



A life of two halves

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My association with the Glasgow Dental School is something precious to me, and to reflect on my lifelong connection, is a self-indulgence which comes as a privilege of age. Anyone who attended the Dental School in the 50's and 60's will understand the impact the experience had on me, and those who know the school as it is now, will, hopefully, find my recollections interesting and informative.

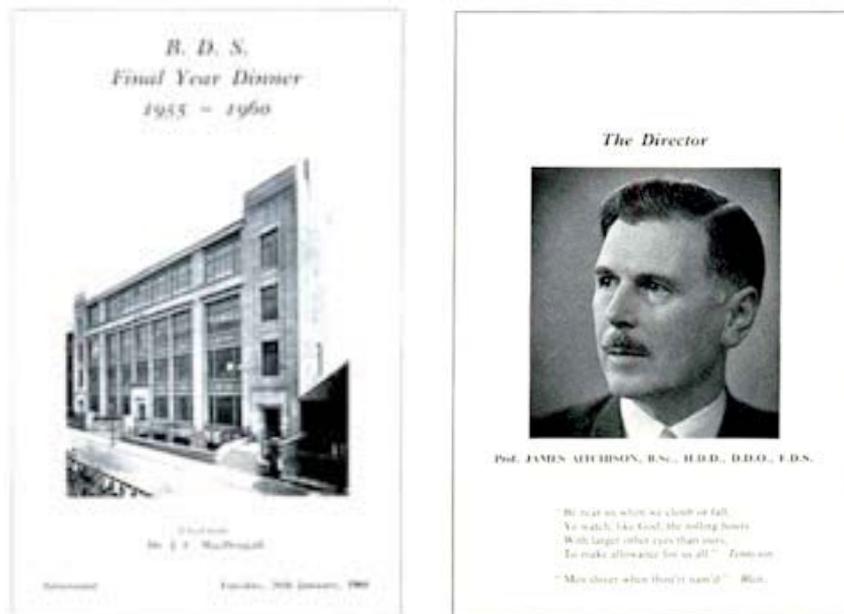


Fig 1 Year book cover and "The Director's Page"

The Dean of the day was Prof James Aitchison (Fig1) and I look back in awe when I think of his bearing and autocratic methods. There was never any misunderstanding as far as standards were concerned. Bush telegraph gave advance warning when he was about to embark on a round of the hospital. It was the equivalent of Sir Lancelot doing his ward round. Frantic efforts were made to ensure that all was correctly in place. Woe betide anyone who was guilty of letting standards slip; one misplaced cotton pledget on the highly polished floor and there would be hell to pay! For a student, a summons to the Dean's room could mean a severe dressing down for poor performance, inappropriate behaviour or attire. It was also wise to know the relevance of missing clavicles as a feature of cleido-cranial dysostosis and to prepare for a grilling on the dental anomalies! On the other hand, it might be that he would embark on his other favourite topic - the Norwegian Sagas. I well recall being in his office and having nothing much to contribute on that subject, bar the occasional nod! Not even members of staff were immune. Ker Macneil (Fig 2a), one of our shining lights for his pioneering treatment of palatal clefts, on one occasion was reprimanded for wearing suede shoes! This took the form of Prof Aitchison remarking casually "by the way, Ker, when you're home for lunch, would you mind changing your shoes!" Ker, having had no intention of being home for lunch, took the hint!



Fig 2 Teachers in the 50's a) Ker Macneil, b) Malcolm Gibson, c) John Orr, d) Tom White

Supporting the Dean, and with a similar dictatorial style, was Prof Malcolm Gibson (Fig 2b), in charge of prosthetic dentistry and the laboratory. He ran his department with a control so tight, that a request for an additional sheet of wax was scrutinised and had to be well justified! Students were required to "clock-in" at the start of the day to ensure good time keeping! In the fullness of time, if one was invited to become a house surgeon, (no, one did not apply!), the "clocking-in" procedure continued. Only when one became a full-time registrar or member of the University staff, was the practice discontinued. Our experience in oral surgery was gained under the watchful eye of John Orr (Fig 2c), a remarkable man of uncompromising clinical standards who gained our everlasting respect. Those were the days of boiling water sterilisers and no anxieties of HIV or MRSA. Sister Paterson was in charge of the extraction rooms and would replace needles when points became "feathered" As undergraduates we had very little exposure to orthodontics, so that Tom White (Fig 2d), later to become Prof TC White, Dean and our great benefactor, was but a name. We were, however, privileged to be taught by other outstanding and successful men of the profession, such as Armour Clarke, Angus Scott, Russell Macmillan, Ian Cook and Willie Mason. These were men who were successful in practice, and, as visiting surgeons, gave invaluable support to Dr James Ireland and the University teaching staff. One of the great characters was anaesthetist Dr Andrew Tindall. When sharing some memories recently with his daughter, she told me of the time he announced that he had achieved his all-time high of more than 100 anaesthetics in one day!

Throughout my time as a dental student, I attended the RSAMD as a part-time student. I had grown up in a singing household, and Gaelic music was a way of life. When, in my third year, I won the National Mod Gold Medal, things changed significantly and concerts throughout Scotland, Scottish Society events in London and even Celtic Festivals in France followed. By the time I graduated, I was heavily involved in radio, and television, then in its infancy, beckoned. My dilemma on graduating was whether to put dentistry "on hold" and take up an offer from Howard and Wyndham to join their theatre circuit, with the prospect of a future in theatres such as the Alhambra and the King's theatres of Glasgow and Edinburgh. With music never intended to be anything other than a fun hobby, and dentistry regarded as a "real" profession, I took up the invitation to stay on as a house surgeon and improve my skills. There is an old adage in theatre never to discuss ages or wages! However I make one exception to tell you that a fee of £25, achievable for a weekend appearance, put a house surgeon's monthly salary of £32 into perspective!

There was a wonderful spell in the Royal Victoria Hospital Belfast and Queen's University when special friendships were made, followed by a full-time university lectureship with Prof Gibson back in Glasgow. I had the temerity to ask if the starting salary was negotiable and, to my surprise, achieved a starting salary of £1,450! During this period my television career was developing, with an output of more than 26 programmes a year. In those days it was very much a case of the blind leading the blind! Directors were learning their craft,

sometimes at the expense of artistes, and they in turn were doing their best to adapt to the TV studio situation when "retakes" were out of the question and editing was not an option. Within a full-time university contract I had no flexibility to take on theatre or concert commitments far from Glasgow, so, after one year, I made a nervous journey to Prof Gibson's home in the Broom Estate to tender my resignation.

I took up a partnership in a group practice in Drumchapel and learned what real life in dentistry was all about! I recall one Monday morning a young woman presenting with fractured incisors and marked facial bruising. On enquiring if she had been in a car accident, she replied, "No, my man done it tae me." "Your husband did that to you?" I said incredulously "Did you report him to the police?" To which she responded, "Naw, ah wis askin' for it!" That apart, most of the folk in Drumchapel were wonderful, and I still bump into former patients and happily reminisce.

It will be hard for our present graduates and younger members of the profession to imagine what life was like without the use of the high-speed turbine! What I remember especially is the amount of chairside time it took to complete a restorative preparation. Because I rarely throw out memorabilia, I can show this page from a day book in general practice (Fig 3). This was when I was a house surgeon and doing extra sessions in an NHS practice to help make ends meet. Bear in mind this page represents two sessions with the fees shown for a check-up as 25 pence and for a dental extraction as 37.5 pence in today's money. As an assistant I was paid 40% of my gross earnings.

Tuesday 27th Sept.	
Miss Skinner 756	2-12-6
Mr Kerwin 740	1-10-0
Miss Craig SerPd.	- 12-6
Mr Cross Exam	- 5-
Mr Ingham 76054	4 - -
Mr Ingham 7234	2-8-6
	<u>£11-8-6</u>

Fig 3 Daybook page from 1963

During my time in practice, my singing career meant that in fact I was living "A life of two halves." Ambitions were pursued in music and I lived through an era when TV appearances were prolific, both STV and BBC. Record contracts with DECCA followed, with recording sessions at the famous Abbey Road Studios in London. Looking back on my diaries of the time, it now amazes me when I see, for example, that I managed to combine full-time practice in Glasgow with a ten-week season at the King's in Edinburgh! At a time when advertising in dental practice was restricted to a very conservative brass plate with lettering no more than 2 inches high, I had a strange mixture of pride and embarrassment seeing my name in large billing on theatre hoardings (Fig 4).



Fig 4 "The Alasdair Gillies Show" at the King's Theatre Glasgow

When colour TV came into being in 1970 there was the thrill of having the first light entertainment series of 6 programmes - "A Handful of Songs" from the Gateway Theatre in Edinburgh. Heady Stuff! A chance appearance on a programme "Singalong Jubilee" for CBC in Halifax, Nova Scotia, lead to the experience of a lifetime when I was asked to host a new series for the network called "Ceilidh", a programme featuring the wonderful Cape Breton Fiddle Orchestra and various Canadian artistes, as well as some imported from our shores. This proved a great success and lead to coast to coast tours with a Canadian company, playing every major auditorium in the land. (Fig 5)

Special Live Music Presentations A Scottish Fancy in 1970	
March 1970 Winnipeg	Centennial Concert Hall Tickets: American Ticket Office ph. 462-2221 or 468-2121
March 20-21, 1970 Saskatoon	Saskatoon Centennial Auditorium Tickets: Government Auditorium Box Office ph. 242-2222
March 22-23, 1970 Edmonton	Jubilee Auditorium Tickets: Box Office ph. 424-2222
March 24-25, 1970 Regina	Centennial Theatre Centre of the Arts Tickets: Centre Box Office ph. 366-2222
March 26-27, 1970 Calgary	Jubilee Auditorium Tickets: The Box Office ph. 242-2222
March 28-29, 1970 Spokane	Open House Spokane Tickets: Box Office ph. 324-2222
March 30-31, 1970 Seattle	Paramount Northwest Theatre Tickets: Paramount Auditorium Box Office ph. 422-2222
April 1-2, 1970 Victoria	Royal Theatre Tickets: Victoria Box Office ph. 384-2222
April 3-4, 1970 Vancouver	Orpheum Theatre Tickets: Vancouver Theatre Office ph. 282-2222

Fig 5 The Canadian tour of "A Scottish Fancy"

At that time on an impulse I enquired about, and then accepted, a contract in the Military Hospital, Riyadh, Saudi Arabia, and from "A life of two halves", I entered "A life of nae haufs!" Alcohol was banned in Saudi Arabia in 1957, following a murder committed by a Saudi under the influence of alcohol. Angela went bravely with the flow as a dutiful wife and looked on it as another adventure. What neither of us bargained for was that a two-year commitment would become a ten-year sojourn! It was said that when entering the Kingdom, one had to put the clock forward by 3 hours and at the same time turn the calendar back 500 years! That kind of prepared one for the cultural shock.

The first thing that struck us was that the most impressive modern architecture was often side by side with the most primitive encampment. The main hospital was one of 750 beds (Fig 6), with a 70 - bed cottage hospital some 50 miles distant, and approximately 14 satellite clinics. Each branch of the armed services had its own Primary Care Clinic, with the main hospital for admissions and specialist services. The Dental Department was in the charge of Rob Brown as Senior Consultant and Head of Dept., and numbered around 80 personnel; some 26 dentists, 30 dental nurses, 6 hygienists and 10 technicians and interpreters. We also had a training programme for dental nurses. I was impressed, and possibly a little surprised, by the high calibre of the staff and their work ethic. Ex-patriot contracts were for a two-year term, and 6 months from the end, one would be advised if a renewal was on offer. Rarely did anyone wish to leave at the end of the initial contract period, but one never took for granted that a contract renewal would be offered. Our requirement was to provide comprehensive dental care to the eligible population of the Saudi armed services and families, a hugely variable component! There was, in addition, a section for "private", or sponsored patients, which included many members of the Royal Family and patients sponsored by them. The hospital complex included a luxury block of rooms and operating theatres for this purpose. I discovered, well into my time on the staff, that of all the accounts submitted for private care in the hospital, only 9% were ever paid!

Primary care dentistry was the engine room of the department, with around 100,000 patient visits per annum. There were two teams working eight hour shifts and the working day was 7.30 am until 11.30 pm. Oral and maxillo-facial surgery was carried out in the Main Hospital, as was 'perio' and specialist restorative. We had responsibility for Royal Clinics with aircraft support - either Lear Jet or C130, which could land in most desert locations (Fig 7). When King Saud University started graduating Dentists, we became involved in their postgraduate training. We had an on-going programme of Saudi-isation in the hope that the Saudis would eventually take over at the expense of expatriate staff. It became apparent that everyone wanted to become a specialist without necessarily perfecting basic skills. It became a challenge to emphasise the need for developing all-round skills and to give the role of general practitioner status in their eyes.



Fig 6 The Military Hospital Riyadh, KSH



Fig 7 Ambulances - Saudi style

This was a unique opportunity for females to work in an open environment, as, up until then, all the teaching had been segregated. They would join the Dept with head covered only, but after a few weeks some would start wearing a veil as shown. This created some difficulties in communication and, in particular, with identification of individual female members of staff and trainees. Great concern was expressed by some of our senior Saudi staff who were unhappy about this situation and pointed out that it was not in their opinion a requirement of Islam to wear a veil (Fig 8). The reality was that Riyadh, had a history of tradition superimposed on religion, and in some ways I could relate it to the narrow Presbyterian attitudes that used to prevail in the west coast of Scotland. Many of the Saudi female patients would arrive veiled and would not remove the veil in the presence of Arab staff, but insisted on being seen by western staff. Not even male cousins or in-laws would be allowed to see them unveiled! When a new 16-surgery clinic for naval personnel and families was commissioned, I found that the religious advisors had insisted on having separate corridors and surgeries for males and females. This proved unworkable, as females

were required to be chaperoned by male relatives. At the same time my wife was intrigued to see fully veiled ladies uninhibitedly breast-feeding in hospital corridors!



Fig 8 In the surgery, Riyadh

These young women were very much under the watchful eye of Security and the Religious Enlightenment Officers. There were occasions when they would be reported for "laughing and joking in the hospital corridors", "spending too much time on the telephone", sitting casually "swinging their legs" while waiting to be picked up by their drivers. These comments emphasised how difficult it was for young women to behave naturally. With an increasing number of female staff came the increased problem of covering all the outside clinics with their various shifts, many of which were considered by females and their families to be culturally unacceptable, because of travel implications and the lateness of the shift. This problem was compounded at Ramadan, when late clinics started around 9.30 pm and finished at 2.30 am! At the same time my Saudi male staff resented any concessions being made, resulting in extra demands on the male staff.

My "Other Life" now seemed a million miles away, but unexpectedly, following the sudden death of Donnie B Macleod, an outstanding individual and regular contributor to "Pebble Mill", I was asked if I could return to host five successive nights of one hour live programmes from the National Mod in Inverness. This I was given leave to do. I enjoyed it immensely, but realised that it was time to leave that side of my life behind and concentrate on life in Riyadh.

Rob Brown had created strong links with the Edinburgh College, and Fellowship Courses and Examinations were conducted in our Hospital. When I took over from Rob, I became the third Scot to be appointed in that role. Rob stressed the need for precise stock control, especially with regard to gold. The first Head had apparently been held to account for some misappropriation of equipment and was fortunate to avoid imprisonment! When we had the task of re-equipping 24 surgeries, Rob and I had to be very cautious when considering tenders for the contract, and we turned down offers of hospitality and the temptation of paid trips to a German factory to protect ourselves from any suspicion of taking inducements. Given that the equipment costs were £35K+ per surgery you will understand why!



Fig 9 A reunion in Riyadh of former flatmates from Belfast

Following Rob's return to Edinburgh, I introduced vocational training in General Practice, established a post for a full-time clinical tutor, and managed to gain recognition for the MGDS with the Glasgow College. I had particular pleasure in bringing out as College Assessors, Profs McGowan and Benington (Fig 9) - a special re-union.

The hospital had a large number of interpreters to assist in the clinics and while this was essential, there was always the danger of inadvertently excluding the patient from discussions. Body language was important and maintaining eye contact with the patient, essential. It was good to remain aware of the trust the Saudis placed on western staff and to respect that at all times. This in itself presented a problem in the Saudi-isation programme with Saudis, and in particular, VIP's (of which there was a never ending supply!) demanding to be seen by expatriates. It was very easy to offend unintentionally, and dealing diplomatically with patient complaints was a troubleshooting necessity, otherwise some unfortunate's contract renewal could be in jeopardy!

Annual trips to the desert with the King and entourage were something of an adventure and landing in C130's in the middle of a desert landscape a most interesting experience. We would set up our Mercedes Mobile Clinics and in the mornings scores of Bedouin would appear as specks on the horizon to pay homage to King Fahd, and to avail themselves of his medical and dental facilities. I always thought that ten Hygienists per Dentist would be a good ratio, as everyone wanted to see the Hygienist. Most used the "mishwak", (a fibrous twig) diligently, but this was effective on outer surfaces only. Life was never dull, and when the order came to prepare for a "secret mission", it transpired that King Fahd was to make a visit to Baghdad to meet with Saddam Hussain. Saddam's reputation as a ruthless dictator was well established and the Saudis were extremely wary of him having expansionist ambitions, although they were equally paranoid about their own indigenous Shia population in the Eastern Province. The purpose of King Fahd's visit was to sign a mutual non-aggression pact. Four of us were to travel as an advance party to set up our Flying Hospital on stand-by! Five days in Iraq, then on to Cairo and Alexandria, where meetings were held with President Mubarrack. Fortunately our services were not required and no one was more relieved than our Cardiologist!

What we had not bargained for was Saddam's invasion of Kuwait. This we heard of on the BBC World Service and it was more than a day later before it was announced to the Saudi population! This episode would merit a book of its own, but suffice it to say that we were issued with gas masks and advised to keep them safely on our person at all times, as, in a crisis situation, someone might be prepared to kill to get one! We were assured that scuds could never reach Riyadh. The Generals said that in the unlikely event of being proved

wrong, if scuds were targeted at the main airport, they would feel safe lying in the middle of the runway, confident that the scuds would be off target. This was hardly a comfort as our hospital accommodation was just "off target"! In fact we had 14 Scud hits on Riyadh, one only 400 m. from us, and together with patriot missiles made for quite a fireworks display! (Fig 10)



Fig 10 'Fireworks' over Riyadh

The air war was followed by the land campaign and what with U.S. Reservists joining our Hospital staff, threats of chemical warfare, our Dental outpatients converted into a morgue, and sleeping in make-shift shelters, things were never quite the same again. Times of crisis, however, bring people together and there was great camaraderie throughout! Although we had 32 nationalities working in the Hospital, the Scottish influence was immense, with Scots heading many departments - Nursing, Jinty McColl and Mairi Campbell; Surgery, Alastair Duff followed by James Lawrie; Obstetrics, Walter Patterson; Paediatrics, Cliff Robertson (nephew of the late Sir Hugh Robertson, conductor of The Glasgow Orpheus Choir), followed by Duncan Matthew, and of course Dentistry.

It was always going to be difficult to know when the right time would be to repatriate, but after having seen the Gulf War through, it seemed a reasonable decision to head for home. What I could not have anticipated was renewing my Middle East connection on the shores of the Clyde! A phone call from Ken Stephen resulted in my return to teaching and I found myself combining teaching in the Dental School, with setting up and co-ordinating the service for HCI, the controversial Hospital in Clydebank. This went into receivership after four months and was then taken over by the Abu Dhabi Investment Corporation. My life of two halves continued, but now with East and West - but that's another story. Now what? I believe it is better for me to run out of time in which to do things, than to run out of things to do with my time!

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