), and was a really bright, interesting totally unconventional person. And we worked quite well so I said to Hammersmith, 'Can I have another year?' And they said 'Yes.' By that time I was collecting my MD data. And we were having enormous fun, it was going very well, we were doing all sorts of interesting things. We were passing cardiac catheters and in the end the trans-septal catheter came and we passed those within two years of it first being passed in the States. We were right at the front edge of medicine and we published, in those days the journals you published in were the *Quarterly Journal of Medicine* or *The Lancet*, of course, some smaller ones in *The American Journal of Medicine*. Those were the big, big journals, and we were getting papers, we got our major papers in the *Quarterly Journal [of Medicine]* and my *American Journal [of Medicine]* papers came on later.

**TT:** Could you say a little bit more about what you found when you went there?

EP: At Ibadan? I found an excellent teaching hospital opened in 1957, it was a beautiful building, very good Nursing School with an expatriate principal, high standards. It was still under the colonial Government when we went, and no expense had been spared, and it was a very elegant teaching hospital doing elegant work. The people who were there all wanted to do something for Africa. John Lawson, who was a privileged man, he'd been to Clifton and Trinity Cambridge, I think, was Professor of Obstetrics. He was a card-carrying Labour Party member although privileged, and he went to Ibadan because he wanted to serve people. Sandy Brown, I'm not quite sure why he was there. But that was the general feeling. There were others who had come up from South Africa, Ralph Hendrickse was one who had come up from South Africa - he had never recovered from being marginalised in South Africa throughout his life, he never, ever recovered from that. And it was a very stimulating environment. George Edington, who was Professor of Pathology, had been a Government Medical Officer, but he was a meticulous and excellent pathologist, and we wrote papers with him. So it was a very stimulating place.

**TT:** What were the main clinical conditions you saw?

EP: We did and saw everything. I, for example, learned to do renal biopsy and did many. I did liver biopsy, I did pleural biopsy, I passed polythene catheters at the bedside, we passed proper cardiac catheters in the Radiology Department - we did everything. Acute emergencies - there was everything. Pneumonia was common, we wrote a paper on pneumonia with jaundice with one of the pathologists. People came late in disease, there was advanced heart failure, there was lots of renal failure, we saw everything.

**TT:** And how did you get referrals?

EP: There weren't referrals, people just came. I mean there is no such thing, there may be now, but there was no such thing. A person came to the polyclinic, which was run very well, and this was the same in Northern Nigeria later. The person came to the polyclinic and they were seen, they were sorted, and through a triage system they were sent upstairs to the wards.

**TT:** And it was also a teaching hospital so what teaching did you do? Were you a formal part of the university?

EP: Yes, yes. We were; I was actually employed by the hospital, but it was the teaching hospital, and Derek Abrahams was employed by the University. So the Lecturer and above were University, the Senior Registrars and below were employed by the hospital, but there was no conflict between University and hospital because there was no private practice, and people were all employed within the Government University/hospital system. And it was just enormous fun. Then Derek went on leave within three months of my getting there, and I had charge of 30 acute beds and an SHO and a houseman. And the autopsy rate of 95%. So there was no hiding place and we had, what, five students per firm. And so I had to run 30 acute beds, I'd been qualified now five years, just five years. And it was a marvellous, marvellous training school. So when I came back from Hammersmith effectively, clinically, I was years ahead of my contemporaries, which didn't matter but only once did I realise what a difference it had made when someone was fiddling around wondering about something when instead of getting on with it, you know. At Ibadan we had to get on with it.

**TT:** Can I just ask a little bit about your personal life at this point. You've just been married?

EP: We were just married. I married Helen and we are still married 56 years later, not quite 56, next month, and we met at a church in South Kensington. We were both practising Christians and have stayed so and more so, and we believed that we had work to do. But I was seconded, I wasn't going as a missionary or anything, and the decision to stay on was the academic decision to do an MD, which I did and did a Cambridge MD on endomyocardial fibrosis. And sadly nothing much has happened in that disease ever since. Helen thrived. She gets on wonderfully well with people, she's a very good teacher, and it was, we had a steward of course, as one had to. She taught first of all in Ibadan Grammar School, which was a church foundation and Canon

Alayande was the Headmaster, and he said, 'I'm going to make this School into the Eton of Nigeria.' But then after that she left that and taught English in the School of Nursing, and then she taught in the Nigerian School of Art, Science and Technology, which was the sort of bridge between university and secondary school. And just to go on to extrapolate from that, when we went to Addis [Ababa], she taught in the English Department, but then in northern Nigeria where the secondary schools were lamentable and weren't preparing people for university, the Vice Chancellor who was a physician paediatrician called Ishaya Audu established a School of Basic Studies at Ahmadu Bello University, which was the bridge between secondary school and university entry. And Helen taught in the School of Basic Studies, and I think she headed the English Department. She certainly wrote a textbook there which Macmillan published and reprinted actually for that group of students, which was critical to the development in Nigeria because otherwise every university place would have been flooded by people from the south.

**AW: Can you just say a little bit about the switch to Addis Ababa, and how you ended up going to Ethiopia?**

EP: Yes, I can tell you about that. So we came home from Nigeria in the freezing, freezing March or February/March 1963, and we arrived in snow. It was cold. I then went straight back to the Hammersmith, and it was difficult. I was still working on the MD, and it was quite difficult to adapt. But the MD work, and I enjoyed the Hammersmith, I was just a routine registrar, then I was promoted to Senior Registrar and then the next year, when we left Ibadan, Sandy Brown said, 'We'd love you to come back, but you have to find money.' And I didn't understand anything about grants and so on then, but there was no money, so we didn't go back. The next year a man called Oscar Barry, who was an orthopaedic surgeon and had gone to Ethiopia as a missionary in about 1940 or 1950 or I can't remember, anyway, one of those years. And was Dean of a new Medical School in Addis [Ababa] which His Majesty (Haile Selassie) wanted. And then he came home to London. In London at that time, the Ciba Foundation ran colloquia, symposia, and it was a big thing to be invited to one of those. There were 30 people from all over the world. Ciba Symposium on this, Ciba Symposium on that. They were important scientific landmarks and Sir John McMichael got me invited to one on cardiomyopathies for my EMF work. And Gil Blount and Eugene Braunwald and all the absolute top people went to it, and there was I, a sort of small boy looking at these great men.

And the chap running the Ciba Foundation was Gordon Wolstenholme and Gordon was a great performer, a wonderful man, very kind, and he had been appointed by Haile Selassie as an Advisor to the Haile Selassie Prize Trust. So he exhibited that well known syndrome, which I haven't yet written a paper on, of a man going to Africa for the first time in his fifties and he comes back and he thinks the sun is shining from everywhere in Africa [laughter]. Gordon came back, 'Addis Ababa is everything. It's wonderful. The royal family is everything. It's absolutely wonderful.' Oscar went to him because he'd met Oscar in Addis [Ababa] and Gordon said, 'Oh, I know a man you should invite to come to Addis Ababa. It's Eldryd Parry. He came to one of my symposia.' So Oscar came to me and said, 'Would you come to Addis Ababa to help in a new Medical School?' By this time Oscar was no longer Dean, and the job didn't exist, but I accepted [laughter]. And Helen and I felt that this was God's purpose for us, an invitation to go back to Africa, and in doing so we cut the umbilical cord of British medicine. It was that decision. I'd applied for one job. I'd applied for a job at Bart's as a Consultant. I didn't get it, quite rightly. Tony Dawson, who became Queen's physician, got the job, and I was years away from Tony Dawson.

Gosh, how they did things in those days. I called on every member of the consultant staff in their rooms or in Bart's, and I went to see the Queen's physician, Sir Ronald Bodley-Scott in his rooms in Harley Street. 'Good afternoon, Dr Parry. Why are you, have you any family association at Bart's?' 'Yes, my great uncle was here and my uncle was here too, but he was knighted for services to medicine.' 'Oh good afternoon... oh yes.' [Laughter]. 'What would you do if you came to Bart's?' Quiet hush of the Queen's physician's consulting room. I said, 'I would start a clinic for immigrants.' 'Thank you very much for coming to see me.' That was it, that I would start a clinic for immigrants, that's all I said. He didn't quite see it.

And then the Wellcome Trust, through Sir John McMichael, said, 'We will support you to go the first year to Addis Ababa.' So I went to Addis [Ababa] to look at cardiovascular disease in Ethiopia, and I wrote about



ten papers, descriptive papers, on different forms of cardiovascular disease. And it was when we were there that I was working with Anthony Bryceson, and we were treating relapsing fever, and we saw the most extraordinary reaction. A Herxheimer reaction. We sent a small paper to *The Lancet*, a medical memorandum, a preliminary communication of cardiovascular changes in acute relapsing fever. And then we got two medical students over from Oxford who wanted to do an elective with us, and we decided to study it, and we had the first paper in *The Lancet*, '*Leucopenia and fever in louse borne relapsing fever*'. It was beautiful. I mean it was classical bedside clinical science with a sort of Hammersmith pattern. We put an indwelling needle in, we took bloods every 15 minutes, we monitored everything including the white cells and the presence or absence of spirochetes, the heart rate, the blood pressure and so on, and it was a classic paper. I came home to the Hammersmith because I was on a WHO [World Health Organization] Cardiomyopathies Group at the time. We'd had a meeting in Jamaica, and I went to the Hammersmith, and I said to Moran Campbell, 'Moran, I've got patients with a respiratory rate of 80, can you send me someone to come and work it out?'

So Moran said, 'Yes, I'll find you a young doctor.' So he sent David Warrell, who had never been to the tropics. David and Helen Pope, as she then was, who became Helen Watkins. And they got money from the Wellcome Trust to come and do a study on the Herxheimer reaction with respiratory physiology and basically extending the work we'd done. And that went brilliantly, and we had papers everywhere. I mean it was a galaxy of top level papers. In that, from that, and as a result of that, I think I was, in those days you were elected to the Association of Physicians which meant more to me than an FRCP [Fellowship of the Royal College of Physicians], which came very soon. But yes, and David Warrall loved it so much that at the very same time just before they came, I was invited to go back to Northern Nigeria, and that was hard because we loved living in Addis [Ababa], it was very nice. We had a wonderful house where the children were going to school. It was easy - well, it wasn't easy, but it was a lovely place to be. And then we had an invitation to go back to Northern Nigeria by Ishaya Audu. He was one of the first students to enter the University of Ibadan, he was a Northerner and Northern Christian. His father had been an Islamic teacher, he'd become a Christian, and became a wonderfully strong person. He was a great, very great man, became Foreign Minister, everything. Very, very great man. He was appointed Vice Chancellor. As a Northerner, I taught him at the Hammersmith. He was on a short course in medicine and I was a Senior Registrar who used to teach him. And he liked it and we got to know him in Britain. I think we even went to his wedding. And so when he wanted a Professor of Medicine, he wrote to me in Addis [Ababa] and said, 'Would I be prepared to go?' And Addis [Ababa] was going so well, and the papers were flowing, and it was hard to leave. Helen was very happy in her teaching there, we had great friends, we used to go for riding weekends, and oh, it was wonderful.

Then I went on a prospective visit across Africa in the middle of the Nigerian civil war.

**TT:** Can you unpack that a little please? There's a lot going on there, Eldryd.

EP: Yes, that was the war, it was going on. When I flew into Lagos a day or two before, or maybe a bit longer, a Biafran plane had flown into Lagos and dropped its homemade bombs. And it was a difficult time for the country. But we had loved Nigeria and got on well, and if you're given an invitation by a senior, I use the word "African", I don't like the word "African" because I don't use it, but I'm talking generically here. But if you're given an invitation by a senior African, you have to think twice before refusing it. It's a very difficult one. My first going to Africa was a secondment, the second was an invitation, not by an African but by a man from there, the third was within, was again an invitation. And the fourth was an invitation. And you cannot really refuse, because they want you to do that job. And if you're really in the business you said, 'Well, if I'm going to serve you, I've got to do what you want me to do.' And actually that can cause a conflict. I recruited (this is years later) a young man who came to me and said, 'I want to go to Ghana to do some surgery.' I said, 'Of course, go to where I was, the Medical School I was in Kumasi.' We got him a job. I went to see him a year later in Kumasi when I paid a visit. 'How are you getting on?' 'Oh, it's terrible,' he said to me. 'Why?' 'I get all the on-calls, they put me on almost every night, and I came here to teach.' I said, 'You didn't come here to teach. You came here to do what Ghana wants you to do.'

It's actually, it's a very difficult one, but it happens. You cannot and should not, if you're going to serve, you cannot take your agenda with you. That's where Gates and the big donors have made all these mistakes. 'We're going to do this for you.' Sorry, the other way around. And the principle is very, very important. And in our charitable Trust, the principle has been, 'Where do you want to go, and how can we help you get there?' You haven't necessarily agreed to go, but when you're asked to take a job, you take it.

**TT: So you take this decision, you leave Addis [Ababa] and go back to Nigeria. At a very troubled time. How was that funded?**

EP: I was paid by the University in Nigeria. They had a budget. And in Addis I was paid by the university for my second and third years, Wellcome said they'd pay for one year if the university would take over. Peter Williams of the Wellcome Trust arranged the first one to go to Addis. Peter came into the picture considerably later in Northern Nigeria when David Warrell came back and Peter and Murray Baker, from the MRC [Medical Research Council] and ODA [Official Development Assistance], those two together enabled me to set up the department in Northern Nigeria with David Warrall, Brian Greenwood, Anthony Bryceson, Andrew Tomkins, John MacFarlane, et al, Roger Sturrock. A galaxy of talent.

**TT: What date was that, Eldryd?**

EP: We went in January 1969 and we worked, I was Professor of Medicine there until July 1977, and in 1976 I was invited to be Foundation Dean of the Ilorin Medical School. Now Northern Nigeria was going wonderfully. Helen was teaching, as I've told you, we were churning out data and the students were doing fine. And then Oladipo Akinkugbe who is a Fellow of Balliol [College] and who had done a DM with George Pickering, he was a graduate of the London I think - I'm pretty sure it was the London - an elite person in every way, was asked to found a University in middle belt Nigeria. At that time there were Universities in the North, in Lagos and Ibadan in the south and one in the mid-west, and then middle belt Ilorin.

And he said to the Head of State Obasanjo, 'I will do it, I will take that if you can give me a Medical School,' and he said 'Yes.' And this was 16 years after independence. And Akinkugbe said to me, 'I want you to become the Foundation Dean.' I said, 'Look, this is 16 years after Nigerian independence.' He said, 'You're the man I want. Leave the politics to me, will you do the job?' So I went to Harold Scarborough, and I said to Harold, 'Look, I've been invited. I can't go there, this should be a Nigerian's job.' He said, 'Look, if you've been invited by Akinkugbe, you cannot in his country say 'No.' So Harold confirmed that and we went. So that was the reason we left Northern Nigeria, because of the invitation to go to Ilorin.

**TT: And what did you find there?**

EP: Well, I had a blank sheet of paper and we said, I said, he said, 'You've got a Faculty of Medicine.' I said, 'Sorry, Faculty of Health Sciences.' So that was the first change. And we said, 'We're going to make a Medical School for what is needed by the people, not for what is wished by the staff.' So we were utterly, utterly radical and we said, 'We will take the students into the community on Day 1 of Year 1.' So once they'd learned to sign their names and all that sort of thing, I had told the staff that this was a community-based Medical School and that this was not the province of the Department of Community Medicine - I wasn't interested in a Department of Community Medicine - this was a Faculty principle. So anatomists, physiologists, surgeons, lived in the field with the students. Harold Scarborough went with a group of students to a village. I lived with a group of students in a remote village. We transformed them. When they went to Ibadan to do their clinical, they did very well.

I was helped in this way because I had looked for ideas and help and I went to Maurice Backett, was it? The first dean in Nottingham, who was setting up a new medical school in 1976 / 1977. I went to see him and I said, 'What do you do about teaching statistics?' He said, 'Teach statistics? Do you teach about a hoe? You use it.' And suddenly I realised, you don't teach about epidemiology, you do it. So we took the students and we lived with them and we said, 'Look where we are going. Let's go down and have a look round.' So we looked at compounds, we looked where they got the water from. We then went to the primary school and

saw there was tinea capitis. So let's do a survey here. So there are 500 children, 50, 70 or 90 had tinea capitis, the prevalence rate. What do you have to lecture that for? They'd done maths, and so they learned it, and they were excited. And then we looked at how long people were sick. Farmers were sick. And we found that 10% of the farming year was lost through sickness and snake bite, and all sorts of common problems. At the same time they sat in the primary care clinic attended by a dispenser, and saw everything. And we hadn't got equipment. And a woman came, it was deep in the bush, one lorry went once a week, that was all, with an ulcer the size of a saucer there. Now normally you put tulle gras impregnated gauze with Vaseline on the ulcer. So we said, 'We've got no impregnated gauze. What have we got?' Let's go to the market and see what we can find. Couldn't get anything, so we got some fabric. And we bought a fabric and we folded it over and we cut it in squares. So we had a piece of fabric with little holes in it. We found a pot of Vaseline in the market, and we bought that, and we rubbed it in, and we watched the ulcer granulate in from the outside. And so is it surprising, and I was, the students were motivated beyond. And one of my best slides is showing the energy cost of yam farming; it's on one of my discs. And we went out at five o'clock one morning with the students deep into the bush, half an hour's walk, and we started at six a.m. when it was cool. We watched a young farmer use a hand plough to make yam mounds. And he lost two kilos in two hours, his heart rate stayed at 120 throughout, his respiratory rate was in the upper 20s. Now you don't need to teach exercise physiology in a lecture. You do it. And that was, it was revolutionary at that time.

And then Akinkugbe was invited by the Head of State to go and be Vice Chancellor somewhere else, and a new Vice Chancellor came in who was a surgeon, and I was warned within a month of his getting there by a visiting fireman from the Inter Universities Council for Higher Education Overseas, that senior names were going to fall. That's all he said. Big heads are going to fall. And that was it, he'd only been there a month, and I suddenly realised what was going on, so I resigned. He couldn't understand what we were doing in medicine at all. We didn't have multitudes of Departments, we had broad divisions. We didn't want the Empire building little Departments, and the whole community programme was run by a Nigerian called John Lawani who was a wonderful person, and he ran the community programme, and he was in charge of where the students went and everything like that. And we were in league with McMaster and Maastricht for problem-based learning, we had workshops done by McMaster people, and it went awfully well. One colleague couldn't believe it; he was the Indian pathologist, but he was never on board. Everyone else was on board.

**TT: Were these links with people like Moran Campbell?**

EP: Well, I mean I knew, lots went from the Hammersmith. I'd been to McMaster to have a look at it, funded by Ilorin in the February of 1977, when I was still in Zaria. I went to McMaster, I went to Duke, I went to Harvard, I went to Chapel Hill. It was useful. The problem: McMaster then was still experimental, it became doctrine later. Everything must be problem-based. Once you say that, problem-based learning is a means to an end, it's not an end. And we used it and I was part of a Group in WHO run by Tamas Fulop, which was composed of radical new Medical Schools: Beersheva, Albuquerque in New Mexico, Ilorin. Tamas Fulop was the chap. He was in WHO, a wonderful man. And he had a Group of us meeting. The second meeting we had was in Cuba in 1984, I think, by which time the problem-based people did a takeover bid, and it became, instead of being radical new medical education, it became problem-based learning, but Beersheva was interesting. The Albuquerque people, there was just mad people, there was a chap from the Sudan. Mad people from different places doing strange things, meeting together on how we can do things which are relevant in medical education.

**TT: What happened when you resigned?**

EP: Well, it was quite difficult. It was quite difficult. I had no job to go to, I had a few months, a letter came from the Inter University Council, I think. The Medical School in Kumasi is looking for a new Dean, would I be prepared to go and be Dean? Next door to Nigeria bar Benin and Togo. Well, should we, would we go and be Dean? So on the way home from Nigeria I went to Ghana where there was a wonderful Ghanaian pathologist as Dean - very, very able, scholarly man. Unfortunately, he saw nobody before ten in the morning, and there were other activities in the afternoon. And I was really invited as a rescue package. When

I got there within a week or two of arriving I was served with a writ to the High Court by the students that the Medical School had failed to provide them with a medical education. So I commuted to and from the High Court with the University's solicitor. The case we made was that medical education was more than three years, it was six years. We had this distinct plan: we were going to do it well and so on. And we won our case.

They needed someone with enthusiasm who knew how these sorts of things went, and it was a busy job, starting from scratch and restoring it and getting it going. And I didn't have clinical responsibilities, I used to go and teach clinically two afternoons a week and see patients but that was delicate because the physicians in the hospital were Government physicians and I couldn't really say, 'I'm going to have a cardiovascular clinic here,' because there was already one run by Government clinicians. But I could teach. And I did. And I taught physiology at 7:30 in the morning, because we had no physiologist. That doesn't matter at all. We had no physiologists. We had a good anatomist. So I said, 'Who can teach the eye in physiology?' The ophthalmologist. 'Who can teach the throat and the hearing?' The ENT specialist. 'How about the kidney?' We had a chap who could do kidney physiology, physician trained in Germany - he could teach the physiology of the kidney. I said, 'Look, why do you need a physiologist?' And so we taught physiology from a clinical standpoint. Two students went to Sheffield funded by somebody, I can't remember, Sheffield, to do an intercalated year. One got a first and one got a 2:1 in physiology, I think. Not surprising, because they had seen it in its relevance, you see. And I taught, if I was half an hour ahead of the students, it was okay.

**TT: And you stayed there for quite a while?**

EP: Five years, I was five years there. And then I should hand over to a Ghanaian. And family needed us and had needed us earlier, so we decided it was time to go. And then Peter Williams invited me to come back to the Wellcome Trust to take the Wellcome Medical Museum into East Africa. And he had talked to Permanent Secretaries in Kenya chiefly about Rural Medical Officers continuing education. So he said, 'How about bringing the Museum to you?' So I worked with, but it was never thought through, it was never thought through, so he said, 'Let's have the Wellcome Tropical Institute,' and I'd be the Director of it. But it was never thought through what would happen. So I commuted to and from Kenya and Tanzania, and Uganda, Ethiopia, saying, 'Would you like something for your Rural Medical Officers?' So we prepared wonderful materials, beautiful problem-based and they were excellent. And they did them in the community and the Medical Officer did them, and they were fine. But as with all things imposed from outside frankly, they weren't part of a system; there was no recognition in the Public Service Commission that if you did these where you were given a grade up or an increment, and therefore they naturally fell flat. Who wanted to waste their time on things if there was no preferment as a result? And Wellcome weren't entirely happy with how it was going, and so they divided it up, and then at five years they decided to close it. Well actually, and so I then had a letter on Christmas day or thereafter saying, 'We're going to terminate this thing at five years.'

Because the other jobs were not necessarily, although we were given supplements from the ODA, they didn't give you a pension. I mean our salary was supplemented with children's school fees half paid, we paid the other half, throughout, in order for us to be able to stay, because we were designated as key people. But that didn't give a pension. But Wellcome did.

**TT: That's when I first met you, Eldryd, because I first went to the Wellcome Institute for the History of Medicine. You were across the Euston Road in the Wellcome Tropical Institute.**

EP: Yes, that's right, very nice. But they never thought it through, hadn't a clue what it was going to be. It was marvellous, it was my re-entry into British medicine, because I sat ex-officio on the Wellcome Tropical Medicine Panel, so I got to know everybody. Harold Lambert, Roy Anderson, Richard Moxon - everyone. Got to know them all, which was wonderful. And from that I was able to start THET and so on. I see it as God's hand bringing me back, giving me a little pension - it put me back into British medicine. It was quite remarkable, but I felt terribly let down when they said they were going to stop it. And then Keith McAdam came along and said, 'Look, we can't pay you, but would you like to come to the London School [of Hygiene

& Tropical Medicine]?’ And I said, ‘Yes, I’d love to, thanks very much.’ And they said, ‘Well, we’ll make you a Senior Research Fellow.’ So I had five years for the School, and that was fine, because it gave me the opportunity to travel and to do our charity work, and I taught in the School and still teach in the School.

**TT: When did you establish THET? THET really seems to be a culmination of a lot of your interests, your experience, your desire to serve, your desire to encourage endogenous people to.**

EP: Well, we got a charity number at the end of 1988, the beginning of 1989. The actual number, I think, was given at the end of 1988. Before that I’d had a thing called “Parry Overseas Projects Account” (POPA), and I had a bank in Great Portland Street and, but then that morphed into THET. And that was done with a great friend of ours who became a Deputy High Court Judge. He could probably have been on the Court of Appeal, but he didn’t want to be a full-time High Court Judge, because he wanted to do other things, Richard Southwell. And he and I really started it with Helen, and we had a couple of others as Trustees, and that was where it started. It’s because I had credibility. I’d been external examiner endless places, I’d given one of the named lectures in Kampala, the Albert Cook Memorial Lecture. I gave his Memorial Lecture in 1974. I put that in my *Who’s Who* entry; I’m so proud of that one.

**TT: Albert Cook and his wife. Their papers are in the Wellcome Library.**

EP: Oh wonderful. Have you got *Uganda Memoirs*? I’ve got a copy. Five hundred copies printed in Kampala in 1942. Michael Hutt did a wonderful article in the *BMJ* [*British Medical Journal*] showing the (first) drawing of Burkitt’s lymphoma, done by Cook’s brother, which I show now to my students. I gave that lecture in 1974 in Kampala when Idi Amin was in charge. I was external examiner. Because you’ve been external examiner in all these places, you knew everybody. It’s a small pond, and it’s easy to be a larger than normal fish.

**TT: Can I ask you particularly about THET and starting that up?**

EP: Yes. THET began with a philosophy, very simply that ‘Where do you want to go, how can we help you get there, where are the gaps, how can we help you fill them?’ It was not ‘We will do this for you.’ Initially in 1988 medical students were bombed out. The main streets of Kampala had potholes, shops were boarded up, no textbooks anywhere. So we started by putting books and a list of books. At that time the English Language Book Society cheap paperback in print subsidised by the British Council; it was possible to get a decent load of books, a complete shelf for medical students, quite simply. And we put lots of these into Mbarara, Makerere, Kumasi and two Ethiopian Schools. Students would take them for their course and take them back and it was lifesaving. And then we said, ‘What else do you want?’ ‘We want you to develop our people.’ So we began in that, not knowing where we were going, and we got a few through Master’s at the London School, raised a bit of money here and there. And then it got a bit wider, and I used to go to Nuffield, and other such people and all sorts gave us money, and then I was working with one person at my office in the School and I left the School, my youngest daughter Victoria had just got a Master’s in development studies from Bath, and the secretary person who was working with me in the school left. And I said to the other Trustees - Brian Greenwood was among them and Richard Southwell was another - ‘How about my offering it to her?’ ‘Oh,’ Brian said, ‘Oh no, you’ve got to have an advertisement...’ Richard said, ‘Get on and do it. Get on and do it.’ She transformed it, and my Ethiopian friends say when she came, it was transformed. She’s a good administrator, she’s now set up her own charity HALFF (Health and Local Food for Families) in Devon actually, which is thriving.

And we got grants and grants, and we started the links programme. The first four years of Comic Relief, we got one grant every year, and we did very, very well with grants, and I had superb people. At that time we took immense pains in interviewing. We shortlisted and we had eight on the shortlist. We gave them a numeracy test, we gave them an English test, and we gave them a reasoning thing, a piece of paper with mistakes in it, Windhoek, expatriate, that sort of thing. And if they couldn’t do that, sorry. And we then interviewed them. We then got them to debate a development issue, all four of them together, and then we asked them to give a presentation, and then we had a cocktail in the evening. They said, ‘This is a fantastic charity. Look at the care they take in their recruiting.’ So they all wanted to work for us because we took the

absolute cream. You know, when they'd been through that, you knew who you were getting. And we got absolute cream. My daughter ran this and she transformed it and then we just, then it mushroomed. Then she recruited Sarah Adams and she recruited Susana Edjang. Susana now runs one of the head of the United Nations Offices. We gave a party for her when she left. Michael Jay came to it, he so respected her.

**TT: What is the situation with THET now?**

EP: The situation with THET now is that it's under a new Chief Executive, Ben Simms. We have got a huge grant from DFID (Department for International Development). We went into Somaliland early, and transformed health services in Somaliland. And that was thanks to Andy Leather who runs the King's Global Health Centre. He has now left clinical work entirely, and Robert Lechler wanted him to run it full-time, so he's running that. And Andy was a wonderful colorectal surgeon, one of the most beautiful operators, and he worked with us too. THET was big in surgery in our early years, because it was a totally neglected area. That was why I was made an Honorary Fellow of the College of Surgeons; one of the people who came to work overseas with us was the former President Bernie Ribeiro.

Every year we used to run all sorts of things for skills for rural surgeons and so on. And Andy then started an intercalated BSc and a Master's, and then Robert said, 'We want this bid for Kings Centre, come and do it.' So instead of being part-time doing one month on and two months off, or one week on a month doing clinic work, he gave up completely and he's now running the Kings Centre, which is brilliant, brilliant. He's a superb person.

**TT: One of the things looking at your CV, Eldryd, is of course prizes and honours that you've had.**

EP: Not many prizes. One or two. The Frederick Murgatroyd Prize meant quite a bit because that's a physician's one given to someone under 45.

**TT: Honorary Life Fellow, Royal Society of Tropical Medicine; Honorary Fellow, London School [of Hygiene & Tropical Medicine]. These are awards of recognition by your peers.**

EP: Yes. I think the London School one means quite a bit to me actually, because I got it at the same time as I think Henderson who obliterated smallpox. And the honorary degree from Kumasi. That's nice. In a way, as you say they are one's peers. But I think probably the honorary degree from Kumasi; it does really mean something, yes, yes. But you see the other side of that coin is that no other African place has recognised anything I've done. And so you could say there's sadness on the other side of the coin. But of course, it's not the culture - perfectly understandable. Step down from a job, okay, fine, goodbye. Once you understand that, it's fine. So that's why I think it's even more special.

**TT: Yes. Could I ask you a little, you've mentioned it two or three times in passing, your Christian faith? Obviously it underpins everything you've done and how you've developed your career. But sometimes you've just taken the challenges, I think, almost. I'm not sure you've ever developed your career.**

EP: I've never had a career. Stan Peart in 1979 when I was leaving Ilorin, and Peter Williams thought I would take over the work in Nairobi, looking at hypertension in migrant populations. So he and Stan Peart interviewed me in Park Square West and said, and Stan said to me, 'What about your career?' I said, 'I wasn't aware that I had a career. I'm sorry, I really have never thought in those terms.' I hadn't really thought about career steps at all. In a way I suppose one's a bit liberated by that; the nice part is I haven't had to worry, because invitations have come. And that's been easy just to answer an invitation. And people say, 'But you've taken risks.' I don't see it as a risk at all. We didn't see it as a risk. We try, our faith, we try to make it relevant. We don't want to be sort of pious on Sunday and you know, and we try to, we try to have it, part of our fabric. We're aware that feet of clay extend to the nape of the neck, most of us, we're aware of that. But I mean Helen is very good in this. When she came home, we were part of a wonderful African church in Kumasi where we danced around in the pews, and it was very liberating. One of the people we danced with

was Stafford Cripps' daughter, who had married a Ghanaian, and was the *grande dame* of Kumasi. She became a very close friend and she was a member of this church. To see this slightly large woman dancing around with Ghanaians! [Laughter].

So when we came home from that there was a course run by Prebendary John Stott. Time magazine put him as one of the hundred most influential people in the world; he was Rector of All Souls Langham Place next to the BBC, and he was double first at Cambridge, son of a Harley Street physician, one of the Queen's physicians, I think. He could have done anything. He could have had an academic career, he could have married, and he could have been a bishop anywhere. And he felt God was calling him to teach. And he wrote and wrote and wrote, a wonderful scholar, bringing the Christian faith down to everyday life. So he wasn't content with just dry Biblicism. And so he said, 'I'm going to found the London Institute for Contemporary Christianity,' so he dared to take people to cinema and say, 'How can we do this?' He dared to take them to the East End, he dared to do this. And Helen went on a course with people from all over the place and all the royalties from his books he put into a charitable trust. A remarkable man, quite, I knew him very well, he was a close, close personal friend. Wonderful man. Helen went on a course taken by John, and before the end of the course he said, 'Would you like a job?' She's got a good brain, very clear thinker, and so she's been there ever since, virtually honorary, I think they pay her £1,500 a year to be around. And she's done a lot of work and really that is the trying to relate things to everyday life, you know, and that I suppose is how we try to express our faith.

You know there's nothing magical about overseas service, there's nothing saintly about overseas service, it's been a joy. Just that. And I think that's so important. We've never been missionaries as such, but everyone's a missionary every day [laughs]. And there's nothing, 'Oh you go overseas, oh how wonderful.' Shut up! And the other thing which must be corrected is that I am apparently an important person because I've been a Dean in Africa and started a Medical School. I do not like this. We are engaged as a team and in any group it's not who is the important one or who is the cleaner, but who is the ordinary person to affirm in their job. And that's something that is counter cultural I know, but it is very important.

**TT:** It's one of the things we try to do very hard with these.

EP: I'm sure you do, I'm sure you do. It is so, so important. And you know why do I go into the office? They don't need me in THET now, they're booming ahead talking to DFID whether they get £15 million or £3 million or whether DFID will drop them, I don't know. I go in there just to put my hand on the arm of someone and say, 'Well done,' you know. That's all really. We have got a big chronic disease programme going in Ethiopia, which is very exciting, and I went over the draft yesterday of a paper for *The New England Journal [of Medicine]* which we're going to have a try at. What we've done is, working with Magdi Yacoub, looking at the prevalence of rheumatic heart disease in rural populations, not in school children. Most rheumatic heart disease studies have been done in school children. That is faulted in every way because the poor can't go to school, the elder children of the poor stay at home to look after the sick young ones, so it's a completely not, and it's an urban population. You look at the data, the poor don't go to school or they drop out of school, so discount any studies of school children with rheumatic heart disease. So we trained nurses and we did a very, a cluster sample, very nice, sample studies of rural population with a transthoracic echo. Beautiful work with an echo machine which cost us nearly \$35,000, which Magdi gave us. But Magdi gave it to us and we worked closely with him, and he authenticated the data, and we got a high prevalence in the rural area. We have got anthropometric data at the same time, because we're working with David Phillips from Southampton, who used anthropometry to study the high prevalence of epilepsy and the high prevalence of insulin-dependent, but we think not type 1 diabetes in the community was related to early undernutrition. And the indices for early undernutrition was that the bisacromial diameter is reduced and the bitrochanteric diameter is reduced. And we did controls in cases, and we got it statistically right. We did that with the rheumatics, and there was no difference. That's interesting.

**TT:** Interesting, yes, yes.

EP: But it makes the other even more interesting, because no one knows why the prevalence of epilepsy is so great in some parts of Africa. And there's a group in Limoges working on this. So we've had fun, you know, in doing parallel research in the same time as training people. And that's all THET work.

**TT: One of the things I remember you saying to me some time ago, was that you felt your job was to train somebody to replace you. Do you think that has been successful?**

EP: Partially, I think. Well I mean as far as THET is concerned, I was Chair and I think we just handed over to different Chairmen. I think that in other places I handed over to an outstandingly good Dean in Kumasi. In Zaria there were a galaxy of people who were working with me then. There was no gap when I left there. In Ilorin I was replaced by a man who was a very good chap. I don't think, and as far as THET's concerned, I don't take any part in decisions. So I mean I'm not, you know I'm not really there except going in and saying 'Hello.'

**TT: But that answers the question in terms of replacing yourself.**

EP: Yes. But the chronic disease work is great fun, I mean it really is interesting. We found a difference in prevalence of retinopathy, they gave a great retinal camera, we don't want a retinal camera, we want a Land Rover to go into the bush. But as a result of doing that, the prevalence of diabetic retinopathy is three times in the urban compared with the rural. Why? In the same group of patients. And now we've got filter paper, and this is going to be the big one, being looked at for insulin antibodies in Bristol on all our insulin-dependent, but non type 1 presenting in late life, 18-year-olds instead of children. And if we can show this is malnutrition-related, you know, jackpot.

**TT: You have been in some rather difficult situations where you've had to deal with both the little politics and the big politics. You've mentioned two or three occasions when you've had to manoeuvre, you've been caught between Government officials and clinicians. How aware of these problems have you been? It seems to me it must play quite a large part in how you could operate successfully?**

EP: I think that there's an immense amount of goodwill towards a foreigner if they are seen to be on the side of the local people, however that's expressed. African people, I had the word "African people" and I'm going to use it generically, are welcoming and are trusting if a person can be seen to be wanting their benefit. And therefore, I think, it's possible to do things which you otherwise, which might be seen in a British context as political, much more easily than it would be even here probably. And I think that mistakes also are understood as being usually naiveté. Once I was taken aside by two of my juniors, one SHO and one houseman I think, and they said to me, 'Cool it, Prof. You are too tough with us.' I went home that night and like Peter I wept bitterly. I said to Helen, 'Have we undone all our work over all these years?' That was in 1973, 1974 something like that, in Nigeria. It was terribly important, but terribly hard, because what they were saying is that I was not behaving in a way which was constructive to them, was putting them down. And they were jolly brave to come and tell me, but at least they thought I could listen. So there was a mixture, but it was very hard and it's something which, and I think probably difficult political things is if one could be seen to be on the side of the people who you are working with, they will allow it and forgive a lot. I think, probably. You know if you analyse it politically. I think if one analysed it politically, that's the answer.

**TT: What did you do when they said that? When they said, 'You have been too tough on us?'**

EP: Oh yes, I just said, 'Look, I'm sorry, thank you very much for telling me,' and I just didn't push them so hard. And I think, I'm not sure, maybe I was too, I hadn't learned; I probably exposed people in public. You know, 'You shouldn't be doing this,' instead of taking them aside afterwards and saying, 'Come on, you mustn't do that.' I remember doing that once, and it was an awful mistake.



It's awfully painful when things go wrong, and it's more sensitive when they go wrong in a foreign culture. It's horrid when they go wrong anywhere, but it's more sensitive in a foreign culture because you really, you know, there weren't many friends you could talk that sort of thing through with very easily. There were some, but very difficult.

**TT: One other question is WHO. Have you had much dealing with them?**

EP: No, not much to do with them. I mean the only WHO association I had was three things I remember: a chap came from WHO and told us to have education objectives. Now associated with that, when I was going to start Ilorin, and when I was in Zaria, I realised that I needed to know more about medical education. So at my own expense, I spent a week in Geneva with Tamas Fulop and his Group, and then Jean-Jacques Gilbert who wrote a book on educational objectives for the WHO - which is very good - in two different years I went there for a week just to get the language and to understand a bit about objectives and education and so on. The only other association with WHO has been for the professional Groups. The Cardiomyopathy Group and the Radical Medical Schools Group. The Cardiomyopathy Group, I was in for a few years and then just left, I think, and the Medical Schools Group, when I left Ilorin, it went anyhow.

**TT: That's when it became much more this problem-based learning.**

EP: Yes. And then I said, 'I don't want anything to do with this anymore.'

**TT: Yes, well what we do, because we can't edit the film of course, so this is a bit more rehearsed, you know, because we just cannot edit it in the same way. Nothing will be published or used without your approval of course.**

EP: I thought I'd put on a nice tie for the video. Wollega Medical School, one of the new Ethiopian Schools.

**AW: I was going to ask you about that. I figured it was one of your previous Medical Schools.**

EP: It isn't actually. It's Wollega University, this is part of my current activities because I was one of the people helping with the new Medical Schools in Ethiopia now, and this is one of the new ones. I went there about four years ago with a group from Exeter in the south west of England who wanted to form a partnership, a THET activity, and they formed one. They've got some money from THET, they applied for it, but they are running it themselves, which is very exciting and the students go out, teachers go out, it's a proper partnership. And this is their tie. And this is a charity shop shirt so... [Laughs].

**TT: THET is very important to talk about. Is there anything you think went particularly wrong, Eldryd?**

EP: I think that given what one understands now about leadership I would have done some things differently which, because no one at any time takes you around saying, 'This is how you should do something, how you should lead.' It's assumed. I'd been to a School where it was assumed that you were going to be an officer or a leader, so there was no problem with taking a leadership role, but some of the ways which one might express that, one's never, one just had to get on with it. And I think that nowadays I would do things a bit differently, but that's probably hindsight.

[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 (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.