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Adventitia

Someone's advice for success was to put yourself in a position to be lucky, know that you have been lucky, and convince others that you were lucky; this piece is written in that spirit.

My abiding pleasure has been clinical physiology and, in particular, the physiology of exercise. In 1962, at a time when my interest was germinating as a raw registrar at the Hammersmith, the Wellcome Trust gave me the opportunity to go to Scandinavia where the best work was being done and where departments of clinical physiology were thriving. In Copenhagen, Dr Erling Asmussen received me with fatherly patience and courtesy in showing me his Rehabilitation Institute, and I watched spellbound while he carried out an experiment with Marius Neilsen and Mogens Jorgensen on the effects of partial curarisation on exercise ventilation in a normal volunteer. Asmussen had published continuously since the mid 1930s with Neilsen, and I still refer to his chapter in the *Handbook of Physiology*. Across the Kattgat in Göteborg, Erik Berglund took me round the Renströmska Sjukhuset where Gösta Birath was Head, and the Sahlgrenska which housed the University's Department of Clinical Physiology. He showed me the results of a population study to establish normal standards for spirometry which remains for me the best study of its kind. Jan Bjure shared the results of his studies of carbon monoxide uptake in exercise, and Bror Söderholm talked at length on the value of exercise testing in cardiac disorders; Gunnar Grimby challenged my classical views on exercise limitation. The organisation and work of the Department of Clinical Physiology was an eye opener, and on the first of several occasions I was put on a cycle ergometer and pedalled my best for Queen and country. A flight north almost to the Arctic Circle ended in a nail biting landing in thick fog at Umeå, happily on the eve of the first day of spring with its serious celebra-

tions. Another of the pioneer clinical exercise physiologists, Håkan Linderholm, was my host and head of the department. On the holiday a family outing to see his ancient yawl ended sadly, for the thaw had come and only the tops of the masts were visible. At the new medical school the department was young, well trained and enthusiastic. Gunther Koch and Torsten Ringquist tolerated my ignorance with good humour. Torsten introduced me to his thesis work on respiratory muscle strength; a member of the Swedish cross country skiing team, he was to die tragically young of an acute cardiomyopathy. Back south in Stockholm Per-Olof Åstrand, then as now the doyen of exercise physiologists, picked me up in his battered Volkswagen and took me to the Central Gymnastic Institute where I saw Björn Ekblom measuring maximum oxygen uptake in a child skier and Bengt Saltin took me through studies of acclimatisation to heat and exercise. A visit to Dr Bjurstedt's Institute of Aviation Physiology introduced me to the new technology of breath by breath measurements of gas exchange and online continuous blood gas measurements. My trip ended with a visit to Alf Holmgren at the Karolinska Institute and a view of all the information to be gained from exercise in cardiac patients.

I hope I have convinced the reader that I was lucky; this has been something of a belated "thank you" to these brilliant Scandinavians, not only from me but on behalf of all of us who followed in their footsteps in using exercise as a clinical tool. It has also reminded me of certain qualities of academic life which I hope still endure even in today's all too competitive environment—the fascination and rewards of clinical physiology; the generosity and camaraderie of scientists; the value of a few days spent in another laboratory; and the importance of encouragement in helping young investigators to start on their careers.

NORMAN L JONES