

© Oxford Brookes University 2017

The Royal College of Physicians and Oxford Brookes University
Medical Sciences Video Archive MSVA 050

**Sir Kenneth Stuart in interview with Sir Gordon Wolstenholme, Oxford , 1 February
1990**

GW Ken could we start by spending a few minutes on your early life and background. You were born in ... Barbados and you went to a school called Harrison College. Can you tell me something about that school?

KS Yes, Harrison College was founded in 1733 and is therefore probably one of the older public schools in the developing Commonwealth countries ... we celebrated our 250th anniversary about six years ago therefore, and of course this was a great event in the history of the school. Its better graduates, from the time it was founded, have found places at Cambridge and Oxford amongst other universities in Britain.

GW Did you take English equivalent examinations or actual examinations of eng ... I mean did you have school certificates and that sort of thing?

KS Oh yes, we did the ... we did the Oxford and Cambridge Higher School Certificate for instance and. We were granted either exhibition scholarship standard or scholarship standard, as was usually done in this country...

GW Yes

KS ...for your public school boys.

GW And you ... what were your own particular interests at school?

KS Well first, as far as my studies went, I did classics at school and ... and won what was then called the Barbados Scholarship as a classical scholar; but also, I mean, of course like ... like most Barbadians I was a cricketer. I wasn't amongst the best of the cricketing fraternity in our school but I enjoyed the game, as most Barbadians do of course.

GW Yes, you were a batsman or...?

KS I was a batsman, again as I said ... not of the best quality but ... but I played with keenness rather than with skill.

GW You went from there to McGill to ... to begin with didn't you?

KS ... Yes.

GW Was that on a scholarship?

KS Yes, that was ... when I won ... after I won the Barbados Scholarship ... on a scholarship I went to ... McGill University and there I continued my arts degree in classics and ... also I did the pre medical subjects...

GW Did you ? ... oh right.

KS ...preparing for entry into medicine at McGill University.

GW You had already the idea to be...

KS Oh yes.

GW ...to move onto medicine?

KS I had the idea then and I did my pre medical subjects then, but I wasn't quite certain ... what I should do at that time, but it was done with ... with that in mind, and then following that, this was the middle of the war of course.

GW Yes.

KS 1943 I came across the Atlantic in convoy and of course the convoy goes no faster than the slowest ship in the convoy. It was a three week journey across the Atlantic and I came to Britain and then went onto Queen's University in Belfast, where I formally started my medical undergraduate training.

GW And they accepted of course all the previous ... the first MB and so on that ... you ... of course...?

KS Oh yes, of course, yes.

GW Yes, at what ... have you any memory of what tilted it in favour of medicine?

KS Well it was ... really ... I had ... I could have continued with classics and I did reach, I think, a very high standard in classics but when I did complete my classical degree the only calling left open to me if I ... in Barbados ... would have been a teacher of classics in one of the schools.

GW Yes, yes.

KS And I thought I wanted to do other things than teach classics, much as I enjoyed them of course and it was then that it seemed to be that medicine would be ... a more appropriate calling, with a wider remit for my interests at the time.

GW So in a way you had the advantage of being [coughs] ... excuse me, quite a mature student when you came to ... Belfast ... I mean you started medicine at 23 or 24?

KS 23, that's right, yes.

GW And qualified in [19]48?

KS That's right, yes.

GW But then ... then of course you ... you certainly made up for lost time, because if I remember you had one wonderful year of 1952, when you got your MD and your membership both of the Royal College of Physicians in London and in Edinburgh. That must have been quite a year!

KS Oh yes.

GW Were you doing resident jobs at that time in Eng ... in London or in Scotland or where?

KS I did my ... my MD in ... I was at that time working in London at the ... at the hospital for tropical diseases, yes. I had done my ... I had done a course in tropical medicine ... the programme in tropical medicine at Liverpool, and I worked under Professor Murgatroyd then at the Hospital for Tropical Diseases, St Pancras Way, where I ... got ... a keen interest in tropical medicine and other disea ... other disorders of the tropics.

GW Yes ... and that your MD theses ... you did a ... thesis did you?

KS No. I did it by examination, yes.

GW Oh by examination yes ... Now you were appointed as a consultant physician to what was then University College ... Hospital in the West Indies weren't you?

KS Yes.

GW In ... in Jamaica?

KS Yes.

GW In, right ... in 1954, so fairly soon after you had got your memberships is that right?

KS Yes, no I went to Jamaica in 1952 and my first job in Jamaica was a senior registrar, the first senior registrar at the then new University College Hospital, and that was an interesting experience because it is ... it was quite a ... unique to find yourself holding a post

like senior registrar in a teaching hospital of 300 beds, each of which was new, amongst 40 doctors, each of whom were new and with 200 new students ... new nursing students all waiting for our first patient to arrive. That I think was a very special experience for all of us and certainly myself and Henry Bungy[?], who was then the .. the two senior registrars one from Britain and one from the Caribbean. We were I think true pioneers in medicine in ... in Jamaica, because at that time there had been no experience of medical education in the Caribbean, so we had the distinction of starting it off.

GW That must have been very exciting.

KS And it was exciting, yes.

GW And very rewarding I imagine.

KS It was exciting and rewarding for many reasons. It was exciting because for the ... for .. we found ourselves with totally new diseases, not aspects of diseases but totally new diseases to start our research work on.

GW Such as?

KS Well we ... first there was the vomiting sickness of Jamaica, which we then discovered later to be due to what was called hypoglycemic episodes following the ingestion of the unripe ackee.

GW Did this have an effect on the liver ... I mean was it ...?

KS No that one did not, but the other ... but then there was veno-occlusive disease of the liver which was an, a ... a disorder which produced hepatomegaly and ... ascites and ... hepatic cirrhosis, but occurring as it did in young children it was called infantile cirrhosis in Jamaica, and for many years it was ... it had been called infantile cirrhosis, but we were able to show through our research that this was a very unique kind of liver disease caused by the ingestion of bush teas, one of which was the ... ackee, was sinusoidal alkaloids, and that produced damage to the small and medium sized vessels of the liver and produced obstruction, produced ascites, produced hepatomegaly and gross and grotesque ascites.

GW Was it irreversible?

KS In early stages it was yes, in the later stages...

GW It was reversible in the early stages?

KS Oh , yes, yes, yes.

GW But not afterwards?

KS Not afterwards no.

GW And of course there were no liver transplants in those days.

KS That's right, in the later stages it went on. These young children, five, six, seven years old went onto all the clinical manifestations of gross hepatic cirrhosis as we know it in conventional clinical medicine.

GW Fascinating. What about the vomiting disease? I didn't know about that.

KS Well, the vomiting sickness of Jamaica was a dis ... again this happened in families; you would have admitted to the hospital three or four children from a family, sometimes the parents also, all of whom would have been struck down with ... severe attacks of vomiting, unconsciousness, varying degrees of loss of consciousness ... and some of whom would die, some again of whom would recover. And the unique feature of all of these was that the blood sugar ... had fallen to tremendously low levels 5, 10, 15 milligrams per cent which of course was incompatible with normal life, but ... the question was how ... it occurs in seasonal episodes, usually in the winter months, in the January, February months and ... but it was anyway discovered eventually that it was due to the ingestion of the unripe ackee.

GW What is that? It's a fru...

KS The ackee is a form of ... it's it's ... a fruit.

GW Yes

KS That is grown in Jamaica, and as well is a common source of food of course.

GW Eaten raw by the children?

KS No, it's eaten usually ... it's usually boiled and cooked but if it's not properly prepared it can ... produce these ... these effects.

GW Yes. Do we know the mechanism of this in ... producing the hypoglycemia. Do we know it now?

KS No, but this is still being investigated but ... we can't be ... we're still not sure in fact of how it is produced. It is thought to be some form probably of infec... of ... infestation of the ... fruit itself.

GW Oh.

KS With some either bacteria or ... what have you but nobody knows for certain but what is certain is that it can produce hypoglycemia.

GW But nothing has been made of any substance which could be used to induce hypoglycemia?

KS It has been, there has been a lot of research done on this but nothing come out of it in a way that is now ... that can be utilised as a therapeutic agent for instance.

GW No. Yes that would be interesting.

KS It would be yes.

GW What was the ... [clears throat] excuse me, what was the upper structure of the University College Hospital? As senior registrars, you and Henry Bungy[?] were ... must have carried most of the responsibility for both in and out patients.

KS Yes indeed.

GW But who did you have, so to speak, over you ... where did they come from?

KS Well, most of our ... most of our senior staff ... professorial staff at that time were from abroad. They were from Britain, from ... from Canada, but most of our senior staff were from abroad. Very few West Indians had been prepared for senior academic posts up to then and it was ... but it was ... but we did of course have comparatively senior, although not professorial ... members of staff and, certainly within the matter of a 10 year period, a considerable number of the senior staff of the University of the West Indies and of the University Hospital were in fact West Indian. That mix, international nature of the staffing of the university was one of its greatest assets because it did produce that ... internationality, that I think most universities cherish and ... really should have.

GW Was there any American ... mixture in those days?

KS Not formally on the staff, but we had a number of Americans, who ... as visitors to the staff, visiting professors and so forth. We had, for instance, people like Paul Gyorgy[?] who came to us from Chicago and there were a number of other American members of staff. It was in fact truly cosmopolitan in that respect.

GW You had ... two periods of fellowships from ... after you were settled really in the West Indies, didn't you?

KS Yes.

GW And both of them you took in Boston ?

KS Yes.

GW One was at the MGH [Massachusetts General Hospital], was that the Rockefeller Foundation was it?

KS The first one was a Rockefeller fellowship in cardiology, which was held at the Mass. General Hospital in ... at the Mass. General Hospital in Boston where I worked with Paul White.

GW Oh wow!

KS Do you remember he was one of the old doyens of American cardiology, of American medicine for that matter and it was really, certainly an experience to have had the opportunity to work so closely with him for a full year.

GW Had you already a preference for cardiology and cardiovascular diseases or was that the beginning of it?

KS Well that was the beginning of it. Up to then I had been really working mostly with liver diseases and the other forms of liver research, which I've just mentioned to you, but then I was at the ... I had at the same time developed in interest in cardiology, which really took off with my working with Paul White at Boston.

GW Yes, that must have been tremendously stimulating.

KS It was a tremendous experience, yes.

GW Yes.

KS And then I did another year about ... some two, two years, two or three years afterwards I did another research year, this time in ... at the City Hospital in Boston, and this was with Dr Edward Kass at the City Hospital where I worked in microbiology.

GW And he's just died this last week or so.

KS He has just died, just last week, but he and I had 30 years of close not only person ... professional but personal collaborations together. He's a man whom I will miss very much.

GW Yes. Did he come to the West Indies frequently?

KS Oh yes. He spent ... he paid many visits to the West Indies, and I paid many visits to Boston in the course of our ... collaboration and ... I think these visits fostered not only our professional associations but ... personal associations also. Kass developed a great liking for

the Caribbean and I think that one of the things he certainly ... put a lot of store on was when he subsequently was made ... a member of our Commonwealth Caribbean Medical Research Council.

GW Oh ... when was that set up?

KS The Commonwealth Caribbean Medical Research Council was set up in 1956. It was set up as a standing advisory committee for research in the Caribbean and it was set up by the MRC [Medical Research Council] and the responsibility was to the British government, and it was interesting that it was in a matter of ... 15 year period it moved from a full responsibility to the British government to a full responsibility to the governments of the Caribbean.

GW Yes.

KS By the promotion and development of research in the Caribbean.

GW That was the time of Sir Harold Hemsworth as secretary of the MRC.

KS That's right yes.

GW I assume he had ... I presume he had a good hand in this.

KS Oh he did and this was one of his.

GW Because he personally had a big interest in liver disease and so on.

KS Yes that's right.

GW Were there other conditions that were particularly noteworthy in those early days that surprised ... coming from a, sort of, western education?

KS Yes, but there were ... yes there were an unusual set of, for instance, of disorders of the neurological system; there were what we call nutritional neuropathies. They're neuropathies which resembled very much clinically what ... is your public [unclear] saw in Britain as dissipated sclerosis, multiple sclerosis. It resembled these very closely but ... had ... unique... a special pattern of its own.

GW But was it demyelinating?

KS It was demyelinating, but it did not have the episodic progress of ... multiple sclerosis but it was ... anyway it was eventually shown to be associated with...

GW Deficiency?

KS Deficiency yes.

GW What do you remember? What ... what particular deficiency? Was this a part of the B Complex?

KS It was thought to be a part of the B Complex. It was similar in fact to the disorders which were then ... earlier had been discovered in the prisoner of war camps so ... they had a similarity.

GW Yes, yes.

KS Certainly in the origin and in ... in people who were undernourished and living under straitened circumstances.

GW Were there ... were there oedema in ... with this in lower legs and that sort of thing?

KS No. It wasn't it wasn't a [unclear - possibly 'polyarthritis'] type of thing . No, it was it was a straight neuropathy in which you had disorders of the posterior and lateral columns, optic neuropathy, these were ... these were the manifestations of it and of course there were peripheral forms of the disorder, peripheral neuritis forms of the disorder.

GW Yes, yes ... it might take a multitude of different forms?

KS It might take many different forms, yes. There are many clinical sequences associated with it but they were all of this sort.

GW And could you arrest or reverse it with vitamin supplements?

KS No. It was not reversible. It could be arrested and some of them were arrested, but we can't say that ... that they were arrested because of treatment. Sometimes you treated them vigorously and they progressed, sometimes minimal treatment, they seemed to arrest at various stages. Another unusual disorder we found was the idio ... well the cardiomyopathies and these ... in which we had enormous enlargements of the hearts with normal coronary vessels with normal valves and it was just heart muscle disease.

GW This was when already Lord Brock and Donald Teare and others had described this in England was it? Or was it before that, that you were finding this cardiomyopathy?

KS Oh no, cardiomyopathy had in fact been discovered, had been described in other parts of the world but it was mainly its prevalence, it was ... it was far more commonly found in Barbados ... in Jamaica far more commonly found for instance than ischemic heart disease and coronary heart disease. It was the commonest form of ... acquired heart disease after the age of 40 in the ... in Jamaica for many years.

GW You're using the past tense does this mean that it's no longer a feature of life there?

KS It is still a feature but it certainly seems to be falling in prevalence as these ... as many of these disorders I've just described.

GW Yes, yes but with these others you did at least identify some causative ... something in the etiology?

KS Oh yes.

GW But not in the cardiomyopathy?

KS Not in the cardiomyopathy ... in the vomiting sickness of Jamaica of course. We were not only able to describe a new disorder completely, and undescribed in the world before, but we were also able to discover the cause of it. As I said it was due to ingestion of bush teas and we were able to go to the markets in Jamaica to ... and identify the particular bush that caused this disorder and we persuaded the market keepers, the market people in the Caribbean to stop selling this bush as we got the public health inspectors and the public health nurses involved and got these removed from the shelves in the markets. Then the disorder almost totally disappeared, and now instead of having two or three cases in hospital every at any given ... on any give day we may have two or three cases a year. So we were very pleased to have been able to make that.

GW I've misunderstood you at some point. I had thought this was a fruit but this is ... are you saying this is a type of tea?

KS No, no the fruit was the ackee.

GW Yes, the ackee, but that was causing the vomiting no?

KS The vomit ... the sickness?

GW The Jamaican sickness yes.

KS No. I'm talking about veno-occlusive disease of the liver.

GW Of the liver. Oh I'm sorry I misunderstood you.

KS Yes. This is the one that we've just described, yes .

GW And this was due to this shrub tea?

KS Yes, a bush tea.

GW An infusion ... made from?

KS An infusion made from well ... in ... in those days in Jamaica, for all forms of illness, for practically each form of illness, there was a recommended bush infusion that should be taken. Some of these ... I'm sure did well but there were obviously a number that did harm and this was one of them because this particular bush did contain the sinusoidal alkaloids which damaged the ... as I said, the interior of the smaller and medium sized veins of the liver.

GW Had there been any benefit imaginable from this before do you think?

KS From this particular bush?

GW Yes.

KS No, no I can't imagine that.

GW No. It was just an extension of the usual use of local leaves and so on yes?

KS Yes, yes.

GW There were of course other possibilities ... of finding plants ... of both of medicinal value and of harm were there not in the...?

KS Oh yes.

GW You must have been very excited at your opportunities ... at that time.

KS Oh we were yes.

GW I mean you were really ... you weren't just practicing Belfast medicine in the West Indies?

KS Oh no. We, we ... that as I said that was the privilege of working in Jamaica at that time, that we did have these unique disorders on which to do our research and it ... through which we could ... we were able to make a significant contribution to the advance of medical knowledge ... not only in the Caribbean but in the world, as after that we had descriptions of this particular disease from India, from Africa, from all parts of the world ... which hadn't been described before.

GW So when ... we'll come back to it later with your further career with the Commonwealth, but this must have been a common factor for you when you came up against

your colleagues in the Commonwealth as a whole ... and they had had experience of these things which English people wouldn't have had.

KS Oh yes it was...

GW You became a professor when? About ... the early [19]60s?

KS In the ... late [19]60s yes.

GW These were ... at the time when the university itself was formed as ... apart from being a university college.

KS Yes, yes that's right yes.

GW And were you the first professor of medicine in that ... under this new regime?

KS No, no I was the first ... I was the first West Indian professor of medicine. Our first professor, as I told you, was Professor Cruickshank who joined the staff ... at the beginning of the medical ... of the medical school.

GW Yes.

KS In 1948, yes.

GW Yes ... but that he held a rank of a professor although there was no ... essentially no university.

KS Oh yes. He well ... there was a university but ... it was, we were...

GW A university college.

KS Yes, yes the degrees we gave...

GW Were London, central London.

KS Yes, that's right, the degrees we gave were the degrees of London University.

GW Yes.

KS We gave ... we started to give our own independent degrees in 1972.

GW Oh ... yes ... and the intake of students in those early days, when you first became a professor ... what sort of intake class would you have?

KS Our first class was 35. We moved rapidly to 120 per year.

GW And were these of ... mostly of West Indian origin?

KS Oh yes, these were mostly of West Indian origin . We did have some students also from Britain and we did have some students from West Africa, but most of the students were from the Caribbean ... and ... but around a university that served ... that served the entire Caribbean. Each ... each country of which subsequently or rapidly became independent.

GW Yes.

KS Running a university serving 15 independent countries was in very many respects like running a university in London that served Berlin and Rome and Paris and Milan and Madrid all from the same ... under the same [address/aegis?]. This was a difficulty and well still is a difficulty but it is one ... which I ... I said again, I think gave our university a certain uniqueness as a regional medical school, and there's no other part of the world I know where this kind of situation [pertains?], except possibly in the Pacific where the University of the South Pacific serves the interests of a number of independent small Pacific countries.

GW Yes ... maybe we're coming to that in Europe.

KS Maybe we come to that in Europe yes.

GW But ... you had ... Jamaica ... the medical faculty began in Jamaica?

KS Yes.

GW At what time did it extend to ... Trinidad or to Barbados?

KS It was around 1972 that we developed teaching campuses in Barbados and in Trinidad in addition to the campus we had already established at Jamaica. At first we gave ... we taught on these two campuses, we taught only the ... two of the clinical years were taught there.

GW Yes.

KS And the main teaching still continued to be in Jamaica.

GW And the pre clinic was still in Jamaica?

KS And the pre clinic was still in Jamaica, yes.

GW So it was just two years of clinical experience in hosp ... using hospitals in Barbados.

KS Yes, using hospitals and clinical facilities in the Eastern Caribbean, in Barbados and Trinidad but more ... in the past year we have now started a completely new teaching ... hospital and ... a medical school in Trinidad at Mount Hope.

GW Yes.

KS And this is of course still a part of the university but at this ... on this campus all the years ... the pre-clinical and the clinical years will be taught completely.

GW And if I'm right ... the ... there is also a dental and veterinary school ... using the same pre-clinical facilities?

KS Yes ... yes.

GW It's a great idea ... something of immense promise.

KS It's a great...

GW Are you hopeful about it?

KS Well it's a great challenge, and one for which I am certainly optimistic but I certainly would not underrate the difficulties in which a new medical school in any part of the world, and certainly in a developing ... in a developed part of the world must encounter in these days ... in these days of limited economic circumstances and recessions and what have you.

GW Yes. We're witnessing a most remarkable fragmentation of the world in a sense of ... almost tribal autonomy. I don't mean to be offensive, but in the West Indies is there still a centrifical [sic] force in relations between the independent countries, or are they beginning to ... once more to ... see common ground?

KS No, no, there is a very refreshing and heartening movement towards collaboration.

GW Oh!

KS In all forms. Well ... I ... we are thinking particularly now of health of course and there is a certain logic in regional collaboration. There's a logic ... and the logic of regional collaboration is the logic of many centres and many individuals and resources scattered ... scattered through the region but coordinated into collaborative networks. This is the logic of regional collaboration and it is in fact working, and I myself admit I'm particularly gratified. It is something I have fought all my life to achieve and I'm gratified to see the extent to which it is being strengthened and developed in the Caribbean.

GW Yes, potentially it has immense value not just for that region but as ... as demonstrating what a region of the world could achieve.

KS Yes.

GW Do you, in the West Indies, normally regard a country like Puerto Rico or the Dutch Islands or even Venezuela as part of the Caribbean?

KS Oh yes, but...

GW And Guyana?

KS Guyana certainly is and has always been a part of the Commonwealth Caribbean. Puerto Rico, although part of the Caribbean, is functionally really part of America isn't it.

GW Yes.

KS And not part of the ... not part of our world in the Caribbean.

GW Ah yes, yes. I hear rumours of a wish to be a major part of the Caribbean at the moment.

KS Oh really, oh that should be interesting yes.

GW And I would have thought there might have been a future for them there. That would give them more ... more self-control ... more self-respect and so on.

KS We of course ... we of course have Dutch and French representation and participation in our Commonwealth Caribbean medical research activities, so that I think is...

GW Yes.

KS ...of interest.

GW You are chairman of the West Indian Medical Research Council now ... what are the chief subjects, and topics, of research interest now?

KS Well the ... for many years the Commonwealth Caribbean Medical Research Council was a kind of umbrella organisation that supported and promoted the development of research throughout the Caribbean and it did contribute to the development of our research into the neuropathies I've just described and the cardiomyopathies in the vomiting sickness of Jamaica, in the veno-occlusive disease, and in all these disorders the Commonwealth Caribbean Medical Research Council has played a role. But more particularly it has widened its mandate not only to support the kind of research that individual investigators bring forward as projects, because it is not necessary that a man who is doing a research project is going to tailor his research to meet the health needs of the region. More recently we have ...

we have ... we are placing particular emphasis on health systems research, research on the systems of health care which the Ministries of Health of the region need to implement, their own policies and health programmes, and this special emphasis on meeting the research needs of the health priorities of the region not of individual research workers...

GW I see.

KS ...is I think the new dimension. We are adding to our own activities and into our own vision of how research should be developed in the future in the Caribbean.

GW Yes. As you know this is very near to my own heart, and I think this pioneering effort is going to be of immense international importance for the whole developing world.

KS Oh yes!

GW Now you had a period of Dean ... of the medical faculty before you finally retired from the West Indies ... were there any notable features of your Deanship?

KS Well I think for me the special feature was my persuading the university Vice-Chancellor, and then subsequently the University Council, to accept the proposition that, if we are going to teach medical students in the Caribbean, they should not all be taught everything at Mona in Jamaica, and that we should develop these associated institutions ... for teaching in the other parts of the Caribbean which have culminated in a new teaching facility in the Eastern Caribbean at Mount Hope.

GW Yes, yes.

KS Yes, that has... this is the special feature of our...

GW Apart from Mount Hope did you have ... you had some undergraduate teaching in Barbados?

KS Oh yes, oh yes we have, we still have teaching...

GW And Antigua too or not?

KS Not really. Students went to Antigua and other countries in the Caribbean to do elective studies, but the formal academic teaching took place outside Mona, only in Trinidad and Barbados.

GW Yes ... I think you'll ... you finished that particular part of your career, you've never lost touch or contact or even responsibility in the West Indies but in [19]76?

KS That's right, 1976 yes.

GW Did you know then that you were being asked to be the medical advisor of the Commonwealth Secretariat?

KS No. That came as a ... in 1976 ... and I...

GW Yes.

KS It came as a ... an unexpected offer, but I was glad to accept yes.

GW Indeed ... and you enjoyed that?

KS I enjoyed that. For 10 years I was medical advisor for the Commonwealth, as you know there are 49 countries in the Commonwealth ... I was responsible for ... advising ... not only the Secretary General on his .. what his stance should be on health issues from his post as being Secretary General. I also advised medical schools, especially in the developing countries of the Commonwealth of course, and also Ministries of Health in the developing countries of the Commonwealth. I arranged twice yearly meetings of the ... of the ministers of health annual meetings of the ministers of health and tri annual meetings also of a longer duration in certain parts of the Commonwealth. What I think was a special difficulty and ... what I found particularly challenging was to arrange agendas for the meetings of Ministries of Health for the region, some of which would last up to a week. To arrange agendas that would be of equal interest to the Minister of Health of Samoa, the Minister of Health of Britain , the Minister of Health of Nigeria and the Minister of Health of Canada for instance. How do you get topics that could sustain discussion for a week ... of a week's duration with such ... among such disparate groups of countries. This I think was ... what we did try to do of course in this ... was to ensure that the developed countries of the Commonwealth and the developing countries brought together issues on which each could help each other and particularly in which resources from the developed Commonwealth might be channelled to the developing Commonwealth and in which they would have mutual interests.

GW Yes ... yes ... was the ... was there particular twinning of any kind between medical schools or...?

KS Well, first ... first...

GW Did you encourage that?

KS Within regions ... within regions one tried to develop a certain regionality. I helped to set up the West African Health Secretariat, for instance, which coordinated ... the activities and concerns of the Ministries of Health of ... the Commonwealth countries in West Africa, Nigeria, Ghana, Sierra Leone, The Gambia, and also Liberia was also added to this group; although not a Commonwealth country, but an English speaking African country. I was also

able to set up the East African Health Secretariat, which again coordinated the activities and the health concerns of the Ministries of Health of the East African group of countries, and to which was added in that group Mauritius and The Seychelles.

GW Yes.

KS And we also supported the development of the Caribbean Health Secretariat at its headquarters in ... in ... in Guyana. So it was really possible to ... to bring together and to have groups of people, both Ministries of Health and medical schools, collaborate and share resources rather than each trying to go off and set up independently. For this was, I think, one of the things we were able to achieve.

GW Yes, this was all intergovernmental and ... in my experience, politically, health is ... has a very low priority, something that's always mystified me as it's of such enormous importance to the individual and the family. It seems to me that, through the Commonwealth Secretariat you were, in a way, influencing governments to consider health issues in a way which no individual not even Britain or Canada, the Health Minister would be able to do with his own government and his own country. Would you agree to that, and I mean would you feel you had?

KS Yes, one, I ... did think I had a special opportunity from my position as Commonwealth medical advisor to influence thinking and also to channel support as I said.

GW Yes.

KS From the developed countries to the developing ... in the ... in the Pacific. Australia and New Zealand were very receptive to ideas. I mean they always have supported health and other developments in the other Pacific countries but they were very receptive to any proposals I made to them as to how they might strengthen and extend the help they gave in the Pacific region. And Canada was always very receptive and very helpful to the Caribbean, but again it was able ... it was quite willing to accept...

GW Yes.

KS ...proposals for further strengthening of its assistance too, and relationships with the Ministries of Health of the Caribbean, and the results of these bonds by the way are still being ... enjoyed today. We have ... now close associations between our own medical school in the Caribbean and medical schools at Toronto and McGill where ... and these associations started then. Some of them had started before of course, and also between the Ministries of Health of the Caribbean and Ministry of Health in ... in Canada. These associations, I think, and these linkages and networks of assistance, this I think is really what the Commonwealth does.

GW Yes.

KS And has done best of all, this functional collaboration.

GW This was the Commonwealth Secretariat, did you have anything to do with the Commonwealth Foundation which ... where the links were more professional rather than governmental isn't that right?

KS Yes. The ... we had close associations of course also with the Commonwealth Foundation. I had no set post ... no particularly special post in it, but as you know, the Commonwealth Foundation, one of its main concerns is to bring together professional associations, to strengthen them and to have them act together and there have been many many developments in which the Foundation, because of its wider remit, because it was not so specially limited in the areas in which it could deploy its assistance and had greater flexibility in assistance and was able to contribute considerably to the seminars and the workshops and the work programmes, which I was able to develop and had developed during the course of my tenure as ... as medical advisor for the Commonwealth.

GW You found that they were interested in the medical side?

KS Oh, oh yes yes!

GW The original, well, the original meeting I went to was ... at the Commonwealth Foundation was chaired by Sir Macfarlane Burnet, and yet to my ... in those early days anyway, the medical professional side was slow in taking off, surprisingly.

KS Yes, but on the other hand, I think that we were able to show that health ... the Secretariat as a whole is concerned with development, and I think we were able to convince both the Secretariat and the Foundation of the importance of health as an element in development ... it's a condition for development and it is a result ... and it results in development.

GW Yes.

KS So for that reason ... we got very very good collaboration from both these institutions in promoting both the programmes and the policies, which I was able to institute as medical advisor.

GW Were you influential do you think in ... the education and training of what one might call paramedical ... I mean the people in the developing world who can contribute a lot to ... medical care, but are not medically qualified ... nurses of course are obviously ... you had a nursing school from the beginning in the West Indies and so on?

KS Yes, yes.

GW And in the developing world they are at least as important probably as the doctors, but were there other health professionals that you ... were schools you ... say, helped to set up?

KS Yes, but that I think was one of the real benefits of setting up these regional Health Secretariats in East, Central and Southern Africa, in the West Africa and the Caribbean, because ... coming to grips as they did with the real health concerns of their regions, and collaborating in the identification of the problems and in the solving of the problems, they early identified the fact that they could not rely on medically qualified persons to meet their health needs. And you take ... in countries like East Africa, Tanzania, Kenya, Zimbabwe, it is quite clear if they ... if they did not have well developed peripheral and ... nursing and public health facilities ... then ... medical training ... medically trained colleagues could not meet this need, and for that reason great emphasis was placed by these Secretariats on the development of nursing and other paramedical persons, and by their nature, because there were governments collaborating in these, the resources of the region could be channelled to these very specific needs. So I think we did make a tremendous advance in focussing the attention of the ministries and governments of the region on the importance of the paramedical aspects of medical training, the preventative aspects of medical development.

GW Yes, enormously important, because previously so much of the health budget, which in any case would be terribly low was going ... to one major institution, one major hospital, something of that kind, leaving about a dollar a head for all other purposes.

KS Yes, that's right.

GW ... Well I envy you in that wonderful period at the Commonwealth Secretariat. You finished that in [19]84 or [19]85. Somewhere round there you had obtained your knighthood. During that period of splendid achievement, you were invited by the Wellcome Trust then to become a consultant advisor to them, and how do you see that role?

KS Well at present ... as you said, I'm a medical advisor ... consultant advisor to the Wellcome Trust, and we have been developing programmes for continuing medical education and distance learning in the developing countries of the Commonwealth. We have done most of ... a lot of work outside Commonwealth countries too. We've done a lot of work in Tanzania, in Zimbabwe, in Nigeria, in ... Ethiopia, and the idea of course is that no medical training equips a man for life and we have to find a form of continuing medical education that is appropriate for the region in which a man is working and is appropriate for what he is doing; and we also must find a form of education which a man can undertake and benefit from while he is doing his job, and not presume that he must be able to leave it to go and do special courses. This has been the real thrust of our ... continuing medical education programmes, and the reason why distance learning becomes so important, and because these persons, wherever they are, usually have no second recourse. They have to learn to solve their own problems, so ... training to meet difficulties and to make decisions is as important as technical instruction as to how and what they should do in any given clinical situation.

GW And how to improvise.

KS And how to improvise. This, I think, is what we have been able to do and what we are doing, and I think have done best in our institute.

GW Once again a very exciting development.

KS And this has been a very exciting development.

GW Now you're Chairman of the Governors of the London School of Hygiene and Tropical Medicine. Does that fit into this particular scheme ... or is it ... a totally ... are you compartmentalised?

KS No, I was chairman of the...

GW Are you not now?

KS I am not now, yes, but I was for four years Chairman of the Court of Governors of the London School. That was an interesting experience because it was ... I was able to ... indicate the importance of the school itself. Establishing and maintaining close relationships not only through technical persons going out and doing technical jobs, but being concerned with and being able to establish dialogue between themselves and the Ministries of Health of the developing world. That, I think, was one of the issues that I put the greatest emphasis on, but of course this had always been one of the policies of the School. It was a position I enjoyed, and it certainly gave me an opportunity to see one of London's major educational institutions at work, and to a certain extent I was able, I think, to influence its attitudes and its role in the developing world.

GW You're confident it still has a major role?

KS Oh yes. I'm confident it still has a major role to play. It's a role which is gradually adapting and certainly ... under the new Professor of Tropical Medicine, I see lots of changes already taking place. So I feel very happy that ... these adaptations and these modifications in their role are being made and are being met.

GW You got one other consultancy, I noticed, in a development centre in Canada. What is that?

KS Yes, I'm Chairman ... I'm a member of the Board of Governors of the International Development Research Centre of Canada (IDRC). This of course is one of Canada's major research supporting institutions abroad. It is mainly ... it is focussing its attention on or rather its services towards the most needy of the countries and it is, I think, serving again a very useful purpose. The other of course ... the other institution in Canada, which does support this

is CEDAR[?], and ... CEDAR[?] and IDRC work very closely together in supporting research on the other hand, other needs on the other, and integrating these between them.

GW How do things come to their attention? Are they looking ... or are ... do people have to make applications from the developing world?

KS People make applications to ... to IDRC, but of course the ... before they make formal applications they usually will have had, quite often long, discussions of the proposals that they plan to make, and IDRC would help them develop the ideas ... the ideas and to prepare their proposals in a form that the IDRC Board of Governors would be able to undertake and accept.

GW It must be well known in the developed ... throughout the developing world, that Canada is particularly sympathetic to helping the development.

KS Oh yes. This, I think, is one of the unique ... yes.

GW One of the most outstanding countries.

KS Yes, Canada in this respect is the outstanding country ... as far as the role it plays.

GW And there's no resistance politically of course to Canada, Canada isn't a threat.

KS Oh no, no.

GW In any sense at all.

KS No, no, none whatsoever, and certainly its assistance is much appreciated, yes.

GW Yes. Okay, now I think we've had a very interesting talk and I'm I think your life and your contributions really come out as a wonderful contribution to medicine, and if I may say so, to the ... to politics in terms of humanity; and it's been a great privilege and pleasure to talk to you this morning. Thank you very much.

KS Thank you Gordon.