During the search for information for the ‘Lives of Fellows’ biography of Dr. Roberts (93rd Fellow of the Faculty of Anaesthetists) contact was made with his son, Prof Nigel Roberts, a political scientist in New Zealand. He had a memoir (230 single spaced pages in a ‘Word’ document) produced by his father at the end of his career, and has kindly made it available for display here. It has been ‘tidied up’ a little, but not edited in any way, so please accept it for what it is, a personal document. Illustrations from family and other resources have been added, and the final version is just over 300 pages divided up into 16 heavily illustrated chapters on Bobby’s life and career, with much personal, social and medical detail. The College is delighted to display this fascinating record, with its wealth of medical and social information, for all to see. It is in read-only format, but anyone who would like a personal copy should contact Prof Roberts (Nigel.Roberts@vuw.ac.nz) explaining their interest in the contents. Copyright for the text lies with him, and the sources for all the pictures are shown at the end.

Prof Tony Wildsmith
Dr F. W. (Bobby) Roberts
(27 January 1911 to 2 February 2005)

Memoirs
(1911 to 1973)

Illustrated edition: 30 April 2017
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Introduction

In the early 1990s, my father was about 79 years old when he first bought a computer. He used it primarily as a word-processor to start writing his memoirs, and over the course of several years, he beavered away typing assiduously, eventually compiling a manuscript that was 230 pages long.

Some years after my father’s death in February 2005, my brothers and I paid to have his memoirs re-typed as a Microsoft Word document. All we had until then were photocopies of his manuscript, and none of us knows what happened to the original typescript my father had printed out on flimsy paper using a small dot-matrix printer.

Neither do we wholly know why my father’s memoirs came to a sudden stop. The last page he wrote recalls preparations for a trip to Portugal in December 1973 – when my father was only 62 years old, which was more than 31 years before he died. My father once told me while he was writing his memoirs that he was struggling to put the more recent events in his life into perspective: that was probably the primary reason why his memoirs simply petered out. I feel sure, though, that another reason for the sudden ending stems from the time he was writing his memoirs. In the mid 1990s, the actions and behaviour of one of my father’s children caused my parents a great deal of stress and sorrow. The whole affair was disheartening and dispiriting, and my parents barely wanted to talk about the matter, let alone – I feel sure – write about it.

At the end of my father’s memoirs, I have, therefore, added an epilogue to give a brief account of what my father and mother did during the final three decades of their lives. When he set out to write his memoirs, my father said he was doing so primarily to let his children and grandchildren know about some of the things he’d done, people he’d met, and places he’d visited. As I am now more than ten years older than my father was when his memoirs abruptly ended, I find that I too am conscious of the need that my father felt to let his descendants know more about his and my mother’s lives.

My father never thought that the document he spent countless hours typing – primarily in his garage-converted-into-a-study in Kingston, Tasmania – would be published. However, more than ten years after he died, I extracted my father’s accounts from his memoirs of working in Lambarene in 1957 with Dr Albert Schweitzer and of the 1967 Hobart bushfires, and I put them up on my website. As a result of my doing so, several medical historians – most notably, Professor Mart van Lieburg and Dr Marten van Wijhe in the Netherlands, and Professor Tony Wildsmith in Britain – came across my father’s recollections and realised there might be more material in his memoirs that could be of interest and possibly even of use to them. I thus sent material from the chapters about my father’s work in Utrecht in 1947-48 to Dr van Wijhe, and I also agreed to copy-edit the entire manuscript in order to assist Professor Tony Wildsmith’s research into the contribution of British-trained doctors to the worldwide development of anaesthesia. The document you are now reading is the copy-edited version of my father’s memoirs.

The typists who converted the photocopied pages of my father’s original typescript into a Microsoft Word document took their task very literally. They did not try to work out what a missing letter may have been or try to correct any errors in the manuscript. For
example, on the first page of my father’s typescript there is a sentence that begins, ‘One of the first real memories that I have is …’, but the letter ‘t’ in the word ‘the’ was obscured by a hole-punch. As a result, the Microsoft Word document that my brothers and I were given reads: ‘One of [unclear] he first real memories that I have is …’! My aim in producing this document was, first of all, to get rid of all the ‘[unclear]’ notations in the manuscript. In addition, a small number of factual errors have been corrected (such as the name of the Union Castle liner Bobby, Lilian, and the family sailed on to go to South Africa in 1949), and spelling and typing errors have been rectified (not that there were many). Where I think it could be helpful, I’ve occasionally added brief footnotes to supplement several of the things my father said. My father’s grammar has been largely left alone, even though I disagree with or dislike some of his stylistic preferences (he was, as will become clear to readers of these memoirs, a ‘which’ man, whereas I tend to be a ‘that’ man). I should stress, too, that I have made no attempt either to alter or to tone down Bobby’s opinions. I hope that the overall result – comprising my father’s original work and my minor changes – is a readable and interesting manuscript.

Illustrations have been added to this edition of Bobby Roberts’ memoirs. As a result, it is a very large file – far too big to be transmitted by email. However, if you want a copy without illustrations, it’s a far smaller file and is easily able to be mailed electronically to you. As Bobby explains in Chapter 15 of his memoirs, the house that he and Lilian, Stuart, Charles, and Linda lived in on the slopes of Mt Wellington on the outskirts of Hobart was totally destroyed in the February 1967 ‘Black Tuesday’ Tasmanian bushfires. The family lost all their possessions. As a result, the family has very few pre-1967 photographs. One small set of exceptions to this consists of the 35mm transparencies that Bobby gave me prior to my departure for the United States in August 1962 so that I could show them to my American Field Service host families in Ohio and tell them something about our lives in South Africa. Luckily, in view of what happened to my parents’ home, I never returned the slides. They survived the conflagration and several of them have been reproduced in this illustrated edition of Bobby’s memoirs. Nevertheless, despite that, I still had to make extensive internet searches in order to find appropriate illustrations for these memoirs. I am extremely grateful to all those people whose photographs and documents I have used, for making them available via the internet. To acknowledge my debt to them, the final section of this edition of Bobby’s memoirs gives the source of every photograph and illustration that appears in the first three-hundred pages of this document.

Nigel S. Roberts
Wellington, New Zealand
30 April 2017
Chapter 1: Early Days

According to my birth certificate, I was born in Washington in the County of Durham, a small coal-mining village in the District of Chester-le-Street.

Francis William (Bobby) Roberts’ birth certificate.

In 1911, my father, Harry Roberts was a schoolteacher there. He had met my mother, Olive Mary Seaman, at Durham University where they both graduated and trained to be teachers.

When Bobby was born in 1911, his parents – Harry and Olive Roberts – were living at 55 Glebe Crescent, Washington, County Durham.
I was born on 27 January, Mozart’s birthday. The doctor who attended was a friend of my father and pulled his leg and said, ‘Well he’s all right physically, but I don’t think he’ll have enough intelligence to be a teacher like his parents.’ My father replied, ‘Oh well, we’ll just have to make a doctor of him then!’

When I was about six months old, my parents decided to immigrate to Canada, and Harry got a job as a teacher way out in the bush in Alberta. By some mischance their luggage went astray and their first impressions of Canada were no doubt highly coloured by this misfortune. Whether it was the remoteness or the approaching winter, I do not know, but when after a few months a telegram arrived to say that their luggage had, after all, been found and was in Quebec, my father replied ‘Keep it there, we’ll collect it on our way back to England.’ On our return the family lived in the Stockton-on-Tees-area, and my brother Peter was born there in March 1913.

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The birth registration index for Bobby’s younger brother, Norman Peter Roberts.

My father taught at the Bowesfield Lane School in 1913 but in early 1914\(^1\) we moved to Great Yarmouth.\(^2\) I only have the vaguest memories of Yarmouth: the only thing I can remember is being hurried along the sea front, where to or what the hurry was I have no idea. When the First World War broke out my mother did some volunteer nursing at a military hospital and I have been told that I was very concerned to think that my mother would have to take those big soldiers on her lap as that was the only sort of nursing I knew about.

After the German Navy shelled Great Yarmouth my father’s parents were worried about the safety of their only family and we went to live in Stockton-on-Tees where my

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\(^1\) A Friday, 6 February 1914, logbook entry by the Bowesfield Lane School headmaster notes that ‘Mr Harry Roberts left this school on the 30th inst. for the Priory School Great Yarmouth. He received on leaving a present of a Silver Cigarette Case.’

\(^2\) Going back as far as the early 18\(^{th}\) century, generations of Bobby’s mother’s relatives, the Seaman family, came from Great Yarmouth.
paternal grandparents lived near the northeast corner of Ropner Park. We lived not far away in a cul-de-sac called Austin Avenue off Hartburn Lane in the end house with a triangular garden, the northern apex of which was flanked on both sides by railway lines. One of the first real memories that I have is of being roused from sleep together with Peter and carried out into the garden in the middle of the night to watch a Zeppelin coming down in flames over Middlesbrough way.

Bobby’s father’s parents lived near Ropner Park in Stockton-on-Tees.

My grandfather worked at a brickyard and as a child I thought he was the owner, but on mature consideration of the house and street they lived in I suppose he was a foreman. Living so close to our grandparents, Peter and I spent a lot of time at their house and I remember two childhood accidents that took place there. Peter somehow managed to pull down the kettle that sat permanently on the hob and scalded my arm and I can remember the painful dressings done by the District Nurse. In return for this piece of grievous bodily harm inflicted on me, I later got my own back by pushing Peter out of the sitting room window into the paved backyard. This assault was not, of course, deliberate but caused by us both standing on the sofa under the window and in order to have a closer look at a passing cat walking along the backyard wall, somehow Peter leant a bit too far out and went out headfirst. By a stroke of luck right under the window was a small padded footstool and Peter fell on his shoulder on that and broke his collarbone, infinitely preferable to hitting his head on the paving.

The first school I went to was the Queen Victoria High School for Girls where they took children, boys and girls, of pre-school age. Other vague memories of that time are of holidays, by the sea at Runswick Bay and on the North Yorkshire moors at Osmotherley. I can remember searching for pieces of jet, a semi-precious stone reputed
to be abundant in the Whitby district, and also collecting winkles at low tide on the rocks below the cliffs at the Kettleness end of the bay. I don’t think we ever found any jet but we certainly had many a shellfish meal with the aid of a pin. Near Osmotherley on the road east of the village towards Rievaulx and Helmsley across the moors was a pub called The Chequers run by two old ladies where they had a fire burning in the big open fireplace that was reputed to have been burning continuously for well over a century. I remember that fascinated me and on a fine day it was a favourite walk of the family to go and see it. The Chequers was so remote that I don’t think it could have had many regular customers, only passing wayfarers, and I suppose the fire as a talking point must have been an attraction for tourists.

During a holiday at Osmotherley, I suppose it must have been in the Easter vacation of 1917, when I was six years old, my parents had a serious quarrel and I can remember my mother storming out of the rented cottage and riding off on her bicycle back to Stockton. That quarrel was never resolved and a short time later my parents separated and so were Peter and I. My mother took me and we rode off on her bicycle, with me on the carrier, and we went all the way to her parents in South East London. When I look back on that event it occurs to me that that must have been quite a feat for a woman to undertake. I can’t remember how we carried enough luggage, nor do I know how long it took us. The distance from Stockton-on-Tees to London is about 240 miles or just under 400 kilometres. I do remember one place we stopped in a suburb of Coventry with some friends, a Mr and Mrs Parncutt who had at least two little girls, younger than me. Peter stayed with my father who was – once again – a teacher at the Bowesfield Lane government school, a position he held until he retired from teaching in 1943.

Detailed records of the history of Bowesfield Lane School are contained on this website.

3 A logbook entry by the headmaster of the Bowesfield Lane School on Monday, 3 May 1915, noted that ‘Mr Hy. Roberts (Trained Certificated) commenced duty as assistant here today and was placed with Standard IV.’
My maternal grandparents lived in Lee, south of Blackheath between Catford and Eltham, in a large Victorian house in Newstead Road with three floors above ground and a semi basement and that was to be my home for several years. My maternal grandfather was Charles Joseph Seaman, I think my grandmother’s Christian name was Sarah but I am not sure, I do know that her maiden name was Francis, because that is why my first given name is Francis.\(^4\) C.J. Seaman was an engineer with the firm of Brinjes and Goodwin who were specialists in bridge building.\(^5\) I have an idea that they were in some way involved in the building of the bridge over the Zambesi at the Victoria Falls. Even when my grandparents moved house it was only to a very similar house just round the corner in Burnt Ash Road and we went with them, and my mother and I lived on the top floor of that house almost as in a separate flat. I lived in Lee right up to the time when in 1933 I qualified in medicine and went to a resident house surgeon appointment at the Middlesex Hospital.

To go back to 1917, I went to school at the house next door in Newstead Road run by Miss Garrett, a co-educational preschool of which I only have happy memories. Miss Garrett taught all subjects, including music and I had piano lessons. During this time there were a few Zeppelin air raids and I can remember being brought down from the top floor to sleep in the Breakfast room in the basement. I do not remember hearing any bombs but I do recall watching the searchlights looking for and occasionally locating an airship.

At some time during the last year of the War, I suppose it must have been either late 1917 or during 1918, my mother went to be a school mistress at a boys Grammar School to replace one of the masters who had been called up into the army. The school was in Brewood (pronounced ‘Brood’), a few miles north of Wolverhampton, near the famous Royal Oak of Boscobel in which the future King of England, Charles II hid after the battle of Worcester in 1651 where the royalist army he had raised in Scotland against Cromwell was defeated.

\(^4\) Bobby’s maternal grandmother was Sarah Ann Frances (who was born in Stockton on 31 March 1858 and died in London on 30 January 1936). Her maiden name was more often spelt with an ‘e’ than an ‘i’. When he wrote his memoirs, Bobby did not know that his maternal grandfather, Charles Joseph Seaman, was a direct descendent of Francis Seaman (who was born in Norwich in 1699 and died in Great Yarmouth in 1761) and it was also possible Bobby was named Francis because of this.

\(^5\) Grace’s Guide to British Industrial History contains the following 1941 obituary for Charles Joseph Seaman: CHARLES JOSEPH SEAMAN, M.B.E., was chairman and managing director of Messrs Bringes and Goodwin Ltd., of Reading and Poplar at the time of his retirement in 1931, and he had been managing director since 1911, in which year he purchased the business and converted it into a limited liability company. He received his early training in technical classes at Stockton-on-Tees, and during his apprenticeship, which he served from 1870 to 1875 at the Thornaby Ironworks of Messrs. W. Whitwell and Company. He then became draughtsman to Mr Thomas Whitwell, consulting engineer and the inventor of the hot blast stove. Two years later he went into business on his own account as an agent for engineering material, and in 1889 he became managing director of the Stockton Forge. The firm was concerned with the production of castings, forgings, and bridge building, and was subsequently sold to Messrs. Head, Wrightson and Company. Subsequently Mr Seaman was appointed general manager for Messrs. Heenan and Froude in Manchester, and became joint managing director in 1908 when the firm became a limited liability company. He was also chairman of Messrs. John Stones, Ltd., engineers, of Ulverston, for forty-eight years. In 1933 he was awarded the M.B.E. in recognition of his services in Poplar in connection with public assistance. Mr Seaman, whose death occurred on 17th February 1941, at the age of 86, was elected a Member of the Institution in 1892, and was also an Associate Member of the Institution of Civil Engineers.
Olive, as I called my mother as soon as I left school, did not wish to leave me in the care of my grandparents and was allowed to take me with her to Brewood and I became a boarder at the age of seven. I was of course the youngest in the school.

Memories of my time at Brewood Grammar School are sketchy, of course. I cannot remember any of the school classrooms or any of the other teachers except one other woman, Doreen Dent, who later became Mrs Asprey, who was a close friend of Olive’s and whom we often used to visit in later years. What I do recall about Brewood are the Shropshire Union canal that ran along the school boundary, a steep spinney on the banks of the canal where we used to play and where the older boys indulged in smoking, a meadow with gorse bushes also on the banks of the canal in the school property where in the summer of 1918 the school Dramatic Society put on some Shakespeare play, I think it was *A Midsummer Night’s Dream*, and some skating during the winter. The outstanding memory of that time is, however, the Armistice and a huge bonfire in the field adjoining the school buildings to celebrate the occasion. I suppose that was an easy introduction to boarding school, knowing that my mother was actually in her own room in the same building, but when I next went to boarding school in 1920 I suffered pangs of homesickness for the first two days of each term. Only when I went at the age of 13 to an English ‘public’ school as a boarder did I not mind the separation and in fact actually looked forward to returning to school.

I am not sure now when we left Brewood, probably at the end of the summer term of 1919, because whereas the Armistice precisely fixes us there in November 1918, I have a feeling that there were two Shakespearean plays in the gorsy meadow, because I can also remember *Twelfth Night* being staged and it is unlikely that a school amateur dramatic club would attempt more than one play per season and only the summer term would provide the right weather. We returned to Newstead Road, Lee, and I went back to Miss Garrett’s next-door ‘dame’ school. This time I went for singing lessons and that involved going by tram from Lee Green to New Cross where I went to the house of a Mr Dutton. I was at this time only eight going on nine, and I am surprised in retrospect that such a small boy could be allowed to travel unaccompanied that distance. I enjoyed those tram rides and travelled on the top deck and made a hobby of memorising the names of all the public houses along the route. I knew them all and could recite them in their correct order, but now I can’t remember any except the Tiger’s Head at the beginning of the course at Lee Green and the Marquis of Granby near the end. I hope that the reason I cannot now recall them is because my head has been filled with more useful facts.

I was given singing lessons because Olive had discovered that cathedral choir schools gave singing scholarships and she did not have, as a woman school teacher, enough income to pay for me to go to an ordinary preparatory school. Having been a teacher herself in the State school system and my father, Harry, still was in that system, she had little faith in the system and was ambitious for me to get the best private education she could manage. So, in 1920, I sat for various scholarships to cathedral choir schools.

There were written examinations in English, Arithmetic, History, Geography and Scripture and a singing test for those who passed the usual school subjects. For some unknown reason the singing test was always known as the ‘Trial’. I had no trouble

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Spinney: A small area of trees and bushes.
passing the scholastic side of the exams, although the standard expected of an eight- or nine-year-old cannot have been very demanding. I remember Olive being most amused when I told her that in answer to one of the Scripture questions I answered quite truthfully that I didn’t know the answer to that as we hadn’t got as far as that yet in our scripture lessons at school. That reminds me of the story of the Divinity student who when asked to discuss the relative merits of Elijah and Elisha, wrote as his answer ‘Far be it from me to dare to criticize either of these great men, but the kings of Israel and Judah were as follows.’ I failed the ‘trial’ for St Paul’s Cathedral choir and the next one on the list was for Christ Church Cathedral choir at Oxford and once again I passed the written general studies but the examiners for the ‘trial’ weren’t sure if I was good enough. I gathered that they weren’t worried about the quality of the voice but didn’t think I was quite good enough at the technical side, being able for instance to pick out and sing the middle note of a chord played on the piano. However they decided that I would be allowed to start at the school without singing in the choir until the next ‘trial’. I don’t know how much they deducted from the usual non-choir school fees but it must have been sufficient for Olive to agree to send me to the school. There was, of course, this further trial hanging over my head, (or over Olive’s purse) and so when another trial was advertised for some other choir Olive requested the school authorities to allow me to go and try that one. Christchurch Oxford must have been a bit worried about the possibility of losing me because the choirmaster and organist Henry Ley came to the school and proceeded to give me a personal ‘trial’ before the time I had to go to catch the train to wherever the other cathedral was and he decided then and there that better the devil he knew than the devil he didn’t and I was accepted into the choir. I know that whenever I annoyed any of the other choirboys this unusual ‘trial’ was held against me. I hadn’t had a proper trial in competition with other candidates!

Neither Olive nor I cared about that and I was now destined to remain in the choir school of Christ Church Cathedral, Oxford for the next four years.
The boarding quarters for the choir school were at the back of the Headmaster’s house on the south side of Brewer Street facing the stone walls of Pembroke College, and the class rooms were a little way down the entry into Christchurch Meadows on the opposite side of St Aldates on the right hand side with the walls of Christ Church College opposite. The school was a very small one, there being only 16 choristers and about a dozen non-choir boys. The classroom building had a lovely old walled garden where each boy was given a little plot to cultivate. Over the wall on the south side of the garden ran a little stream that we called the brook Kishon7, which was out of bounds to the pupils, but we sometimes managed to climb over undetected. The school staff consisted of the Headmaster and one Assistant master and a matron. In 1920 the Headmaster was a Reverend Peake who was near retirement and the Reverend Green succeeded him.

Mrs Green was a rather strict woman and her sister, Miss Jelley, was the matron. The Assistant master was a part-time undergraduate Ellis Roberts to whom I owe a lot. He was an excellent teacher and a very kind person who took a great interest in every aspect of the school. I remember he was a very enthusiastic coach for soccer which we played in the winter term and for hockey which we played in the spring term. Mrs Green used to play in some of our hockey games in goal. At that time it was a foul to lift the stick above the shoulder and any infringement of this rule was usually greeted with the cry of ‘Sticks!’ Old people like Mrs Green, (she must have been at least 35 years old as the Greens had two daughters and the elder was about 14 or 15) used to wear long skirts even when playing hockey and Mrs Green had an excellent method of saving goals by bending her knees so that her skirt touched the ground and the goal was often saved by a sort of ‘skirt before wicket’. This manoeuvre would cause a cry from the boys of ‘Skirts’.

At that little school in Oxford I made three lifelong friends: Eustace Piers, Leslie Franks and Ivor Spencer-Thomas.

Eustace was a boy about my own age. His mother, a widow, lived with her two daughters and Eustace in Abingdon, a small town about five miles south of Oxford. Soon after I started at the school an outing for the school was arranged on one of the Oxford and Kingston Steamers that plied the river Thames between those two towns as pleasure cruisers. The idea was that the boys should go downstream a certain distance and the catch the next boat back up to Oxford. Eustace asked permission to get off in Abingdon and visit his family and catch the same boat back to Oxford as the rest of the party. He asked me to accompany him and we went to spend the day with Mrs Piers and the girls. While we were there I became ill with a fever and Eustace’s mother did not think that I should return to the school so she rang up the Headmaster and said that I would stay with her until I was fit to travel, so my visit was extended into a stay of a few days. I think the diagnosis was German measles. Eustace and I kept in touch off and on until he died about 60 years after that incident.

Leslie Franks’ family lived in North Oxford. He was not a dayboy and he visited his widowed mother only a few times during the term time. She was the postmistress in Summertown. Leslie was about a year older than me and we became friendly through

7 This is a reference to a river mentioned in the Bible. See, for example, 1 Kings 18:40, which says ‘and Elijah brought them down to the brook Kishon, and slew them there.’
some amateur theatricals. A don at Keble, W.H.V. Reade (Billy Reade as we called him) was a friend of the organist and choirmaster at Christ Church, Dr Henry Ley, known to the choirboys as ‘Old Henry’ (he was all of 33 when I joined the choir, that’s pretty ancient for boys of eight to 13).

Every year in the winter term Billy Reade would write a little play, usually with a Christmas theme about a choir school and he would audition the boys and cast them. One year Leslie Franks had the leading role and the next year I was chosen. Billy Reade had a rented cottage on Exmoor and every Easter used to invite a few of the boys to spend the holiday there. Leslie and I were almost regular visitors every Easter holiday. We walked miles morning and afternoon over the moor, sometimes a whole day-trip taking our sandwiches. Leslie and I continued to visit Billy Reade on Exmoor for many years after we left the Choir School. At first the cottage was in Rockford, a mile downstream on the East Lyn below Brendon, below the footbridge and just above the ford. The noise of the river kept me awake on the first night I slept there, but later I got used to it.
If there was a meet of the Devon and Somerset Staghounds nearby during our holiday we used to follow on foot and make a long days walk of it. Of course we did not literally follow the line set by the deer and pursued by the hounds but we attempted to see as much of the chase as possible by making strategic short cuts. The technique was to stand on high ground as near as we could to any of the local farmers seated on their Exmoor ponies, and near their comments. One old farmer, and he really was old, reputedly in his seventies, was Farmer Sanders from, I think, Cranscombe up on the edge of Brendon Common, and he was a very shrewd judge of the probable course the stag would take. I can hear him now, in his broad Devon accent, saying ‘There ‘er be, I sees un prahper.’ which being translated means ‘There he is, I see him clearly’. On hearing this we would look in the direction indicated and probably ‘see un prahper’ too. We would then follow wherever the old man rode and more often than not get another view of the quarry, sometimes even before the hounds or the mounted followers arrived.

During the second or third time that Leslie and I were on holiday on Exmoor we decided that we would like to try riding one of those Exmoor ponies ourselves. Neither of us had ever had any riding experience or tuition, but we approached Mrs Grove, whose farm was on the edge of the village of Brendon and who hired out ponies, to let us take a quiet one into a meadow just across the river Lyn from the Staghunters, the hotel in the middle of the village. So, unbeknownst to either Billy Reade who was in loco parentis or our parents, Leslie and I started horse riding.

We did not say anything to Billy Reade but before 24 hours had passed the bush telegraph had notified him that his two young lads had been riding a pony. The news had also been to the effect that we had been very careful, not trying our luck out on the road or the open moor but cautiously in an enclosed field, so Billy was not angry and even allowed us to repeat the performance. I don’t think that Leslie was very thrilled with horse riding but I certainly was, and it became my favourite pastime until after the Second World War.

A few years later Billy Reade was able to lease an old farmhouse between Brendon and Countisbury, and gave up his lease of the house in Rockford where I had spent several delightful holidays. But both Leslie and I used to go for holidays to Wilsham, and on one occasion I went to a farmer to hire a pony and was told that it would cost me 2/6 for half a day or 3/6 for a whole day. I decided to go the whole hog and was determined to get the most value out of my 3/6. I accordingly turned up on foot after walking from Wilsham after breakfast and took the pony and some sandwiches and made a tour of Exmoor as much as I could cram into the time. I called in at Wilsham on my way to take the pony back and had a good tea of fresh rolls, Devonshire cream and jam and then sadly rode the pony to the farm. When I got in it was not long before sunset and the farmer said ‘Eh! Tha’s been a long time’ I replied that I hadn’t been riding all the time, I had stopped both for lunch and later for tea at Wilsham. The old farmer was not impressed. ‘That don’t matter, ‘er be sweating. I’m afraid I shall have to charge thee fower bob, Sir’.

Ivor Spencer-Thomas was older than Leslie and me and I was therefore not particularly friendly with him at school as he left about half way through my four years at the Choir School. I met him again at school reunions and he invited me to visit him at his lovely old Queen Anne farmhouse at Braughing near Puckeridge in Hertfordshire. I became a
When I say Queen Anne, that refers to the most recent part of his fascinating house that had among other attractions a priest-hole, where Roman Catholic priests were secreted during searches at a time in the 16th and 17th centuries when Roman Catholicism was proscribed. How Ivor and Rosabel could ever bring themselves to leave such a home I cannot understand but they did and sometime after I had left England they moved to Harlington Manor near Dunstable. Now they have retired and live in, of all things, a modern house near Gnosall in Staffordshire.

To come back to the Choir School, life for a chorister in a Cathedral choir is quite different from that of the usual Prep School boarder. The *raison-d’etre* of the school is to provide choral services in the Cathedral and the presence of the choir at the important religious festivals such as Christmas and Easter is essential. After the usual end of term, when the non-choir boys went home and started normal school holidays, the choristers had to stay behind at the school. There were, of course, no more school lessons but choir practices and regular daily evensong and both matins and evensong on Sundays and Holy Days had to be maintained. Once the religious festival was over the choirboys went home for a shorter holiday than other schoolboys. During the lead-up to Christmas many good people tried to alleviate the hardship for the poor little boys, so as well as rehearsals and acting in Billy Reade’s play, we were invited to parties almost daily by the Dean, the Archdeacons, the Bishop and so on, so that to go home might have been an anti-climax but for the fact that our parents were guilt-ridden at having deprived their offspring of a normal Christmas at home and felt obliged to make it up to us by laying on extra treats such as the circus, a pantomime, more parties and special favours.

Other perks for the chorister included being asked to sing at weddings for which the usual fee per choirboy was half-a-crown, a term not in use today so I had better explain that that was two shillings and sixpence or one-eighth of a pound. If we can assume that the rate of inflation since 1920 has been such that £1 in 1920 would buy as much as £40 now, a fair assumption as a dinner in a club in 1933 would only cost me 2/6d which I would have to pay at least £5.00 for now (I don’t think that there was any appreciable inflation between 1920 and 1933), half-a-crown for a choirboy at a wedding would now represent £5.00 or $AUS10.00.

Other disadvantages for the choirboy included the greater likelihood of corporal punishment. Mistakes in singing in the cathedral or failure to pay attention during choir practice were punishable by a beating on the bottom administered by the choirmaster, who, as a man in his early thirties, had plenty of strength in his right arm. I was lucky enough only to be caught twice for an indictable offence.

We sang in the cathedral every evening at evensong during the week except Thursday and for Matins and Evensong on Sundays. We formed up in a ‘crocodile’ outside the choir school in Brewer Street, dressed in little black gowns and mortar boards, and the Head Choir Boy gave the order (which to this day is quite incomprehensible to me), ‘Main Body Starting, Move on!’, and the little procession would march seriously down
Brewer Street, across St. Aldate’s, under Tom Tower, across the Quad, bearing to the left of the little artificial pond with a fountain and goldfish known as Mercury, up the steps to the paved walkway around the Quad and into the entrance to the Cathedral. Thence to the vestry where we donned scarlet cassocks and starched white surplices.

I experienced more bullying at that prep school than at the public school I attended later. A gang of the older boys, aged about 12 or 13, headed by a boy with a Portuguese name, used to hold a sort of Star Chamber court in the little change room just off the communal common room, called the ‘Prep Room’ and administer punishments such as making the victim stand on one leg, or hold a cricket bat out at arms length until unable to keep up the posture. When he and another boy who had ambitions to be the greatest orchestral conductor left, life was not only tolerable but also enjoyable. Strange as it may seem, I do not think that this had any deleterious effect on my character; on the contrary, I tended to stand up to my tormentors and defy them and by doing so I won the approbation of my fellow sufferers.
The choirmaster and organist, Henry Ley (whom I think may possibly have been knighted for his services to music when he was Director of Music at Eton College) was a small rotund kindly man, well, when not beating my bottom in the practice room, who took a great interest in the welfare and social life of the choir. I remember when he took a group of us in his open bull-nosed Morris Cowley to Swindon for a guided tour of the maintenance and repair works of the Great Western Railway and he very generously saw to it that we did not go hungry on the outing.

During those four years the winter and summer holidays were divided pretty evenly between being with Olive or with my father, Harry.

My brother, Peter usually spent part of the holidays with me wherever we were. Olive used to take us, sometimes nostalgically to Runswick Bay and sometimes to Caister Holiday Camp a few miles north of Great Yarmouth on the Norfolk coast. This latter place was run on the lines of, and may even have been a prototype of, a Butlin’s Holiday Camp. On the beach, a short walk away through a cornfield with many poppies in the crop, there was sand and sea and fun and sand dunes which provided great opportunities for slithering or rolling down, getting rid of a lot of prepubertal surplus energy, while back at the camp there were always plenty of competitions, and other entertainments to keep the children occupied and provide a welcome respite for the parents.

Harry lived at Eaglescliffe, a suburb of Stockton-on-Tees just on the north side of the Tees across the bridge from Yarm. My holidays there with him and Peter were mainly spent playing with the other children in the neighbourhood or on excursions to the nearby Cleveland Hills, a part of the North Yorkshire moors or to the sea at Redcar or Saltburn. Because both our parents were schoolteachers they were able to take longer holidays than most people. At that time the average holiday for most lower and middle class people was two weeks a year, so Peter and I, in spite of the broken marriage of our parents were able to spend more time with them during school holidays than most children.

The tuition at Christ Church Choir School was excellent. Both the Headmaster, ‘Old Green’ and especially the assistant master, Ellis Roberts were good teachers, and in the year that I left, 1924, no fewer than four of the leavers won scholarships to Public Schools: John Hilary Lee to Westminster, Brian Key to Rossall, Eustace Piers to Hurstpierpoint, and I to King’s School, Canterbury.
Chapter 2: King’s School, Canterbury

There is a trite saying that one’s school days are the best days of one’s life. I certainly would not go as far as that but I must confess that I really enjoyed my school days at King’s School Canterbury.

This school was, and still is of course, the oldest school in the United Kingdom and may well be the oldest school in the world. That is to say that there has been an educational establishment on those premises continuously for longer than any other. King’s School Canterbury is set in the precincts of Canterbury Cathedral and there are records of a school on that site since the early seventh century. I think the actual date is 623 A.D., so that when I went there in 1924 the school had just had its thirteen hundredth anniversary. I cannot find a satisfyingly resounding word for that in the dictionary but it should be a tridecacentenary. This claim to be the oldest school was hotly contested by St. Peter’s School, York, but I am pretty sure that Canterbury wins by a short head. What are two or three years in thirteen hundred?

The school was not, of course, always known as King’s School Canterbury. This title was bestowed on the school by King Henry VIII when he decided that the school was worthy of retention at the time that he was destroying the local monastery. Part of the School grace said in Latin at mealtimes was a phrase *ab Henrico Rege benefactoribusque nostris*, reminding us that we were giving thanks not only for the food before us but for all the benefits bestowed on the school ‘by King Henry and our benefactors’.

I arrived at the school at the beginning of the 1924-25 academic year in September 1924 at the age of 13½, the holder of the prestigious King’s Foundation Scholarship, which not only relieved my mother of a considerable part of the fees but obliged the holder to wear during school hours a black gown which made the wearer very conspicuous and at first until one got used to it very embarrassed. The school uniform was a black vicuna jacket with striped black trousers, a white shirt with a stiff stand-up butterfly collar and a black tie (not a bow tie). A waistcoat was optional but nearly always worn during the winter and spring terms. If for any reason a boy went out into the town outside the school bounds he had to wear a speckled black and white straw hat with a blue and white band. This rule did not apply, of course if one was going to any of the playing fields to play cricket, rugby or hockey or to the river at Fordwich to do rowing, but boy spectators had to wear the full uniform with straw ‘boater’.

The school was divided into three unequal houses, the largest being the School House inside the walls of the Cathedral precincts around an open asphalt courtyard called the Mint Yard. The other houses were Langley House about a mile away in the New Dover Road, and Holme House in the Old Dover Road about the same distance from the school. Because of the inequality of numbers in the houses it was not possible to have the same inter-house rivalry as pertained in other such schools, except perhaps for School House versus The Rest, so a completely artificial arrangement was made dividing the school into six so-called ‘Tutor Groups’. At the beginning of each term all new arrivals were allotted to a certain Tutor Group (‘Tugger’ was the school slang for tutor group) so that the numbers in each remained as equal as possible, thus preventing a sort of gerrymander. The six groups were given names of mythical beasts such as
Gryphons and Martlets and thus there was a possibility of developing a competitive spirit especially in games and athletics.

Boys in the School House in the first two years or so did their ‘prep’ in two Halls, the Old Hall and the New Hall. Around the walls of these halls were lockers for each boy to keep his books etc. in. I was in the New Hall. The Old Hall was at meal times the Dining Room for the whole School House. An interesting feature of the Old Hall, a little gruesome and not very hygienic, was the custom of pinning with a drawing pin up on the massive arched beams that supported the cathedral-like ceiling the tails of any mice that were caught in the hall at large or in the lockers with a little caption giving the date of death. Older and senior boys were allotted to a study. Each study was in the older part of the building, on the ground floor of the building that housed the Old Hall. Most of the studies had four desks complete with bookshelves above and each boy had his own desk and was, of course, able to keep his books and papers around him all the time whereas the Lower School boys in the halls had to tidy all their things away each time after they used them. There was a ‘pecking order’ in the studies, the senior study housing the Captain of the School and two Monitors as the prefects were called and the most junior study had to accommodate six boys usually those at the bottom of the academic hierarchy.

Each day’s work began with Prayers (‘Nibs’ in school slang) held in the School Hall, the entrance to which was off the Mint Yard up some stone steps. In this Hall also at the end of term the whole school assembled and waited for the formal procession of masters for which everybody stood up. The Headmaster then addressed the assembly and said ‘I pray you be seated’. Then he would proceed to read out the names of each boy in the school starting at the lowest form with the lowest mark getter in that form. Towards the end of each form he would hesitate and say, for instance, ‘Sixth Brown
Secundus and, promoted to 4A, Fifth Jones Tertius, Fourth Charlton, Third Parks, Second Fiddlebooks-Smith and Top Blackshaw’.

Talking of school prayers reminds me that at the evening prayers held every night in the Old Hall after ‘prep’, one which intrigued me ended with the petition that the Lord would ‘send us to our restful beds, weary, content and undishonoured’. We used to comment that the only true bit about that sentence was that we were weary.

Beyond the School Hall was the oldest architectural part of the school still standing, the Norman Staircase. Very well preserved, this formed the background for a sunken courtyard with tiered steps on four sides. Opposite the Norman Staircase was a modern war memorial for the 1914-1918 war. This open air forum was an impressive arena for the ceremony of announcing any special award such as Colours for proficiency at any of the official sporting activities, cricket, rugby, rowing etc., and the announcement of monitor status. It was also used as a place for a ceremony on every Armistice Day to pay tribute to those on the Roll of Honour.

Into this tradition-steeped organisation I found myself ‘dropped in at the deep end.’ I think that the culture shock was even more for me than for most because not only was I not by birth and upbringing in the same ‘class’ as most of the other boys, but I happened to be more advanced academically than any other of the new boys joining with me. I found that my standard of education, thanks chiefly to the enthusiasm and active support of the assistant master at the Christ Church Choir School, E.E. Roberts (Old Bobs), was such that as a new boy I was placed straight into the Lower Fifth Form.

I can never understand the system of naming the grades, classes or forms in the British Public School system at that time. At King’s School Canterbury the lowest form was the Third Form, divided into 3C, 3B and 3A, followed upwardly by 4B and 4A, then 5B and 5A and finally the Sixth Form. I was put into 5B, whereas all the other new boys were either in the Third or the Fourth Form. This immediate preferment and also having to wear my gown made me a ‘marked man’. I suppose I should say a marked ‘little boy’. This was something over and above just being a ‘new boy’ that I had somehow to live down.

At the school there was, as in so many of the Public Schools of the day, the system of ‘fagging’. This was the custom that the senior boys in the school, called in some schools Prefects, but at KSC known as Monitors, had the right to appoint one of the new boys to be their personal servant.

This system has been widely criticised in various novels and autobiographies as bullying or even homosexuality. Having mentioned that subject I must say right now that during all my time at King’s School I never was aware of any such practice. Such a statement must not be brushed aside either that of a liar covering up what he does not wish to talk about or of a naive tenderfoot. We were, at school, certainly aware that such a perversion existed, but as far as I knew then (and boys at school are terrible gossips) no such behaviour took place at King’s School.

I was appointed by the Head of the School (a title given to the most senior boy in the school) to be his fag. It was not quite a sinecure but did not involve any demeaning
behaviour. All I had to do was to tidy up his study, clean his shoes and possibly polish the buttons on his O.T.C. uniform. Occasionally I would have to make a pot of tea and try not to burn some toast. In return the prefect used to visit the dormitory at night after the smaller boys had gone to bed, or rather while they were going to bed and stand at the foot of the bed and behave in a paternalistic way, chatting about the events of the day, asking if the fag had any worries or problems and attempt to solve any difficulties and generally give sound advice. In the dormitories the beds were all separated from each other by wooden partitions about 6ft high with a curtain at the foot of the bed. In each cubicle there was a washtub for washing the face and hands and cleaning the teeth. The ‘fag-master’ did not enter the cubicle, he merely stood at the foot of the bed and drew back the curtain enough to allow quiet conversation to go on between him and his fag. The short visit was over before ‘Lights Out’ and after the lights were out there was general conversation for about ten minutes between the boys in the dormitory, all conducted from the privacy of the individual cubicles until a monitor called out ‘Stop talking, please. Good Night’ which was answered by a chorus of ‘Good Night’ from the small boys.

I found that there were two other boys at the school with the surname Roberts, one older whose initials were J.G.O., but was always known as Paddy, and another boy who joined the school at the same time as I did and his initials were J.G.F.W. Paddy Roberts became Roberts I (or officially Roberts Primus), I was Roberts II or Secundus, and J.G.F.W. was Roberts III (Tertius). I mention the initials of the other two boys because mine are F.W. Now if Paddy’s initials and mine were put together they gave you J.G.O.F.W. Discount the O as being zero and you have J.G.F.W. or I + II = III.

Paddy Roberts was an amazing character. He was a South African from Durban. He was a natural musician who could play almost any instrument in a very short time without lessons. He could strum any tune on the piano from ear, he played the bugle in the School Officers Training Corps band better than anyone else and was awarded the Silver Bugle. He composed both drum and bugle marches which the band played while on our weekly parades and was a fantastic drummer. I blew a bugle in the band but never tried my hands at drumming. Paddy also used to arrange some of the current popular songs of the day and the two of us used to perform in School concerts – Paddy at the piano while I sang. I also sang with a more classical quartet in concerts. I remember Sweet and Low, The Road to the Isles, and Matilda told such Awful Lies as part of our repertoire.

Paddy and I were both in the School P.T. Squad, and used to compete with other school teams at the Annual O.T.C. camps that were held in the first week of the summer holidays. At one of these camps, I can’t remember which one, it was either at Mytchett near Aldershot or Tidworth on Salisbury Plain, our team from King’s School won the competition. I used to enjoy those O.T.C. camps. One year we went to Strensall in Yorkshire and that camp was memorable only for the abominably cold and wet weather. After a Field Day when the area selected for the manoeuvres turned out to be almost a swamp with all the recent and current rain so that we had to wriggle on our bellies through pools of water, the authorities decided to cancel the rest of the camp and sent us all home four days early. Paddy will feature in these memoirs later.

O.T.C. parades were held every week on a Thursday afternoon. Sometimes it meant only drilling in the Mint Yard when we would be exposed to the methods of a regular
sergeant-major, retired from ‘The Buffs’ as the local regiment was called, stationed in barracks about a mile down the main road east out of Canterbury towards Margate and Ramsgate.

The Sergeant major was a strict drillmaster and used to count out the time at which each of his commands was to be executed so a command to slope arms sounded to us likes this –

‘Sloooooooope (Wait for it, wait for it) Haps! Hup-two-three, hup-two-three, Away Stand Still!’ If he thought we were not paying sufficient attention he would rapidly countermand an order all in one breath such as

‘Standateaseasouwere!’

Other friends I had at school included George Emery who lived at Hoddesdon where I used to go for a few days sometimes in the holidays, Robin Hamp who lived with his parents and two sisters in West Kensington where I used to be asked during the holidays to dinner parties, to play Bridge and to partner one of the sisters to dances, and a boy whose surname was Alport but whose Christian name I cannot remember. This is not so strange as it might seem because in those days it was quite unusual to call any of one’s schoolmates by anything but his surname or perhaps a nickname. Alport was a little unusual in the School in that he freely admitted that his parents voted Labour and that he himself was a Socialist, behaviour classified later by Nancy Mitford as definitely non-U! None of these became lifelong friends. I continued to be friendly with Robin Hamp until the war when I lost touch with him. Robin became a solicitor and I
did run across his elder sister Margaret at times because she, like me, entered the medical profession. When I was a medical student I went with George Emery to a reunion at Canterbury. I had borrowed my mother’s car, a Rover Eight, and when we were driving back to Lee from Canterbury at night the lights failed so the only thing we could do was to push the car off the road and sleep in it until it was light enough to drive without lights. I remember it was in winter and bitterly cold but we survived.

At the end of the first term at King’s School I came top in the form, but the Headmaster, Algernon Latter, decided that I was not old enough to be promoted to 5A so I was kept down in 5B. After another term I was promoted and a year later I went into the Sixth Form. This exalted station in school life carried with it certain privileges and responsibilities. To start off with, all sixth formers had a special hatband, dark blue and not the blue and white striped band of the lower classes (literally). It was also obligatory for sixth formers to carry a walking stick when outside the school confines in the town. We were also allowed out in the town during any time of day when there were no lessons. The boys in the lower forms were only allowed freely in the town between the end of morning school at 12.15 p.m. to 1.00 p.m. (lunch time), and on certain days from 2.00 p.m. to 4.00 p.m. At other times it was necessary to get permission from a monitor which was, however, hardly ever withheld. During these times of restricted exeats\footnote{Exeat: Permission from a college, boarding school, or other institution for temporary absence.}, the lower form boys used to ask a sixth former to do their shopping for them.

Other privileges included the right to use a walled garden at the back of the sixth form classroom. It was a pleasant garden with a well-kept lawn and some trees and flowerbeds on the three sides bounded by the wall. In the summer it was a delightful place to relax or to do some reading lying on the grass with a cushion or two and a bag of cherries or whatever fruit was in season, knowing that one would not be disturbed by the hoi polloi.

There were, I discovered, also penalties attached to the privileges. The period for prep in the evening (prep is for the boarder the equivalent of home work for the day boy) was divided into two parts. During the interval there was a light supper, a cup of cocoa and a piece of bread and butter, and after that the very young boys went to bed but the more senior would return to their hall or study for a second session of prep. Also during the interval there was the chance to walk about within the school boundaries to stretch one’s legs. One evening during the summer term when there was an important cricket match being played, a Test Match I suppose, several of the boys wanted to get an evening paper to find out the latest score. Outside the gate from the outside world to the Mint Yard on the opposite side of the street a few yards down the road there was a news agency and usually one could attract the attention of the owner who would come over the road and sell some papers. On this occasion he could not be roused and of course at that time of the day the boys were not allowed out of the school grounds. I was not particularly interested in cricket and I could certainly have waited until the morning for the news, but I honestly thought that as a sixth former I had the right to go out if, of course, properly dressed. So, at someone’s request I walked right across the Mint Yard to my study, got my straw hat and cane and boldly walked back to the gate, nipped across the road and bought a paper and came straight back. Alas I was spotted.
by one of the monitors and reported to the Head of the School. It appeared that it was not allowed for me at that time to go out, so I had to be punished.

The usual punishment for being out of bounds would be six strokes with a swishy cane across the bottom administered by the senior monitor. So I duly presented myself for punishment and got into the customary position, kneeling on a wooden armchair and grasping the bottom of the back legs with my two hands. Then my ‘executioner’ announced that for sixth formers the penalty for any misdemeanour was double the usual. After 12 cuts across the buttocks I knew that I should not have gone out!

All corporal punishment was administered by the monitors except for very serious crimes when the Headmaster invited the culprit into his study and did the job himself. Such a punishment was only one step away from being expelled. I think that in the other houses the Housemaster used to wield the cane but in School House none of the masters ever did so. I don’t remember ever feeling really aggrieved or resentful about corporal punishment and I don’t think the monitors abused their power. These days those in authority must find it very difficult to maintain law and order, especially in State schools, and I am astounded at the present tendency to deny any rights of corporal punishment even by parents who can, it seems, now be sued by their offspring for assault.

Far more unpleasant punishments were handed out by the masters, especially one irascible and intolerant French master, who was actually an excellent teacher of French, whose habit was to hand out impositions at the drop of a hat that would take three hours to complete. His favourite one was *Six Feuilles* which meant take six foolscap sheets of double lined paper, fold each in half from top to bottom, on the left hand side of the fold write in copperplate handwriting an English proverb and on the right hand side opposite its French equivalent. Before each French lesson started all those boys who had been given impositions at the previous French period had to line up in front of the class and show their *Six Feuilles* to the master.

Woe betide any one whose writing was not absolutely within the double lines as he would be given *Encore six feuilles*, another three hours careful calligraphy. The Latin and English masters used to give us so many lines of Latin or English verse to learn by heart and repeat them at the next lesson.

An important part of the Public School curriculum was the organised sport. Everybody played rugby in the winter and spring terms and I enjoyed the sport. I used to play at scrum half and in my last year I played pretty regularly for the Second XV. Once, due I’m sure to injury or sickness of the regular incumbent, I played for the First XV. Cricket was not compulsory during the summer, and there was quite a bit of anti-cricket feeling in the school. One was given the option of playing cricket or rowing. I chose rowing and started off by being a cox but managed to outgrow that important position for which only the smallest boys were eligible and finished up being the Stroke of the First IV. We rowed on a small river, the Stour, at a place called Fordwich about two miles to the north east of Canterbury just off the main road to Margate and Ramsgate. The river was so narrow that there were only a few places where one could turn a Four, so the races were rowed with the boats one behind the other with two starting posts and two finishing posts. Practically everybody at the school had a bicycle and we used to
ride to Fordwich and back. I remember feeling during the last half of an important interschool race that it would have been much easier to be playing cricket!

One bonus that was very much appreciated for the School Fours was that after an interschool race we were allowed to go to the little pub on the opposite bank of the river to the boat shed in the little village of Fordwich and have a pint of draught beer. I did hear that up until the end of the 19th century beer was served regularly at school meals.

Attendance at School cricket and rugby matches was compulsory (unless one was actually rowing or playing elsewhere) to cheer on the School XI or XV. If weather or the state of the grounds precluded actual play we were often sent on two to three mile runs and sometimes on a paperchase. Has the anti-litter campaign stopped paper chases?

Not only sixth-formers had distinctive headbands for their straw hats. There was a different combination of blue and white striping on the hats of each of the different sports ‘Colours’, i.e. the members of the First Rugby XV and Cricket XI and Rowing IV who were deemed especially proficient would be given their ‘Colours’ at a ceremony at the Norman Staircase courtyard and they were thereafter entitled to wear these distinctive hatbands and neckties.

The Headmaster, Algy Latter was a tall thin man with a bushy moustache and a brusque manner, and perhaps because I was a new boy I felt very much in awe of him. During that first year he became ill. I never knew what the trouble was, in those days illnesses were a much more private and personal occurrence than they are nowadays, when everyone seems to delight in knowing everybody else’s medical history. However, he had to be absent for a long time, I think probably about a year, although I would not be sure about that because time for a schoolboy goes very slowly and even a term is paradoxically almost interminable, whereas the older I get the faster the years pass. His place was filled temporarily by one of the assistant masters, ‘Nat’ Goss. I suppose his Christian name was Nathaniel because he was always known as Nat. He had a nervous habit of, while sitting, bouncing one thigh up and down rapidly. This habit, or nervous tic I suppose it was, was known throughout the school as ‘natting’. Nat was a gentle man and probably shy, maybe a little awed by the greatness that had been thrust upon him. I remember him as kind and more approachable than Algy and the only time I can remember him being at all severe was when two or three boys were caught stealing fruit from an orchard. Nat called a School Assembly and told the entire congregation how they had compounded the offence because they had (spoken quietly and dramatically) ‘taken bags,’ (pause), ‘bags to carry away the plunder’

Algy came back but only for one term, he had been told he had to retire for health reasons.

Mr Latter was succeeded by Norman Pellew Birley who was an assistant master at Marlborough and was only 36 at the time, quite a young man to be appointed Headmaster of an English Public School. He had a charming young wife and two small boys the elder of whom was nearly seven years old when they came to Canterbury and who later followed in his father’s footsteps by becoming an Assistant Master at Marlborough.
Other masters I remember were Major Hoseley, the French master, Mr Lloyd Jones who was the form master for 5A and the Tutor master for our weekly assembly of the Gryphons Tutor Set. Then there was the Rev. Mayne, housemaster of Langley House and Mr Harris of Holme House. P.G. Reynolds was a popular master, from his initials he was always known as ‘Piggy’ Reynolds and what I chiefly remember about him was his dog, a little wire-haired fox terrier that had the amazing ability to dribble a rugby ball the whole length of the football pitch an amazing speed. The dog used to do its party trick at School matches during the half-time interval.

Lastly and from my point of view the most important was the science master, Harold Goodburn. He lived in a small house inside the cathedral precincts on the opposite side of the cathedral to the King’s School, just inside the Mercery Lane Gate. Why Harold Goodburn influenced the whole course of my life will become apparent later.

While at King’s School the pattern of my three holidays a year, for the first two years at any rate, 1924 and 1925, was that during the winter holidays I would spend part of the time with Olive and my Seaman grandparents at Lee and part with my father and Peter in Eaglescliffe, about two miles south of Stockton-on-Tees (just over the county border from Yarm which was in Yorkshire). I say ‘was’ because now that the authorities have altered the boundaries and attempted to rationalise the county set-up they have created a new county ‘Cleveland’ which incorporates part of Yorkshire and part of Durham making Stockton, Middlesbrough and Yarm all in Cleveland. The Easter holidays I spent mostly on Exmoor with Billy Reade and Leslie Franks, and during most of the summer holidays I went to a farm at Kirby Bellars near Melton Mowbray in Leicestershire. I was sent there because I had told Olive that what I would like to do when I was grown up was to be a farmer. In those days, or at least my mother thought so, it was only possible to be a farmer if you either inherited a farm or had enough money to buy one. Therefore she arranged with George Ridge, who had married a friend of one of Olive’s sisters, Vera Vickers, to take me for the holidays, or a good part of them, and give me a lot of hard work to do to put the stupid idea out of my head. Actually what happened was that, although I was given all sorts of tasks such as ‘mucking out’ the stall where the bull had stood the whole winter and was about a foot deep in trampled and solidified packed dung, spending the whole day with a sickle mowing thistles, or taking half a dozen cows to market, I enjoyed the whole experience and all it did was to fortify my wish to be a farmer. Then there had to be a discussion with George Ridge and Olive, and George told Olive that I did enjoy the life and showed some aptitude and especially that I seemed to be fond of animals, so he suggested that a good plan would be for me to become a vet. Vets, said George, in a country practice would often be the first to know when a farm property would be up for sale and after a few years of veterinary work I might be able to save enough to buy a farm.

Thus it was that when in the summer of 1926 I passed the London Matriculation I thought I was destined to become a vet. I was only 15 and at that time universities would not accept undergraduates under the age of 17. So I had to spend another two years at school after Matric. We found out that London University would allow people to take the first exam in Veterinary Science as an external student, so when I returned to school in September that year I was allowed to spend all my time doing the Science subjects for that examination, namely Chemistry, Physics and Biology, which included Zoology and Botany. This is where Harold Goodburn came into the picture.
He was the science master and for the next two years I had what amounted to personal tuition in those subjects. Goodburn was not happy about my choice of career and thought that veterinary work was a second class profession and that I would be wasting my talents and he devoted a lot of time and energy persuading me to change my mind and do medicine. He pointed out that the first year course in Veterinary Science was exactly the same as that for Medicine, so for the moment I didn’t have to alter my curriculum at all.

I don’t want to let these important decisive years to go past in this narrative without mentioning extra curricular activities. As a treat for having got my matric, Olive decided that we should go to France for a good part of the summer holidays. Olive, in those days had a motor scooter called a Ner-A-Car, and it was decided that we should go on that with me riding on the pillon and that we should carry all our luggage in rucksacks.
I was to be the interpreter and spokesman, after all, I had just passed Matric French and was bound to be able to do that easily, she thought. We crossed from Dover to Calais and I soon found that the natives spoke very quickly and it didn’t sound exactly like my school French. We did not arrive in Calais until the afternoon and by the time we had got through the customs (who were very intrigued to see a woman riding such a strange vehicle and with a pillion passenger and, no doubt found all that confirmation, if any were needed, that the English were all mad anyway) and we had not gone far down the road south before we realise that we must soon find some sort of accommodation. We passed a likely looking farm and I was detailed to approach the farmer and ask if it would be all right if we slept in his hay shed. When he understood what it was we wanted he readily assented and pressed us to accept fresh milk to help with our breakfast the next morning. This I remember was near the village of Sangatte which we were intrigued to notice on the map was almost opposite the English town of Sandgate across the Channel. We must have made a great impression on the farmer because when the following year when we repeated the procedure he remembered us and again welcomed us with open arms.

Thanks to Major Hoseley, my accent was very good for a foreigner and after a few days I was beginning to understand spoken French better and to enjoy the challenge of speaking it.

We arrived in Paris and somehow we managed to find a cheap and comfortable pension where we stayed for about three days, there being a shortage of hay barns in the centre of Paris. On foot and by Metro we did some of the things tourists are expected to do in Paris but after a few days in a heatwave we decided that we should try and make for the seaside. Our original plan was to try to go to the Côte d’Azur, but looking at the map we decided that the distance to the Mediterranean was too far to travel in that heat, so we decided to head west for the coast of Brittany.
The roads in France at that time were in a deplorable state. It was, of course, not so very long after the end of the First World War, and the economic situation in France was hopeless but not desperate, whereas in Britain it was desperate but not hopeless. There was certainly no money to spare for the upkeep of the roads, except for the main roads, the *Routes Nationales* and even on these we often encountered stretches of potholes. To us these were a much more severe hazard than to a four-wheeled car and we often would greet a newly repaired stretch of road with whoops of joy. After a couple of days travelling we found ourselves at the base of the peninsula of Brittany. One of the set books for Matric French for that year was *Six Contes* by Honore de Balzac, a book of short stories. One story in that book, ‘La Corneille au bec rouge’, had been about some schoolboys on holiday in Brittany who decided to try and get an egg from the nest of a chough with a red beak, which apparently built its nest high up on rocky cliffs on an island called Hoedic off the peninsula of Quiberon on the south coast of Brittany in the Bay of Biscay. This story about a dangerous climb to the nest had impressed me with its description of the beauty of the coast and so, finding ourselves in that region I begged Olive to try to get to Quiberon.

So we found ourselves going along progressively worse roads until while going down the Quiberon Peninsula the surface was so bad that we could not ride on the motor scooter. We were reduced to walking along the road, I was pushing the scooter and we decided that we would stop at the very first place we came to where they could put us up. In this sorry fashion we arrived at a small village called Kerhostin just south of the narrowest place on the peninsula where the Atlantic on the right of us to the West was separated from the waters of Quiberon Bay on the left and East by only a few metres of land, just enough room for the authorities to place a level crossing of the road and railway line to Quiberon. Here, on the main road, was the Hotel Penthievre where we found a couple of vacant rooms.

That afternoon we went to the beach on the western side of the Peninsula looking out over the Atlantic in the Bay of Biscay, with the Ile de Groix on the horizon. The beach was a crescent of fine clean sand gently shelving with an old fort, Fort Penthievre at the
north end and a rocky headland at the south end beyond which lay the fishing village of Portivy. Behind the beach there were sand dunes and we decided to go in for a swim. On the beach there was a group of French holiday makers who were also going swimming at the same time. After the refreshing bathe (the Parisian heatwave had followed us to the Breton coast), we sat back and watched the French party playing a ball game something like rounders. Once or twice the ball came in our direction and I threw it back to them and then one of the men came over to us and said in reasonably good English to my mother ‘Would your little boy like to join in our game?’

I joined in and learnt that the party consisted of two married sisters, their husbands and one son in each family and some holiday friends. The person who had spoken to me was Jean Rainer, an Austrian born naturalised Frenchman, his wife was Blanche and their 12-year-old son was called Michel. Blanche’s sister Yvonne was Madame Barrault, I recall her husband’s first name was Gaston and their 16-year-old son was a tall handsome boy called Robert. The other family, whose surname I have forgotten, came from Paris and had two teenage daughters, Louise and Odette.

When the time came for everyone to go for their evening meal, M. Rainer said that they hoped they would see us again on the beach the next day, and we agreed to be there. However the next morning Olive had some ‘tummy upset’, either from the rich French cooking at the hotel or from some infection to which she had not acquired immunity, so I went to the beach on my own.

Our new French friends were very concerned and insisted on visiting her and bringing various remedies. Confined to her bed all that day, Olive discovered that there were fleas in it too, and said that we would have to move on. As luck would have it, M. Barrault’s holiday was over and he had to return to Tours. Both the families were sharing a rented cottage and when M. and Mme. Barrault departed leaving Robert with his cousin, there was a spare room in the cottage and the Rainers insisted that we move in with them. In this unlikely fashion there began a lifelong friendship.

During the second of my two years at school after Matric, Harold Goodburn was intensifying his pressure on me to switch from Veterinary Science to Medicine. In the pursuit of this aim he discovered that, in his opinion, the best Medical School in London was at The Middlesex Hospital. This was not an armchair opinion because he took the trouble to investigate the matter by perusing the various brochures and visiting those in London that he considered should be looked into. He also found out that a certain Sir Edmund Davis, who lived at Chilham Castle not far from Canterbury was on the Board of Governors of not only The Middlesex Hospital but also the King’s School. He approached Sir Edmund and told him that he had as one of his students at King’s a boy who showed talent but whose parents were not in a financial position to send him to Medical School and suggested to Sir Edmund that perhaps he might like to help in some way.

Sir Edmund said that he would consider the matter and that he would like to see the boy. Consequently during the next school holidays I had to be interviewed in his business office in the City of London. He must have approved of what he saw and heard because he announced that he would endow a scholarship giving free medical education for a King’s School Canterbury boy at the Middlesex Hospital Medical School. Thus I became the first holder of the Sir Edmund Davis Exhibition.
With Harold Goodburn’s tuition I passed the First M.B., the first year’s exam of the University of London degree course in the Faculty of Medicine, so that when I started my course at the Middlesex Hospital Medical School in September 1928 at the age of 17, I was already a second-year student.

Before leaving this era I should mention the continuation of our friendship with the families Rainer and Barrault. They begged Olive and me to return to Brittany the following year and so we went back to Kerhostin, only this time it was on a basis of sharing the cost of renting the same cottage where we stayed with them and the cost of housekeeping.

The exchange rate between sterling and the French Franc was very much in our favour, and seeing that both Olive and I had long summer holidays from school we were able to go for six weeks or so. The cottage was a double storey building a little way out of the village of Kerhostin across the railway line that ran down the peninsula to Quiberon on the sandy unmetalled road to Portivy. That little fishing village was on the next bay south of the beach we usually frequented and was the site of a sardine-processing factory that at certain times emitted a very strong fishy odour which did not, however, ever reach as far as our cottage. Beyond Portivy on the western side of the peninsula were high cliffs interspersed with a few little beaches which one could reach down precipitous cliff paths. This whole area was known as the Côte Sauvage, and on stormy days a walk along the cliff top path offered magnificent views of the full fury of the Atlantic crashing against the rocky coastline. It was a very favourite walk of ours, especially the young teenagers. Apart from Michel and Robert there were a number of other young people, all French holidaymakers and we had quite a regular ‘gang’ who arranged to do things together such as swimming, walking, playing various games on the beach, and going dancing in the evenings at a small hostelry down a side road in Kerhostin leading to the beach on the east side of the peninsula in the calm waters of Quiberon Bay. Even on stormy days when the Côte Sauvage waves were at their most spectacular, the Bay waters were amazingly smooth. It was, of course, one of the recognised anchorages for the French Navy and the scene of a famous naval battle between the British and the French in 1759, during the Seven Years War where Admiral Hawke sent in fireships among the French Fleet gathering there in preparation for an intended invasion of England and the invasion plan was aborted.

At this small pub called Au Bon Accueil there were dances every Saturday night and our gang often attended them and we continued to do so for year after year during the summer holidays, in fact until the outbreak of the war in 1939.

Over the years we acquired small craft shaped like a surfboards without the little metal keel, called perissoires and used to sit on the flat deck and paddle on the waters of Quiberon Bay. On one occasion I and another young Frenchman made the journey across the bay to Carnac, and on calmer days on the Atlantic side we used to paddle out to a small island which was officially called Tiviec, but which we usually referred to as the Ile aux Lapins because someone in the past had released rabbits on the little island and they were very numerous. I feel sure they must have been released deliberately for hunting purposes because I cannot imagine that rabbits could swim about 500 metres from the mainland shore. We hardly ever bathed on the Bay side because at low tide the water near Kerhostin was very shallow and bathing would entail more walking than swimming.
One result of these frequent and long holidays in France was that I became very fluent in French and by the time that I was 21 a lot of French people who heard me speak would not believe that I was English. This was, of course, because I hardly spoke a word of English, except to Olive, for six or seven weeks on end.

During those years the Rainiers and Robert Barrault visited us in London and we often went to their hometown of Tours in the lovely valley of the Loire, and paid several visits to the magnificent chateaux in the district of which, without a doubt, our favourite was Chenonceau.
Chapter 3: Medical School

A few days before the actual start of work as a medical student at the Middlesex Hospital Medical School in September 1923, there was an impressive ceremony held at the Queens Hall at the south end of Portland Place, to which new students and their parents were invited. The Dean of the Medical School, who was one of the senior surgeons on the staff of the Hospital, Mr Eric Pearce Gould, gave an address of which I remember only one part. There was, it seems, already in those early days a movement to open up the school to women students. The Dean made some excuses as to why this was unlikely in the immediate future and made a comment which I thought was very amusing but a bit risqué. ‘The idea seems to appeal to many of the present students who are confusing the advantages of co-education with the pleasures of co-habitation’. I remember that Olive, who attended the opening ceremony with understandable maternal pride, was as amused as I was and relieved to know that a sense of humour was compatible with success and promotion in the field of Medicine. Some friends of my grandparents, knowing that I was a medical student, made it very clear to me that they did not consider it to be at all proper for a student to indulge in such flighty and trivial pastimes in the evenings as going to dances or to the cinema. I ought to have my nose buried in the textbooks and be swotting for my exams.

The Middlesex Hospital.

I continued to live in the top flat with Olive at the home of her parents in Burnt Ash Road, Lee, only a couple of hundred yards away from the Lee railway station on the London, Brighton and South Coast Railway line, later to be incorporated into the Southern Railway which was to be eventually merged with the Great Western, the London and North Eastern and the London Midland and Scottish Railways into British Rail.
I travelled each day, on a monthly season ticket from Lee at about 8.10 a.m. to Charing Cross, a journey of about approximately 20 to 25 minutes and then I could catch an Underground train on the Northern Line from, curiously enough, not Charing Cross Underground Station but Strand Station the entrance to which was in the main line Charing Cross Station, while the Underground Station of Charing Cross was down Villiers Street on the Embankment, one of those delightful inconsistencies so typical of Britain and so confusing to strangers. On a visit to London in 1990 I found that this
particular inconsistency had been eradicated and the entrance to Charing Cross Underground station was indeed in the forecourt of the Charing Cross Main Line Station and the old Charing Cross Underground was now renamed Embankment, much more logical but on that occasion confusing to me who remembered the situation in the 1920s and 1930s. From there I could take a penny Tube ride three stations to Goodge Street, a mere two or three minute walk from the Middlesex Hospital. I say ‘could take’ because more often than not I preferred to walk unless the weather was too bad. This had the double benefit of getting exercise and saving a whole penny, for which I could find a far better use. I could get a very satisfying sandwich for lunch for threepence.

Starting off, as I did, as a second year student my subjects for study were Anatomy, Physiology, Organic Chemistry and Pharmacology. The professors of both Anatomy and Physiology at that time were renowned for their teaching prowess. Tim Yates was the professor of Anatomy, and the famous Samson Wright was professor of Physiology. A very high standard in both these subjects was essential for a pass in the post-graduate examination, the Primary Fellowship or first part of the examination to be admitted to the Royal College of Surgeons of England. Postgraduate students came from all over the world to the Middlesex to attend the courses that both these professors conducted for candidates for the Primary, especially from Australia and New Zealand. I suspect that it was Yates’ and Wright’s reputation that had impressed Harold Goodburn in his quest for the best Medical School for me to attend.

Tim Yates was an eccentric old Scotsman who held his tutorials for the Primary at one end of the Anatomy dissecting room while we second year undergraduates were busy dissecting the human bodies at various tables so we were able to see something of his methods. He had beautiful coloured drawings done by himself on the blackboard and passed round the group of Primary candidates various specimens, usually bones and asked searching questions. He did not have much to do with the undergraduates directly as he delegated most of the individual teaching to the two or three Demonstrators who were usually postgraduates wanting to brush up their own knowledge of anatomy. There is no better way of learning a subject than teaching it to others who seem to have a knack of asking all sorts of awkward questions which keep the instructor on his toes. Professor Yates off duty could be seen arriving at or departing from the medical school walking along the street with one foot on the pavement and the other in the gutter and muttering to himself, but his eccentricity did not detract from his knowledge of his subject nor his ability to teach it.

Samson Wright was by no means eccentric, but a quietly spoken man with a prodigious memory and knowledge of physiology. He had written a textbook Applied Physiology that was used universally and was being continually updated in new editions. After Samson Wright died, new editions of his book were brought out by his successor, C.A. Keele, who was his chief assistant when I was a student. One of my treasured possessions is a copy of Applied Physiology, 7th Edition, signed by Samson Wright and given to me in appreciation of an anaesthetic that I gave his wife in 1942.
For anatomical dissection we were divided into groups of two or three students who were supposed to dissect together, taking it in turns to do the actual dissection while the partner read the directions from Cunningham’s ... *Practical Anatomy*. My dissecting partners were Gordon and Bywaters. I don’t remember much about Gordon except that he was a sensible worker and a congenial companion. Eric Bywaters was a friend and rival of mine throughout my student career. He was not a steady dissector often absenting himself for days at a time from the dissecting room and then turning up and demanding that Gordon and I should run through the book with him and demonstrate what we had exposed by our dissection. Eric had a phenomenal memory and after a brief look at our work would then remember more than Gordon or I did. What we two were concerned about was to keep Eric Bywaters away from the body with a scalpel in his hand. On the few occasions that he did any dissection himself, usually in an effort to keep up with what Gordon and I had done and when we were not there, he could almost be relied upon to cut or even remove structures that we had been at special pains to keep intact. This made it all the more galling when, at the end of our 18 months Anatomy course we had to sit for a small exam conducted by Tim Yates for the Anatomy Prize of the year, Eric won the prize and I had to be content with the second prize!

There were three ways of getting qualified as a doctor. The easiest or lowest ranking qualification was that of Licentiate of the Society of Apothecaries. Very few students presented themselves for that examination as it was regarded as the last hope of the almost hopeless. In desperation, some students might resort to it if they had a miserable record of failure in other examinations.

The next easiest method of getting on to the Medical Register of the General Medical Council, an essential step before being allowed to practise medicine in Britain, was to take the examinations of the Conjoint Board of the Royal College of Surgeons and the
Royal College of Physicians. This qualification, known familiarly as the ‘Conjoint’, demanded a good standard of knowledge but was easier to obtain than a University Degree because the examinations were held more frequently, every three months, and one was able to take each subject separately, and also the minimum time between passing the preclinical subjects and qualification by passing the clinical subjects was shorter than for the University degrees. For this reason, many of the university undergraduates would take the Conjoint before the University Finals to enable them to be already registered and take work in a hospital while working for the degree finals. That, in fact, was what I did when I reached the clinical part of the course.

The University degree was the highest ranking of the three methods, but in order to enter the University the student had to have attained Matric. The prerequisite exam for the Conjoint was not of such a high standard as Matric.

By passing the Second M.B., the examination at the end of the preclinical course of the university, the student could get exemption from the corresponding exams of the Conjoint Board by just paying the exam fees, so being eligible to present himself for the Conjoint Finals.

I had got the London University Matric. and had already passed the First M.B. of that university when I became a medical student at the Middlesex. Students from Oxford and Cambridge took their preclinical exams at those universities and then entered one of the Medical Schools attached to the various London teaching hospitals.

During the preclinical part of the course there were the usual university terms and holidays, so that I was able to continue to visit Brittany for a long holiday in the summer, but during the clinical years I had to be content with two weeks.

A few kilometres to the east of the base of the Quiberon Peninsula was the small village of Carnac, famous for its long alignements, or rows of prehistoric menhirs, each stone about two metres high, and barrows and burial chambers. When visitors arrived to look at them a small group of small children would cluster round the sightseers and start to recite a long spiel about the number of stones, the length of the lines of stones and the theories about their origin and purpose. On one occasion when I was there a group of village children had besieged an American visitor and began their chant in unison. The American waited until the children had almost completed their ritual then he interrupted them with a question. This stumped the kids and with one accord they all started to recite their set piece from the beginning again. Next time they nearly got to the end the visitor fiendishly asked a question again and once more the whole singsong started from the beginning. Near the alignements there was an area in some lovely pine woods where entrepreneurs had built quite a few holiday homes that were expensive and trendy under the name of Carnac Plage.

Another rather gruesome sightseeing attraction in the region was the collection of human bones in the church at Ste Anne d’Auray. They were reputed to be those of monks in a local monastery. They were in a crypt under the floor of the church and viewed through a round hole like the opening of a water well through which a rope or chain with a lamp on the end of it dangled. I don’t know whether the monastery was still in operation and whether the inhabitants were continuing to contribute their skeletons after they died.
Belle Ile is an aptly named island in the Bay of Biscay about an hour’s boat ride away from Quiberon. Tourist coaches, which in those days we called Charabancs, (or should it be chars-a-bancs?) met the little steamer and whisked visitors around the island stopping strategically at a hotel about midday for a sumptuous lunch of lobster, the spécialité du pays. The drawback to the whole trip was that the sea passage was frequently very rough and many a lobster returned to the Bay of Biscay half digested. I remember one such occasion when I thought I could avoid seasickness if I managed to go straight to the bows of the ship as soon I boarded and stay there enjoying the spectacle of the stormy sea. All went well until we docked and then I had to wait until everyone else had disembarked and, having experienced no nausea at all during the rough crossing, as soon as I set foot on the quay the delayed-action mal de mer struck. The ensuing short train journey from Quiberon to Kerhostin was a most mauvais quart d’heure.

I never did manage to find any boatman willing, for a fare I could afford, to take me to either of the two little islands Houat and Hoedic mentioned in Balzac’s Six Contes, the original reason for us to go to that lovely part of Brittany in the first place.

The most enduring friendship I made as a medical student was with Denis Brinkworth. He was about ten years older than I was, having qualified as a Biochemist before he decided to switch to medicine. He was in the same year as I was and we sat for most of our exams together. His parents I remember as an elderly retired couple who lived in a large old house with a delightful walled garden at Chippenham in Wiltshire. I spent several delightful weekends there with Denis and he was one of the first of my friends that I took on holiday to Brittany. When Denis qualified, after a couple of house jobs (six months’ appointments as House Surgeon or House Physician, generally now known as Residents or by the American term Interns), he bought a practice in Wootton Bassett, not far from Chippenham, I think so that he could keep an eye on his aged parents. On one occasion Denis and I visited Lacock Abbey, near Chippenham, the home of William Fox Talbot who was the first person to print a photograph in 1839, the same year that Daguerre, in France, announced his method of photography known as daguerreotype. On show in the Abbey, which was the last religious house to be dissolved after the Reformation and was converted into a mansion, is one of Fox Talbot’s earliest photographs.

Of the basic sciences Physiology is the most important. Anatomy, of course is important, especially to surgeons, although only relatively a fraction of what one has to learn as a student is of much use practically. In later years I used to tease some of the surgeons with whom I worked by saying that the only difference between a surgeon who remembered his anatomy and one who had forgotten it was that one of them could tell you the name of what he had just cut.

The least useful of the preclinical subjects in practice was Pharmacology, at least as we learnt it. That was, of course, in the days of the apothecaries’ weights and measures when fluids were measured in minims, drachms and ounces and solids weighed in grains, drams and ounces, all with their own symbol in written prescriptions. We had to learn how to write prescriptions with instructions in abbreviated Latin and which drugs were incompatible so that one did not mix them in the prescriptions. We were also taught how to roll pills and how to wrap a bottle of medicine in white paper and close the package with sealing wax. In those days, of course, many general practitioners did
all their own dispensing and such knowledge was for them very useful. I experienced self-dispensing twice during two locums that I did in the year I qualified and I found that part of my duties to be the hardest and most time-consuming. Nowadays prescriptions are very rarely written for the pharmacist to dispense by carefully measuring out each constituent, mixing them and packaging the resultant concoction because the manufacturing chemists have done all that work and all the pharmacist has to do is find the prescribed medication on his shelves and label it with the doctor’s instructions. In this way, I am sure, there are far fewer opportunities for error.

During the preclinical period I played some rugby and learnt fencing and tried to resume rowing but the bothersome journey to the Thames at Hammersmith and the lack of any corporate loyalty as the Hospital did not have a rowing club caused me to lose interest. I also tried my hand at hockey which I had not played since my Choir School days and even succeeded once in playing for the Hospital in an away match at Cambridge, the only time I have ever been to Cambridge and then I was not able to see the city and University and compare them with Oxford.

Travelling every morning up to the West End on the Dartford Loop Line, I met a youth about my age who had just started work in the City and we got into the habit of travelling together as far as London Bridge where our ways parted, he going to Cannon Street and I to Charing Cross. His name was Arthur Stidolph and he lived a few doors away from my grandparents’ home. At, I think, his mother’s suggestion we both joined the local branch of a young Conservative organisation called the Junior Imperial League, or the Imps for short. This was not from any political fervour but essentially as a means of meeting other people of our own age for social purposes. They ran dances and after a short time formed a tennis club which during the summer became the nucleus of our activities. We justified our political affiliation by delivering pamphlets at time of elections et cetera. The tennis club had its courts at Mottingham, an adjacent suburb between Lee and Eltham. The homes of two families living near the tennis courts became the venues of many a weekend or evening social gathering.

The Craddocks had four children, three girls and a boy. Ena, the eldest, I think was already married and then there were Effie, Lydia and Tommy. Their house was almost next door to the open ground, part of a small farm, where the tennis courts were and often after an afternoon of tennis a lot of us would drop in there. The other family were the Wynn who had four teenage daughters, Jenny, Vicky, Lilian and Marian and two younger children, Leslie about 12 years old and the youngest another girl, Gladys, about eight years old when I first met the family. Their house also was a great favourite haunt of many members of the Imps tennis club, especially all the boys.

About April 1930 I passed the 2nd M.B. Exam of the University of London in the preclinical subjects of Anatomy, Physiology and Pharmacology. While the Anatomy and Physiology were still fresh in my mind, I thought that it would be a good idea to try for the Primary Examination of the F.R.C.S. as one was to be held very shortly. As I said before, this is a very testing exam and carries a high failure rate, so I was not surprised when I failed. I had passed in the Anatomy but not the Physiology and the requirements at that time were that candidates had to pass them both at the same examination. Three-and-a-half years later, after I had qualified and finished a house surgeon’s job and was waiting for another house job to become vacant, I tried the Primary again. This time I took the precaution of getting some coaching in Physiology and passed that subject but
I had forgotten too much of the Anatomy and failed that so that once again I ‘ploughed’ the whole exam. Soon after that I decided to specialise in Anaesthetics for which the F.R.C.S. was not necessary, so I did not ever present myself for the Primary again. In later years I believe that the College of Surgeons relaxed the rule about having to pass both subjects at the one sitting, but they did not make the new regulation retrospective.

Bobby first met Lilian around the time this photograph of her was taken when she was 17 years old.

Now that I had passed the 2nd M.B. Exam, a completely new phase of my medical education began and for the first time I came into contact with live patients.

During the clinical part of medical training, the student was sent to work in the various branches of medicine for specified periods: three months in Casualty, six months
Surgery, six months Medicine, six months Gynaecology and Obstetrics, and so on. The minor specialties such as Skin diseases and Eyes might be worked simultaneously. In all the period of clinical training for the University degree course was three years, but the student could present himself for the Conjoint Finals after only 33 months. The first three months was in Casualty, and the department at the Middlesex was divided into Surgical and Medical Casualty. During this time the student faced in a concentrated form the sorts of problems that present every day in a general practitioner’s consulting rooms. Obvious trauma from abrasions and bruises to possibly lethal injuries were channelled to the surgical side and aches and pains and general malaise to the medical. Patients who had already consulted their doctor and were referred by him for further investigation did not attend Casualty, but were directed to the appropriate Outpatient department.

I remember being in Surgical Casualty when a man was brought in who had pushed his right hand through the blade of a circular saw cutting off his thumb and index and middle fingers but with very little loss of blood. I had to help with the cleaning and dressing of the wound and was amazed at myself for not feeling faint, but as soon as he had been admitted to the ward and I had time to imagine how he had done it, I suddenly felt very weak and had to be resuscitated by putting my head firmly down between my knees.

The six months in Surgery were split into two periods of three months each with a different surgical ‘firm’. The surgical side of the hospital was divided into four firms, each with a Senior and a Junior Honorary Surgeon at the head. Then there were the paid Resident staff, headed by the Registrar, usually a surgeon in training being qualified for about three years, and a house-surgeon, a newly qualified man appointed for a six-month term. There were four to six students allotted to each firm for three months and they were known as ‘dressers’. Each firm had the charge of two wards, one male and one female, each ward having about 20 beds.

The wards were ruled by the Ward Sister, who not only had charge of the nurses allotted to that ward, but directed the duties of the dressers and saw that they were properly trained in the care as well as the treatment of the patients and that they learned all sorts of things such as the correct way to make beds. This latter skill was not only very useful in home life afterwards, but a source of irritation to one’s wife when her husband started to correct her on points of domestic chores.

My first surgical firm as a dresser was that of Eric Pearce Gould as the Senior Surgeon and David Patey as the Junior. ‘P.G.’ as we called Pearce Gould was not a flamboyant surgeon prone to attempt heroic surgery but a calm, down-to-earth man who believed, quite rightly, that he would do more good for humanity by curing or alleviating common complaints such as hernias, appendicitis, tuberculous glands in the neck, which were quite prevalent in those days, and so on. To complement this combination of quiet, gentle surgeons, the ward sister was a small serene young woman who treated patients, nurses and medical students kindly but efficiently.
Apart from doing the dressings in the ward, the students also had to attend the formal ward round by the surgeons. This ritual was a regular fixture twice a week. Ten minutes before the appointed time the registrar, house surgeon, and all the students assembled at the front door of the hospital to await the arrival of the ‘Chief’, all dressed in their best suits. Those old surgeons must be rotating rapidly in their graves now if they can see the way students and residents dress nowadays in scruffy jeans and T-shirts. Each student had been allotted a number of the patients to look after, and on the ward round any error of commission or omission was likely to be exposed for all to see and hear. The highlight of the duties of the dresser was to assist at the operations on the twice-weekly operating lists, on the days following the rounds.

Each of the four surgical firms took it in turns to be on call for a week at a time, and during one’s week on call life was very full and interesting. Emergencies, be they acute appendicitis or being run over by a bus, had to be dealt with at all hours of the day, so that the students were virtually right in the front line of the battle, being the first, after admission and examination of the patient by the house surgeon, to take the history, test the urine of and prepare the patient for surgery. In those days all abdominal surgery cases were preoperatively shaved from nipple line to below the pubis, then the whole abdomen was washed with ether soap and rinsed with pure ether and covered with a sterile towel which was kept in place by either a bandage or adhesive tape, and who did all that? That’s right, the dresser, at any rate for the male patients. This way I became
quite adept in the use of the cut-throat razor (‘Experimentum fit in corpore vilo’, a Latin proverb meaning try it out first on something of little value or, as Evelyn Waugh says in a too literal translation, *Vile Bodies*). The nurses did the ‘prepping’ of the female patients, but of course they worked shift hours so they did not feel the same exhaustion as the medical students. During a heavy emergency week we would get very little sleep and the end of the week was very welcome.

Most students, at their first operation, would feel a little queasy but we all quickly got inured to the sight of blood and even death.

My second three months as a surgical dresser was with a very different surgeon, Mr (later Sir) Gordon Gordon-Taylor. He was a bold, ‘heroic’, surgeon who was interested in the more spectacular types of surgery. Had he been born 60 years later he would have been at the forefront of transplant surgery. He wore a butterfly collar and a bow tie and always a carnation in his buttonhole. Legend had it that he had once treated a patient so much to her satisfaction that she had left a legacy to send him a fresh carnation every day of his life.

I do not wish to belittle his memory by these comments because he was a most erudite classical scholar, a brilliant technical surgeon and a most charming man. One thing which struck us students was that he hardly ever undressed before operating except to take off his coat, and then scrubbed up, donned an apron and gown and gloves and proceeded to perform an afternoon’s operations without seeming ever to feel the heat. In my opinion ‘G.T.’, as he was known, lacked sympathy with his patients, regarding them more as material for his surgical skill than as human beings needing help.

What we dressers found most impressive during our three months with his firm was the ward sister. She was the archetypical female nursing ‘dragon’. We had heard about her before we were allotted to that firm and her reputation was not exaggerated. The longer I worked on her wards, the more I admired her. She was absolutely strict but also absolutely honest and understanding. After some inevitable clashes I got on with her very well and in after years as a resident in various appointments I could always communicate with her and without friction.

Next in my student career I had to do six months in a medical ‘firm’. I was allotted to a firm whose chief physician was Dr ‘Georgie’ Ward, and Dr D. Evan Bedford was the Junior. This firm shared wards with another firm of which Dr T Izod Bennett was the junior physician. Our firm had one side of each of both the male and female wards, and the other firm presided over the other side. Duties in the medical wards were not so exhausting physically as in the surgical wards, but our keeping of the records of the patients’ symptoms and signs and clinical findings were much more exacting. The medical rounds by the visiting physicians were more prolonged and more searching and I remember one instance when we had stopped at the bed of a patient who was suffering from a complicated kidney disease and at that time ‘Tizzy’ Bennett was paying a visit to someone on his side of the ward. Dr Bedford decided to call him in in consultation. Dr Bennett spent a long time slowly turning over the pages of the pathologist’s report on the 24 hourly specimens of urine that had been sent over the two or three months’ stay of the patient in hospital and then pontificated ‘You know, Evan, in this type of case I always think that one of three things may happen. The patient may
get better, he may get worse or he may stay as he is.’ A profound and, no doubt, true statement, but hardly enlightening.

Another anecdote about ‘Tizzy’ Bennett reveals his practical sense of humour. He had a patient who had a bleeding gastric or duodenal ulcer and was treating him with, inter alia, complete rest. The relatives regarded this masterly inactivity as neglect and kept saying to Dr Bennett ‘But, Doctor, isn’t there anything we can do for him?’

The reply was ‘Yes, you can rub Vaseline into the soles of his feet every half hour!’

Dr Bedford, by the way, was one of the first at the Middlesex to realise the value of electrocardiography. He had a small windowless little basement cubbyhole, I can’t call it a room, where he painstakingly looked at his E.C.G.s and as far as I know not many people were at all interested.

One other experience in the medical wards stands out in my memory. An elderly woman, a Miss Popplewell, was suffering from pernicious anaemia and needed blood transfusions from time to time. She happened to be one of the patients allotted to me and so, when her next transfusion was due, I had to assist the house physician to administer it.

In those days there was no blood bank and one had to ask her relatives to volunteer to donate the blood and crossmatch the blood from the volunteers to be sure the donor’s blood was compatible. Drip transfusions were quite unknown at that time, the system of drip intravenous infusion was developed a few years later at the Middlesex Hospital by Drs Hugh Marriott and Alan Kekwick. The technique in 1931, when Miss Popplewell needed her transfusion, was to take the blood from the donor in an adjacent bed behind screens in the ward and then without delay allow it to run into the previously surgically opened vein in the recipient. At that time it was thought that it was unwise to dilute the blood with an anticoagulant such as Sodium Citrate so, in order to stop the blood from clotting one used the Kimpton’s Tube. This was a cylindrical glass tube about 8 cm. diameter and about 30 cm. tall, with an open top that could be closed with a rubber bung fitted with a Higginson syringe to apply either pressure or suction. The lower end opened into a horizontal narrow tapered tube with the tip small enough to fit inside the veins. The Kimpton tube had to be prepared before the transfusion by dissolving a small lump of wax in ether and swilling it round in the glass tube so that the entire inner surface was covered with a thin layer of wax. This prevented the blood from clotting on the sides of the tube. When all was ready and both the donor and the recipient had had veins in their elbows exposed and opened but held shut by surgical forceps, the blood was sucked out of the donor by using a vacuum pump on top of the Kimpton’s tube. When the tube was full the operator went quickly to the recipient and pumped it into her vein, by reversing the pump on the top of the tube. Unfortunately in the hurry to get the blood to the patient before it clotted, the pump was not reversed so when the blood was supposed to run in what actually happened was that some of Miss Popplewell’s blood was extracted. As soon as the error was noticed, the whole procedure was abandoned and neither harm nor good was done to the patient.

It is amazing to think that only 60 years ago it was still customary to perform such manoeuvres, which today are easily performed percutaneously, by the crude method of cutting down under local anaesthetic on the vein in the bend of the elbow, expose the
vein and tie it off and cut into it and later sew up the incision, rendering that vein useless for further transfusions and leaving a scar.

After the end of the six months in the medical wards, the next appointment was with Gynaecology and Obstetrics for six months. During this time each student had to spend one month working in the labour ward and after delivering about six babies, he was expected to go with one of the trainee nurses out on ‘the District’. That is to go and manage home births.

The Middlesex Hospital is on the edge of Soho with a very dense population of various ethnic origins, mainly Italians, Greeks and Cypriots living in almost slum conditions, often in tenement buildings several floors up with no lifts. We had to turn the other children and animals out of the bedroom and keep the husband busy providing newspapers (for spreading on the floor and bed) and hot water with jugs and basins. As a rule the deliveries were easy, as the woman had certainly had at least one child before. Women bearing their first child were always admitted to hospital. If the labour was in any way abnormal or difficult we had to despatch the husband to get help from the hospital and either a trained midwife or the Obstetric House-surgeon or the Registrar would come to the rescue.

One of the pupil midwives, as the nurses doing their midwifery training were called, Nurse Williams was often rostered to go with me when I was called out to cases ‘on the district’. She went on to make midwifery her career and later became the Sister in charge of the Maternity Ward at the Middlesex and from there went on to be the Matron of the most important Maternity Hospital in London, Queen Charlotte’s.

I enjoyed that part of my training and when during that year I won the annual prize for Obstetrics and Gynaecology, I decided that after I qualified I would specialise in that branch of Medicine.

The rest of the three years of clinical training were divided into three monthly periods covering Pathology and the various minor specialties such as Ear, Nose and Throat, Skins, Eyes, Paediatrics, Infectious diseases, etc. We learnt to give anaesthetics during our six months with the surgical firms during the operating sessions. If the patient undergoing the operation had been allotted to me, for instance, I would be expected to scrub up and act as second assistant to the surgeon and house-surgeon, but if it was not my case then I would have the opportunity to learn how to give the anaesthetic first by watching the anaesthetist and later when he thought that I had learnt enough, by actually giving the anaesthetic under the close supervision of the anaesthetist. In view of the fact that outside the big cities there were no specialist anaesthetists and therefore general practitioners had to give anaesthetics for either their partners or a specialist surgeon who might be called in, and that such a chore was usually delegated to the most junior and therefore the least experienced doctors, such abysmally minimal training was, in retrospect, quite inadequate.

After about two years of clinical studies, we were allowed to start taking some of the final exams of the Conjoint Board. There were four exams: Surgery, Medicine, O. and G., and Pathology. Each of these was held every three months and one could take them separately or together in any combination with the proviso that one could not take the
last one that would entitle one to be qualified until 33 months had elapsed since passing the Second M.B. or its equivalent at the end of the pre-clinical studies.

In order to overcome this hurdle, Brink (as we called Denis Brinkworth) and I joined with Stan Levine, an American student from New Jersey, who devised a plan for a refresher course. His plan was, no doubt as all good plans are, simple. We obtained copies of all the Conjoint Finals papers that had been set during the past five years and analysed them.

It became obvious that there was a pattern. For instance in the Medicine paper there was always a question on either Eyes or Skins, never on both, and when we were prepared to take that paper, for the last three examinations there had been a question on Dermatology so we were pretty sure that this time it would be the turn for an Ophthalmology question. Consequently in our intense pre-examination revision we neglected Skins and concentrated on Eyes. This prediction proved correct and we all three passed the Medicine paper. This is not to suggest that we were unprepared fully for the exam. On the contrary, we worked through every one of those questions that had been asked during the past five years, read everything we could about the subject of the question and then wrote answers just as if we were in the examination hall, not once but again and again so that we reckoned that if we could answer all the questions that had been set for the preceding five years, we knew enough to pass.

This intensive swotting we applied to all of the Final Conjoint papers, with the desired result that in January 1933 we all three passed and became entitled to be registered with the General Medical Council to practise Medicine.

I would not like to give the impression that life as a medical student was all work and no play. We entered into the usual sporting activities, such as rugby, hockey and, if one was so inclined, cricket. I not only played a bit of rugger but whenever there was a match between hospital sides, we turned out in force and rooted vociferously for the Middlesex. There was a Scottish Professor of Pathology, McIntosh, who had very strong views about the status of amateur rugby and was particularly upset by the thought that our greatest rival, St. Mary’s Hospital Medical School, offered scholarships to boys who had shown particular prowess in the game at school. Whenever we played St. Mary’s he would be on the touch line and if ever a St. Mary’s man fumbled a pass or missed an easy kick, he would shout out loudly ‘Tak awa’ his scholarship!’

Hockey I played a little and once had the distinction, faute de mieux⁹, of being included in a team to play against a team in Cambridge. We lost the match but (as I said earlier) the main reason the day sticks in my mind is that it was the only time in my life that I have ever been to Cambridge. I also learnt a little of the art of fencing, but without much success, and realised that, although my small body provided a smaller target, this point in my favour was more than counteracted by my shorter reach.

More convivial and less strenuous relaxation was provided by the Annual Smoking Concert. It seems strange today to think that a Medical School could associate itself in any way with anything with such a name. But, of course, nobody then thought that

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⁹ For want of a better alternative.
there was anything unhealthy or dangerous about smoking. The function was held annually at a large Music Hall in the vicinity and all the most prominent of Vaudeville stars were only too eager to give a performance for no payment because of the publicity of being invited to appear at this famous annual event. It was a full evening dress affair and all the important people connected with the hospital turned up with their partners.

One year I saved up the money to attend and even to take a partner. I had recently been staying with my aunt Nellie near Manchester and had met there the family of one of the local senior gynaecologists, a Dr Cowen. I asked Betty, one of his daughters, a very pretty and attractive young girl, to come with me and as she had some relatives in London with whom she could stay, her parents consented to her accepting. We arrived at the theatre and while I was buying a programme one of the senior surgeons at the Middlesex, Alfred Webb-Johnson, who later became Sir Alfred and later, after several years as one of the most successful Presidents of the Royal College of Surgeons of England, became Lord Webb-Johnson, and who had a keen eye for a pretty girl, came up to her and said ‘Hullo, What’s your name? My name’s Alfred.’ Before she could reply I joined them with my programme and introduced her to him and he said, ‘Well, Roberts, enjoy yourself’, gave my elbow a squeeze and walked off.

In Brittany, in the meantime, after several years of renting cottages each summer either in Kerhostin or Port Haliguen, a fishing village at the tip of the peninsula near
Quiberon, the Rainers and Olive decided to buy a small plot of land on the sand dunes close to the beach where we originally met. During the next winter M. Rainer, who was a cabinet-maker by trade, went to Kerhostin several weekends and laid concrete foundations and started to build a wooden house.

The plan was simple, one large room with four double beds which during the day could be folded up at the head end to stand flat against the wall. Between each bed were curtains to provide privacy. The bed space occupied half of the room but during the day the whole area was free for daytime activities. There was an upper floor under the tiled roof divided into two rooms reached by a ladder that during the day folded up out of the way. At the beginning of the summer holiday following the start of building, only the foundations and the wooden framework were ready and many willing helpers soon had the place habitable. A well was dug, not without difficulty because after the first six feet of sand, the amateur shaft sinkers struck rock and work had to be slow and heavy using primitive rock splitting tools. A tripod at the pithead carried a block and tackle and a bucket on a pulley was sent down to the volunteer workers to fill with pieces of rock and then hauled up and the empty bucket sent down again. On one occasion the winch man at the top of the well was a little too enthusiastic hauling up the bucket and it went over the top of the pulley sending down a bucket load of rock chips onto the unfortunate workers. Luckily no one was seriously injured, just a few bruises and abrasions.

The new holiday house was a great success and was named ‘Thark’ after the Ben Travers play at that time running in London. This was explained to the French as meaning ‘The Ark’ and M. Rainer acquired the nickname, as the builder, of ‘Noah’. During my days as a medical student, Olive graduated from a motor scooter to a car. I think the first car we had was a Rover 8. It was a good little car and lived up to the advertisement ‘You can’t overrate the Rover 8’.

A Rover 8.
I passed the last of my Conjoint papers on 20 January 1933 and had to wait one week until the 27th for the official permission of the G.M.C.\textsuperscript{10} My first day as a practising doctor was therefore my 22nd birthday.

\textsuperscript{10} General Medical Council.
Chapter 4: Postgraduate Studies

It was the usual thing to do, and nowadays it is compulsory, for newly qualified students to continue their training by spending at least a year working under supervision in a hospital before being let loose on the trusting public. Such was my intention but urgent necessity at that time made me go to help out in a general practice for the first 12 days of my life as a doctor.

When he was a young doctor (his first day as a practising doctor was his 22nd birthday), Bobby grew a moustache in order to look a bit older.

That winter in England was a bitterly cold one and there was, moreover, a ‘flu epidemic raging. A practice in the Home Counties, on the Bedfordshire- Buckinghamshire
border, of three partners and one assistant was hard hit as one of the partners and the assistant were both down with the ‘flu. One of the remaining partners was an old Middlesex man and he had applied to the Middlesex to send him someone as soon as possible as a locum. The senior of the full time medical staff at the Middlesex, known as the R.M.O., was Hugh Marriott, a friend of the distressed pleader and he promised to send me as soon as my official registration was valid.

So, on my 22nd birthday very early on a cold bright frosty morning I caught a train to the nearest station to the practice which was centred on Woburn, Woburn Sands and Aspley Guise where I was met by the recuperating but still very shaky assistant and driven to one of the surgeries where I was to face a waiting room full of people who had already been waiting half-an-hour for a doctor to arrive. Most of them had influenza but quite a few were victims of skating accidents as all the local ponds were frozen and every able person was taking the opportunity of breaking their wrists, spraining their ankles, bruising their bottoms or running over some other hapless person’s fingers with their unmanageable skates.

The surgery, which was scheduled to last an hour but started at least half-an-hour late due to the L.M.S. timetable, did not finish until about 11.00 a.m. instead of 9.00 a.m. partly because of the unusual number of early morning patients attending but mainly, I suspect, because as a complete new boy on my very first day in practice I had not the experience necessary to deal with the problems quickly. I was haunted by the thought that, unless I examined everyone as carefully as we had been taught to do in hospital, I would be reported to the G.M.C. as negligent. I had, of course, taken the precaution of taking out a malpractice insurance but the fear of the stigma remained. Consequently I was a little late setting out on my allotted home visits. The problem of finding Mrs Oddsbody at Husoorne Crawley and Mr Thingamybob at Eversholt, whose whereabouts were well known to the partners, was considerable but eventually I presented at the headquarters of the practice, the home of the senior partner where I was to stay, at about 3.00 p.m. for lunch to be presented with a list of the people who had requested home visits that afternoon. Off I went again and this time another problem arose. I was driving on an icy road on a slight downhill section in a little Austin Seven and had to brake for a corner. The next thing I knew I was driving back up the road I had just come down as I had skidded on the ice in a 180-degree ultra-rapid U-turn.

After finishing the afternoon visits I arrived back to take the 6.00 p.m. surgery at about 7.30 p.m. and when that was over I went ‘home’ at 10.00 p.m. for the evening meal timed for 7.15pm. I gobbled down what had been left out for me and than found that my duties were not only to write a record of all my home visits but also to make up in the dispensary all the medicines I had prescribed. At about 1.00 a.m. I went to bed after a most unusual birthday, knowing I had to start all over again at 8.00am.

For me it was really being thrown in at the deep end but I managed to surface and survive. The most memorable thing about those 12 days (for which I was paid 12 guineas, which sounds like peanuts today, but was a fortune for an indigent newly qualified doctor) was the occasion when the senior partner, who happened to be on call that night, called me out to go to a cottage miles from anywhere where a youth of about 16 years old had a septic knee joint. I was detailed to administer an anaesthetic while

11 London, Midland and Scottish Railway.
the senior partner put a knife in and drained the pus out. The lad was lying in a sort of attic in the cottage under an open thatched roof where there was no light. We had to operate by candlelight and, because of the open flame, the only anaesthetic agent available to me was chloroform which is not flammable or inflammable (curious that those two words mean the same thing) – in other words will not catch fire. Imagine, if you can, a raw newly qualified medical young man faced with this problem. I had never given an anaesthetic before except under expert supervision and now I was faced with having to tackle a potentially lethal task. Chloroform, although it is non-flammable and acts very quickly, does have one serious drawback. It is very poisonous, especially to the heart, and has for the last 40 years, been regarded as unsuitable for anaesthesia.

So, in the dim light of a candle in the attic of a thatched cottage, I timorously and carefully poured chloroform on to a handkerchief held over the face of this lad and gave the nod to the senior partner who then stuck a knife into the knee joint and let out lots of pus. The lad’s knee and life, as well as the reputation of both the senior partner and the young locum were saved. I had given my first completely unsupervised anaesthetic. I could not foresee that I would give many more in the following 50 years.

This short experience, so early in my professional life, taught me that the life of a general practitioner is a really ‘down to earth’ existence especially in the remoter areas where advice and help are not readily available. Having, since then, lived in Africa for 20 years, I realise now that remoteness is a very variable factor, but in 1933, Aspley Guise, some 30 to 40 miles from London, was as remote as somewhere deep in the Caprivi Strip or Ethiopia is today.

After 12 very busy days (and some nights) in the Aspley Guise, Woburn and Woburn Sands practice, the ‘flu-stricken partner and his wife, the assistant, were well enough to resume work, so I returned to London the richer by 12 guineas according to the current rate of pay for a locum: one guinea a day and all found. I did, of course, have my train fare paid.

Back at the Middlesex I had already, during the week between the final exam and registration, applied for the next house surgeon position available. In England at that time, unlike the system in both South Africa and Australia, these jobs did not all fall vacant on the First of January and July each year but although they were six-month appointments they were staggered throughout the year. There was an appointment coming up for House surgeon to the same firm that I had been working on as a student three years before, that of Eric Pearce Gould and ‘Jimmy’ Patey, which was to start at the beginning of March. The applicants were short listed to two of us and Brian Harley and I underwent a clinical and oral test by the two Honorary Surgeons concerned. I was the lucky winner and so, knowing that I did not have anything more to do until the end of the month I took the rest of the month of February off and went on holiday, staying with an Aunt Dorothy, one of Olive’s sisters in Buxton in Derbyshire, and her husband Edwin Challen, who had been an executive of a big department store in Kuala Lumpur and had now retired but was running a ‘gourmet’ grocery, modelled on Fortnum and Mason.

I only had, at the most, ten days but I spent them largely in walking by myself on the moors of the High Peak district. I also paid a visit to another of Olive’s sisters, my Aunt Nellie who was married to Ralph Harrison, who lived in Heaton Moor between
Manchester and Stockport. Uncle Ralph worked for some cotton firm in Manchester. They had a daughter, Dorothy, who was a very intelligent girl who would have been at that time about 16 years old. I have always got on very well with Dorothy, who later went to Somerville College, Oxford, and obtained a degree, majoring in Modern Languages, which got her involved in Intelligence during the war and took her to Sweden and Finland.

In March I started my job as a house surgeon, and moved into the Residents Block at the Middlesex. I got free board and lodging and laundry, but there was absolutely no salary. These conditions applied to all the surgical and medical house jobs, and one might wonder how a young man could exist without any ready cash for entertainment, sport and ordinary social activities, as now that I was qualified Olive could no longer be expected to carry on with my previous allowance of £8 a month which had sufficed during my student days. The answer is that there were always ‘perks’ in the job, though in my particular one not as many as in some of the others.

Although the Honorary Surgeons gave all their services to the hospital for nothing, they did have to have a private practice to bring in their own income, and some of that was with patients in the Private Wing of the Middlesex, and for assisting at their operations the surgeons used to give the house surgeon a small fee. This was usually about two or three guineas and also there were fees for attending the post-mortem and inquest of any patient who died or was brought in dead without a satisfactory death certificate. Those fees were nominally one and a half guineas but the Coroner’s Officer always deducted the odd shillings and pence before handing them over as a sort of commission and so we just got £3 instead of three guineas. There was also a similar fee for writing a Cremation certificate and variable fees for writing reports on patients for lawyers in any legal matters. All these mickles added up to a sort of mini-muckle. Thus we were able, not only to follow a reasonably comfortable, if careful, lifestyle in a world where beer cost 2d to 4d a half-pint, a good meal could be had for 2s 6d, a slap-up dinner at Simpson’s in the Strand cost 4s 6d (Roast Saddle of Mutton, as many helpings as you could eat!), good seats at a West End cinema could be got for 2s4d, a haircut cost 9d to 1s, shirts cost a few shillings, a suit could be made for £5 (I later had an evening dress suit, tail coat and trousers made to measure for £12!) but also to save. At the end of six months, I had saved £30, enough to take me onto the Continent for three weeks, two in Germany and one in France, paying my own (3rd Class) fares, hotels and entertainment, remembering that in France I did not have hotel expenses as I stayed at Thark in Kerhostin.

My duties as a house surgeon were onerous but pleasant. Both of the surgeons on the staff were quiet, well-mannered, dedicated and excellent teachers. They were exemplary in their treatment of patients and were competent surgeons, completely devoid of arrogance or showmanship. I could not have had a better pair of surgeons to work for and to instil in me the ideals of medical ethics. The ward sister was Helen Jones, an efficient but not despotic ruler of the nursing staff, a helpful and friendly companion of the residents and a friendly supervisor of the students.

Half way through the morning work here was a recognised coffee break, and Helen would ask the Registrar, the houseman (me) and the Staff Nurse to join her in her little office just outside the door to the ward for not only coffee but a chat about current problems and to help with the Daily Telegraph Crossword. This was my introduction to
Crosswords, an addiction I have never been able to overcome (I haven’t tried very hard to throw it off). On two afternoons a week, Pearce Gould did a ward round to review the patients who had had their operation, and to decide on investigations and time of operation for the newcomers. On the following afternoons he operated from 2.00 p.m. until about 6.00 p.m. David (but always known as Jimmy) Patey did his rounds on the days before he operated in the mornings, also twice a week.

I think that Pearce Gould had a private income enough to live on without that derived from his surgical practice and devoted his time to good works. He did not indulge in sensational, heroic or spectacular surgery but his operating lists were full of mundane procedures, such as hernia, appendicectomy, varicose veins and tuberculous glands in the neck (Scrofula they used to call it in the nineteenth century). Such operations, while they did not excite comment in the media, did far more good to the community than the more dramatic operations that make the surgeon a superman, if not a little god, in the eyes of the laity. But the simpler operations did not command large fees so that the assistant’s share was all the smaller. That is what I meant earlier by saying that in the matter of casual income I fared worse than the house surgeons to other firms. I gained a
better understanding of the troubles of ordinary people and a respect for the attitude of both Pearce Gould and Jimmy Patey in their quiet, courteous and sympathetic treatment of their patients and the staff with whom they worked.

Every four weeks each surgical firm, in turn, was on ‘Emergency week’. All cases sent in by outside doctors for urgent treatment or cases admitted from casualty for surgical opinion and treatment were admitted to the wards of the firm on ‘Emergency’. During that week we could work day and night and we were always relieved when the following Monday midday came around and some other firm took over emergency work.

The most memorable of the emergency admissions to our firm while I was the house surgeon was a senior member of the kitchen staff of a Soho restaurant who was injudicious to reprimand a young Cypriot trainee waiter. The ‘comi-waiter’, as he was described, took extreme umbrage and rushed out of the restaurant back to his abode, collected a gun and returned to shoot his offending superior in the chest. This was long before the days of open thoracic surgery and although we did what we could for the young man he died. The police had been called and had arrested the young Cypriot and he was thereupon charged with murder.

Any death by violence was legally bound to be investigated by an inquest which necessitated a post mortem, and I, as the nominal doctor in charge at the time of death, had to attend the post mortem and also the ensuing inquest. The post mortem was performed by the Home Office Pathologist, the redoubtable Sir Bernard Spilsbury, whose evidence had sent the notorious Crippen and many other murderers to the gallows.
Sir Bernard found that the bullet had passed through both the left bronchus, the airway to the left lung, and the left atrium of the heart, and declared that the cause of death was an air embolism from air carried from the bronchus into the heart. He said that this was a most unusual occurrence and should be written up in the medical journals and asked me to send him full details of the hospital findings from admission to death and he would incorporate them in a paper which he would publish under our joint names. I sent him all I could and if he ever did publish the case report, he certainly never even thanked me for my notes or acknowledged them in any way.

Sir Bernard had a reputation for infallibility and at murder trials the juries were prone to convict on the strength of his evidence alone. I am sure that in this case there was no doubt that the young waiter had deliberately gone back to his lodgings with the intent of collecting a gun to shoot the victim, but it was widely believed that some of the people who were hanged on the strength of Sir Bernard’s evidence were, in fact, innocent. I do know that at another accidental death inquest which I also had to attend he had quite categorically stated a definite cause of death to the Coroner, whereas at the autopsy, which I also had to attend, he said to me ‘I don’t know what the cause of death is’, but he could not afford to be shown to be unworthy of his reputation of omniscience.

I was subpoenaed to give evidence at the murder trial and I stayed on at the Old Bailey to hear the verdict. I found it to be quite unnerving to see the judge put on the Black Cap and sentence the young man to be hanged.

During that summer of 1933 I bought my first car. It was a very old bull-nosed Morris Cowley for which I paid £2.10s. I drove it up to Oxford (having been a choirboy there for four years I knew that the correct term was ‘up’ to Oxford and from there ‘down’ to London) and paid a visit to my old school and also to Eustace Piers who was an undergraduate at the ‘House’, as Christ Church College was familiarly known. Eustace asked me if I would like to attend the Christ Church ‘Gaudy’, or Annual Ball, and partner one of his sisters. This I was very happy to do and made arrangements to return to Oxford for the great event. The Morris Cowley got me safely back to London but after that it refused to work properly and as I had no money to spare for repairs to an old crock I had to get rid of it. I had no offers from eager buyers so I had to pay someone 10s to take it away, so I had to travel by train to Oxford for the Ball.

The Christ Church Ball was a great experience for me. I partnered Eustace’s sister, Helen, and Eustace took a very attractive girl called Bice Lowe. I gathered that Bice was the Italian diminutive for Beatrice and was pronounced Beechy. Charles Hanrott, a friend of Eustace’s, also an undergrad at the House took Bice’s elder sister, Prue. The girls were the elder daughters of Professor Lowe, a palaeographer, a world expert on the script that the monks of the Middle Ages and before used to write such documents as the Dead Sea Scrolls (although those particular treasures were not discovered until 1947). Professor Lowe was Lithuanian-born but a naturalised American citizen who had married Helen Porter a ‘blue-blooded’ American – a descendant of the Pilgrim Fathers – who was the official translator into English of the works of Thomas Mann. The family were very cosmopolitan, having lived in Germany, America and Italy, and now Oxford. There were three daughters, Prue, Bice and a much younger girl whose name escapes me. Prue and Bice had been born in England and had dual nationality until they were 21 by which time they would have to make up their minds whether to be
British or American, the youngest girl had been born in the States and had no such option: she was American.

One of Thomas Mann’s books that was translated by Helen Lowe-Porter.

The Ball was held in a big marquee in Peckwater Quad and went on until about 5.00 a.m., when our party, still in white tie and tails and the girls in long ballroom gowns, walked down to Magdalen Bridge and hired a punt and took a picnic breakfast, with champagne, down the Cherwell. Someone brought a portable gramophone and it was for me my introduction to classical music, as one of the records played was Mozart’s ‘Eine kleine nachtmusik’.
On my return to London I bought a record of that piece and played it so often in my room in the Residents’ quarters that I could very nearly hum the whole thing straight through. After that introduction to the Lowe family, I went frequently to Oxford at weekends and their home in Oriel Street was very hospitable. Eustace and Charles Hanrott were also frequent visitors. Not only were Bice and Prue nubile and intelligent girls, but Professor Lowe and Mrs Lowe-Porter were always delightful hosts.

On one occasion Charles arranged for Bice and Prue to come to London to go to some dance as our partners. After the Ball was over, we still did not feel inclined to break up the party so we hired a car from Godfrey Davis and drove down to Brighton and at about 4.00 a.m. stripped and had a skinny-dip. When we came out of the sea we found a policeman who had been enjoying the free nude show and proceeded to caution us about such unseemly behaviour, saying that there were likely to be complaints from the landladies of some of the boarding houses along the sea front. When we said that we thought we were well away from any of the houses he replied ‘Oh, you take it from me, they keep binoculars handy for that sort of thing!’

On my way out of the Hospital the evening before, arrayed in my ‘glad-rags’, I had been seen by my chief, Eric Pearce Gould and I only made it back to the Hospital about a quarter of an hour before he was due to come and do a round. This habit of his of doing an early morning round before breakfast was one of his less endearing traits. I just had time to have a quick shower and shave and present myself to meet him. ‘Good morning, Roberts’ he said, ‘I hope you enjoyed yourself dancing last night, what time did you get back?’

‘Oh, it was well after midnight, sir,’ I replied but I didn’t tell him how long after.

I was pursuing my intention to become a Gynaecologist and one of the Honorary Gynaecologists at the Middlesex, Freddie Roques knew of my plan and had drawn up a schedule of work to achieve that end. I should do six months house surgeon, which I had nearly completed and then apply for a House Physician job at the Middlesex, also a six-month appointment, and then try for the post of Gynaec and Obstetric house surgeon, to be followed by the Gynae Registrarship. I should also take the Primary Fellowship exam again as in those days an F.R.C.S. was mandatory for a Gynaecologist. Nowadays they have their own College. So, during my house surgeon job I tried the Primary again. This time I took the precaution of having coaching beforehand in Physiology and passed the Physiology but unfortunately I had forgotten more of the Anatomy than I thought I would have done and so I failed the Anatomy. I would have to have another go later.

As house surgeons it was our duty, every night after the night shift of nursing staff had come on duty, to do a round in the ward and find out how the patients were doing and prescribe any further treatment that we thought might be indicated or call for higher authority and guidance on all but the most trivial problems. Normally each surgical ‘firm’ would have only two general wards, male and female, but there were often patients in other specialised wards, for instance in the radiotherapy wards where patients that our surgical chiefs had operated on. The commonest type of radiotherapy

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12 In June 1955, doctors awarded the CBE included Frederick William Roques and Roger Bannister – the former for services to medicine, but the latter, of course, ‘for services to amateur athletics.’
at that time was the insertion of hollow ‘needles’ containing different doses of either Radium or Radon. These were of different lengths as well as different dosages and were inserted into a malignant tumour under general anaesthesia and stitched into position. Each needle had an eye and a length of stout thread attached to it to enable the precious things to be removed after a specified time of exposure to the radioactive substance. The removal often also required a general anaesthetic. Apart from those patients, our firm was responsible for the paediatric surgery also, so I had to do a round in the children’s ward every day and night. One of the striking things I learnt very early on was that whereas in the adult wards one had to be very quiet at night in the wards out of consideration for the would-be sleepers, yet in the children’s ward it was not so necessary. Contrary to the usual belief, ‘SHH! There are children sleeping!’ it seems that children will sleep easily through almost anything whereas the adults are much more likely to be accidentally awoken.

Another of our duties, on roster, was to answer any calls from the surgical casualty department between 6.00 p.m. and 8.00 a.m. Patients requiring admission to the hospital were allocated to the surgical firm on emergency duty for the week. Minor cuts, abrasions, aches and pains of presumed surgical origin were either dealt with on the spot by the house surgeon with or without the help of his superiors up the surgical ladder or perhaps referred to the appropriate surgical out-patients clinic on the next available day.

Some of the more irritating calls from one’s bed at night to Casualty were for the really trivial complaints. I once had a young man drag me down there in my dressing gown to tell me that he had tooth ache and when I asked him how long he had had it he replied ‘Oh, two or three weeks, off and on, but I just happened to be passing so I thought I might as well drop in.’ When I suggested that in that case he had better just drop out, he started to demand his rights, ‘This is a free hospital, isn’t it? I’m entitled to treatment, I am, and now!’ This called for treatment now so I offered him the choice.

‘I am not a dentist but I am a qualified doctor. I am entitled to take teeth out, although I have never done it before, but I am quite willing to try right now. I shall of course think it necessary to wake up the anaesthetist at this hour, so either sit down and open your mouth, show me which tooth it is and I’ll see what I can do, or, of course, I can give you a note to take to the dental department during their hours of work later today.’ He took both the referral and his leave.

The next hurdle, the house physicianship, would not be available for another two months after August so I thought I could give myself a good three weeks’ break.
Chapter 5: An Interval in Europe

My house surgeon appointment finished at the end of August and I was ready for a holiday after working hard and leading a hectic social life, and some time in August I was visiting Oxford and Mrs Lowe-Porter asked me what I was going to do about a holiday. Bice had, among her admirers, a young newly qualified German doctor and had gone to Germany to spend some time in his company. Mrs Lowe-Porter proposed that she and I should go to Germany to see Bice, an idea that I found very attractive. I had never been to Germany and apart from the anticipated pleasure of seeing Bice again, I enjoyed travel and Germany was a most interesting place not only scenically but also politically as Hitler had just come to power. I borrowed some German Linguaphone records and attempted to learn a smattering of the language, just enough to get by.

I had managed to save about £30 and even in those days that would mean I would have to look after the pennies, not to mention the pfennigs and centimes as I intended to follow up two weeks in Germany with a week in Brittany at ‘Thark’ in Kerhostin. Mrs Lowe-Porter and I travelled Third Class on the railways going from London to Dover, then on the cross channel steamer to Ostend and by train again across Belgium to Aachen where the Customs officials entered the train. We had to change trains at Cologne and went on our way south towards Freiburg-im-Breisgau.

It was already getting dark before we crossed into Germany, and we travelled all through the night arriving in Freiburg at about 6.00 a.m. For the journey from Cologne we were lucky to get a compartment to ourselves and were able to stretch out full length on each of the two wooden seats. I don’t think it was very comfortable and what little sleep we were able to snatch was broken by a very officious ticket inspector who looked at our tickets at least three times. The last time it happened Mrs Lowe-Porter was really angry with him and berated him in very fluent German saying that only in Germany could anyone be so thoughtless as to come and inspect tickets so many times while we were trying to sleep. I can still hear her opening phrase in her rebuke Nur in Deutschland, nur in Deutschland ...

In Freiburg it was a lovely September morning and after freshening ourselves up we sat on the patio overlooking a beautiful garden in our very clean and also very cheap Pension and had rolls and coffee and waited for Bice who was coming to spend a couple of days in Freiburg with us. Her German doctor friend was doing a locum in a village not far from Schaffhausen in a little bulge of Germany into Switzerland. The frontier in that part is the Rhine and it makes a big loop so that there is only one road into it from Germany and several roads going north, east and south across the river into Switzerland. The Germans did not think it was worthwhile maintaining Customs posts at each of the roads into Swiss territory so they just had one on the road from the west into the bulge. The meant that the whole of the bulge was a duty free zone or Zollausschlussgebiet. Freiburg-im-Breisgau is a beautiful and very clean little city with a University and a cathedral on the edge of the Black Forest.
I was fascinated by the decorated pavements in the main streets, one of which had recently been renamed Adolf Hitlerstrasse as were streets in most German towns in the same way as in South Africa one finds a Voortrekkerstraat in practically every dorp.\textsuperscript{13}

While on the subject of nomenclature, it strikes me as in bad taste and even pretentious for a ruler to order streets to be named after him, in fact I do not agree with naming streets after any living person. In South Africa municipalities and governments delight in honouring Prime Ministers by naming roads and airports after them. Thus you have in Johannesburg not only Jan Smuts Avenue, one of the main roads leading north out of the city, but Jan Smuts is the name of the International Airport. I do not object to honouring Jan Smuts, on the contrary, he has played a very big role in the history of the country, but I feel, probably illogically, that, when wishing to honour a living person in such a way it would be more seemly to wait until the great man is dead and then one may be in a position to evaluate his whole life and works. To give credit to whichever authority was responsible, a leader of the Opposition in South Africa, Sir de Villiers Graaff, was also honoured in Johannesburg by having the central part of the elevated Freeway through the city named after him. Smuts died in 1950 but not before Jan Smuts Avenue was so called and Graaff is still alive in 1990. I somehow can’t imagine a Bob Hawke Street in Sydney or a Margaret Thatcher Drive in London!

The decoration of the pavements took the form of a coloured mosaic motif every few metres, and another striking characteristic of the streets of Freiburg was the constantly running water in the wide gutters channelled there from the streams from the surrounding hills. Municipal employees roamed the town with brooms sweeping the

\textsuperscript{13} Dorp: Small country town.
dirt from the roadways and pavements into the gutter to be carried off presumably eventually to add to the pollution of the Rhine.

Bice had some friends who were students at the University and one evening she took me out to meet some of them and have a few glasses of beer. There I made my first great faux-pas in my attempt to speak German. I knew that Schiessen was to shoot and I tried to say that someone had shot something and I did not know that schiessen was an irregular verb and what I did say implied that the person had defecated. This was greeted by an uproarious bellow of laughter and a lot of teasing by the students.

At that time there were strict currency regulations to prevent the outflow of German money. Only a very few marks could be taken out of the country. Tourists, as we were, were given a very favourable rate of exchange to encourage the inflow of foreign capital. Such money was called Travellers Marks and they were much cheaper to buy than marks bought outside the country. The foreign visitor had only to go to a bank and show his passport and he could then buy Travellers Marks.

We were intending to go to the village, Jestetten, where the young doctor was doing his locum. This was in the duty-free zone outside the German customs area and we discovered that there were no banks there. As we would not be allowed to take German currency through the German Customs we were puzzled as how we could go and stay at the small local pub. A very helpful bank teller told us how to do it. We had to draw as many Travellers Marks as we calculated we would need at the bank in Freiburg and then go to a post office and send ourselves a money order to Jestetten, poste restante. This we did and when we arrived in Jestetten all we had to do was go to the post office and collect our mail and cash the enclosed postal order. We were amazed to be told a legal way of smuggling German currency out beyond the customs by a bank official!

The train journey from Freiburg took us first to Basel and then we went on a small local line through marvellous scenery east along the southern edge of the Black Forest with occasional views of the Rhine. One memorable little halt was at a place called Hirschsprung where there was a bronze statue of a stag commemorating a fabled leap of a hunted animal across a seemingly unjumpable chasm.

![The statue of a stag at Hirschsprung.](image-url)
At a small station just short of Schaffhausen we were met by the young doctor whom I will call Klaus in his boss’s car. When we arrived at the Customs we found that they were very thorough in making sure that we did not have any German currency and then we were safely in the Jestetten enclave. We collected our money from the post office and then Bice, her mother and I got rooms at the small pub; Klaus, of course, lived in the doctor’s house. His was a very different experience of general practice from mine earlier that year. His duties seemed to be minimal, it was a warm and sunny September, and there was no current epidemic and Klaus had plenty of free time to spend with us. He spoke a little English and of course both Bice and Mrs Lowe-Porter were fluent in German and could interpret for us. Talking to Klaus, I found that he had no knowledge of advances in blood transfusion which were by now standard practice in Britain, namely the use of a drip method, initiated at the Middlesex by Hugh Marriott and Alan Kekwick. I sent Klaus some papers on the subject after I returned to England.

I read in a local German paper that someone in Basel had a faltboot for sale and we rang up the person and arranged that I would buy it and collect it in Basel. So, all alone without an interpreter, I retraced my steps and caught the train to Basel and brought the faltboot back to Jestetten. A faltboot is a folding boat, a canoe with a rubberised canvas skin and a framework of wooden parts which could be interlocked and inserted into the covering hull.

An advertisement in a German newspaper for a faltboot.

Before I bought the faltboot, Klaus, Bice and I had one or two swims in the Rhine, which was in full spate carrying the extra water from the melting of the previous winter’s snow. The current was so fast that after getting into our bathing costumes we had to walk up stream about half a mile and then there was a conveniently fallen tree jutting out into the torrent which we ran along to dive in. Then we had to swim hard for the middle of the river to avoid being battered against some rocks a few hundred yards downstream and, safely past those, we had to turn and swim hard for the German shore again. When we reached it we were about half a mile below where we had left our clothes in the care of Mrs Lowe-Porter and had to grab at some overhanging foliage and
clamber ashore and walk back to our base. On one occasion Klaus decided to swim across into Switzerland. He landed a good kilometre or so below where he went in and then we saw him trudging back on the Swiss side until he was far enough upstream to land back in Germany somewhere near us. We made one or two expeditions in the doctor’s car into Switzerland including a visit to Schaffhausen and also to see the Rheinfall the spectacular waterfall near Schaffhausen where the Rhine, after leaving Lake Constance, or Bodensee, makes its biggest plunge. All the other sudden falls in level are more rapids than waterfalls. (Incidentally, the Rheinfall should not to be confused with the Reichenbach falls which were the scene of the fictional encounter between Sherlock Holmes and his deadly enemy, Professor Moriarty, and where they both fell over the cliff and were supposed to have died but popular demand for more stories led Sir Arthur Conan Doyle to resurrect Sherlock Holmes ten years later.)

In the evenings at Jestetten we used to play cards and drink the beer. The card game we played was Skat, a complicated German game which I have never played since. I was introduced also to the traditional German practical jokes associated with beer drinking. One was to drink from a vessel shaped like a jackboot called a Stiefel. When the victim held it by the handle in his right hand the toe of the boot was pointing upwards away from him and as the level of beer fell in the boot it eventually reached the front of the ankle and the air would suddenly rush into the toe and the beer from the toe would suddenly rush out and splash into the face of the drinker. I learnt that there was a simple way of avoiding this fate by slowly turning the boot over to the side so that the airlock was very slowly released from the foot of the boot and the flow was reduced to a manageable rate.

The other trick that was played on me was to dare me to drink a quantity of beer quickly, a challenge I naturally accepted, thinking British honour was at stake. After drinking the beer I realised that the local German beer was very fizzy, whereas the
British beer to which I had grown accustomed was almost flat, much to the disgust, I found later after moving to Australia, of the fizzy strong beer drinking fans there. As soon as I had drunk the beer my stomach felt fit to burst and I had to excuse myself from the current game of Skat and make a dash for the local loo, there to put my finger down my throat in an attempt to bring up the beer and wind. The effect of this emergency treatment was to release an enormous belch which nearly blew me backwards out of the toilet by jet propulsion. If I had been an engineer and thought about this phenomenon I could perhaps have beaten Sir Frank Whittle to the discovery.

After about a week or so at Jestetten it was obvious that the Rhine was far too rapid a river at that place and at that time of year for me to be able to launch my faltboot there with safety, so I decided to leave Mrs Lowe-Porter, Bice\(^{14}\) and Klaus for a few days and go to the calmer waters of Lake Constance. I cannot remember how I got there, but it must have been easy, otherwise the trauma must have stuck in my mind, but I found a delightful little guest house called the Gasthof zum Frieden. Here I was completely on my own, as none of the people there spoke any English, but I must have managed satisfactorily because I had some delightfully relaxed days there paddling my own faltboot around the western end of the lake.

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\(^{14}\) After Bobby left Bice, she went to become on – among other things, of course – Boris Johnson’s grandmother.
The weather was perfect, the water calm and I very reluctantly bade my hosts ‘Auf Wiedersehen’. That much I knew. My German was, in fact, becoming so much a part of my thinking that when I arrived in Basel I got into some slight trouble. That city is in three countries, Germany, Switzerland and France, and I arrived in the German Bahnhof and had to proceed to Brittany from the French Gare. At that time I was normally very fluent in French but I had been striving for the past two weeks to be as German as possible so when I tried to talk to the French railway officials all that would come out of my mouth was halting German. Germany was not very popular with France at that time so my efforts were not appreciated. It would have been very much better for me if I had spoken nothing but English, but eventually I and my luggage, including the faltboot, arrived at Kerhostin on the Quiberon Peninsula.

I spent about a week in Brittany, plying my faltboot on the calm water of Quiberon Bay and on a calm day braving the Atlantic as far as the little island of Téviec off the Plage de Penthievre as our local beach near the cottage ‘Thark’ was called. I regained my familiarity with French and exchanged the fizzy beers of Germany for la biere francaise or at mealtimes du vin blanc ou rouge ordinaire, and after a week there Olive drove me across Brittany to St Malo for the steamer to Southampton.

An aerial photograph of ‘the little island of Téviec off the Plage de Penthievre’.
Chapter 6: An Unexpected Turn of Events

On return to London my first task was to stow my luggage somewhere and look for ‘digs’: I was no longer being given full board, and lodging and laundry, in fact I was being given nothing. I was temporarily unemployed and had to await the next convenient appointment as a house physician. I had already applied for one and awaited the selection of the candidates by the prospective Honorary Physicians.

I managed to dump my luggage, including the faltboot, in the room of one of the current Residents and while in the building I heard that a locum was wanted for a week in general practice in North Devon. Manna from Heaven! I signed up and took myself off to Barnstaple where I was met by a comfortably corpulent bon viveur widower all ready to take off for a week’s fly-fishing, who took me back to Torrington.

It was already dark by the time I got there so he just showed me briefly round the house, surgery and (oh dear) the dispensary, said goodnight, and left before crack of dawn the next morning.

I was awoken at about 6.30 a.m., if I ever got back to sleep, after the doctor’s car drove off, by an urgent knock at the door. When I answered it, in a dressing gown, I found a distraught young man asking me to come quickly as his infant baby seemed to be very ill. I dressed hurriedly and followed him to find the baby quite dead. As I had never seen the baby before I was in a bit of a quandary. In theory I could not really tell the cause of death and should not, therefore, be prepared to sign a death certificate. Such action would involve a post-mortem and a coroner’s inquest, a most unpleasant procedure for, to my mind, a tragically bereaved young couple, so I had to contact the local coroner and tell him that as far as I could see there were no suspicious circumstances and he directed me to provide a death certificate showing the most likely cause of death in my opinion. I filled in the certificate as ‘pneumonia’, and have often wondered since whether this was not my first acquaintance with the ‘cot death’ or ‘Sudden Infant Death Syndrome’ known as SIDS, which had not at that time become a recognised syndrome.

The rest of the week passed in lovely autumn weather without undue incident and on his return the doctor pressed seven guineas plus my train fare into my hand and bade me farewell.

On my return to London I managed to find a very lowly room above an Italian shop in Charlotte Street. I cannot remember how much I had to pay in rent but it must have been extremely cheap, because I could hardly afford anything. To make matters worse, I did not get the job that I was hoping to get at the Middlesex of a house-physicianship. At this stage I decided to stay in Charlotte Street because it was only a couple of hundred yards from the Middlesex and I still had the Medical side of my London University degree finals to pass. I had passed the surgical half of the 3rd M.B., B.S. as it was called, during my six months as a house surgeon. Now that I had to wait another couple of months for the next house physician’s job to come up, I decided on preparing for that exam. Consequently I was seen daily in the Path. Lab. examining the specimens and comparing them with the literature because Pathology was a vital part of the Medical side of the exam. I was also spending many hours in the Hospital library, and
revising the work that Denis Brinkworth, Stan Levine and I had done to defeat the examiners in Medicine in the Conjoint Finals.

To the layman, I am sure, this distinction may be getting a bit confusing. The whole of Medicine as a profession and skill, or art, or what have you, is divided, in medical people’s minds, into two main parts, Surgery and Medicine. The surgery is more easily understood. It is that branch of medicine wherein something active can be done by obvious manual activity, such as cutting into, cutting out or off, sewing something up or manhandling in some way the affected organs. The ‘medical’ problems involve such things as coughs, vague pains, fevers, malaise, infections and a whole lot of other symptoms relating to malfunctions of the body which do not seem to be able to be helped by manual dexterity.

A cynical form of differentiation maintains that surgeons do everything but know nothing, physicians know everything but do nothing, psychiatrists know nothing and do nothing, and pathologists know everything but too late. Another definition says that medical patients are ill when they go into hospital and, they hope, well when they come out, whereas surgical patients, at least those for elective surgery, are well when they go in and ill when they come out. General practitioners, like Casualty officers, have to deal with them all but if beyond their resources call in specialists. Surgical specialists are surgeons and ‘medical’ specialists are called physicians.

While in my little upstairs room in Charlotte Street, my space, finances and opportunities of doing anything else than sleeping, making a bowl of soup or a pot of coffee on the gas ring (one shilling in the meter) were severely limited. Consequently, all I did, after rising and making coffee, was to go to the hospital and study for the exams. In the evening, after the Library and Path. Museum shut up, I used to go and get the main meal of the day. I had often been helped through lunchtime by either a visit to Woolworths, who ran a snack bar, for a huge egg and ham sandwich for 3d or an invitation to be a guest in the ‘Resident’s’ by one of the incumbents. For dinner I would often go to an Italian restaurant called ‘Poggioli’s’\(^\text{15}\), where I found I could have a three-course meal for less that a shilling. Soup was 2d, the main course (the least expensive) 6d and cheese for 3d: total 11d, but I usually left a penny tip. Schmidt’s German restaurant, almost next door, could nearly meet this in price and provided a variety from Italian cooking.

After about a month of this regime I was in the hospital one day when I was approached by Hugh Marriot, the senior of the people living in the Resident’s quarters, who performed a job rather like the Medical Superintendent in some hospitals today and was known as The Resident Medical Officer, or R.M.O. He said to me ‘Bobby, Why don’t you put in for the job of Junior Resident Anaesthetist?’

‘But why should I? I’m not the least interested in anaesthetics, I am going to be a Gynaecologist, and am waiting to get a house physician’s job on the way to that and anyway at the moment I am busy swotting for my Medicine in the Final M.B.’

\(^{15}\) It is interesting to note that the 3 December 1940 edition of *The London Gazette* contained a notice requiring ‘Luigi Poggiolo and Luigia Poggioli trading together as Poggioli’s Restaurant, 5 Charlotte Street, London W1 … to be wound up’ under the terms of the Trading With The Enemy Act, 1939, and Defence (Trading With The Enemy) Regulations, 1940.
’Oh look, a knowledge of anaesthetics would be a great help to you anyway, even for a gynaecologist. There’s very little work attached to the job, you’d have plenty of time for studying, you would get not only free board and lodging with laundry but also this job is paid £80 a year. But the main reason you must put in for it is because there is only, so far, one applicant and that is old ‘Stinker’ Whatyoumaycallem. As you know, he is absolutely impossible, and if you were to put in for the job, why, even you would get it.’

I was not entirely swept off my feet by this glowing testimonial, but the pleasures of a monotonous Poggioli diet, gas-ring coffee and abject penury were beginning to pall, so I thought that although it might be a setback to my plans, it was only a six-month appointment and I was, after all, young enough to endure another six months of comfort. I, therefore, accepted graciously this offer to rid the hospital of the terrible Whatyoumaycallem and sacrifice, temporarily, my ambitions. Not only would this job give me free board, lodging and laundry, but also for the first time in my life I could look forward to receiving a regular salary. The rate for the Junior Resident Anaesthetist was £80 a year or £6 13s 4d a month, which was considerably better than the pay for a house surgeon or house physician which was nothing.

It was true, as Hugh Marriot had told me, that I would have plenty of time for study. There were two Resident Anaesthetists, a Senior Resident who was appointed, usually after having had some anaesthetic experience, for 12 months and the Junior appointed for six months. The senior at the time was Toby Littledale, who qualified at the same time as I did with the Conjoint in January 1933 and with whom I had been quite friendly as a student. He had, in fact, for six months or so early on in our student careers, come to my grandparents’ house as a lodger in the top flat with Olive and me. His father was a country G.P. in Charing a village in Kent on the main road from London to Canterbury. I had been to stay with Toby there for the occasional weekend and thoroughly enjoyed his parents’ hospitality. While I was house surgeon to Pearce Gould and Patey, Toby had been the Junior Resident anaesthetist. Our duties were to give anaesthetics that cropped up casually, that is not on the organised Operation Lists, such as in Casualty, in the Dental Clinic, in the radiotherapy or radiodiagnostic departments, and to ‘relieve’ the Honorary Anaesthetists who were doing the set operating lists at about 5.00 p.m. to 6.00 p.m. at their request. The major operations would be carried out by the Honorary Surgeons with the Honorary Anaesthetists working with them at the beginning of the operating session. After about three or four hours of operating, the surgeons and anaesthetists would hand over the rest of the list to their full-time paid juniors, namely the surgical Registrars or the Resident Anaesthetists. So for the bulk of ‘office hours’ the work of the resident anaesthetists was mostly sporadic, but the work often went on well into the late evening. Also, of course, we were responsible for anaesthetising the emergency cases during the evening and night. If we felt that the task was beyond our capabilities we were supposed to ring up one of the Honorary anaesthetists to come and either hold our hands or to take over the case.

Before Christmas that year I sat for and passed the medical paper of the London University degree so now I had both the Conjoint and the University qualification. When I had been for four months in the Junior resident job, Toby Littledale’s father had a heart attack and had to stop work for several months, so Toby had to resign from the senior resident post and go and run his father’s practice. I had to assume the senior post
and was appointed for another 12 months at a salary of £120 p.a. My visions of becoming a Gynaecologist were beginning to fade, but, on the other hand, I was getting really interested in the subject of anaesthetics and settled down to do my best to master it.

With my sudden and unexpected affluence I was able to buy a car. I acquired an old De Dion Bouton, 12 h.p., I think the vintage was 1920, for £10. It was licensed to the end of the year and was a magnificent vehicle. It looked a bit like a hearse but the engine was sound, the body leak-proof and free from rattles, it could seat five people easily and more at a squash and very often did. During 1934 I went all over the Home counties in it and on one occasion took a party of colleagues and nurses to Ascot (not into the Royal enclosure). We also went to the Aldershot Tattoo, and on that occasion I took Lilian Wynn, one of the Junior Imperial League tennis club girls and a friend from my student days, as my partner. I managed to get a fortnight’s holiday and decided to go to Kerhostin again. Olive, my mother, was just about finishing her holiday there, so we arranged that I would drive the De Dion Bouton down to Southampton and leave it there and take the night ferry to St. Malo where I met Olive who had her car already in Brittany. I gave her the keys of the De Dion Bouton and she took the ferry the next night to Southampton and ran my car for the next two weeks. Olive had already paid for her Rover 8 to return on the Calais-Dover ferry and at the end of my holiday I drove from Brittany to Calais and returned her car to her.

At the end of the year I could not afford to relicense to De Dion Bouton because the registration in those days was £1 per horsepower, and the car was 12 h.p., so I parked it in a back yard of the hospital outside the mortuary and let it be known that I had a car for sale. Six weeks later, in the middle of February a prospective buyer turned up and asked to see the car. I took him to the Mortuary Yard and showed him the car, covered with snow. He then wanted to know if it was difficult to start, and I said ‘Oh no, it has a self-starter, you know!’ He had been expecting to have to swing a starting handle, so then he asked for a demonstration. I thought that after standing there since the end of December the battery might be flat or at any rate it would be too cold to respond but I got in and pressed the self-starter and immediately the engine started. That clinched it and I thought I was lucky to get £8 for it. I suppose that if I had been able to keep it until now I would get at least $20,000 for it!

This was a very interesting period in the history of Anaesthetics. For the previous nearly 90 years general anaesthesia had been dependent on three anaesthetic agents: nitrous oxide (laughing gas), ether, and chloroform. Nitrous Oxide was first used as an anaesthetic in 1844, Ether apparently was used first by Crawford Long in 1841 but did not publish his achievement and so the credit goes to Morton who gave a very convincing demonstration of its clinical use in the Massachusetts General Hospital in 1846, while chloroform was first used in Scotland in 1847.

I still think that the close proximity of these dates shows that the world was just waiting for some such advance in medicine. Nowadays such discoveries are always hailed as ‘Breakthroughs’ so that the phrase is hackneyed and immediately turns me off. Those were the three agents on which I was brought up in the field of anaesthetics. As a student I had learnt how to induce anaesthesia with nitrous oxide and for any but the shortest of procedures merge into ether, or induce with drops of chloroform poured gently onto a piece of lint. Indeed these were the methods I used as a Junior Resident
and then when I found myself having senior residentship thrust upon me there were rumours of a new approach. An intravenous induction using a soluble barbiturate was being suggested.

Through the manufacturing chemical firms we were beginning to be offered some samples of these drugs and as a young and enthusiastic beginner I was keen to be allowed to try them out on the hospital patients. The Honoraries, my chiefs, Drs Raymond Apperley, Harold Crampton, A.E.W. Idris, and Bernard Johnson, were inclined to be more conservative: ‘Be not the first by whom the new is tried, nor yet the last to cast the old aside.’ However, I did manage to get them to allow me to try Hexobarbitone for a minor operation with Bernard Johnson, who was only five or six years older than I was, holding a ‘watching brief’. In the following year thiopentone (‘Pentothal’) was introduced to London by Ronald Jarman and I was the first person to use that agent at the Middlesex.

During my years as a resident anaesthetist, I witnessed many dramatic surgical happenings. The one that sticks firmly in my mind was an operation performed one Saturday afternoon by Sir Gordon Gordon-Taylor with Harold Crampton giving the anaesthetic. Saturday afternoon was not, of course, a regular operating session but ‘G.T.’ wanted to have plenty of time and no admiring or critical audience. He was a great rival of the famous Newcastle upon Tyne surgeon Grey Turner as to which of them could perform the most successful oesophagectomies. That operation involves taking out the gullet, and was, of course, only performed for cancer.

In those days open chest surgery was not attempted because as soon as one side of the chest is opened under a spontaneously inhaled anaesthetic, the lung on that side collapses. So an attempt was made to free the gullet first from above, in the neck, as far down as could be reached without opening the chest and then by opening the abdomen and separating the oesophagus from the surrounding organs as high up as possible, in the hope that ‘the twain should meet’.

Harold Crampton asked me if I would forego my Saturday afternoon off to give him moral and practical support in anaesthetising for an oesophagectomy. That I was only too happy to do and all went well with the operation and the anaesthetic until the great man pulled down into the abdomen what he hoped was the cut end of the gullet and found that in the manipulations up into the chest from the abdomen, the aorta had been severed. The surgeon took one look at the organ in his hand which he had hoped would be the oesophagus and saw it to be the aorta, dropped it back into the abdominal cavity, and took off his gloves and walked away. Sudden death on the operating table is always a profound shock to all concerned and in this case one could only feel that the operation was in any case only a last ditch attempt to save a life which had failed but certainly the patient had been saved a slow lingering painful death from starvation: a case of unintentional euthanasia.

Another incident, in lighter vein, concerned a young junior resident when I was the senior who was anaesthetising an old man for Jimmy Patey who was going to do some improvements to his face after a series of excisions of skin cancers and skin grafts. The skin on his face was largely not originally there but had been moved there from various other parts of his anatomy and was therefore not as sensitive as normal facial skin. The young resident was not proficient at endotracheal intubation, which was not essential
for the operation so had decided to put down the nose into the nasopharynx a short rubber catheter and would give the anaesthetic through that, but would shut off the rebreathing bag on the Boyle’s machine so that a steady flow of anaesthetic gases would be delivered at the back of the throat. All very good, but he allowed the concentration of anaesthetic gases to be too low so that the patient showed signs of regaining consciousness. The resident asked Jimmy Patey to desist from operating for a bit while he rectified matters and Patey naturally stood back and waited. It was at this stage that the junior resident asked for my help. When I arrived in the operating theatre Patey was looking at the rebreathing bag, which with the more usual method of endotracheal intubation would have been moving with respiration, and said, ‘Shouldn’t the bag be moving in and out?’ From under the sterile towels surrounding the patient’s head came a response, ‘I beg your pardon, Sir’!

On another occasion I was anaesthetising a man for a hernia operation to be performed by my old surgical chief Eric Pearce Gould. In the main operating theatre suite a corridor ran across the entire suite from East to West, with doors leading to each of the four theatres off the north side of the corridor and opposite each of the theatres on the south side of the corridor were doors leading into the anaesthetic room for that theatre. The patients were brought from the ward on a trolley guided by one of a group of voluntary helpers who were usually elderly ladies (whom we secretly and disrespectfully referred to as the ‘Barrow Hags’) and a nurse from the patients’ ward and wheeled into the appropriate anaesthetic room. There the nurse would hand over to the anaesthetist the patient’s clinical notes and any special messages regarding that patient from the Sister of the ward, and then return to the ward. The voluntary helper on that occasion was a delightful old lady, a Miss King who in her youth had been a keen mountaineer in the Alps.

This was before the days of intravenous induction with a soluble barbiturate such as Pentothal and the method of getting the patient to sleep was by applying a rubber mask to the patient’s face and letting him breathe in nitrous oxide (‘laughing gas’) and gently adding a more potent anaesthetic agent such as Ether to the mixture inhaled. In this form of induction there was always a short period of ‘excitement’ when the anaesthetic unconscious and not responsible for his actions but still dreaming and potentially active physically. Ideally this inevitable stage of anaesthesia should be made as short as possible and it was the duty of the ‘Barrow Hag’ to stay and hold the patient’s hand and gently restrain him until the deeper anaesthetic took effect and the patient was unresponsive. For some reason Miss King left the anaesthetic room at this critical stage and the man put up his hand and grabbed the wide bore hose bringing the anaesthetic to his face and kinked it, thereby cutting off the flow of gases. He therefore started to come round and he jumped off the trolley and stood up and his only garment a thin cotton gown deliberately left undone at the neck fell off leaving him naked except for a small sterile towel over the operation site held there by two little pieces of adhesive plaster rather like band-aids, making him look like a gladiator wearing only a small loin cloth. Still not fully conscious he started to threaten me saying, ‘You silly little bugger, I’ll get you for this’. I dodged about, managing to keep the trolley between the two of us and then quite suddenly he realised where he was. He was profoundly apologetic and very ashamed of himself, and he readily got back on the trolley and when Miss King reappeared we started again and this time he was successfully subdued.
Another amusing incident occurred when I was giving anaesthetics for ‘P.G.’. At the Middlesex in those days we used to wear canvas overboots with rubber soles over our shoes during operations, and it was the custom for the student who had been allotted a surgical patient in the ward as his special case for study and dressing the wounds after surgery to be asked to act as a second assistant at the operation. The first assistant, the house surgeon, stood opposite the surgeon and the student on the same side of the patient as the surgeon.

On one day a student named Austin was assisting ‘P.G.’ to remove a gallbladder. All the dissection had been done and the blood vessels and the cystic duct had been tied with double ligatures and all that had to be done to remove the offending organ was for P.G. to cut between the ligatures. Before this ‘coup de grace’ P.G. invited Austin to look more closely into the abdomen and see what had been done. Austin was a person who always reminded me of a bird. He did things rather quickly and jerkily and he duly peered into the open belly and saw what he was meant to see and then jerked his head back upright. As he did so a tape from the mask he was wearing got entangled with the handle of the forceps holding the gallbladder and also there must have been some water on the theatre floor because Austin’s rubber sole on one of his overboots slipped and he fell to the ground, pulling the gallbladder with him.

With remarkable sangfroid, P.G. just said ‘I think you had better change your gown and gloves, Austin.’ The sequel to this occurred at the next operating session when by chance Austin was also due to assist at another cholecystectomy and when the operation started P.G. said to him, ‘I’ll take this one out, if you don’t mind, Austin.’

At that time the Middlesex Hospital did not have a specialist plastic surgeon on its staff, and on one occasion there arose some necessity for such a person to be invited to come and operate on a patient in the hospital. The famous Sir Harold Gillies was asked to come and operate and as luck would have it, I was detailed to give the anaesthetic. In honour of the big man, the senior Theatre Sister, the renowned Sister Thomas, decided to take the case. I cannot remember the details but all went well with the anaesthetic but for some reason Sir Harold became impatient with the theatre sister and was extremely rude to her. He may have had grounds for his dissatisfaction but discourtesy to someone who is not in a position to answer back is unforgiveable. Sister Thomas became a nationally well-known figure because of an incident in one of the operating theatres at the Middlesex when an oxygen cylinder suddenly started to shoot flames from its junction with the reducing valve. At any moment the whole cylinder could have exploded, but Sister Thomas, with admirable courage and presence of mind, calmly walked over to the cylinder and, with the special spanner for the job, turned the cylinder off. For this heroic action she was awarded an O.B.E. which was later changed to a George Cross when King George VI instituted that medal for conspicuous bravery in civilian life corresponding with the Victoria Cross for bravery in military action. (Incidentally, the Middlesex Hospital did not have a specialist Plastic Surgeon until 1940, when Rainsford Mowlem, a New Zealander and ex-partner of both Sir Harold Gillies and Sir Archibald McIndoe, was appointed to the Honorary Staff.)
The Department of Obstetrics and Gynaecology was headed by, who with his colleague on the staff, Victor Bonney, had written the current most acceptable textbook on Diseases of Women. Also on the staff were Louis Carnac Rivett and ‘Freddie’ Roques. The Registrar was Ralph Winterton with whom I was particularly friendly. Old Sir Comyns spoke with a squeaky rather whining voice and on one occasion at the rather grand Annual Middlesex Hospital Dinner held that time at the Savoy Hotel, Sir Comyns was unavoidably detained by an obstetric emergency and arrived after the fish course. The waiter said to him ‘I’m sorry sir, but the salmon is finished’. Sir Comyns replied testily ‘Oh dear, oh dear, can’t they open another tin?’

Victor Bonney was a dapper little man who had entered, with Gordon Gordon-Taylor, in 1903 for the first examination for the University of London’s newly established Honours degree in Anatomy. Both obtained first class honours. By the time I was a
Resident Anaesthetist, Bonney was the Senior Gynaecologist on the Honorary Staff of the Middlesex, and it was my duty, pleasure and honour to give anaesthetics for him on several occasions. He was a brilliant surgeon and always polite, almost a contradiction in terms. He had a habit of addressing everybody, patients, colleagues, assistants, nursing staff and even anaesthetists as ‘Darling’. I well remember him on one occasion saying to the theatre sister who had made some mistake in handing him the instrument he wanted ‘Oh, Sister darling, you are a bloody fool!’

He and Sir Comyns had perfected a skin antiseptic for use on all obstetric patients prior to delivery that was a very deep blue colour and was known as ‘Bonney Blue’. So effective was it that when the new obstetric theatres were designed and built the floors were coloured dark blue so that the cleaning staff would not spend fruitless hours trying to get rid of the blue stain which would inevitably be spilt during the ‘prepping’ of the parturient female.

At one of the Residents’ Christmas Concerts, which were always a time for only partially restrained comments by the junior resident staff about their seniors, one of the Residents, named Harris, parodied thus:

‘I don’t prep with anything but Blue, Darling, Maybe known as Violet-Green to you, Darling, This poor lady’s in an awful mess, Darling, I must do a Wertheim none the less, Darling, Make it so her husband couldn’t guess, Darling, She can give him anything but love.’

This was a reference to the fact that Comyns Berkeley and Bonney had championed the major surgical operation of total hysterectomy, described by Wertheim and called after him. A few years after this, at a meeting of the Royal Society of Medicine (The R.S.M.), there was a debate on the relative values of Wertheim’s Hysterectomy and Radiotherapy and the consensus seemed to be in favour of radiotherapy whereupon Bonney is reputed to have said ‘Oh well, Darlings, I suppose that even radiotherapy is better than bad surgery.’

Another of Harris’s parodies was about another of the obstetricians on the staff, ‘Freddie’ Roques. This time it was the famous American singer, Al Johnson, who was mimicked, and it also immortalised the famous ‘Bonney-Blue’. Freddie Roques was a bit overweight, which provided yet another target for the lampooner, so the song ran:

‘All the field is Blue, Sonny Boy, Here stands your Freddie, corpulent and ready, I’ll pull you through, Sonny Boy’.

Not only were the Honorary Medical Staff the butt of ridicule but also the Nursing staff. In that concert I was cast as ‘Sister Buttercup’ a take off of the Senior Outpatients Sister Butterfield. I had to sing a parody of ‘I’m dear little Buttercup’. Dressed in a Sister’s uniform I did my bit, but all I can now remember are a few lines such as:

‘I’m dear Sister Buttercup, sweet Sister Buttercup, In charge of Out-patients am I,’
With specimens tested, I’m most interested, 
Dear Sister Buttercup, I.’

The senior surgeon on the Honorary Staff at that time was Sampson Handley, who was very interested in the surgery of breast cancer and was reputed to be the promulgator of the theory that cancer spread along the lymphatic vessels which he called ‘Permeation’. When I gave anaesthetics for him for radical mastectomy he used to insist that the only anaesthetic used was open chloroform, which had the reputation of diminishing the bleeding. He did not want any of the ‘new-fangled’ methods such as endotracheal intubation to be used or the now antiquated ‘Boyles machines’ which gave nitrous oxide and oxygen supplemented with chloroform and/or ether. In those days anaesthetists were regarded by the surgeon, if not by most of the hospital staff, as ancillary hacks and subordinate to the surgeon who called the tune.

Chloroform is a powerful anaesthetic agent, but potentially toxic, especially to the heart if used in strong concentration, and the operation of radical mastectomy might take up to an hour-and-a-half or so and if the concentration of chloroform was not kept strong enough, a painful stimulus, although unfelt by the unconscious patient, could easily provoke a reflex laryngeal spasm. Deep anaesthesia with chloroform was not essential for the operation or the patient, so in order to comply with my own criteria and the demands of the surgeon I used to cheat a bit, by inducing the patient out in the anaesthetic room, with a Boyles Machine out of sight of the surgeon, pass an
endotracheal tube, which effectively prevents the spasm of the larynx, and then put a Schimmelbusch mask, which had a layer of lint over a metal frame, over the patient’s face and enter the operating theatre, giving only pure chloroform from a little bottle, drop by drop. At the end of the operation, my only problem was to remove the endotracheal tube without the surgeon noticing. Nowadays chloroform is regarded as too unsafe to use unless a very strong case can be made out for its use rather than any of the more modern agents that have normally replaced it.

A brief survey of the surgical staff with whom I worked would not be complete without a mention of the senior orthopaedic surgeon, the renowned Blundell Bankart. He was a thin athletic taciturn man who did everything at speed. When he did a round of his patients in the ward he was met, by tradition by his registrar, house surgeon and all the students allotted to him in the main Entrance Hall of the hospital. He would drive into the front courtyard in his open yellow Rolls-Royce, leap over the door of the car without opening it, stride rapidly into the Entrance Hall, barely recognising the reception committee, rush past them to the staircase of the West Wing where if possible, one of the students had held a lift for the party at the ground floor. If the lift was not there, Bankart would not wait but would rush up the stairs to the sixth floor where his wards were arriving usually well ahead of the rest of the ‘firm’. His round was conducted at lightning speed and if patients wanted to ask him a question, they had to be quick about it or he would have already gone to the next bed if not out of the ward! A cartoon of him in the student run ‘Middlesex Hospital Journal’ depicted him on a round with each patient with a head looking both ways, a copy of the well-known advertisement for ‘Shell’ petrol, with the caption, ‘That’s Bankart, that was!’
He operated on Saturday morning and always had a long list, sometimes as many as 17 cases, including four or five major operations and the rest relatively minor, such as manipulations under anaesthesia of stiff joints or backs. To cope with such a load, the only thing to be done was for Bernard Johnson and me to anaesthetise alternate cases and we always had the next case ready to be wheeled into the theatre from the anaesthetic room as soon as the previous patient was wheeled out.

The doyen of the Ear, Nose and Throat Department was a bluff Labour Member of Parliament, Somerville Hastings, who had a loud voice and did not tolerate fools gladly. I remember his dramatic treatment of Functional Aphonia (hysterical loss of voice) in Outpatients. He would ask the unfortunate patient, nearly always a woman as I remember, to put out her tongue, that he would hold firmly with a swab wrapped round it and say to the woman, ‘Say Eee!’ When no sound came out he would then take a metal spatula, ram it down the woman’s throat and stir it around and then the woman would scream out loud. ‘There!’, he would say, ‘You can easily make a noise if you want to!’. Highly effective treatment as far as the aphonia went, but I wonder what modern psychiatrists would think of such measures which probably only pushed the hysteria deeper into the psyche only to erupt into some other part of the body.

I had one memorable encounter with Mr Hastings. An ex house surgeon to the E.N.T. Department was a first class golfer and had recently been accepted as a medical officer in the R.A.F. with a proviso that before enrolment he must have his tonsils removed. He had recently had an acute attack of tonsillitis and normally it was not considered wise to have the operation for at least six weeks after an acute attack, but there was in the offing a very important golf match the R.A.F. versus The Royal Navy and the young man was very importunate and managed to persuade C.P. Wilson, against his better judgment, to take out his tonsils. I was asked to give the anaesthetic and all went well with the actual dissection and removal of the tonsils but C.P. had a lot of trouble trying to stop the bleeding.

The extra vascularity that accompanies an acute infection was the reason for the usual reluctance of surgeons to operate too soon. Try as he may, C.P. could not stop the bleeding and we had to set up an emergency blood transfusion. In this type of operation the anaesthetist used to stand on the patient’s right side and hold up the Boyle-Davis gag. The blood transfusionist had elected to put the drip into the right arm and I was pushed up above the arm and was standing in a very uncomfortable position above the right shoulder, near where the surgeon was sitting at the patient’s head, and I was leaning back and with my right hand holding up the gag at an awkward angle behind me from the middle of the patient’s breast-bone. Wilson decided that he should call in his senior, Somerville Hastings, for help. Hastings arrived and, not appreciating that I had been standing in a very awkward position for the best part of three hours and that my right arm was very tired, sat down and after adjusting his head-mirror said in a booming authoritative voice ‘Now Mr Anaesthetist, if you will concentrate on keeping the gag still and not try and see what I am doing we will get along a lot better!’ All I could do was to say ‘Yes sir, I’m very sorry, sir!’, but I felt more like assaulting him physically. Hastings sewed some cotton wool plugs into the tonsillar fossae and secured haemostasis, but the young man did not recover in time to win the day for the Royal Air Force at the golf match.
After completing my year as Senior Resident Anaesthetist, I had by that time become very interested in the specialty. Anaesthesia was just emerging from a long chrysalis stage (lasting, as I have said, for about 90 years) into a more scientific butterfly. All sorts of new anaesthetic agents were being produced which could take over from the established routine of chloroform, ether or nitrous oxide. Intravenous anaesthetic agents were on the horizon, the older generation of anaesthetists were not anxious to change their ways and the field of pioneering with the new was being left to the younger disciples, of whom I must have been one of the youngest. It was also obvious to me that the Middlesex Hospital was becoming understaffed at the higher levels with anaesthetists. I therefore decided to continue in the specialty and abandon my original plan to become a gynaecologist, so I applied to be kept on for a further year.

During that year, 1935, the Conjoint Board of the Royal College of Surgeons and the Royal College of Physicians decided to offer a Diploma in Anaesthetics by examination. This was the first step towards recognising that Anaesthesia was a specialty in its own right and no longer a dogsbody branch of surgery. The diploma was given as an honorary recognition to the established older anaesthetists, the criterion being that the recipient must have been on the Honorary Staff of a teaching hospital for at least ten years. As a result the senior anaesthetists at the Middlesex, namely Drs Apperly, Crampton and Idris all received an honorary ‘D.A.’

I decided to sit for the examination and so did Dr Bernard Johnson who was on the Honorary Staff but had been so for less than ten years. The result of the examination was a little embarrassing as I, a mere resident passed, but Bernard Johnson, the Honorary failed. I must make it clear that such a result was not because ‘B.J.’ was in any way ignorant but because he had failed to comply with the instructions at the head of the Exam Paper which stated clearly that all candidates must attempt all the questions and B.J. had spent all his time answering four of the five questions but had not even started on the fifth. Needless to say, at the next examination, six months later, he passed.

Another event in 1935 was the Silver Jubilee of King George V. This was marked by a Public Holiday with all sorts of parades, flag waving and jollification. For some reason, perhaps he had to give an emergency anaesthetic Dr Harold Crampton was not able to fulfil a promise he had made to his 12-year-old son, Paul, to take him to Buckingham Palace and Whitehall and wherever the spectacle was to be seen so I volunteered to take him along. I was only too pleased to be able to do that because not only did I want to enjoy the show myself but I was also very fond of Harold Crampton. He was a very kind, gentle person who loved to chatter all the time he was giving anaesthetics. I remember on one occasion when I was with him while he was anaesthetising for Gordon Taylor, when he thought that perhaps his chatter was disturbing ‘G.T.’ as he could see that a very delicate part of the operation was in progress and he stopped talking to allow the great man to concentrate. This caused Sir Gordon to say ‘For God’s sake, Crampton, keep on talking. Then I know all is well from the anaesthetic side and I needn’t worry about that aspect as well as my own surgical problems’.
In 1935 Bobby took Harold Crampton’s 12-year-old son, Paul, to see the King George V’s 25th jubilee celebrations.

Crampton used to invite me to dine at his home in Frognal, in Hampstead about three of four times a year, as did also the senior Honorary Anaesthetist, Raymond Apperly. Apperly had an old spaniel of whom he was extremely fond, which had one regrettable habit of letting off quite unpleasant smells. An apocryphal story relates that at one of his dinner parties this offensive malodour became so obvious that Dr Apperly himself was driven to do something about it. He jumped up from the table, opened the dining room door and said ‘Out!, Out!, Timmy!, Out!’ and Timmy walked in.

One more event that year was memorable for me personally, namely the wedding of one of the Wynn girls in whose home and general company I had spent many happy hours as a medical student. Lilian, the third eldest of the four older girls, who had been the one who had always attracted me most in the days when I was living in the south-eastern suburbs before I moved into the Residents Quarters at the Middlesex, married a Flight Lieutenant in the R.A.F., ‘Sandy’ Banks. I attended the wedding at which there was a guard of honour of R.A.F. officers including Sandy’s brother Courtney, and I thought how lucky a fellow Sandy was to have such an attractive and pretty bride.
During those pre-war years so many of my friends were getting married and the _de rigueur_ dress for a young man was a morning suit that I seemed to be forever going to Moss Bros. to hire one. The hire charge in those days was two guineas and after two or three occasions I asked the salesman in Moss Bros. how much it would be if I were to buy the suit for which I was being fitted and he said ‘Ten Guineas’, so I splurged that, to me, large amount of money and acquired the suit. I still wore that suit to weddings until well into the fifties and eventually gave it to my stepson, Anthony, and he wore it at his wedding in 1960. The correctly dressed young man also was expected to wear tails, white tie and waistcoat to formal dances, anything more than the local tennis club hop at the church hall. I used to be very fond of ballroom dancing and of the opportunity of meeting and being with attractive girls and so again I saved my pennies and had a dress suit made for the sum of 12 guineas.

At the end of that year the need for more anaesthetists on the permanent staff had been recognised by the hospital authorities and already there were advertisements in the medical press for applications for a position as Honorary Anaesthetist to the Middlesex Hospital.

Early in 1936, while I was still a resident anaesthetist, the famous writer and Nobel Prize winner, Rudyard Kipling, was a patient in the Woolavington Wing under Sir Alfred Webb-Johnson with some abdominal trouble, and was suffering from a complication known as ileus. This is a condition wherein the muscular activity of the bowel wall, which normally by peristalsis moves the bowel contents onwards down the alimentary tract, goes ‘on strike’, resulting in complete standstill of the contents. This,
if unrelieved, is a fatal condition and all measures were taken to restart the muscular activity. None of the medications given had any effect and as a last resort Sir Alfred asked me to give Kipling a spinal anaesthetic which was reputed to work the miracle sometimes.

Sir Alfred did not want to move the patient to the operating theatre, so I was asked to give the spinal in the bed, thereby increasing the difficulty of the manoeuvre. The bed is not at the right height, the lighting is inadequate and there is difficulty keeping the patient in the right position and still. However I managed to perform the necessary lumbar puncture and inject the local anaesthetic agent.

Sir Alfred, unfortunately, was suffering from the exact opposite type of bowel trouble. He had an attack of diarrhoea and had to keep leaving the bedroom and reappearing. All this drama was taking place in the middle of the night and the bizarreness of the situation was increased when Sir Alfred suddenly, under tension, started to giggle, luckily for decorum, sotto voce. The spinal failed to relieve the ileus and Rudyard Kipling died during the ensuing day.

The relatives were very grateful for our attempts to save his life and Sir Alfred was invited to attend the State Funeral in Westminster Abbey and to bring with him his house surgeon and me. The house surgeon was Ossie Lloyd, who had been a dresser on Pearce Gould’s firm when I was his house surgeon and I had been very friendly with him. He later became a renowned gynaecologist practising in Cambridge. The funeral was a most impressive ceremony, attended by royalty and many important people of the day.
I renewed once more my job as Senior Resident, and applied for the Honorary Anaesthetist appointment. Although I was the youngest applicant I did have the advantage of being the man on the spot, known to all the members of the Medical Committee who made the appointment, and so in March 1936 I was appointed, but not to the full Honorary job that was advertised because I was deemed (no doubt rightly) to be too young. My appointment was to a newly conceived position, that of Assistant Anaesthetist, with an honorarium of £100 per year. I had all the duties and responsibilities of the Honoraries except that I did not have a seat on the Medical Committee.

Now I was really on my own. No longer would I have the board and lodging in the Residents Quarters which had been my home for the last three years, and I would have to earn my living, apart from £100 pa, entirely by giving anaesthetics in private practice. I was, therefore, very relieved when Dr Bernard Johnson, who was my immediate superior on the Middlesex Hospital Anaesthetic staff came to me and asked me if I would be interested in joining as an assistant, with a view to partnership, in a practice in the West End of London which was well known and had the nickname of the Mayfair Gas Company.