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The R.M.S. Abroad

Hamish Maclaren

Abstract

When Ted Duvall asked me to write a description of the Leiden trip, I went away and scribbled down the events as they occurred, in chronological order, right down to the last cup of coffee, the last Bokma. I did this because I was afraid that the events, put out of focus, even at the time, by the action of various euphoric agents, would in due course shift themselves beyond recall. Dutch Geneva, and another beverage which went down well with us — Trapiste Triple (Trapiste because made by Trappist monks, triple because about three times stronger than normal beer) — these were not solely responsible for the dreamlike quality of our eight days in Holland. In fact, by our last day, we were all helpless with fatigue. It had all started on the night train from Edinburgh to King's Cross — not a sleeper, of course; that would have been contrary to the essential character of the trip. Most of us didn't sleep at all. We played Bridge till four and then stared disconsolately out into the grey murk, jealous of the slumbering Ailsa and her valium. (Although, to be fair, she did offer us all a fix.) It was even worse in London because we had to spend three hours of the early morning hanging around in Liverpool St. Station, shivering and looking more and more haggard. Finally, some of the party chose to live apart for the duration of the voyage from Harwich to the Hook of Holland. It was becoming clear that there were to be only two big disgraces on this trip — sleeping, and vomiting. (The rest of us relaxed on deck or in the bar, charmed, along with our cosmopolitan fellow passengers, by the colourful and extrovert behaviour of some of our fellow countrymen — who seem to turn up wherever you go — entertaining us with their stirring songs and quaint partisan chants.

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THE R.M.S. ABROAD

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When Ted Duvall asked me to write a description of the Leiden trip, I went away and scribbled down the events as they occurred, in chronological order, right down to the last cup of coffee, the last *Bokma*. I did this because I was afraid that the events, put out of focus, even at the time, by the action of various euphoric agents, would in due course shift themselves beyond recall. Dutch *Geneva*, and another beverage which went down well with us — *Trapiste Triple* (Trapiste because made by Trappist monks, triple because about three times stronger than normal beer) — these were not solely responsible for the dream-like quality of our eight days in Holland. In fact, by our last day, we were all helpless with fatigue. It had all started on the night train from Edinburgh to King's Cross — not a sleeper, of course; that would have been contrary to the essential character of the trip. Most of us didn't sleep at all. We played Bridge till four and then stared disconsolately out into the grey murk, jealous of the slumbering Ailsa and her valium. (Although, to be fair, she did offer us all a fix.) It was even worse in London because we had to spend three hours of the early morning hanging around in Liverpool St. Station, shivering and looking more and more haggard. Finally, some of the party chose to live apart for the duration of the voyage from Harwich to the Hook of Holland. It was becoming clear that there were to be only two big disgraces on this trip — sleeping, and vomiting. (The rest of us relaxed on deck or in the bar, charmed, along with our cosmopolitan fellow passengers, by the colourful and extrovert behaviour of some of our fellow countrymen — who seem to turn up wherever you go — entertaining us with their stirring songs and quaint partisan chants.

So the fifteen refugees who lurched down the gangway at Hook were really in no fit state to appreciate fully the concentrated glimpse of Dutch medicine which followed, consisting of visits to four hospitals, four museums, a University, six

labs, a group practice etc., plus the crippling intensive social programme. (Not that we were complaining). The sheer precipitation of events somehow managed to keep us all going. We were also helped by the tireless efforts of our Dutch hosts, staff and students alike, to be with us on our various journeyings and to make our visit as fruitful as possible. We were all of us struck by the extent to which Dutch hospitality went. Some of the students on the *Dispuut* (a sort of Leiden small-scale RMS equivalent, if such a thing is conceivable) who were entertaining us, took the week off classes in order to accompany us, and to transport us around. Others somehow managed to combine socialising at three in the morning with continued appearances at their own nine o'clock lectures. Not that we, for our part, were doing anything less, but after all, we had gone to Holland in a state of morbid activity, on a High. But we got the feeling that Dutch student life, under normal circumstances, was not so very different from the frenetic social round in which we were now mixed up. We found ourselves wondering, particularly at half past one in the morning in the pub, what was wrong with Edinburgh medics that they felt the need to read medical text books all the time. Ought we to tell the Edinburgh medics about life outside, as we were now seeing it? Would they, in point of fact, believe us? It didn't seem to matter where we were, hospital, lab, pub, restaurant — our Dutch counterparts were always there and ready to ferry us on to the next engagement. The ferrying, usually by minibus, was perhaps a mixed blessing, especially with a fellow called Mark who would drive for long spells on the left out of deference to British *mores*, and with Peter who, to our chagrin, never fully comprehended the function of a clutch. They all displayed a wonderful, callous indifference to the well-being of their motor vehicles.

University and hospital staff were sociable too. We saw them not just during working hours but at innumerable less formal evening sessions. They

were relaxed and informal and, blessedly, like the students, spoke good English without exception. Even the Directors of the University Hospital in Leiden invited us to lunch — an almost embarrassingly opulent affair, a bizarre Dutch meal culminating in the eating of salad sandwiches with a knife and fork. We all watched our hosts covertly, to establish the protocol for each successive course. I remember the waiter removing my plate after the beef and mushrooms, replacing it with another, and pointedly laying my used cutlery by my side, violently, and with great deliberation, besmirching the virgin tablecloth. It was our last day in Holland. We sprawled around that table like an ad-hoc mixture of the lame, the halt, and the blind. The waiters' faces were quite without expression.

At this point I have to say something about Dutch medicine and medical research as we saw it during our short stay. After all, to see Dutch medicine was, at least ostensibly, the purpose of our visit. And indeed we saw a great deal. Yet it is very difficult to write about this because, at the end of the day, what impressed us most in what we saw were the *similarities* to what we were used to, rather than the differences. Not unreasonably, our hosts took pains to show us Good Medicine, and many of the things we saw were modern showpieces — the Leyenburg Municipal Hospital of the Hague, the Antonie van Leeuwenhoekziekenhuis (Cancer Centre) just outside Amsterdam, and the Burn Centre in Beverwijk, different, perhaps, from our own battered Edinburgh Victoriana, but nonetheless still familiar to us all as the spotless, antiseptic, perhaps slightly characterless face of modern Western medicine. I remember, in particular, in this respect our tour of the Hague's Municipal Hospital, at the heels of one Ms. Haitink who gave us a rigorous floor-by-floor account of the supreme functionality of the institution, meticulous to the last well-placed linen cupboard. The whole place bore an uncanny resemblance to Gartnavel General Hospital in Glasgow. Moreover, each floor bore an uncanny resemblance to the one beneath it. The top floor was fifteen. But the second top was numbered twelve. The omission of thirteen was a rather charming concession to the feelings of the patients, the omission of fourteen an altogether unforgivable capitulation to the feelings of the elevators' computer, which apparently could not understand that the floor above number twelve should bear an even number.

I suppose that the most especially Dutch item on the medical programme came right at the start — ominously enough, in the Anatomy Department.

When we entered the Anatomy Department of the Medical Faculty at Leiden, on a Monday morning, just after nine o'clock, some of us were more than a little apprehensive in case we should find ourselves listening to an Anatomy lecture. This would have been altogether too much. Indeed, on ascending the stairs and smelling that old familiar aroma emanating from the D.R. we half expected to see a few old familiar Edinburgh anatomists lurking round the next corner. However we need not have worried. This was to be a History lesson. In fact it was here in the Anatomy Department, in the Anatomy Museum and subsequently in the Boerhaave Museum, also in Leiden, that we were made aware of the immensely long tradition of Dutch medicine and its links with developing science, through such names as Leeuwenhoek and Boerhaave himself, and of the particular character of Renaissance European Medicine, as it was practised here in its hey-day, its links with religion and morality captured in these famous prints of the Anatomy Museum at Leiden, bedecked with skeletons, apocalyptic horses, and dire warnings about the passage of time.

Still, there *were* modern things to be seen which could not be seen in Britain. And one of these was *Eurotransplant*, a kind of central clearing-house for embarrassed kidneys which was a real live practical justification for what seemed to us to amount to the current Dutch medical obsession — the preoccupation of tissue typing for the HLA system.* *Eurotransplant* keeps a record on computer of the precise requirements of potential organ recipients (mostly it is kidneys that are dealt with) such that if an organ becomes available it can be typed, a suitable recipient can be selected, and the recipient and organ brought together in double quick time in an operating theatre. The system operates across a large portion of the European Continent, communications also existing, on a world-wide basis, with other similar organisations.

Plenty of our other visits do not stand out as being exotic or unique (although the Group Practice we saw certainly seemed a lot more opulent in its furnishings and appointments than any of us had ever seen in Britain) but nonetheless certain events stick in the minds of those of us who went to Leiden as being particularly worthwhile — the lecture on Complement Research given by Dr. Mohammud Daha — much appreciated by Third Year Students because it was

* of a remark of our mentor, Dr. Charles Swainson, Renal Unit RIE — "Oh, if we get hold of a kidney we just bung it in!"

actually of *use* to them, and the lecture at the Burn Centre in Beverwijk by Dr. R.P. Hermans. On the other hand, hardly anybody liked the REPGO–TNO Institutes at Rijswijk where they made monkeys neurotic; on the whole we were on the side of the monkeys. Perhaps the last event on the medical programme was the most impressive, a clinical conference, given in English for the occasion, in Leiden University Hospital, where a large number of doctors joined together for a discussion built around two case presentations. This was very entertaining, and it summed up for us a prevailing sense that people from all levels in the University had gone out of their way to be helpful to us.

Although the medical programme took up a large part of the day we were still able to move around the country and see places the more so since, unbelievably, the trains actually leave on time. We first realized this on boarding our first train at Hook, and we wondered then if it was unusual. Not at all, it turned out to be as ‘typically Dutch’ as the unmitigated flatness of the land you can admire from the carriage window, and the literally countless scores of effete windmills sitting gregariously in groups of three by the sides of the canals. Travelling by train for the first time from Hook to Leiden, we had been struck by the extreme compactness of a land which is, after all, no bigger than Yorkshire. But there is contrast too; we noticed it most strongly between Amsterdam and The Hague. The Hague is a very beautiful city with wide streets, trees and parkland and a clean swept municipal look about it, full of governmental buildings and art galleries which are, in turn, full of self portraits of Rembrandt leering at you from strange angles.

We went to Amsterdam primarily to visit the Antonie van Leeuwenhoekziekenhuis – the Cancer Centre looking rather more like an International Airport’s Hotel. I remember the discussion ‘over coffee’ we had here and how it emphasised for me a conviction that had been gaining footholds in my mind all week, as to the absolute futility of discussing anything ‘over coffee’. It is hard to concentrate on dysplasias, neoplasms etc., when a secretary at your elbow is politely enquiring as to whether you desire one lump or two, and when you are frantically trying to semaphore down to someone separated from you by twenty metres of mahogany table, in order that he post the milk up to you. The coffee was excellent.

Amsterdam, once our team of mad chauffeurs had led us there, turned out to have more of the

conventional grime of a city than The Hague. Amsterdam ‘pulsates’. It is impossible to give anything other than a personal view of this, and mine is probably coloured by the hangover of our morning’s trip round all these sinister concrete bunkers in the Ziekenhuis housing the deadly Cobalt and Radium sources, followed by a high speed tour of the Van Gogh Museum and these utterly extraordinary – and rather insane – pictures of golden cornfields which undermine your *joi-de-vivre* after a time, especially when you see a whole art gallery of them. It seemed to me that Amsterdam was a distinctly spooky place. At night you found yourself constantly looking over your shoulder. The buildings were beautiful but also grimy, the canals sullen and stagnant, the streets jammed with traffic by day, and, at night and in certain areas, with prowling and intent middle aged men, as much of a caricature as their assignations under the red lights. Along the length of virtually the entire canal system have been erected small iron railings, cheaper to instal than to continue to fish out the twenty or thirty cars which used to be driven into the canals every Saturday night. You couldn’t help feeling a sense of decadence hanging in the air. I kept a sharp lookout for the Amsterdam Hilton where John Lennon was reputed to stay in bed for a week for peace and also, recalling Amsterdam’s shady international reputation of the mid sixties, that other mysterious mythological symbol of faceless bureaucracy spawned in the days of late Beatlemania – the man in the mac. But I saw neither. I asked the Dutch medics what they thought of Amsterdam and it was quite obvious that they all had a great fondness for it, perhaps not unlike that totally irrational fondness a Glaswegian has for his own town. In particular they admired and even emulated – those who came from elsewhere – the Amsterdam character, typified by a kind of brusque no-nonsense attitude evident even to us. They had to agree that it was really quite a sinister place, but still insisted on describing it using words which seemed to me to be quite inappropriate, like ‘nice’ or ‘quaint’ and an apparently untranslatable Dutch word like *gesaelig* which happens to be the Old English precursor of ‘silly’. I thought of two members of our group taking pictures in the red light district and getting chased down the street by an outraged *madame*, of the forlorn automobiles slipping gently, lemming-like, into the murky depths of the canal every Saturday night – made even more murky by Mark’s insistence on the propitiousness of having a pee into the nearest public waterway

before we left; and of our one absurd brush with the law — a fifteen gilder on the spot fine for going down a one-way street the wrong way in the lewd quarter of town. Pretty silly.

I can't finish without at least mentioning *Minerva* — a student union in Leiden which made Teviot Row look like the Savoy Grill on a quiet night. They never let us take any pictures so perhaps it is going against the spirit of the place to describe it. Suffice it to say you would have felt at home there dressed in bear-skins, boasting about the latest dragon you've just slain, and quaffing vast quantities of Norseman Lager. They seem to

go in for a lot of all-night affairs. I asked a member of the Board of Management if the members ever slept and he replied, "You can sleep when you are dead." I think by this stage most of us were feeling about half-dead, but we had a concert to go to, given by an amateur orchestra rather alarmingly entitled "Sempre Crescendo". They were very fine. Then it was back to *Minerva* and on with the bear-skins again. And so on. It was marvellous but I don't think we could have stood another week of it. We had left Edinburgh on a Thursday night, and on Saturday week we limped off the boat again at Harwich, and slithered under the icy glares of the tired *douaniers*.

SYLLABUS FOR THE 242nd SESSION

1978/79

Wednesday 25th April	Dissertation Mr. Alan Boyd, B.Sc.
Wednesday 2nd May	ANNUAL EXTRAORDINARY GENERAL MEETING
Friday 11th May	PRESIDENT'S VALEDICTORY ADDRESS Dr. Edward Duvall



FORTHCOMING ATTRACTIONS — 243rd SESSION



Inaugural Address — Friday 19th October 1979 in the Hall of the Royal College of Surgeons at 8 p.m.
Professor M.F. Oliver, Duke of Edinburgh Professor of Cardiology at the University of Edinburgh.

Wednesday 7th November 1979

Air Vice-Marshal P.J. O'Connor, Former Consultant in Neurology to Royal Air Force.

Wednesday 21st November, 1979

Mr. P. Steptoe, Oldham, the gynaecologist whose technique produced the first "test-tube baby."

Wednesday 23rd January 1980.

Professor Bryan Jennet, Glasgow University, "Modern Dilemmas in Medical Care — Lessons from Head Injury."

Wednesday 6th February 1980

Dr. Hugh Jolly, Consultant Paediatrician, Charing Cross Hospital, London, "Why is Paediatrics Exciting?"