

Breast Beating

A personal odyssey in the quest for
an understanding of breast cancer,
the meaning of life and other easy
questions

By

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And

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Dedicated to the memory of
Professor David Baum FRCP, MD, PRCPCH
1940–1999
My Best Man

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Foreword

by Nick Ross

Breasts are the most visibly defining characteristics of a woman, and cancer is one of the most chilling diagnoses in medicine. The combination makes for an emotive brew. Michael Baum has spent his professional career trying to tease out the facts about breast cancer from the swirl of medical and sexual politics. What causes it? How does it spread? And, above all, how can we best conquer it? Prof Baum brings to the quest a precious combination of passion and intellectual detachment. His research has caused him to question many of the things he was taught at medical school and that he learned as a junior doctor from master surgeons and physicians. It has caused him to change his own mind and even, very publicly, to reverse his line on policies that he once championed. It has led him to battle orthodoxies in conventional medicine and to revile claims made for complementary and alternative therapies.

I first encountered Michael Baum some twenty years ago when I agreed, with some reluctance, to spend three days trying to adjudicate an argument among doctors. Breast cancer was one of the most pernicious killers of women, and any consensus on how to treat it had broken down. So Britain's leading healthcare think-tank invited the quarrelsome experts to assemble in London and make their case to a medical jury. The panel consisted mostly of surgeons and physicians, all noted in their field but none involved directly with treating breast cancer. I was one of the lay members.

Those three days turned out to be one of the most eye-opening experiences of my life.

We all like to think that doctors know what they're doing, and that what they're doing is firmly based in medical science. But the experts who appeared before us, all confident and all firm in their convictions (and all men as I recall), seemed mostly to rely on anecdote, on what they had learned as students, and on personal experience. Where are the data, we asked? Where is the evidence that your approach is superior at saving lives or mitigating the worst effects of cancer? Again and again we were told that we should trust their judgement. Some of the experts championed super-radical mastectomies, a mutilating procedure that removes the breast, the lymph nodes in the armpit, and a good deal more besides, and so can result in the patient being disabled as well as disfigured. Anything less, they warned, would leave cancer cells in the patient, which was tantamount to killing them. Other surgeons advocated rather less injurious procedures and some proposed simply taking out the lump. Radiologists suggested radiotherapy, physicians wanted chemotherapy. Everyone was polite, but plainly passions ran high, as well they might. Lives were at stake, and so were reputations and deeply-held beliefs.

Michael Baum was then, and remains, a refreshing voice of reason and compassion. His knowledge of breast cancer is second to none, his willingness to abandon old nostrums in the face of new research is commendable, and his determination – almost enthusiasm – to reject his own ideas when new facts point to new ones is sign of real scientific greatness. Unlike in politics where U-turns are disparaged, in medicine following the evidence is the essence of good patient care. This is a man who believed, as did all mainstream oncologists, that cancer spreads through the lymphatic system. Yet he has been in the vanguard of those who now suspect it spreads through blood. The difference is by no means arcane; it calls for a fundamental reassessment of cancer treatment.

Prof Baum is brave. He has long warned about “the flight from rational thinking” posed by the recycled fashion for alternative medicine lobby. But he is also prepared to take on his own colleagues. He was one of the first to champion cancer screening and then, as inconvenient data emerged, he became one of its most vocal critics, much to the annoyance of many fellow doctors and of the powerful screening lobby groups he himself had helped to create.

This book, as he puts it himself, is really about, “how false assumptions about the nature of breast cancer gave rise to cruel and futile interventions that added to the sum of human suffering.”

But, above all, it is a book about human nobility and hope.

Preface

Mostly about Mum

The first time I guessed that something was wrong with my mother was when I noticed her clasping her lower back in pain whilst climbing upstairs in front of me. This was in about 1972 on one of my rare visits home during my period of living in Cardiff and the image is burnt in my memory as a result of what was to follow. My mother was extremely stoical and never complained about ill health. Following on my enquiry, she claimed that it was her “rheumatism” playing up. I thought no more about it until about three months later when she was admitted to hospital to have her gall bladder removed because of stones and increasing pains in the region just below the ribs on the right. This was in no way alarming or for that matter surprising, as she fitted the stereotype. She was female, overweight and over forty. In addition she was constantly munching “Rennies” for heartburn, presumably due to reflux oesophagitis (a condition I inherited with a vengeance), that tends to co-exist with gallstones. The operation went all right and she did indeed have gall stones; however in the post operative phase she developed agonizing pain spreading round from her mid lumbar region to the upper abdomen. X rays of her spine showed a crush fracture of the first lumbar vertebra and suspicion of skeletal secondaries from an unsuspected cancer. A rapid and more thorough clinical examination revealed an advanced cancer in her right breast. She was told not to worry as this was only “chronic mastitis” but my father was contacted immediately and told the grim news. My dad then contacted his five children, three of whom were medically qualified, to pass on the news, and begged us not to let on

to mum that she had cancer that had spread round the body. To my lasting shame I concurred with this charade. Opiates were the only way of controlling her pain in the short term although radiotherapy to the spine provided more lasting benefit. The chemotherapy was harsh, causing nausea, vomiting, fatigue and the permanent loss of her long glossy black hair. I was not aware of any benefit from this cruel cocktail. After about twelve months the pains started up again and became more and more difficult to control. It reached the point when, according to erroneous belief at the time, (that adequate analgesia would suppress her breathing and accelerate her demise), escalating doses of opiates were denied her. At this point the family gathered in London and my opinion was sought. I couldn't bear the sight of her in pain and yet the Jewish teaching was clear on this point; as life is of infinite worth and as you cannot split infinity, then every moment of life was of equal value. She therefore continued to suffer until neither she nor the family could take any more and she died within 6 hours of a dose of morphine that adequately controlled her pain. She died on my 37th birthday, May 31st 1974.

The Jewish tradition has it that the dead must be buried within 24 hours and until then the body must not be left alone. I spent the nightlong vigil with my father and had plenty of time to confront my conscience, firstly for not having done enough to help her and secondly for not having demonstrating a son's love at the time she needed it most.

Every mother loves her sons unconditionally but the return of such love by a son is often conditional and context dependent. At the time of my mother's terminal illness I was very self absorbed. My duties as a senior lecturer/consultant surgeon at the University Hospital of Wales were onerous and occupied me for about ten hours a day not counting a one in three rota for night time emergencies. I was very ambitious, setting up research programmes, raising grants and keeping my eyes open for the chance of a professorial appointment. I often worked all weekends keeping up to date with the medical journals, writing manuscripts and dealing with correspondence. What little time I had left was lavished on my wife and three children under 7. I had no more space for love beyond this narrow circle and resented the distraction of my mother's illness at the time. I loved her as a dependent child, was embarrassed by her hats on parent's day when I was a school boy, had little time for her as a young professional but came to admire and yes, love her most of all, in retrospect, since her death. (Figure 1)



*Fig. 1 Me as baby in
mother's arms*

My mother was a true *ayshet chayil*¹, who dedicated her whole life to the family, the most selfless person I have ever known. During the dark days of the war, the blitz and rationing, she looked after four children of her own (my sister was born after the war) together with other orphans, waifs and strays. From negligible resources she conjured up spectacular *haimishe* (Yiddish homely) meals, made her own cream cheese, *lokshen* (noodles) and *kichelers* (biscuits) from basic raw materials. In the absence of any household appliances she boiled all the linen in a great bubbling cauldron of a tub, extracted the last mote of dirt from the wet clothing and bed sheets on a scrubbing board, squeezed out the water in a huge mangle like a primitive printing press and hung it all out to dry either in the roof on a pulley system or if the weather was fine on a line in the yard. The heavy pre-modern irons were heated on the hot surface of the range (a pre-modern kind of Aga) and heaved on to the ironing board that was in constant use. Her obsessive personality (something else I've also inherited with a vengeance) meant that everything had to be folded and filed away in its place before she collapsed into bed after midnight. By the time I rose in the morning, the coal-fuelled range was alight, water had been boiled and a hearty breakfast prepared to keep us insulated from the cold on our walk to school.

She was not a conventionally beautiful woman, but apple cheeks, dimples and an endearing smile radiated warmth and internal loveliness. From her forties onwards she was stout, but in those days even the most fashion conscious women relied on whale bone rather than “weightwatchers” to define their waist and redistribute the fat above and below the belt. She was always smartly “turned out” and would never be seen out of doors without makeup and a feather in her rakish hat. Most of all though she prided herself on her long black hair, which she assured me came down to her waist. I could never confirm this as she was too proud to leave her bedroom without her hair fixed up in a complex chignon secured in place like a Japanese Geisha girl. The loss of her hair, and its replacement with a silk scarf, was the final insult that the cancer could hurl at her; and for what purpose?

One evening, 20 years after my mother’s death, I received a phone call from my sister Linda, then aged 48. She explained that she had just noticed a lump in her right breast, her GP had referred her to the local surgeon who had reassured her but arranged for a biopsy in about two months time. By this time I was Professor of surgery at the Royal Marsden Hospital in London, the most prestigious specialist cancer centre in the UK. I swallowed hard and suggested that she get a second opinion from Mr. Nigel Sacks, a man I trusted because as my senior lecturer I had witnessed the care and skill of his practice first hand. It has to be understood that I couldn’t examine my own sister or trust my own judgment, in part out of decorum and in part out of emotional involvement. He saw her the next day and completed the “triple assessment”; that is clinical examination, X rays and a needle biopsy. Within the hour her cancer was diagnosed! Within the week she had surgery that consisted of a “lumpectomy” and partial excision of the lymph nodes in her right axilla. She was home in two days and happily the pathology was favorable. The margins of excision were clear of disease, the tumour was low grade and hormone receptor positive (see chapter 13) and finally the lymph nodes were declared free of malignant deposits. She was started on tamoxifen which she took without side effects for 5 years and underwent a 6 weeks course of radiotherapy to the breast. Without tempting providence I’m happy to say that 12 years later she is still alive and well and still my lovely sister Linda, who follows in my mother’s footsteps as an *ayshet chayil*. She has four vivacious daughters who I adore and I think they reciprocate my love. She also has a vivacious dog with which I share a relationship of mutual distaste.

Without wishing to over-dramatize the case, I feel that to some extent I've expunged a little of the guilt I felt over my failure to help my mother. I transferred my sister's care to a top specialist and expedited her diagnosis and treatment. Most of all I have to take some satisfaction in having lead the team that first demonstrated that the drug tamoxifen could reduce breast cancer mortality. (see chapter 8).

Two years ago Linda's oldest daughter came to see me for advice. I'm sure she wouldn't mind me describing her as theatrical in all senses of the word, but on this occasion I felt that her anxieties were legitimate. Her mother and grandmother had breast cancer and the circumstances of her great grandmother's death also gave rise to concern. In addition we are of *Ashkenazi* extraction. All this hinted at the possibility of a germ line mutation in the BRCA gene pool which if present could lead to an 80% lifetime chance of developing breast cancer (see chapter 14). I referred her on to my friend Ros Eeles, a leading cancer geneticist at the Royal Marsden Hospital, who agreed that the family pedigree did suggest a risk of carrying a breast cancer predisposition gene. With counseling and agreement from the whole family my sister was tested for the "*Ashkenazi*" mutations on BRCA 1 and BRCA 2 (see chapter 14). To everyone's relief Linda was not found to be a carrier.

This story of three generations of my family neatly encapsulates the evolving story of progress in the fight against breast cancer over the forty years since I got involved in the campaign. My mother was too ignorant and/or modest to be aware of the disease. Cancer the "big C" was not talked about or considered almost a stigma close to that associated with "a spot on the lung", the euphemism for tuberculosis. Euphemisms for breast cancer were legion including chronic mastitis, neoplasia, mitotic lesions and at worst a "tumour", that literally means nothing more than a swelling. As a result of all this most cancers presented in a late stage either already inoperable or with overt distant spread (metastases). Even if operable the surgery would be a mutilating Halsted radical mastectomy (see chapter 6). With no malice intended, women were considered too emotionally fragile to handle the truth, so the diagnosis and treatment were discussed with the husband and sons. (I still encounter this cultural mindset with some of my private patients from Pakistan, Saudi Arabia and the Gulf states). Finally palliative care and symptom control were poorly developed and patients suffered unnecessarily. The myth that adequate opiate analgesia shortens life has now been exploded; in

fact the opposite is true. Too little and too late has been replaced by adequate and in good time.

By the time my sister presented breast cancer the subject was no longer stigmatized and breast cancer awareness campaigns were making their mark. Diagnosis was available in a “one stop shop” within the hour, matching “Kwikfit” car exhaust replacement for efficiency.

Surgery in most cases can now provide breast conservation with a decent cosmetic outcome without compromising the chance of cure and adjuvant systemic therapy can prolong life or even provide a cure. The development of clinical nurse specialists and the subject of psychosocial-oncology (see chapter 9) have enhanced quality of life, and the developments in palliative care and the hospice movement have improved the “quality of dying”.

The experience with my niece provides a pointer to the future. The genetic code for the rare familial predisposition to breast cancer has been cracked. The mechanism that explains why a faulty gene can lead to cancer is understood (see chapter 14) and opportunities for prevention are opening up (see chapter 9). Within a few years I expect the genetic explanation for sporadic breast cancers will be understood and along with that smart ways of preventing the disease will be discovered. In the immediate future we can expect more effective systemic therapy tailored to the individual cancer with specific molecular targets in its aim. Even as I write, tamoxifen the gold standard for thirty years is being replaced by a new class of compound (the aromatase inhibitors) that are not only more effective but carry fewer side effects (see chapter 12).

How all this came about is a fascinating story that touches on the history of medicine, the philosophy of science and the introduction of the humanities into medical education.

This book is also about my life, how it was shaped by the search for an understanding of this enigmatic disease and my modest contributions to the science and treatment of breast cancer. It is also my genuine wish that this story will humanize the subject, demystify the disease, help the afflicted and her family, and most of all offer hope for the future.

The Importance of Symmetry

Each morning on waking, I get out of bed, turn to my right 90 degrees and find my slippers arranged in perfect symmetry side by side, toes pointing to the mid point of the bed-side table waiting to slide onto my early morning feet. For some reason Judy, my wife, finds this extremely irritating and when making the bed might accidentally on purpose disturb this perfect symmetry with a well placed kick. The curious thing is that I never have any recall of arranging my slippers in this way and yet every morning there they are waiting for me. You may think that's all you need to know about me. Clearly I'm an anal-retentive obsessive neurotic. This was indeed the message contained in a scene of the film "The Dead Poets Society" starring Robin Williams. The protagonist played by Mr. Williams was a free thinking maverick school teacher who ripped pages from textbooks, taught his students to "seize the day" and express their inner self through literature and poetry. The "bad guy" was the father of one of the boys who objected to his son writing poetry and wanting to be an actor when he was destined to join his father's business. He eventually drove his son to suicide and the Robin Williams character was driven out of his job. The "bigoted" father put his slippers on just the way I do and this was shown in close up in order to fix the stereotype. I'm also obsessively tidy in my work practices. My office table is usually cleaned up at the end of each day and any books or papers I'm working from are left beautifully squared off in line with the desktop and arranged in pyramidal piles, largest at the base smallest at the top, looking like a miniature model of the Aztec site

outside Mexico City. The desk in my clinic is the same and if I don't see each patient on time I get wound up inside as tight as a watch spring. Like John Cleese in the film "Clockwise", I always try to get there on time. If we have a party to go to that starts at 8.00pm, even if it is the other side of London I always arrive with a chronological precision that even I find uncanny. For some reason my wife finds this habit intensely irritating as well. I must be hard to live with, I'm even hard on myself, yet I can't be all bad as Judy and I have been together for over 40 years and we never row, something else she finds annoying.

Clearly there is an obsessive trait in my character but I would like to say in my defence that part of my love of symmetry is aesthetic in origin. One of my passions in life is fine art, and I paint a bit too. I'm often drawn to paintings in ways I don't at first understand. For example I've just finished a reworking of Vermeer's "Woman Holding a Balance". (Figure 2) I've replaced the pearls that she is weighing with double strands of DNA that also appear in the painting on the wall behind her head in place of the "The Last Judgment", re-naming the painting "The Genetic Test". Only after hours of intense scrutiny



Fig. 2 Copy of Vermeer's painting, Woman holding a balance

did I notice that the fulcrum of the balance that she holds so daintily in her right hand is precisely at the point where the diagonals of the rectangle of the canvas cross. Furthermore if you then follow this point up to the top of the picture and then drop a vertical down to the table top you find you are at the 6 o'clock position of a perfect arc described by a string of pearls looping across the table and the pensive young woman's left arm. That observation gave me as much satisfaction as any scientific discovery.

I'm not quite sure if I was drawn to surgery as a result of this personality trait or whether the years of strict discipline in the operating theatre drove me this way. Certainly many of my colleagues share this behaviour. I love the calm and order in the OR, everything and everyone knowing their place; the instrument tray gleaming with stainless steel reflecting the powerful operating theatre lights, all the instruments lined up in order of size with the consultant surgeon as captain of this tight ship. No room for democracy in the operating theatre! The ritual of scrubbing up and the laying on of drapes is like some druidical ceremony. Even the colours of the brilliant carmine red of the arterial blood against the green of the drapes are aesthetically pleasing on the eye. Finally no operation is complete until the wound is neatly dressed and the whole area clean and sparkling again. Just like my desktop at the end of the day.

This love of symmetry and order extends to the way I view my very existence. For example the urge to write this book was not as an ego trip but as a way of achieving closure on the penultimate chapter of my life following my retirement from the NHS and my chair of surgery. However an even more perfect example of my search for one of life's symmetries was provided by chance in 2001 with an invitation to speak at a conference in Warsaw, precisely 100 years after my father's birth in that city.

I was warmly greeted at the airport by two of my hosts. I responded with equal warmth, not sure if I had met them before. What's to lose? Part of the problem of being a minor "celebrity" on the lecture circuit is that you meet thousands of folk on standing down from the podium and, with the best will in the world, you may remember faces and even names, but to put the two together especially when disorientated by foreign travel is beyond my competence. Curiously my wife has that gift but on this occasion she wasn't there to help me out. The day was overcast and grey with a threat of snow and my spirits sank as I was driven through ugly grey suburbs laid out on a bleak flat landscape. My hotel was aesthetically challenged and my room, the

best available for the visiting “celebrity”, was as bare and charmless as a student’s hostel. There was no chair, the light was missing from a bare wire dangling from the ceiling, the pillow was wafer thin (this did not bode well for someone who suffers from reflux oesophagitis), there was no plug in the sink and the soap provided was the size and shape of an After Eight mint. At last, I thought, I’m appearing in a David Lodge campus novel. I revived my spirits a little with a slug of cask strength Glenfarclas I’d wisely bought at Heathrow and consoled myself by thinking that at least on this occasion my wife wasn’t with me to whinge. Things could only get better, and they did. That evening I was driven into the old centre of the city for dinner. Next to Sao Paulo in Brazil, Warsaw is the ugliest city I’ve visited. It consists mainly of grey cube-like apartments that we have come to associate with the workers’ paradise of the former Soviet Union. The only building of note as you enter the downtown area is the huge tower of the People’s Palace of Culture, a gift from Stalin to the workers of Poland. The grandiose overbearing tower, that looks as if it was built from giant size Lego blocks, is typical of the Stalinist architecture of the 1950s and is an affront to the artistic eye. My Polish hosts were clearly embarrassed by it, as they seemed to be with any discussion of the Soviet period of their history. Things started to get better as we left our cars in the old central square and made our way to the evening’s venue. Now it must be remembered that before Warsaw fell to the Russians, the Germans razed it to the ground. In one of the most ignoble episodes of the Second World War, the Russians stood by on the East bank of the Vistula, whilst allowing the Nazis to crush the Polish uprising, in order to allow the leadership of the resistance movement to be liquidated without having to do it themselves. This destruction included the beautiful 16th Century buildings in the central zone, which has now been painstakingly restored to its original appearance. This has been done with such skill that there is no suggestion of an EPCOT-like theme park; it truly looks old. The restaurant was in the barrel-roofed cellar of an old town house full of character and charm, as was my dinner companion Dr. Anna Niwinska, although she was a lot younger. Two glasses of special vodka later I was becoming animated, pledging fraternal toasts to my right and my left.

Two more glasses and I was becoming maudlin telling everyone within earshot about the suffering of my late father as a boy in Warsaw, tearfully asking if it would be possible to visit his birthplace on the meagre information I could supply.

Then the food came in, which I instantly recognized as my late mother's cuisine. Heavy dumplings in barley soup, calf's foot jelly, *cholent* simmered for 24 hours and noodle with raisin pudding for desert. I felt full of contentment and bittersweet memories of my lovely mother who devoted her life to her family, preparing meals like an angel only to die a painful death from breast cancer at the very age I sit writing. After a few more vodka toasts the world went a little fuzzy at the edges and the next morning I woke to find that my slippers were not in their right place.

After two strong cups of coffee I prepared myself for the main event. I was first to chair a session and then, aided by simultaneous translation, to deliver a keynote lecture on my latest clinical research together with philosophical musings on the nature of conceptual models of disease. This seemed to go down well although my witticisms seemed to lose something in translation. I also avoided falling into the trap of patronizing my eastern European audience. For a start the chairman of my session, Professor Jacek Jassem from Gdansk, was President of the European Breast Cancer Conference that year and Marie Curie had started her pioneering work on radium just round the corner. In fact one of the most wonderful products of the fall of the Soviet Empire is the welcoming of many nations with a great scientific tradition back into the bosom of the international scientific community. (Figure 3)

The standard of the meeting as a whole was worthy of their heritage and their hospitality overwhelming. The rest of the meeting fell into a pattern, which I had long come to recognize and enjoy. Speakers dinner the first night, a typical folklorist show the second and the inevitable "gala dinner" and dancing on the last.



*Fig. 3 Marie Curie medal
presented on my visit to
Warsaw*

The show was somewhat unusual – entitled “Musical, Ach te Musical” at the Teatrze Roma. It consisted of excerpts from popular musicals translated into Polish.

“My Fair Lady” was a hoot with something definitely lost in translation during the “I’m getting married in the morning” song which came out sounding like “Orang- ootang murdered in the bath tub” but that didn’t stop me singing along with the cast. But the next number stopped me in my tracks and had me blubbing into my handkerchief. On came Tevya from “Fiddler on the Roof” to sing, “If I was a rich man da –da- da- da –da- da- daya”. He was bearded and dressed in a garb seen in the sepia photographs of my paternal grandfather. So here I was, a Londoner in Warsaw, watching a Polish translation of an American musical that was meant to be an evocation of the stetl (village) life from which my family escaped, first to the big city of Warsaw and then to London. Would my grandfather have been proud? I doubt it because along the way I had shed the mantle of the Chassidic Jew and was here in a completely secular role.

The next day of lectures and debates was followed by the “Gala dinner”. After the food and the toasts, I went easy on the vodka this time; the joint began to jump to the beat of rhythm and blues. To start with I watched wistfully from the sidelines as the pretty young doctors and their young bucks took to the floor and boogied to the beat. I love dancing and used to be quite good, in fact I won the Mister Twister competition in 1961 whilst a house officer at the Birmingham General Hospital. Perhaps feeling sorry for me a gorgeous blonde medical oncologist dragged me on to the floor and I boogied with the best of them. Suddenly I had a rare moment of self-revelation and saw myself as a sad, rotund, past his sell-by date old professor. I took my leave and went early to bed – the bitter self-revelation, the alcohol and rich food combined with the flat pillow guaranteeing a night of heartburn and insomnia.

My last day in Warsaw was given over to sightseeing and on this occasion my guides were the same Dr. Anna Niwinska and Professor Andrzej Kulakowski, director of the Maria Sklodowska-Curie Memorial Cancer Centre. Professor Kulakowski was born in 1929 and served with the Polish resistance during the uprising in 1943–44. As a boy of 14 he ran backwards and forwards delivering ammunition to the besieged fighters, narrowly missing death on many occasions. He went on to become Poland’s leading surgical oncologist. The first stop on my tour was Marie Curie’s office to view her memorabilia and to be presented with a memorial medal. After that we made the

pilgrimage to the memorial of the Warsaw Ghetto uprising, a noble and awe-inspiring monument raised by the Poles in admiration for the heroism of the Jewish fighters. One of the few survivors was a baby girl smuggled out in a shoebox. I met her a few years ago at a charity event in Frankfurt. She is the wife of the President of the vibrant young Jewish community there. I offered up my prayers and shed a few more tears, becoming more lachrymose by the minute. I was then taken to the Saxony gardens mentioned in my father's memoirs and finally as a coup de grace to the environs of my father's birthplace. Much to my delight and great surprise Anna had taken note of my vodka-fuelled ramblings of the first night and together with Professor Kulakowski, who knew the city like the back of his hand both before and after its destruction, were able to carry out some detective work. With the aid of an old map they had traced the junction of Genshe Street described to me by my father to an area that used to be in the Ghetto. The only building left standing after the Nazis had finished was the Church of the Nativity of the Virgin Mary. After the Russians had moved in they rebuilt the area retaining the old grid of roads, with brutal concrete apartments. The roads were renamed after Soviet heroes. Standing at the corner of Anielewicz and Karlmelika we ran out of clues and were about to leave it at that when a bent old babushka of 80 plus years emerged from her ground floor flat. She had total recall of the topography of that area, having served nearby as a maid in the pre-war years. Her claw-like hand took mine and dragged me one block away where she pointed "Genshe, Genshe!" I gave her all my zlotys and with my mobile phoned my oldest brother Geoffrey to tell him that I had traced our roots. Roots schmoots! If my grandfather hadn't taken the initiative to leave Warsaw in 1912 I wouldn't be here today, but at least my need for symmetry was satisfied.

Chapter 2

The Simple Son

“Then the simple son enquired
What should Passover mean to me?
To which his father replied
You were freed from slavery”

The Haggadah

I was born in the East End of London on May 31st 1937 at 12.00 noon, the day of the Grand National. My father often told the story of his little flutter on the race. He was torn between “Royal Mail” and “Midday Sun” and chose the latter partly because of his left wing tendency and partly because his third son was born at midday. Royal Mail won the race at 100/6 whilst Midday Sun broke a leg and had to be shot. I was not amused by this story and felt it as a bad omen, starting life with an inferiority complex. This was not helped by the fact that I was the third of four sons. On the eves of the first and second days of Passover all Jews celebrate the *Seder* night, where we read out the story of the exodus from Egypt. The master of the house conducts the service from a beautifully illustrated book, the Haggadah. As well as the narrative, the service is interspersed with the eating of foods rich in symbolism, nursery songs to keep the youngsters awake, ritual debates and homilies. Amongst the latter is the tale of the four sons. One is wise, the second wicked, the third simple and the fourth too young to understand. Each is given the task of questioning the leader of the service on the meaning of the festivities. In the tradition of our family each son had to act the part

according to seniority. My eldest brother Geoffrey was the wise son, my brother Harold the wicked, me the simple and the youngest David as the “child who does not know how to ask”. My lines were easy to learn all I had to say was “what is all this then?” What started as simple play-acting fed a growing understanding that I was indeed the simple one in the family as well as the one doomed to fall at the first fence. Surprisingly, I never resented this role, which soon became a self-fulfilling prophecy, and took great consolation from the achievements of my siblings. (Figure 4)

It was only when I became a senior academic that I began to appreciate the importance of the naive question, “what is all this then?” and “how do we know?”

Before I tell you about my family and upbringing I want to try to give a flavour of life in England in the mid to late 1930s. To do this I’ve drawn on my earliest memories, family folklore, and from a series of Punch magazines of 1937 that I bought in a car boot sale. (Figures 5, 6, 7) England in the late 1930s was at a transition



The family at 39 Sandon Road, Birmingham—circa 1948.
From left to right: the boys: David, Harold, Michael, Geoffrey
On the settee: Mum, Linda, Dad

Fig. 4 Picture of my family when I was about 11

between Edwardian values and Modernism. This was well illustrated by the graphic art in *Punch* at this time. At one extreme we see the classicism of Bernard Partridge whilst at the other the extreme simplicity of line by Fougasse. It is also immediately apparent that every household had servants who are illustrated in cartoons of either self-satire or what would now be considered most politically incorrect, mockery of the servant class. The first might include that famous series by Pont, lampooning the British Character. In one captioned “Love of never throwing anything away”, we see a uniformed maid looking in despair at the clutter in the attic. In another captioned “Absence of ideas for meals” it is the mistress of the house who holds her head in despair whilst cook waits impassively. As far as the second category is concerned this exchange appears below a meticulous drawing of madam addressing the maid. “Mary, your mother has just telephoned to say your sister has flu”. “Flew, Madam? But where has she went?” Funny thing is, although I grew up in a family that appeared to be penniless, we always had a maid. The maid was always from Ireland as I recall and mother had to “let one go” because she had a crush on my brother Geoff. In *Punch* of that time middle class men sported bristly moustaches, wore hats and spats and smoked Craven “A”, made specially “to prevent sore throats”. My father could have been the stereotype for the protagonists in this one. “Hallo, old man, I thought you were on a diet”. “Ah, I had my diet at home before I came to the club”. Yet behind this veneer of jolly



Fig. 5 Punch cartoon from the mid 1930s



Fig. 6 Punch cartoon from the mid 1930s



Fig. 7 Punch cartoon from the mid 1930s

Breast Beating

old England, Punch was sensitive to the early signs of the gathering storm. In one cartoon that I still find funny, we see the House of Commons with all the members wearing gas masks. (“Gas drill at Westminster”) One MP is on his feet addressing the house declaiming, “And I think I may confidently say, judging from the expressions on the faces of the honourable members, that the house is in unanimous agreement with the views I have expressed”. Clearly then as now the public were afraid of enemies who might attack with chemical and biological weapons. (Figure 8) Another more sombre in tone reminds us of the anti-war faction in the UK before Hitler invaded Poland. We see Sir Stafford Cripps standing on a soapbox ranting away whilst in the background we see darkening clouds and a sky full of bombers labelled “Foreign Menace”. The caption reads, “Today you have the most glorious opportunity that the workers have ever had...refuse to make munitions, refuse to make armaments.”

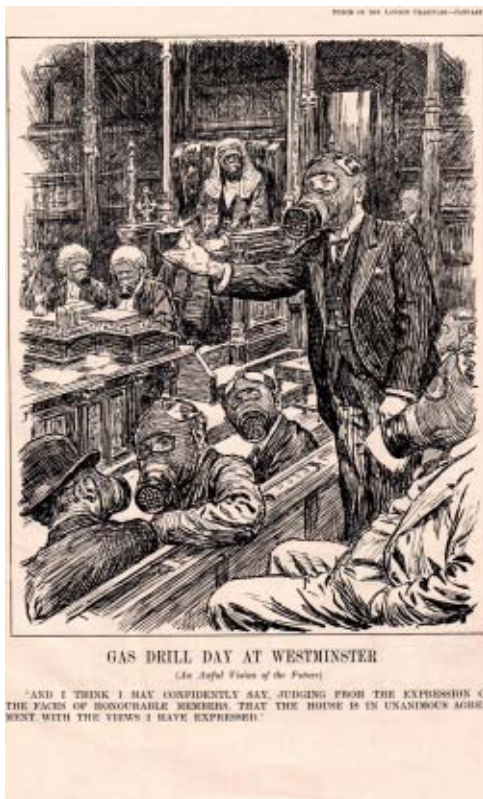


Fig. 8 Punch cartoon from the mid 1930s

In fact my first, albeit fragmented memories, are of the blitz round about 1941/42 when I must have been about four or five. I remember the sirens followed by the night-time rush to the Anderson shelter that my father and helpers had dug in the garden. I wasn't frightened but because of the competition to get on the top bunk I rushed out ahead of the family and slipped down the rain-slicked step of our bunker. I remember the steel re-enforced kitchen table that served as a shelter if the alarm hadn't sounded before the first bomb fell. My two older brothers would scoop up their books or schoolwork and carry on reading under the table barely missing a beat. Because of the blitz my father moved the family from the East End of London to Birmingham and when the bombers followed us there, to Halesowen in the Midlands . There I remember being held up at a window to see Coventry in flames as the Germans bombed it to hell. There was no hiding the little ones in the industrial cities any more so for a short time we became evacuees in a Welsh farming community. I must have been very unhappy there because ever since I've had an aversion to the country although I love the Welsh.

At the end of the war when I was 7 or 8 my father moved us back to Birmingham, from when my coherent memories begin. We lived in a large rambling Edwardian house at the corner of Sandon Road and City Road in Edgbaston. Not long afterwards the first premonition of a new addition to the family occurred when a starling flew into the scullery where my mother was washing up. Summoned by her screams, I was to learn that according to family legend each Baum pregnancy was signalled by a bird flying into the house. Furthermore all Baum children are born with a bird shaped birth-mark on their back. Indeed I have a birth mark on my back that could just about be interpreted as a bird with folded wings, but the symbolism of all this escaped me and only added to my sense of insecurity, suggesting once again that my fate was pre-determined. Six months later, with much rejoicing, my baby sister Linda was born. My mother was about 40 at that time but she and my father were desperate to have a daughter (Girls are a rare commodity in my family and of my 9 grandchildren only one is of the female gender.)

As already mentioned my father was a very handsome and dapper gentleman who served in Dad's Army (The Home Guard) during the war with great distinction; putting out incendiary bombs with a stirrup pump and going on manoeuvres with live ammunition, to my mother's profound alarm. Fortunately the West Midlands never saw German parachutists and the nearest he came to the enemy was when

a Messerschmitt crash-landed in a neighbouring field, with the pilot still in the cockpit. My Dad's daytime job was as a special agent. Until I was brutally enlightened I always thought that he was a spy like "Dick Barton-Special Agent" the hero of a popular radio serial drama. Sadly his work was neither glamorous nor rewarding. He wasn't an agent of the state but an agent of the *schmutter* business, *schmutter* being Yiddish for rags. In other words he sold women's dresses to the high street retailers. I learnt of his daily humiliations the hard way when eventually joining him as a helper on his daily rounds during the long summer holidays. I remember how he was patronized or kept waiting by the "all-important" buyers for the lady's gown departments of the local Midlands towns. Here was a man with no formal education beyond the age of 11, with parents who only spoke Yiddish, and sadly no flare for or patience with the world of commerce. Condemned to a lifelong struggle to finance a large and hungry family he yet managed to educate himself through his voracious appetite for books. He was clearly a very intelligent man, representing the City of Birmingham at bridge and chess. He could play 12 boards simultaneously and win them all blindfolded. Apart from these activities he fought hard for some kind of self-esteem via the Masonic Lodge and the Hebrew Community. He went on to become Worshipful Master of his Lodge and represented the Birmingham Jewish Community on the Board of Deputies of British Jewry. Sadly this led to many rows between my parents as his business suffered through neglect. In the end like many of his generation he looked towards his children to benefit from the advantages of living in a free, liberal and democratic nation that of course included a free and liberal education.

In the meantime, unrecognized until many years later, the central component of my education was already fixed in place by the ubiquity of books cluttering the house and the passionate dialectic of the family debates around the Friday night dinner table. It must have been here that I learnt to see the "other hand" of the "on the one hand but on the other hand" duality. It must have been here that I learnt to enjoy defending the indefensible just for the hell of it. Apart from the ritual of the *Erev Shabbat* I enjoyed a reasonably strict orthodox Jewish upbringing. This meant walking about three miles to the Birmingham Singer's Hill Synagogue every Saturday morning and sitting through endless sermons. It also meant attending all the festivals, most of which congregated round the beginning of each new school term, which didn't help my secular education. At the age of 13 I was *Bar Mitzvahed*. By all accounts I had a beautiful singing voice

before puberty and I had the congregation in tears with my readings from the Torah Scroll and the Prophets. The most memorable event on that day was the cheque I received from my rich, flamboyant and philandering uncle Sid. It was made out for £13.12s.6p, a princely if somewhat mysterious sum for those days. Later it emerged that he got his cheques mixed up and this one should have gone to his turf accountant. Instead I got a large white 5 pound note the size of a handkerchief, which somehow felt more valuable than the cheque, not that it mattered as my father pocketed all the monetary gifts to pay for the function. But at least I got to keep the fountain pens. I never found out what a turf accountant was but from the hushed tones of my parents I suspected it was something dirty. From the age of 13 I was meant to fulfil all the religious duties of an adult Jew and every so often my paternal grandfather would descend on the household, with the vengeance and appearance of an Old Testament prophet, to check up on the minutiae of my observance. Things got a little better when suddenly, at the age of 13½, I noticed that there were girls sitting in the upstairs gallery. I then realized that as we had a *mixed* choir and I had a good voice then religious observance wouldn't be too tiresome if I joined the choir.

My oldest brother Geoff was the first in the family to go to University. He qualified in medicine in 1955 and started off as a gallant captain in the RAMC in Egypt before settling into a successful career as a general practitioner. He was also a first class rugby player, a member of Moseley RFC and a county triallist. How he managed this is still a mystery to me. In fact the opportunity provided by this book allows me to confess, after a lifetime in denial, one dark secret, one missed opportunity, which has haunted me all my life. My regret concerns rugby football. I love rugby football and think it's the best spectator sport of all but I didn't always want to be a spectator; I wanted to be a player. I wasn't ambitious enough to want to score the last minute drop goal that allowed England to beat the All Blacks or even play for the Wasps; I only wanted to play for my school's first XV. Of course I wasn't big enough to play in the pack, or fast enough to play on the wing, but I was sufficiently nimble and quick-witted to have made a useful scrum half. So what stopped me? Well as already mentioned I grew up in an orthodox Jewish household and *Shabbat* was devoted to the synagogue and quiet study. Saturday was also the day for rugby practice and matches of our school XV. Even if I slipped away in the afternoon on a pretext, I was so full of *cholent*, the traditional Sabbath hot pot, that there was not enough

blood left to flow to my legs, as most of my circulation was diverted to my gastro-intestinal tract. So I regret all that time spent in the synagogue, praying in a language I didn't understand, listening to boring sermons and eating heavy midday meals, when I could have been playing scrum half for the school and who knows, even for my medical school.

But then there is a law of unintended consequences. I might have suffered brain damage, left the fold, and missed out on that occasion when I met my current wife. The sliding doors of life might then have left me at 70 as a lonely grumpy old man without a woman to call his own and without 9 adorable grandchildren.

Next in seniority was my brother Harold. He was extremely gifted academically and was something of a prodigy at school. He went on to become Professor of biochemistry and Dean of life science at King's College London. It was through him that I discovered the meaning of the scientific process and the thirst for discovery. He is still a great lyricist and famous for writing the Biochemists' Songbook.

My youngest brother David "crept up from behind" to win every prize, including the rarely minted gold medal, on qualifying in medicine at Birmingham University three years after me in 1963. He enjoyed a spectacular career rising to become Professor of Paediatrics and Child Health at Bristol University and then President of his Royal College. He died at the age of 59 literally whilst in the saddle, leading a charity bike ride to raise money to support the health care needs of child victims of the Balkan wars. He taught me the meaning of hard work, vision and self-belief.

The youngest of us all was our beloved little sister who went on to serve the NHS as a hard working underpaid speech therapist. When she followed my mother with a diagnosis of breast cancer at the age of 45 my world turned over and my mission shifted from career development for its own sake to one fuelled by a fire in my belly to rid the world of breast cancer. What sheer bloody arrogance and conceit you might think, and rightly so, yet my youngest brother (Figure 9) set out to change the world of childhood suffering and died in the attempt. He always illustrated his attitude with the parable of the star-fish.

An old man walking on the beach at dawn noticed a boy picking up a starfish and throwing it into the sea. When asked why, the boy explained that the stranded starfish would die if left to lie in the morning sun. 'But there are millions of starfish on



Fig. 9 My brother David in his prime

this beach,’ said the old man. ‘How can your efforts make a difference?’ The boy picked up another starfish and placed it in the waves. ‘It makes a difference to this one,’ he said.

Little guys like us can change the world a little for the better if we all have high ambitions and are willing to fail triumphantly.

However it was a long and rocky road to develop that self-belief and shake off my childish notion of being the simple son. The nadir of my academic achievements was when I became bottom of the class in a third rate grammar school in Birmingham. My father feigned delight and explained that I would be looked after if I left school at 16 and joined him in business. The thought of this living hell, as experienced whilst helping out in my summer holidays, galvanized me into action. I gained reasonable results at GCSE O levels and then surprised my family and myself by gaining a state scholarship that allowed me to follow my brothers into Birmingham University in 1955.

As much as I hated grammar school, I loved medical school. I loved the camaraderie around the cadaver on the anatomy dissecting table, I loved the patient contact on the medical firms, I loved the drama of A&E and the operating theatre, but most of all I loved the rugger-bugger beer-swilling parties and the *goyisher* (gentile) girls at the Saturday night hops. Up until that time I’d never really drunk anything other than the sacramental *kiddush* wine on Friday night and Passover. Furthermore my relationship with the girls of the Jewish youth societies and study groups was decorous, inhibited by an intense shyness and consummated only by a fierce game of table tennis. Even the chance mention of a girl’s name at the family

Breast Beating

Friday night dinner was enough to make me blush to the roots of my hair and leave the table in confusion. Ah, but medical school and my two years “in house” as a resident medical officer were heaven (as long as my parents didn’t find out!). I qualified as a doctor in 1960 with relative ease, enjoyed my appointment as house surgeon at my teaching hospital, the Queen Elizabeth Hospital Birmingham, and experienced the excitement and instant gratification as a senior house officer in A & E at the Birmingham General Hospital. I passed my primary FRCS (Fellow of the Royal College of Surgeons) studying in my spare time, and was all set for a career in surgery when I was overtaken by Zionistic zeal whilst (ahem) simultaneously escaping from an inappropriate relationship. In the spring of 1963 I approached the Jewish agency in Tel Aviv and in no time at all found myself on the SS Theodore Herzl, out of Marseilles en route to Haifa.