

## An unusual career for a Dentist

In September 1957 I found myself here in TCD as a medical student, just two months after my 17<sup>th</sup> Birthday, {[photograph from dental record](#)}. My father had hoped from the day that I was born that I would want to be a Doctor, as he was himself, a GP. So much so, that for my 16<sup>th</sup> birthday I received a skeleton, for my 17<sup>th</sup> Grey's Anatomy and on arrival in TCD was the proud possessor of Savill's System of Clinical Medicine.

As I sat on the Pavilion steps back then in '57 I was terrified. The end of a 6 year course looked so far away, a third of my lifetime again. Most of the other students, with a few exceptions, were older and certainly more mature. Here was the biggest challenge ever, and I resolved that I would make it from Pre-med into the 1st medical year. No mean feat, as we had been told earlier that day by Professor Walton, a Nobel Prize winner, that of the 120 present there would only be 60 survivors in the following year.

With Pre-Med successfully negotiated, I began to have serious doubts about being a doctor. Professor D Torrens, the Dean of the Medical School, wisely guided me into dentistry. Less than 6 years later I went into my first practice and started working full time as a dentist whilst still only 22. Although fully qualified there was still a huge amount to learn, not least about speeding up work and increasing patient turnover. The latter, I found increasingly irritating - also the bureaucracy of the Dental Estimates Board and the earning structure; the fact that the faster one worked the more one was paid, did not endear me to a long dental career. Six years after qualifying I informed my partners that I was leaving dentistry, mainly for the reasons stated above. They asked me what I was going to do and I told them honestly that I had no idea; I did commit to staying until they found a suitable replacement.

As things tend to do, something turned up in the nick of time. With a wife, two children and a mortgage, it was imperative that I found gainful employment. Attending an open day for IBM UK Ltd. I was amazed to be offered a position in sales and marketing. Culture in IBM was a big shock, white shirt, sober suit and a plain tie was the order of the day. A Viyella shirt and leather tie did not go down to well on day one. My manager asked me if I was planning to play golf! The main reason I had been employed was my knowledge of the National Health Service from the inside and my knowledge of medicine. At that time IBM had several products in the medical line. I was involved with all of the following products: small computers for laboratory environments, such as haematology and clinical chemistry, and bigger processors for hospitals or Regional Health Authorities. As well as these conventional products, IBM also had several specialist medical products, for example a product used to deglycerolise frozen blood to make ready for transfusion. Several army units used this product in field hospitals. In the area of cancer treatment there was a blood cell separator; used to

take blood from a patient, after which it was spun in a centrifuge to separate the individual components and was then returned directly to the patient. In the case of a leukaemia sufferer the white blood cells could be removed from the blood flow or a plasma exchange could be made.

IBM also stands for "I've Been Moved" and sure enough we were moved, as a family, lock stock and barrel to Stockholm. With a pan-european responsibility for market development of several medical products it was inevitable that a great deal of travel was required. A big change from the same surgery day after day. After three amazing years we were again moved, this time to Paris. Life was hard! Eventually the time came for a change and I left IBM to join a smaller medical multi-national company based in Indianapolis. My position was based in the UK, but I became responsible for developing markets for haematology and clinical chemistry instrumentation. This time however on an International basis for markets outside the USA. More travelling, with input from myself we opened up new markets in Saudi Arabia, Dubai, India, Singapore, Hong Kong, Australia and China.

All of these areas had different problems. In the Middle East, time ceased to be important and no meeting ever started on time. It was very difficult to know if you were dealing with the right person. You might be ushered into a room with at least half a dozen white robed gentlemen; who was the decision maker? Patience was a necessity, the rewards good. In China, by contrast the Mao regimen was over but everyone was still wearing dull colours and Mao jackets. Millions of bicycles thronged the road. Travel from one end of China to the other was by steam train, and I was always accompanied by a Chinese doctor and a Manager from our Hong Kong partner, Jardine Danby. Highlights included banquets, where we were always the guests of honour, but we also paid for the banquet! We were fed delicacies by our "hosts", often revolting items such as sea cucumber or deep fried sparrow offered to our mouths by their own chopsticks. Dental hygiene was not to the fore! On one occasion I was invited to lecture at the Shanghai Institute of science and Technology - a very interesting but a rather daunting experience. Obviously an interpreter was required; to this day I am not sure what the audience heard, for as I spoke a couple of phrases, the interpreter rattled on for one or two minutes. Perhaps he was giving his wider knowledge an airing, or else, discussing the local football results. One will never know.

After many years of travelling, I felt it was time to stay in one place for a time. A Managing Directorship of a very small entrepreneurial company specialising in Medical Instrumentation and Robotics was a complete change. Much of my time was spent with leading laparoscopic surgeons throughout the UK in their operating theatres demonstrating instrumentation and robots for minimally invasive surgery. [usually used in surgical procedures such as the removal of gall bladders or the repair of hernias.]

What a change from that boy sitting on the pavilion steps all those years ago. However life never offers any guarantees and at the beginning of this millennium, at 10.30pm on the 15<sup>th</sup> of January I had a massive Aortic Dissection and since then I have effectively been retired.

One last item of interest - as I qualified with all my medical colleagues back in 1963, this year was our 50<sup>th</sup> anniversary. I took it upon myself to coordinate our reunion and it gave me huge pleasure to help bring together over 20 medical colleagues for a highly enjoyable event. It was a great honour for my wife and for me to be greeted and hosted to a coffee morning in the refurbished Dental School by the Dean, June Nunn, who made us very welcome and who also gave us a conducted tour. I have to admit to being amazed at the changes, the bright atrium, the conservation floors and the exceptionally high standards. I was quite envious! The Dental Hospital was one of the highlights of our reunion weekend. { photo/s with Professor J Nunn }

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