Performances that went wrong

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Any lecturer or after dinner speaker can give examples of occasions when things have not gone smoothly and this article chronicles a few personal experiences. One of the simpler difficulties is when a speaker fails to appear: an example I came across was in the United States when it was found that the speaker had gone to Rochester, New York, instead of to Rochester, Minnesota, thus being 1300 miles off course. On another occasion I was astonished when the speaker did arrive, because he was not the person expected but somebody else of the same name to whom the organiser had sent the invitation by mistake. He gave a splendid lecture.

Projectors and microphones

When slides are being used the absence of a projectionist is commonplace, and sometimes the automatic projectors become jammed. In addition I have encountered all of the following: no projector; a projector provided but stolen before the lecture; no spare bulb (frequently); a projector catching fire during the lecture; a projector that would not take standard size slides; a slide carrier that would not take glass mounted slides; a projectionist falling asleep; no screen. I was at a meeting in Prague in 1968 just before the Russians marched in. A Russian speaker was put on the programme at 0800 and for him an old projector was provided. There are seven wrong ways of putting in slides and each of these was tried by the projectionist before he dropped the box and broke some of them. For the following speaker, an American, a modern projector was produced.

Some years ago I went to Puerto Rico for a day to speak at a symposium. Unfortunately, the hall was unsuitable and, like several other participants, I was unable to read the slides, many of which included extensive and complex tables. Nevertheless, the 10000 mile journey was interesting, and the next time, when I was due to stay for two days, arrangements were made to hold the meeting in a more suitable hall. Unfortunately, however, the undercarriage of our plane jammed over Boston on the outward journey and we had to ditch our fuel. As a result I missed my connection at New York.

In many instances conferences are held in long, narrow hotel rooms with a level floor and low roof. Sometimes only those in the front rows can read the projected tables. Twice overseas I have had to lecture in the dark because of power cuts, and once a tent in which I was speaking collapsed.

Many things can go wrong with microphones, and the cordless type that have to be held end on by the speaker have wrecked many a meeting because the lecturer or discussants have spoken into them side on. Twice during symposiums I have attended the system has somehow picked up a local taxi control centre, and on one joyous wintry day we heard the communication between blaspheming road gritters and their director of operations. A symposium on communicating with patients would have proceeded more smoothly if the participants had been able to communicate with each other by knowing how to use the microphones.

In Santiago de Compostela I discovered that, contrary to what had been anticipated, many of my audience did not understand English; I had no lecture notes, but a professor kindly agreed to translate the talk, quite unseen, sentence by sentence. In Baroda I found that a group of nurses who did not understand English were attending a series of lectures given in English because they were too polite to draw attention to their problem.

Some years ago a meeting that I was addressing in the north of England was held in the bar of a hotel and the audience became more and more lively as the talk went on. One member kept interrupting, but when I had finished he came weaving across the room to say, "I have been asked to apolo-apolo-apoloshize and thish I do, but I want you to know that I hate bloody professors!" The same evening

I was interested to meet a non-medical member of the audience who told me that he had once had a cardiac arrest when lying on a switched on electric blanket. When he "arrested" his bladder emptied and the wires were short circuited, giving him such a shock that his heart started to beat normally. This seemed to be a tall story, but I was told by my host that it was quite true.

Less fortunate was a physician sitting in the back row at a symposium on intensive care. He had a cardiac arrest during one of the lectures and unfortunately could not be resuscitated.

Omissions and interruptions

On one occasion in Edinburgh a splendid farewell dinner was organised for a consultant who was retiring, but the organisers forgot to notify him and the dinner had to proceed without the guest of honour, who could not be contacted. Another time there were 18 empty places at or near the top table at an oversubscribed dinner because the organisers (who were 400 miles away) forgot to invite their guests.

A conference that I had arranged was largely wrecked because no sooner had we started than workmen began to attack the road outside with pneumatic drills and could not be persuaded to stop. In North America we were driven from a hall because a car driver had run over a skunk just outside the door.

More recently, the organisers of a dinner at which I was to give a short address chose a venue of which they had no previous experience, not knowing that the next door dining room, which had the same service hatch, was booked simultaneously for a disco. Hence my address, such as it was, had to be shouted above the noise made by what I was told was a recording by Duran Duran.

Performing off the cuff

Overseas travel is interesting and enjoyable but, particularly in the Far East, one must be ready for the unexpected. On alighting from a plane one must not be surprised if asked immediately to visit a hospital or medical school, attend a lecture, give a lecture, meet staff and students, or teach on outpatients. On one occasion I was taken to my hotel and bought the local newspaper. In it I found an advertisement for a lecture that I was apparently just about to give. No sooner had I read this than there was delivered in my room the bill for the advertisement. This is unusual, and I am sure that my hosts did not know about it.

In another Eastern city just after I had arrived I had a very severe attack of what seemed to be food poisoning, which kept me up all night. A car arrived in the morning and I found that in the course of the day I was visiting two hospitals and medical colleges, giving an unscheduled lecture, and being entertained to a luncheon and a dinner with speaking engagements at each. This left two free hours, during which my hosts very kindly showed me some of the sights of their city. Unfortunately the shade temperature was 34.5°C and I had just arrived from a Scottish temperature hovering around zero, with heavy snow. It is unlikely that anything I said that day was of high quality. Another time, when acting as chairman of a meeting in Hamburg, I found that the audience seemed to be going out of focus and concentration became progressively more difficult. That evening it became clear that I had whooping cough and I returned home to find that a member of my family was similarly afflicted.

In a Middle Eastern country I arrived to find that not only was I giving a lecture but also chairing the first session of a two day symposium. We were in a splendid new lecture theatre with fine woodwork, but it was excessively hot. This, it was explained, was because the air conditioning plant had been lost on its way from

Europe and no fans had been installed. I pointed out that many of the speakers had slides to show, and that there was no screen. Obliging, somebody went out and came back with a sheet, a hammer, and some large nails, then launched an attack on the new woodwork. This gave a white surface and effectively destroyed the panelling.

Once when attending a medical meeting in Ghana I was invited to the annual dinner. I asked about after dinner speeches and was told that there would be only one (by the American ambassador). After he had sat down the toastmistress, resplendent in her red uniform, struck the table with her gavel and announced that I would be giving the next speech. At the time there were possible political implications about anything that was said, but one way out of such a dilemma is to take the name of the place or society letter by letter and speak about each in turn. Having been caught out completely I started to talk about Ghana, using this method to gain time. The letter G was easy: I could talk about the gratitude I felt for my invitation and the opportunity to see the country. When talking about this I was thinking about the next letter and realised at once that there was a problem: I was not 100% certain how to spell Ghana. I was 99% certain it was GHANA, but there was no room for error, and just suppose it was GAHNA; if I got it wrong there would

be an international incident. As I talked about gratitude I was frantically looking around for a menu card to see if the word was there, but it was not, so I had to take a chance and went on bravely with H for hospitality before continuing with A for Accra, N for new friendships, and A for the American ambassador. Fortunately all was well, but it was an awkward moment.

I have known speakers to become tongue tied, but once had to treat a fairy queen who was unable to speak. She was in a pantomime at one of Edinburgh's main theatres in 1940 and had unfortunately yawned and dislocated her jaw just as the curtain went up. As the performance proceeded without a fairy queen I put her jaw back into place and she then quickly returned to the theatre. Between us, however, we must somehow have got the spells wrong because on the very day that I returned to Edinburgh from overseas service in 1946 the same theatre was burnt to the ground.

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A psychiatrist in the fortune teller's tent

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Yesterday afternoon, I found in my post a note from our ward sister, Anne. She was organising our annual secure unit summer fête and wanted to know whether I would be willing to participate again. Last year I was a fortune teller for the afternoon, sitting in a tent dressed in two tablecloths, a shawl, and a pair of pink floral curtains and adorned with large brass earrings.

The afternoon had been warm and I sat in the tent surrounded by draped shawls and potted plants. The crystal ball was an upturned sweet jar. The evening before had been spent reading a library book on palmistry. I looked forward to the afternoon.

The clients were a mixture and it seemed almost too easy to tell fortunes. So much could be gleaned from their physical appearance and general demeanour. The smiling cheerful pregnant lady who glowed wanted to know about her future children. I had seen the caring way in which her husband held her belongings and found a passage through the crowd for her. I did not think that I would be too inaccurate in predicting a long and happy life for her and her family. I had already decided to "predict" only happy events for people.

Young children came for their fortunes to be told (for a reduced fee of 5p). Predictions of tall dark husbands for the girls resulted in much giggling and smiling. The afternoon proceeded with a steady flow of clients. The relative ease with which people told me their secrets so unfalteringly was surprising and somewhat breathtaking. They did so more freely and willingly than many people seen for the first time in psychiatric outpatient departments.

What about the poodle?

One glamorous lady told how she had decided to leave her husband—he was standing not ten yards away outside the tent—and run away with her lover. She wanted to know whether her poodle would miss her and how he would cope without her. She

confided how violent her husband could be and how unhappy she had been. I tried to reassure her about the poodle as she could not take him with her. She tripped out, smiling, to take her husband's arm.

Only three men came to have their fortunes told, one of whom was a patient I knew from the unit. He was a large man with schizophrenia who demanded to know when he was going to leave hospital, get married, and have children. This was tricky as he clearly knew who I was and I had spoken to him only two days before on the subject of him leaving hospital. There had been no question of him doing so in the near future.

After studying his palm I answered as the fortune teller, saying that his discharge date was hazy but on the horizon. I read his marriage line as per the palmistry book, casting aside my doubts as a psychiatrist. He seemed satisfied and thanked me gravely, returning to the nurse who was waiting outside.

Shortly afterwards a lady in late middle age came in, dressed in crumpled grey. The remainder of her physical appearance was also crumpled grey. She was sad, anxious, and clearly had little money, if you could judge this by her appearance. She told me that she had come to the fête from a nearby village. She said that she was pleased to find a fortune teller as she had visited several before and had great faith in their powers. She looked so serious that I felt a momentary rise of panic—this was meant to be lighthearted fun and I was in danger of being taken seriously. I compelled myself to stay as the fortune teller but found myself as psychiatrist. As her sad story unfolded I wondered whether she was suffering from depression. She described herself as a widow of four years with two grown up children, who were married and living in the north. Her close friend had died six months before. She had little to hold her here and her son wanted her to move north to live with him and his family. She said that she would find the break hard to make. She confided that she had had thoughts of ending her life after her friend had died, although she no longer felt like this. She then leaned forward and