

Between two worlds

Life in neuropathology and beyond

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Introduction

On a rainy October afternoon in 1968, as my plane landed at Heathrow Airport from Budapest, I did not know that I would never return to the country of my birth and early youth. I arrived with a small suitcase and five pounds in my pocket. I was a fortunate and happy recipient of a Wellcome Research Fellowship at £1,200 *per annum*, which had been awarded two years earlier. The Hungarian authorities, however, for reasons known only to themselves, did not give me an exit permit. My visit was on a knife edge until the last minute, for on the day when I was going to the British Consulate to apply for a visa, the Hungarian State Radio announced that the armies of the Warsaw Pact (including Hungary's) were giving "brotherly help" to the people of Czechoslovakia. Translating this Orwellian newspeak, it meant invading a friendly, neighbouring country.

Arrival in London

My first impression was compensation for all the preceding stress: my future boss, Professor Stanley Holt, met me at the airport and brought one of his assistants, who happened to be also a

Hungarian and who left after the Revolution of 1956. Holt (Fig 1), or "Holtie" to his friends, was a

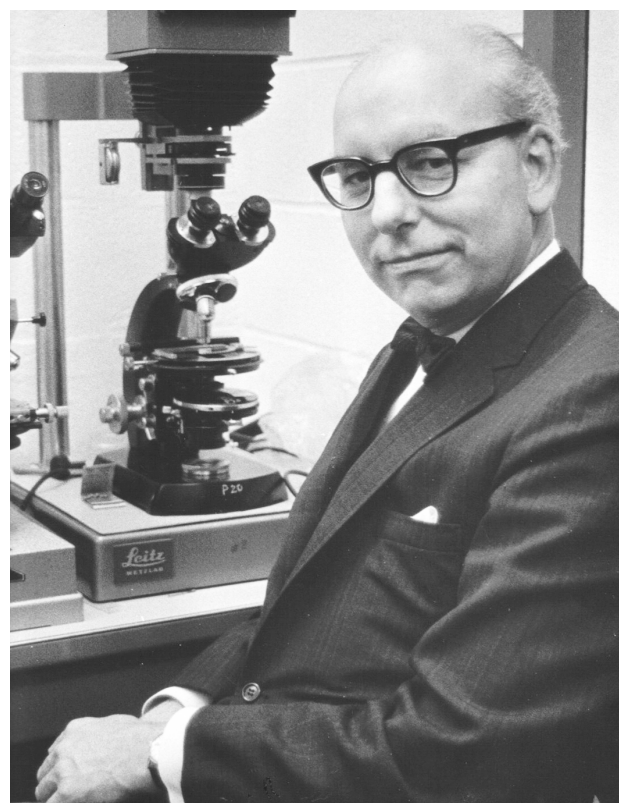


Fig 1 Professor Stanley Holt

cell biologist of international reputation. His Department of Histochemistry of the Courtauld Institute of Biochemistry within the Middlesex Hospital Medical School, London, W1, which despite its small size, was a beehive of activity with young scientists from all over the world. He originally excelled in histochemistry and later applied electron microscopy to the demonstration of enzymes – a methodology I learned from him. This expertise stood me in good stead one year later when I started to work on my PhD. He had lexicographic knowledge of a wide range of subjects (including an in-depth personal expertise of Scottish single malt whiskies), and was an excellent teacher and a most entertaining raconteur.

In the late summer of 1969, as my Fellowship was coming to an end, I realised that, whatever happens, I was not returning to Hungary. The reason for this decision was complex, but at its core was the discovery of personal freedom with the liberating feeling that I was in charge of my own destiny. Having experienced a new way of life, I felt that I could not conform to the rules and regulations of life under Communism.

“Defection”, my trial and prison sentence in Hungary

When I told Holtie of my decision, his response was rapid and efficient as he went to see the Director of the Institute and the Secretary of the Medical School. The next couple of months remain memorable for the kindness and help of people who allayed my way of getting permission to stay in the United Kingdom, to find accommodation and, most importantly, a job.

In the meantime I had to write an official letter of resignation to my workplace, the Institute of Morbid Anatomy and Histopathology, Medical University in Szeged, Hungary. It was not an easy task. The response was immediate and brutal. The Rector of the University ordered a disciplinary action on the basis that I refused to return to Hungary. Since I failed to appear personally to present my case, I was summarily dismissed from employment. But this was not the end. I was also indicted with a criminal charge of refusing to return to Hungary. The trial took place, in my absence, on 9 February

1970 in the District Court of Szeged. I was sentenced to 16 months imprisonment as principal punishment and complete confiscation of all my belongings as secondary punishment. The latter I viewed with a sense of bitter irony, for it was for the third time in less than three decades that we lost all our material possessions: first, the Fascists took away everything in 1944, then the Communists closed down the family’s enterprise in 1949 and finally I lost everything in 1970, for my flat in Szeged had been sealed and sold with its contents.

For many weeks after my “defection”, I had a recurring nightmare. I was getting on the plane at Budapest Airport and, as I was fastening my seat-belt, a stewardess called my name and frog-marched me off the plane. I was terrified; I would never fly to London. The nightmare always ended the same way - I awoke in a pool of sweat, but happily realising that I was in London after all.



Fig 2 Copy of my photograph in the file of the Hungarian State Security, taken *circa* 1966

Many years later in 2015, I learned that the Hungarian State Security (AVO) had a file on me (Fig 2). At my request its Archives sent a copy which

is now in my possession. It consists of 39 pages, with all the details of my trial and some other information that had been kept for decades. “Big Brother” had a long memory.

The Middlesex Hospital Medical School, London

My first appointment was a Research Assistant in the Bland-Sutton Institute of Pathology of the Middlesex Hospital at an annual salary of £2,160. Not knowing at the time, I was the first to be employed from the so-called “biscuit money.” In the 1960s, Garfield Weston, multi-millioner owner of Fortnum and Mason (The Queen’s grocery shop) and many other outlets, donated a large sum of money to promote research into neurological diseases at the Middlesex Hospital. This donation was, by the way, the seed from which the Reta Lila Weston Institute of Neurological Studies at University College London later blossomed. Professor George Dick, director of the Bland-Sutton, and Dr. Helen (“Wendy”) Grant, a consultant neuropathologist (Fig 3), were looking for a research worker who would examine ultrastructural abnormalities in progressive multifocal leukoencephalopathy (PML). This was an appointment clearly tailored for me, nevertheless I was formally interviewed.

I started to investigate post-mortem brains with PML, but soon realised that the information we could get would not add a great deal to the existing knowledge. After an extensive literature search and discussions with Professor Dick and Dr Grant, I suggested that my project be in the field of experimental brain tumours. Two British biochemists, Peter Magee and John Barnes, had discovered the carcinogenic actions of nitroso compounds in 1956. Subsequent extensive investigations revealed that two nitrosoureas, methyl- and ethyl-nitrosourea, have preferential carcinogenic actions in the nervous system. Ethyl-nitrosourea (ENU) when injected in a single dose to pregnant rats after the 15th day of gestation induces tumours at a rate of nearly 100% in the nervous systems of offspring. This is of paramount importance in carcinogenesis; because the precise time of interaction between the carcinogen and the cells is known, it

became possible to study carcinogenesis and the evolution of tumours from their inception.



Fig 3 Dr. Helen (Wendy) Grant in 1987

PhD on brain tumours

It was at this time that I met a young German neuropathologist who expressed his ideas with enthusiasm and some force. We started to collaborate and became friends: his name is Paul Kleihues and he came to work with Magee, a professor at the Courtauld Institute of Biochemistry. I started my project on the development of ENU-induced tumours of the nervous system in BD-IX rats in 1970. The tumour yield of the offspring approached 100% and I sequentially followed their growth from the earliest abnormal cell proliferations to fully developed malignant tumours. Pleomorphic gliomas, resembling human glioblastoma multiforme, have originated from undifferentiated cells of the subependymal plate. My first collaborator who joined me was also funded from the “biscuit money”: Geoffrey Pilkington, 21 years old at the time at

the time of our collaborations, recently retired at the end of 2019 as Professor of Cellular and Molecular Neuro-oncology. I submitted my PhD thesis to the University of London with the title, *The Fine Structure and Enzyme Cytochemistry of Tumours Induced by N-Ethyl-N-Nitrosourea* and was awarded in 1973. It might have been the last word in the field, but leafing through it now, its two volumes are fossils of a bygone era.

While working on the PhD, I was also doing the occasional neurological post-mortems and looking at brain biopsies. At the advice of senior colleagues, I decided to prepare and sit for the MRCPATH examination. To learn the “trade,” I visited many neuropathological departments in England and abroad. On the basis of my PhD and previous experience in Hungary, I was exempted from the Primary and got successfully through the Final Examination in the winter of 1975. This I celebrated by treating myself to a round-the-world air ticket. In the summer of 1976, I was appointed Senior Lecturer in Neuropathology at the Middlesex Hospital Medical School and Honorary Consultant to the Hospital. I already had my small research team working on experimental brain tumours and my first PhD student, who later became a Professor of Neurology in Athens, Greece.

The changing ethos of medicine

The Middlesex Hospital exists no more. First it fused with University College Hospital London (UCHL) to become “Unisex” for a couple of years while the new UCHL was built. It was later demolished to give space to modern blocks of flats. Only its beautiful chapel – an oasis of peace and a place for reflection – has survived as a protected building. While I worked there from 1968 to 1980, it was a most pleasant and stimulating environment; the competence of its consultant staff was matched by the excellence of its academic life. Medicine by that time might not have been a vocation, but it was still a profession and not the business to which it has been degraded today. It was run by doctors for patients and not by managers for profit and quotas. When the UK went through turbulent economic and financial difficulties, we were encouraged to raise funds for research; yet the basic principle that it was the university which should provide funds for

salaries and infrastructure still prevailed. This changing world was reflected even in the everyday attitude of employers. Young doctors of today would not believe that, for many years, it was a daily tradition at the Middlesex to lay out tea with cakes and sandwiches in the Senior Common Room – free. This is a far cry from now, when staff are expected to pay for parking at their work place.

The Institute of Psychiatry/Maudsley

In 1979, the Chair of Neuropathology at the Institute of Psychiatry (IoP) was advertised and I applied. To my surprise (and perhaps to everybody's), I was appointed in October of that year; exactly ten years after I had decided to remain in England. In the immediate euphoria and surprise, I did not realise that I arrived at the wrong place, at the wrong time. The Chair at the IoP was, at the time, one of the two established chairs of neuropathology in the UK, created to acknowledge the work of Professor Alfred Meyer who escaped from Nazi Germany and built up the neuropathology laboratory at the Maudsley Hospital, London (Fig 4).

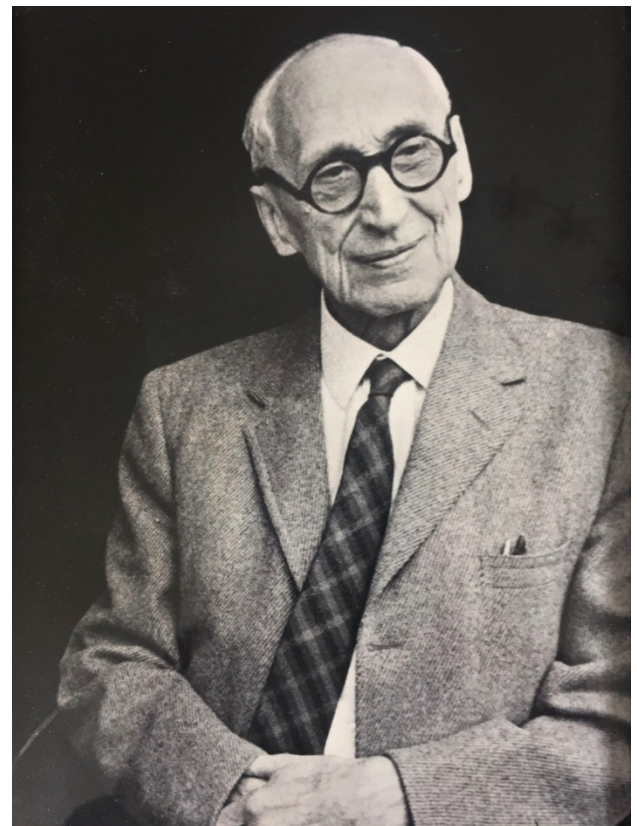


Fig 4 Professor Alfred Meyer

I was the fourth incumbent of the Chair and did not realise that I was going to face an uphill struggle. In the late 1970s the UK was literally bankrupt and, after the “winter of discontent” when the country was paralysed by strikes, Margaret Thatcher had won the election for the Conservative Party in May 1979. The new government embarked on an austerity policy that did not spare universities. The vacant jobs of two Senior Lecturers and one Lecturer, advertised with the Chair, were “frozen” – the dreaded term I heard for the first, but unfortunately not the last time. The Department was decimated; there was one full-time and one part-time Consultant, one Senior Registrar and a group of three neurophysiologists. However, there was no shortage of advice, with the best coming from Lucien Rubinstein in his letter of congratulation. I will quote the penultimate sentences, for it is wise advice even for future generations: “The main thing is to plan carefully and deliberately, and recognize where action is possible and where it is futile. If you insist, however, long enough, often enough, and nicely enough, you will, we are sure, get your own way.” And this I tried to follow during the next 22 years: with more or less success.

I made a plan for the first five years and decided that I would resign if I did not succeed. First, with a major grant from the MRC and with Geoff Pilkington’s help, who came with me from the Middlesex Hospital, we redesigned and upgraded the Electron Microscope Unit. This was followed by modernising the histopathology laboratory and creating laboratories for immunohistochemistry, molecular biology, genetics and tissue culture. With the late Professor David Marsden, we successfully applied to the MRC for a grant to establish an Alzheimer’s and Parkinson’s Diseases Brain Bank. After he was appointed to the Chair of Neurology at the Institute of Neurology and Neurosurgery in London, we had a friendly “divorce.” The Parkinsonian component moved with him, whilst the larger share stayed at the IoP to become a major resource of research. This Brain Bank is still flourishing under the directorship of Professor Safa Al-Sarraj, Head of Clinical Neuropathology.

In 1985, with the spreading of HIV, the MRC funded an AIDS Brain Bank which became one of

the national centres of AIDS research. By this time, the Department of Neuropathology expanded to occupy two floors in the IoP and had a foothold in the new Clinical Neuroscience building of King’s College Hospital. Research during the 1980s and 1990s thrived, chiefly for two reasons. First, the Department was fortunate to attract talented young researchers, including trainees in neuropathology, other clinicians (including psychiatrists), and a large group of non-medical neuroscientists. There were several independent, but collaborating research groups in neurodegeneration, HIV/AIDS, prion diseases, brain tumours, neuro-immunology, schizophrenia and autism. Second, although there was never enough money to cover everything we wanted to do, the Department was successful in getting long- and short-term grants. By this time the Department had some 50 members, including four Consultants and three secretaries.

When the IoP merged with King’s College London as part of the major re-structuring of medical schools and postgraduate institutes in London, I became the Clinical Director (Lead Clinician) of neuropathology services covering a catchment area of 3.5 million people. I also held Honorary Consultant contracts with the Maudsley, King’s College, Guy’s and St Thomas’ Hospitals.

In 1992, I received the degree of DSc of the University of London, and in 2001 I was elected Fellow of the Academy of Medical Sciences.

My main research interest was in neurodegeneration, particularly in familial and rarer dementias and prion diseases. This included successful collaboration with psychiatrists and neurologists of the IoP/Maudsley and elsewhere, both in England and abroad. I was also invited to participate in three editions of the WHO classification of brain tumours (1993, 1997 and 2000), the clinicopathological definition of Pick’s disease, the European Network of Brain Tissue Bank (European Union), HIV infection of the nervous system diseases and Creutzfeldt-Jakob disease (International Society of Neuropathology), and the definition and diagnostic criteria of corticobasal degeneration, supranuclear palsy and multiple system atrophy (National Institutes of Health of the USA). It is in multiple system atrophy in which we have made a signifi-

cant contribution to the diagnosis and definition of disease.

The Discovery of glial cytoplasmic inclusions, also (*unfortunately NOT*) known as Papp-Lantos inclusions

In 1987, Mátyás Papp, Professor of Neurology and Neuropathology at the Semmelweis Medical University of Budapest (who in the early 1980s spent one year in my Department), sent me several cases of striatonigral degeneration, olivopontocerebellar atrophy and Shy-Drager's syndrome. He observed, by using the Gallyas' technique, tangle-like inclusions which occurred predominantly in oligodendrocytes. In London, we further characterised these inclusions by electron microscopy and immunocytochemistry (a state-of-the-art technique available at the time) and established that they were present in all three clinical syndromes. Later, it was found that these inclusions also contain α -synuclein. The fundamental importance of glial cytoplasmic inclusions are twofold. First, they are the hallmark cellular lesions – not in any way less important than Lewy bodies – by which these elusive disorders can be confidently diagnosed. Second, their presence in all three clinical syndromes demonstrated that they are a single nosological entity: multiple system atrophy.

Editing Greenfield's Neuropathology

When Professor David Graham asked me in 1992 whether I would co-edit the Sixth Edition of Greenfield's Neuropathology, I had no hesitation to accept. Whilst editing textbooks never appealed to me, two titles were tempting: "Greenfield's" and "Russell and Rubinstein". Earlier, I was approached by the publisher of the latter, but the transatlantic negotiations came to a halt and I felt better not to be involved.

The first edition of Greenfield's was published in 1958 and the Fifth Edition of 1992 was not an unqualified success. We decided to have a different concept, content and design from the previous editions. With the support of Georgina Bentliff, this was the beginning of our harmonious collaboration of some ten years with the publishers: first Edward

Arnold, then Hodder and Stoughton and finally Hodder Headline. The Sixth Edition, published in 1997, was well received, collected a couple of prizes and had to be reprinted. The Seventh edition appeared on the market in 2002 and must have been regarded as a success, for the publisher gave a special, leather-bound copy to the two editors.

The British Neuropathological Society

British neuropathologists have two excellent forums dedicated to neuropathology: The British Neuropathological Society (BNS) and the bimonthly scientific journal, *Neuropathology and Applied Neurobiology*. In the past, the BNS had two annual meetings: in the winter in London with rotating venues and in the summer in the country at clinical neuroscience centres. The meetings were open to everybody who paid the registration fee. They were attended by neuropathologists and neuroscientists from other countries – mainly from Continental Europe. At their best, the meetings lasted two days and were frequently preceded by a symposium with invited speakers on selected, topical subjects. These were occasions as informative and stimulating scientifically as they were enjoyable socially. I joined the BNS in 1972, becoming its Vice-President in 1993-1995 and President in 1995-1997.

The BNS first published *Neuropathology and Applied Neuropathology* in 1975 under the editorship of Professor John Cavanagh, an outstanding neuroscientist with razor-sharp critical sense. He edited the journal until 1988 when, under Professor Roy Weller's editorship, the journal continued to flourish as it does to the present day.

The Problems of British Neuropathology

As Head of a large department of neuropathology, I was aware of three chronic problems of our specialty. First, the complex and sometimes difficult relationship with histopathology, as reflected by the chronic "independence" fight with the Royal College of Pathologists for recognition as a separate specialty. This was less of a problem for departments which were part of a large clinical neuroscience centre, but more difficult for those

which were *de facto* part of a histopathology department. The Royal College of Pathologists eventually recognised neuropathology as a subspecialty, organised a Sub-Committee of Neuropathology of which I was Chairman (1987-1990), and allowed the Final Examination to be taken in neuropathology, overseen by a Panel of Examiners which I also chaired (1985-1990).

Second, irrespective of location, the cost of neuropathology services was always a concern – increasingly so with the advent of managers and during the endless reorganisations. The argument that the post-mortem examination of brains and the diagnosis of biopsies from the nervous system may exceed the average cost was not always readily accepted.

The third problem was recruitment. Unfortunately, neuropathology is a small specialty and during my time the number of Consultants did not exceed 50 in the UK. Choosing neuropathology as a career in medicine had the potential difficulty of finding a consultant appointment after the completion of training – let alone getting one at a desired location. This clearly was a limiting factor, although both the MRC and the Wellcome Trust were most helpful by funding training positions in neuropathology.

Despite the rumours: there is life after retirement

The publication of the Seventh Edition of Greenfield's in 2002, coupled with other reasons, seemed to be the ideal time for my retirement. I also remembered my fore-teacher at school who advised to leave the party when one enjoys it most. Whilst I admire my colleagues who do not seem ever want to retire, I knew that I was not going to select this avenue, despite a couple of tempting offers for part-time work. I did love neuropathology and do not think, if I were starting again, I would choose another specialty within medicine. Overall I enjoyed my work, both at the Middlesex Hospital and at the IoP, but, apart from working *pro bono* for medical charities, retirement was a closure of my professional life.

However, even after retirement, I followed the careers of those who worked with me. It is with some satisfaction to record that all my PhD students (with the exception of one who has a leading position in the British pharmaceutical industry) became professors in their fields in this country, the USA, Ireland, Hungary and Greece. One is now Executive Dean of the IoP, which is still one of the leading centres of its type and now appropriately renamed the Institute of Psychiatry, Psychology and Neuroscience. Some of my young colleagues and trainees also had stellar careers: two at the Institute of Ophthalmology and one as the Director of the Wellcome Sanger Institute, having been knighted a few years ago.

Immediately after retirement, I enrolled in a two-year Theology Course on Judaism, French and Hebrew classes and short cookery courses and demonstrations. However, these were only diversions, for I had a project to pursue.

Bergen-Belsen

In the summer of 1944, as a child of five, I was deported with my parents first to Austria and then to Bergen-Belsen concentration camp in Germany.



Fig 5 With my mother in 1946

I was prisoner 8431, my mother 8517 and my father 8432. My father died there of starvation; my mother and I survived (Fig 5). Before the British

Army reached the camp, we were put on a train with destination Theresienstadt, another concentration camp outside Prague. On the way our train was bombed by the Allies for they thought that it was carrying German troops, but finally we were liberated by the 30th Division of the 9th US Army on 13 April 1945 outside a small village in eastern Germany. After travelling across war-torn Europe, we arrived home to an empty family house at the end of August 1945. My mother never talked about this experience – not until I was a teenager when I started to ask questions.

Life under the Communists

After the war, Hungary was a democratic country with a multi-party political system, free elections and an increasing living standard. However, at the end of 1949 our normal life had abruptly changed. Insidiously increasing its power with the assistance of the Red Army, which by then had changed from a liberating to an occupying force, the Communist Party came to power to inaugurate years' of terror. The Revolution of 1956 brought a few days' of hope and freedom, only to be squashed by the Red Army and with the introduction of reinvigorated oppression.

In 1958, after some difficulties and at the protestation of my mother, my social classification was upgraded from “class alien” (which meant social death) to “other” (a dubious category with which one could just get by). I was admitted to the Medical University of Szeged (now named after Albert Szent-Györgyi, the Nobel Prize-winning scientist who worked there). Despite oppression until 1960 – for example we knew there was at least one “student” who regularly reported on us to the police – I greatly enjoyed my university years. The main reason was the quality of teaching. There was an extensive and demanding curriculum, including a good balance between theory and practice in the form of lectures and practical classes. Despite the “Iron Curtain,” medical and scientific journals were available from all over the world, and from the late 1950s senior staff could apply for fellowships in western countries. And this is how some years later I received a Wellcome Research Fellowship in 1966, as a Lecturer in the Institute of Morbid Anatomy and Histopathology.

Revisiting Belsen

I realised that as an adult, I knew very little of what had happened to us. After all, 21 members of my family perished in the Holocaust.

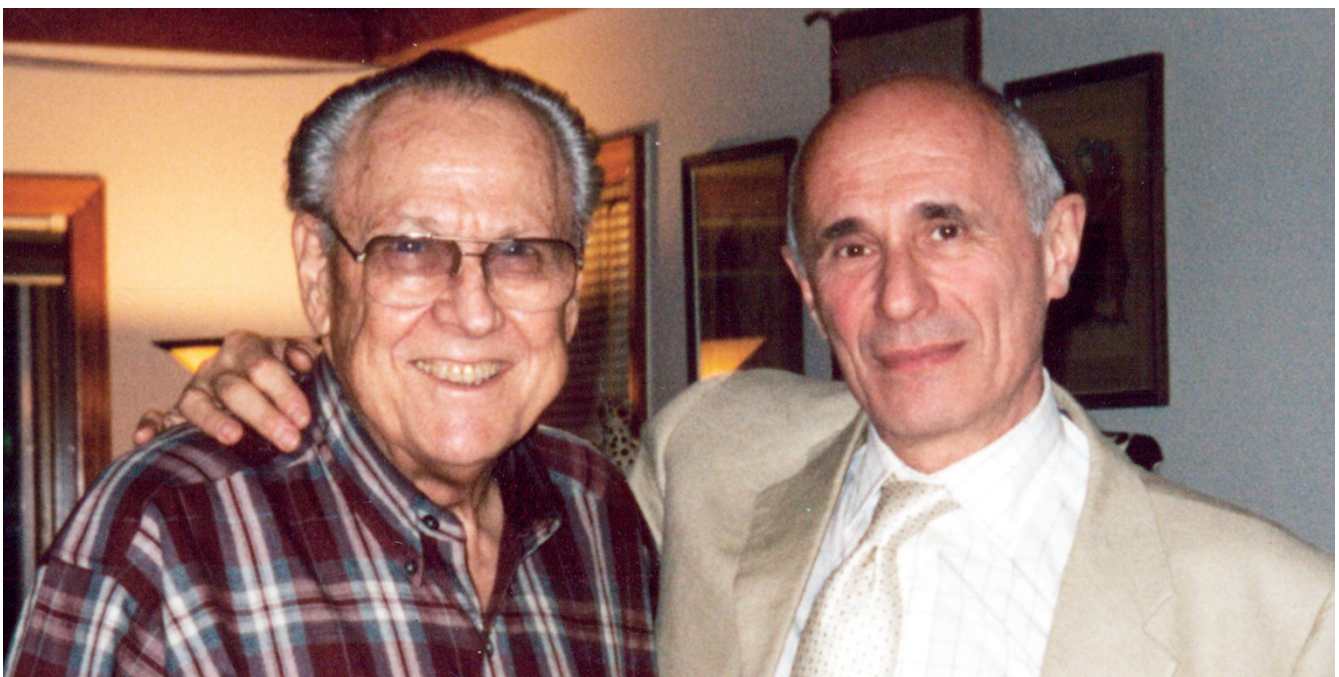


Fig 6 With George Gross in San Diego in 2003

The aim of the project I embarked on was to fill this gap. However, I encountered a formidable obstacle at the very beginning in that most of the family documents had been lost during the war. Those which survived had been left, and presumably destroyed, in my flat in Szeged. To rekindle memories, during 2003 and 2004 I traced the footsteps my family made 60 years earlier in 1944 and 1945. It was an exciting and rewarding time – a sort of research I had not done before: diving into the archives of four different countries and meeting other survivors and witnesses. Two witnesses, amongst the many, were unforgettable: the late George Gross, the American tank commander who liberated our train and whom I visited in San Diego, California (Fig 6) and the late Professor John Hankinson, Professor of Neurosurgery in Newcastle, who as a last-year medical student volunteered to help in Belsen after liberation. For his work, the British Army presented him with a beautiful silver pocket watch which he passed on to me when I visited him in Newcastle. This is one of my most cherished possessions (Fig7).



Fig 7 The silver pocket watch from Bergen-Belsen on the top of my bureau

Reinventing myself as a self-employed author

I had not planned to write a book about my childhood. However, with a large amount of material from my travels, I started to make notes as a sort of *aide memoire*. The experience at the beginning was quite unsettling, for there was an element of emotional involvement, completely different from the impersonal, objective and sparse style of

medical/scientific writing – something I had practised for four decades. However, in the end, I had a manuscript and one of my friends, an editor, found a small publisher. *Parallel Lines – a Journey from Childhood to Belsen* was first published in 2006 by Arcadia Books London (Fig 8a). It was well received both in this country and abroad; it was translated into Hungarian (*Sínek és Sorsok*, Scolar 2009), Italian (*Tracce di Memoria*, Giunti 2015) and German (*Von Ungarn nach Bergen-Belsen und zurück*, Wallstein 2017). After attending medical/scientific meetings, symposia and workshops, it was a great change and exciting to be invited to literary festivals and book launches in this country, the USA, Germany, Hungary, Australia and New Zealand.

After *Parallel Lines* I wrote a novel, *Closed Horizon*, also published by Arcadia Books in 2012 (Fig 8b). It is a dystopic novel which takes place in the surveillance state of the near future and it is a clash between the individual and the darker power of the state.

"The play's the thing" (Shakespeare)

I never had any intention of writing plays and it was only the love of theatre which led me to a short course, organised by the Writing Academy of the publisher Faber and Faber, on writing plays in 2012. The course was good fun with two excellent tutors: one being a well-known playwright and the other the artistic director of a Central London theatre. Thus, my playwriting "career" is entirely accidental, but I enjoyed the idea of trying to bring characters to life by creating inner tensions and external conflicts. The research, which was essential for the historical background and characters of the plays, was very similar to the excitement of discoveries of medical research. Yet the world of theatres, actors, directors and agents is far removed from the medical/scientific environment. It was not any less revelatory and exhilarating, yet far more uncertain and changeable – as if someone attempted to enter a mirage. Nothing exemplifies this more than the author relationships with publishers. Whilst medical publishers came to ask, or even begged, authors to write for them, one has to find a publisher in the literary world where there are over 160,000 titles a year.



Fig 8 Covers of my books

The first three plays were collected into a volume, *Stolen Lives* to form a trilogy (Regent Books London 2018; Fig 8c). All three take place in Hungary against historical turning points: *The Visitor* during the Second World War; *Distorting Mirrors* in the 1956 Revolution and *Stolen Years* at the fall of Communism in 1989. In all three, the source of drama is the same: human tragedy, in the form of an irredeemable conflict between vulnerable individuals and brutal authoritarian dictatorships relentlessly motivated by an obnoxious ideology, be it Fascism or Communism.

I have completed two more plays. *Light and Shadow* is the extraordinary love affair which shook puritanical Victorian London between the French painter James (Jacques) Tissot and Kathleen Newton, a Catholic Irish divorcée with an illegitimate child. My last play, *Bread from Air: the Strange Case of Dr Haber* has perhaps the most complex of characters: Dr Fritz Haber the Nobel Laureate in Chemistry (1918), who by producing ammonia from hy-

drogen and nitrogen, the basic substance of fertilisers, is credited with saving the lives of two out of the seven billion people alive today. Yet, it was also he who produced (on a scientific basis) poisonous gases, one of which was first introduced in 1915 against French troops at Ypres. His private life was as contradictory and colourful as his professional career. He lived long enough to be refused entry by the Nazis into the Institute he founded which bore his name. Fortunately, he did not survive to witness the death of some of his relatives in Auschwitz, who were murdered by the same poisonous gas his team had experimented with in the 1920s. These two plays were published in a volume, *Love and Obsession* (Regent Books, 2019; Fig 8d).



Fig 9 At the reading of one of my plays in 2015

All these plays had professional rehearsed readings with actors – mostly in the theatre and one in the Tate Gallery – but none has had a full production yet (Fig 9). Now, with the pandemic creating grave consequences for theatres, it is even less likely that this will occur in the near future.

Nevertheless, I am working on my sixth play which, through its extraordinary heroine, brings together my country of birth and my adopted country.

Epilogue or Final Curtain

After 21 years of absence, I arrived at Budapest Airport on a sunny September day in 1989. The city was more beautiful than I ever remembered and was floating on a wave of expectation and hope. The still “socialist” government had just opened the border to Austria and this was the “beginning of the end” of Communism, for the Berlin

Wall came down two months later in November. For me this journey was of great importance, for it built a bridge between the two worlds in which I have lived: Hungary of my childhood and youth and England of my adult life. In the sunshine of euphoria and wellbeing, I felt that a new Golden Age was dawning over Hungary, Europe and the World. Looking back now, I could not have been more wrong. Yet we should hope that common sense and decency will still prevail over madness and outrage; liberal democracy over dictatorships and populism (Fig 10).



Fig 10 Peter Lantos today