

CHAPTER 6

Disaster in the Mediterranean

It was in September, 1943, while I was on the second day of a course at Brighton where German was being taught that I was hastily called back to Goodwood because my request for an overseas posting had been granted. I was sent to a tropical medicine course in London, being billeted in the Great Central Hotel at Marylebone Station where we were quite unaware of the fact that the floor below us was occupied by MI9b which debriefed escapers returning from Europe. Then came embarkation leave in Edinburgh where my mother, with memories of the losses amongst her acquaintances in the First World War, no doubt wondered whether I would ever return. I had no further direct contact with my former unit at Goodwood but learned later that it landed in Europe on June 26th 1944 (D Day being June 6th), going on to Weert, south east of Eindhoven, and that it was involved in the Rhine crossing in March 1945, ending up near Lunen in Germany. There had been a large turn-over in personnel during the inactive days after I left.

We moved northwards in our troop train, bound for an unknown destination, and found ourselves at the Waverley station in Edinburgh. This, however, was only a transient stop while the local WVS supplied us with tea and sandwiches. I did not see anybody I knew amongst those kind ladies and resisted the temptation to phone my home. On we went to Greenock, discussing amongst ourselves whether we had been issued with pith helmets to confuse spies or whether we were indeed bound for a hot country. It certainly seemed unlikely that we were heading for Italy which had surrendered unconditionally on September 8th: on October 13th Italy declared war on Germany. One of the officers whom I knew well told me that he had been appointed to be a consultant neurologist in India but it did not follow that we were all bound for the same destination.

When I had been home on leave I had arranged a code based on our telephone number and carried an old Canadian passport which had belonged to an aunt who was not Canadian but was confused and had somehow obtained it when she was visiting there. Perhaps I had been reading too many spy stories, but was taking precautions in case I became a prisoner of war, and thought that this passport, suitably

doctored, might be useful in an escape effort, and that the ability to send coded messages might be even more useful.

We embarked at Greenock on the troopship HMT G6 (in fact the *Highland Princess*) and were told that the senior officer on board was Lieut.-Col. Lord Stratheden. Our convoy, when finally assembled, was a large one, the largest vessel being the *Orion*: the official designation of this convoy was KMF 26. We set sail past the Tail of the Bank and made our way around the North of Scotland then, because a pack of submarines was known to be ahead of us, zig-zagged across the Atlantic almost to the mouth of the St Lawrence and back to the Straits of Gibraltar, having observed with interest that there was no blackout in Portugal.

We were six RAMC officers in a cabin designed for two, but three of us were old acquaintances from Edinburgh and we managed to get along together without friction. The men in the lower deck accommodation were in very cramped conditions but concerts and lectures were put on to keep spirits raised and time was taken up with Captain's inspection, alarm drills and training sessions. We were still in the dark as to our immediate or ultimate destination. Were we bound for the Middle East or was it to be the Far East? Was Turkey about to enter the war? Was it likely that we would be going there? We heard from the BBC on the wireless that German aircraft were renewing their attacks on shipping in the Mediterranean and we had all been given stations to go to in case of attack, but gave little or no thought to any such danger except that we slept in our uniforms so as to be ready for action.

We had on board a 'Stars in Battledress' company and the dance orchestra of the RAMC. There were a number of nursing sisters of the QAIMNS and some FANYs (First Aid Nursing Yeomanry). We were rather puzzled about their function but understood from them that they drove ambulances. It was very much later that it was revealed that many of them were involved in Secret Service work.

Off Oran we were joined by a few more ships, the vessel nearest to us on the port side now being one filled with American troops. It was after the war that we learned that this was the *Rohna*, an 8,600 ton vessel of the British India Steam Navigation Company, and it was coming with our convoy to carry the Americans to India. Soon after it joined us on 26th November we were enjoying a concert being given by the RAMC band as we sailed off Jidelli in Algeria when the alarm bells started to ring and we all rushed to our emergency stations. Mine was on the top deck aft on the port side and with me at this post was a sergeant from

the RAMC band; he was Oscar Grasser, the leader in peace time of Victor Sylvester's dance orchestra. As we dashed to our stations we saw some thirty enemy planes approaching from the north. I was tempted to rush to our cabin to get my camera but thought that I might be accused of deserting my post, so unfortunately there is no visual record of the events that took place. In later emergency situations I have always grabbed my camera immediately to avoid such a mistake.

Guns blazed from the escorting naval craft and from the troopships that had this capacity. We had Oerlikon guns which were fired, but we succeeded only in shooting down our own barrage balloon. Bombs were falling all around the convoy and of course most of those on board our ship were below decks, unable to see what was happening. From our vantage but exposed position on the top deck we saw an object with flames trailing behind it apparently coming from one of the planes and heading towards us. Instead, however, it scored a direct hit on the unfortunate *Rohna* which immediately seemed to explode into engulfing flames. The next bomb appeared to be heading for my sergeant and me but it fell into the water close to us and failed to explode; we were drenched with sea water but alive. This was the first attack on a convoy by a glider bomb (Hs 293) and as darkness fell we sailed on, leaving the *Rohna* blazing behind us. Apparently, despite efforts to rescue survivors, 1115 of approximately 2000 Americans on board lost their lives. The captain was a survivor but 120 of his crew were lost. This was one of the worst troop transport disasters of the war; more were lost in the *Lancastria* in the evacuation at St Nazaire in June 1940 and a large number of Allied prisoners were drowned in September 1944 when American submarines attacked the *Rakuyo Maru* and other Japanese transports, not having been informed that they were carrying prisoners from Singapore to Japan. Correctly the BBC news bulletin minimised our incident, merely stating that an attack had taken place and giving the number of German planes that had been shot down. We sailed on but were attacked again as a concert was taking place while we sailed near Crete. All the guns went into action again and I thought I had seen a direct hit on the *Orion* as the bombs fell around the convoy; in fact it failed to explode and seemed to bounce across the ship to land in the Mediterranean on its port side. We liked to think that the enemy bombs were being sabotaged by workers in occupied Europe. Later, too, depth charges were dropped as submarines were in the vicinity.

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have been related to his presence as he had reached Cairo before we were bombed. On 16th November he had been in Algiers and on the next day in Malta, where he had been advised that it would be too dangerous to sail to Cairo, which in the light of our experience was good advice. Ignoring this he continued his journey on the 19th to Alexandria in the *Renown*, arriving on the 21st and flying to the Egyptian capital.

We sailed into Port Said and were quickly surrounded by small boats with various goods and fruit on offer, then disembarked to travel by train, rejoining our ship near Ismailia and passing through the Bitter Lakes where there were anchored some of the Italian battleships which had surrendered to Admiral Cunningham in September. We did not know that some ships of the Italian Navy had been attacked by German aircraft as they sailed to the agreed rendezvous when the Italians signed the armistice and that the *Roma*, flagship of the Italian Commander-in-Chief, had been sunk in the attack. At Suez we disembarked and found that we were to be stationed temporarily at Port Tewfik pending a decision about the final destination of the six of us. We were given a suitably large tent and told to erect it, not a difficult task in this desert area. I sent a cable home and it arrived on 9th December. Air mail letter cards could be sent only once a week and one posted on 6th December arrived a week later. In it I wrote 'I see that Roosevelt, Churchill, Stalin and Chang Kai Shek have been meeting, so things may start happening soon'.

We were on the doorstep of the most important Allied meetings of the war without knowing it. They took place in Cairo from 22-26th November, Teheran from 28th November to 1st December and Cairo again 4th-6th December. On the 11th Churchill left for Tunis by plane thence to be driven to stay with Eisenhower in Carthage. He was feeling ill and was febrile and Lord Moran who travelled with him as his physician did not know what was wrong but obtained an X-ray machine from Tunis. Pneumonia was found and treated successfully with M&B 693 (sulphapyridine), a drug which had so recently been synthesised that some of my teachers had regarded it with doubt and suspicion. Lord Moran was afraid of a fatal outcome and his pessimism might well have been justified had not May and Baker introduced this new drug in 1938.

We were aware of course that something important was going on in our part of the world and that the leaders of the countries were meeting but we only suspected that it might be in Cairo. The headquarters of that session of the conference was Mena House beside the Pyramids,

and preliminary talks there focused on the need for a Supreme Commander of all operations against Germany; it was in Teheran that Stalin joined Churchill and Roosevelt in the discussions. There it was agreed that 'Operation Overlord,' the invasion of northern Europe would be launched in May or June 1944 subject to moon and tides, that there would be an operation against the Axis in southern France and that efforts should be made to persuade Turkey to enter the war. At the second Cairo conference the Turkish President was a participant but could not be persuaded to bring his country into the conflict. Here, too, Churchill learned that Eisenhower was to be in charge of the 'Overlord' operation rather than Marshall whom he had expected.

We did not know that the likelihood of us going to Turkey was vanishing even as we sat in our tent at the corner of the desert. We swatted flies, blessed the fact that the temperature was only 70 degrees, took precautions against thieves, bargained with optimistic Egyptian traders and watched with interest the trains on a nearby railway line with more passengers travelling on the roof or hanging from the windows and doorways than were in the carriages. Malaria was not yet a serious problem in Egypt so we did not have nets and were not issued with antimalarials. The food supplied to us was terrible so we ate in the nearby YWCA and on occasion we were invited to a British tented hospital sited close to our patch of desert. Nevertheless we were bored and Capt Alastair Wright, RAMC (from Edinburgh) and I decided to go to Cairo. Technically we were deserters but we arranged to give our telephone number to one of our group when we had found a hotel, saying that we would return if anybody wanted us. Along the sandy road there were army pick up points and one just queued up there until a vehicle with available space came along and got on board.

Thus we travelled the 85 miles to Cairo and had lunch at Shephard's Hotel which at that time was in Ibrahim Pasha Street, well back from its present site by the river. On its terrace were wicker tables and chairs and inside was the Moorish Hall with a great staircase leading up from it. The bar was full of officers and, it was rumoured, spies. It was on 26th January 1952 that this original Shephard's Hotel, together with other properties associated with the British, were burned down by angry mobs at a time when there was a mixture of Islamic fundamentalism, revolutionary fervour and hatred of foreign domination. Six months later the Egyptian Army was to seize power and King Farouk had to leave his country. All this was to be in the future, but in 1942 we had heard strange rumours about King Farouk. He had abdicated, was under arrest, was keeping out of the way

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because of annoyance about the Cairo conference, was in hospital or had been seriously injured. The fact was that on 15th November he had crashed his car and been admitted to a British military hospital where he was so well satisfied with his treatment that he stayed for rather a longer time than had been expected.

We managed to obtain accommodation in a less expensive hotel than Shephard's (the Hotel Trianon) and set out to see the sights. We had been issued with revolvers but had been advised not to carry them in Egypt in case we might be attacked by thieves wanting to steal them. We had also been warned about shoe blacks who might attack us if we did not pay to have our boots cleaned at the pavement edge. Sure enough one of them dabbed black polish on my brown boots and demanded payment to remove it again. I had learned some Arabic swear words so used them and wiped my boots with his shirt. I was pursued by shoe blacks and took refuge in a book shop which is why I possess copies of *De Montmartre à Tripoli* by André Glarner and *The End of the Beginning*, the third volume of Churchill's speeches. In June 1942 the Germans had been within sixty miles of Alexandria and many Egyptians has been prepared to welcome them. All this was over and Cairo was no longer a centre of military activity, all eyes now being turned to the continued fighting against the German troops in Italy. Some actions in the Mediterranean area, such as the kidnapping of General Kreipe, Commander of the Sevastopol Division in Crete were planned in Cairo about the time we were there, but there was on the whole a party atmosphere after years of stress and strain. Even Alastair Wright and I, not renowned for our social activities, went to a dance at the YWCA and were just restrained in time from attempting to fox-trot to the Egyptian national anthem which we had not previously encountered.

Next we made our way to the Pyramids and the Sphinx. The three Pyramids of Giza date back to around 2600 BC and have been gazed upon by the troops of Greece, Rome, various Moslem peoples, France, Turkey and Britain. Now fresh British servicemen and their Allies had come to see the last remaining example of the Seven Wonders of the World. This was most impressive and we were pleased that we had made this unauthorised journey from our camp. We looked, too, at Mena House but now there was no evidence of great activity; it was much later that we discovered what had been going on there. Security precautions had been excellent.

The next day we thought we should return to Port Tewfik and a few days later, on 20th December, all six of us, having been informed that

we were going to India, embarked on the *City of Paris*, now only two to a cabin. By Christmas Day we had sailed down the Red Sea, passed Aden and entered the Arabian Sea. We were no longer in convoy, but had a frigate on the starboard side as we lay on the deck in the sun looking for dolphins and flying fish. One officer on board had a gramophone and 'Teach Yourself Urdu' records. I joined him in learning the language, but as I was also learning shorthand, took down the words in shorthand which was no further from the true script than would have been English characters. On Christmas Day itself the frigate circled round us playing over a loud speaker a record of Bing Crosby singing 'I'm Dreaming of a White Christmas.' It was rumoured that Japanese submarines were in the vicinity but in this season of goodwill we preferred to forget about this and enjoyed the warm sunshine.

The following day we heard a cheer coming from men on our escorting frigate. The *Scharnhorst*, the last great battleship still uncrippled in the German fleet, had been sunk by the Royal Navy when it attacked an Allied convoy bound for Russia.

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CHAPTER 7

Settling down in India

I had heard so much about India during my early childhood days in Dundee because of connections through the jute trade that it did not feel that I was entering a completely foreign land when we sailed into harbour at Bombay on 31st December, 1943. The possible cultural shock was somewhat diluted by our short stay in Egypt, but the few lectures based on previous peace time service that we had heard on board had been of little value; we had more to think about than the season for pig-sticking and little valued descriptions of the best polo grounds. We were interested to learn however how few Europeans there were in India in peacetime, the total being less than the population of Aberdeen, whereas the population of the whole country was about 390,000,000. I was puzzled by the term Anglo-Indian because I knew a few of them in Dundee and they were British born people who had worked in India whereas people of mixed race were known as Eurasians. Here, however, a person of mixed race was an Anglo-Indian. One thing I had heard something about was the incredible snobbery of the English in peacetime India, manifesting itself in such a way that somebody who had been in retail business in England was likely to be turned down for membership of a golf club in India. Professional people did not dine with those in trade. If the English did this to each other what on earth did they do to the Indians? Did the peacetime Scots do this to each other too? Certainly our troopship was not bringing further snobbery to India.

Bombay is the finest port in the country; it derives its name from the Portuguese words *bom*, meaning good, and *baia*, or bay. Stimulated by Henry the Navigator, fourth son of King Joao I of Portugal and his English wife Phillipa, daughter of John of Gaunt, there was established in Portugal a school of navigation which led its mariners to travel widely throughout the world. Bombay included a group of islands which were acquired by the Portuguese in 1509 but given to Charles II as part of the dowry of his Portuguese bride Catherine of Braganza in 1662 and seven years later it was leased to the East India Company. With land reclamation it was developed as an entity and became prominent in the cotton industry and as a major shipbuilding centre.

From our ship we gazed with interest at this country of teeming millions and wondered where we might be sent. The possibilities were very numerous and it was likely that once we had been given our postings we would not meet again until the war was over.

In August 1943 the British and United States governments had formed a South-East Asia Command to control the Allied forces in Burma, Malaya, Ceylon, Siam, Indo-China and the Dutch East Indies. The Supreme Commander was Admiral Mountbatten. India Command, however, was separate and came under General Sir Claude Auchinleck. A new 14th Army had been formed and came under SEAC, not India Command and it was deployed on a seven hundred mile front from the Chinese border to the Bay of Bengal. We were curious about where each of us would be fitted into this overall picture but untroubled about possible future developments since we all anticipated a complete Allied victory and the personal survival of all of us. We knew that, unlike what happened on other fighting fronts, medical casualties would heavily outnumber patients with battle injuries even in Burma and none of the six of us who had voyaged together from Greenock was a surgeon. For the first time we must be prepared to diagnose and treat all manner of tropical illnesses in addition to the diseases we were accustomed to see at home.

We went ashore and were taken by Army transport to dormitory accommodation on the south west side of Bombay. One of our number, having discovered that the races were on, disappeared for a few hours and then returned, happily clutching a fistful of rupees. Then we went off to see the sights of the city; the absence of a blackout was striking and the crowded streets, bustling with people in all manners of garb, occasioned no surprise. We were of course disturbed to see the obvious poverty that was all around and this troubled us throughout our stay in the country no matter where we went. This was a time of famine which was occurring particularly in Bengal where it has been said that over three million died of undernutrition in 1943-1944. It was clear in Bombay that many of the population, despite their cheerfulness, were badly nourished and in some instances obviously ill. Some of the beggars or their children had the most appalling deformities. We learned that children, often as soon as they could walk, were employed in all manners of labour with no possibility of protection of their health. Indeed it was said that the number of children at work in India was equal to the total population of England and Wales. At first we were alarmed by the red patches in the streets but it was not quite the colour of blood and it was soon clear that this was produced by the

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Some of the richest Indians in Bombay, because of their industrious
nature, are the Parsees who follow a religion, founded in Persia by the
prophet Zoroaster, which includes fire worship and the practice of
good thought, word and deed. They had fled to India in the 7th
century when the Arabs conquered Persia and had now become noted
for their charitable works. They have been described as the last
survivors of the old Iranian race. We passed the Parsee Towers of
Silence which were shielded from our view, but knew that the bodies
were not cremated but laid out within the towers to be picked clean by
the vultures which we could see circling above. Around the streets
there wandered the many bulls, sacred to the Hindus who believe in
the transmigration of souls. Some are bought when young by the pious
and turned adrift in the street.

The shops were well stocked and I was particularly gratified to find
how much was available in the book shops, including the latest editions
of medical textbooks. The shopkeepers all spoke English, but when I
tried out a few words of Urdu this was well received even although it is
not the local language. There are over two hundred languages spoken
in India and indeed some inhabitants of the south cannot communicate
with those from the north. The languages spoken in Bombay are
Marathi and Gujarati whose scripts are similar to those of Hindi. There
are complications — I bought two Urdu manuals, one of which
however is entitled 'Hindustani Manual' while the other carries the
name 'Modern Colloquial Hindustani'. Each of them includes letters
from satisfied customers referring to this language as Roman-Urdu.
The term Hindi (rather than Hindustani) is usually employed to
describe the language of much of the north and it is written in
Devanagari characters; there is a strong Sanskrit influence. The same
words written by Muslims and now the language of Pakistan, using the
Persian-Arabic alphabet with some added Persian and Arabic words is
known as Urdu. However my manuals were in what had been called
Roman-Urdu because the words were written using our own alphabet;
it could have been called Roman-Hindi, but this term is never used. I
had confused things even further on the ship coming from Egypt by
using Pitman's shorthand and had quickly to forget about this
additional complication.

We looked at the archway usually known as the 'Gateway to India',
built following the visit to India of King George V in 1911 and were
interested to see close by it Bombay's best known hotel the *Taj Mahal*

and were told that it had been erected back to front.

So far as politics were concerned our knowledge was slight but we understood that Gandhi was interned in the Aga Khan's palace at Poona because he had been preaching rebellion against our war effort and that this had led to rioting in Calcutta. Later we learned that this was an over-simplified view of a complex problem.

Outside the Taj hotel was met a fair-haired QA whom we had known on the ship. We had chatted quite a bit during the voyage both with her and with one of her colleagues who had dark hair. The fair-haired one now told us that her dark-haired friend had just become engaged to an artillery officer with whom she had become friendly on the *Highland Princes* and that the wedding arrangements were already being planned. I had to tell her that I knew the officer concerned was already married; enquiries were made and this was found to be true so the bigamous marriage was called off. I would have thought that the army records were such that a bigamous marriage would have been bound to be quickly discovered, but bigamy was not uncommon in the army in India and special steps had to be taken later to control the situation.

Early in January, 1944 a group of fourteen of us, all RAMC officers, entrained for Delhi; we all had tin trunks (essential because of white ants and other predators), personal belongings, camping equipment and revolvers. Medical officers had to be armed to protect their patients in view of the stories of atrocities that were being perpetrated by the Japanese.

We boarded the train at Victoria Terminus and found, not only that we were in first class compartments but that we were making money by travelling. It was the custom to pay two and a half first class rail fares to an officer travelling to his unit in India, this sum being more than enough to pay for the ticket and expenses. Many months later I came across an officer who was making a fortune going around the country in a vain attempt to find the unit to which he had been posted but which possibly did not exist.

We were impressed by the Indian railway system, the running of which was staffed largely by Anglo-Indians and we appreciated the cleanliness and good service in the dining car. We found later that not all trains had dining cars and it was sometimes a pleasant experience to find that the train stopped long enough at a station for the passengers who so wished to go into the refreshment room for a meal. Sometimes this was ordered in advance from an earlier halt. The danger of infection from foodstuffs had always to be remembered, and never once

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have I eaten a salad in an Eastern country. The arrival of a train at a wayside station in India is regarded as a great event and into a third class compartment there are carried children, tiny babies and all manner of possessions including food for the journey. The scene is a most colourful one as the crowds jostle with each other to get aboard and sometimes, as in Egypt, there are passengers on the roof or hanging from the doors and windows.

It is always necessary to be on one's guard against possible theft both on the trains and elsewhere. On one occasion I had to struggle with a thief as the train was leaving a station but he fell off and I hope was not hurt. Another time I was lying in a sleeper but wearing my army boots when a thief tried to break in but, seeing that I was awake and wearing boots which might have been traumatic to him, he fled. On this journey from Bombay to Delhi, however, the only theft was of a bunch of bananas by monkeys which invaded our compartment at Sawai Madhopur. We had been warned always to be prepared for anything, being told of an occasion when bandits had entered a dining car and not only robbed those having a meal but had shot two who had shown resistance. Another story was of four soldiers who were sleeping in a tent with their valuables under their pillows. When they awoke in the morning not only had their possessions gone but the tent had disappeared as well. An officer wearing spectacles as he walked along the Bombay pavement was astonished when a passing thief neatly flicked the spectacles from his nose. My officer's 'swagger stick' was in fact a swordstick which I always carried for defence purposes.

In New Delhi we were accommodated at the British Military Hospital and after three days, mainly devoted to sightseeing, we were informed about our postings. New Delhi, a city of great splendour with wide avenues, impressive buildings of red sandstone and splendid vistas was designed as an Imperial capital by Sir Edwin Lutyens and Sir Herbert Baker and there can be no doubt that they succeeded in their endeavours. In the centre is Connaught Place with radiating spokes to Connaught Circus from which Parliament Street leads past the ancient and spectacular Jantar Mantar observatory to the Parliament Buildings and near them what was in those days the Viceroy's House, but is now Rashtrapati Bhawan, the official residence of the President of India. We were aware that this was the eighth city of Delhi and in our horse-drawn tongas went on to see something of the previous cities that were nearby. We were taken to the Purana Quila (old fort) of Emperor Sher Shah from the sixth city, the Red Fort constructed at the behest of the Moghul Emperor Shah Jahan in 1639, and went on to see Humayun's

Tomb where, in 1857 during the siege of Delhi at the time of the Indian mutiny, Lieutenant William Hodson captured the aged King of Delhi and his sons. The visitor to Delhi must surely be impressed by the atmosphere of history that is all around.

But now we were told, after an interview, where we were all going. I had an MRCPEd. diploma because of an examination I had taken while awaiting call up and so was sent as medical specialist to 57 IGH (C) at Lahore. The initials indicate that it was an Indian General Hospital and it was combined in that it took both Indian and British patients. When I reached it I found that it did not yet exist but consisted of a number of tents in the railway yard in the centre of Lahore. The officers, who were most pleasant colleagues, were regretting the fact that they had left the hospital's previous site in Ceylon and wondered where they were bound for next. I found that my duties would involve the supervision of 14 medical officers; the Commanding Officer, Col. Craig, IMS, thought that I should be promoted to Major but discovered that at the age of 26 this was not possible. I found that I had a batman, Shah Mohamed Khan, who could speak Urdu but not English, and very helpful he was throughout my period of stay at this hospital.

During our days of waiting a few of us took the opportunity to visit Amritsar, the central focus of the Sikh religion and went into the Golden Temple where holy men read continuously from books of the world's religions including the Bible and there we were received and shown round with great courtesy. Close by, however, is an open space, the Jallianwala Bagh where in 1919 Brigadier-General Dyer astonishingly gave his troops the order to open fire upon those taking part in a mass demonstration, the result being the death of more than 300 protestors; bullet marks could still be seen.

Three days later with the aid of camel carts our equipment was loaded on to a train and we made our way to a field at Deolali, near the holy city of Nasik which was out of bounds to us. Nasik is on the Godavari River, just over a hundred miles north-east of Bombay but for us the important point was that we were very close to the British Base Reinforcement Camp (BBRC) through which passed most of the troops arriving in or departing from India. The term 'Deolali tap' is well known as a description of a form of madness that could affect British troops in India. By a strange chance the medical officer in charge of troops at the BBRC when we arrived was Major Charles Robertson who had been my closest friend as a medical student. Together with other

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students, one of whom he had married, we had toured the Youth Hostels in our vacations.

We obtained our equipment from the railway siding and erected our large tented hospital, but found that the cracks in the ground were heavily infested with fleas. I found it difficult to direct the unloading of part of a train when I had to use my newly acquired Urdu for this purpose; somehow I did not seem to have learned the right words for such a complex operation. Mosquitoes were a problem, but here as everywhere else in India we had to erect mosquito nets over our camp beds. Flies, too, were a nuisance and we soon discovered that poliomyelitis was one of the diseases which they commonly spread amongst troops in India at a time when no method of prevention other than good hygiene was known and no satisfactory treatment had been discovered. The area of our hospital was large and there were tents in all directions, the very large ones serving as wards, some being intended for Indian troops and some for British; at no stage during my period of service in India did I encounter an American patient as the Americans were active in areas in the far north-east.

In fact at about this time in March the Japanese control of the town of Myitkyina in the north of Burma was about to be challenged by the American General Stilwell with his Chinese and American troops in a battle which eventually went on until August. All this was two thousand miles away on the other side of the subcontinent but we had some news of what was happening and learned on March 25th that General Wingate had been killed the previous day when his plane flew into a hillside near Imphal.

On March 19th it had been publicly announced that a large Allied force had been landed by gliders 200 miles behind the Japanese lines in Burma near Indaw on the Rangoon - Myitkyina railway line. Men, mules and bulldozers had been flown over the 7000 foot Chin Hills; American engineers used the bulldozers to clear the ground for the main forces to land. It was stated that men of a north country regiment secured the perimeter of the landing ground; they were, in fact, men from the 2nd Leicestershire Regiment who, with others, had undertaken the incredibly difficult march from Ledo in India.

The British, including Slim and his eccentric subordinate Wingate planned the mission, and American pilots under their commander, Col. P.C. Cochrane towed the gliders. A major problem was Stilwell's almost pathological hatred of the British. It was well known too that Wingate was usually at odds with army administrators in Delhi and

that his views about suitable rations for his men were quite unacceptable to experts in the field of nutrition. However this deep penetration of troops behind the Japanese lines was intended amongst other objectives to cut the supply route to the north along the railway from Rangoon and thus help Stilwell and his Chinese and American forces.

We ourselves thought that we were only to be temporarily at Deolali and were uncertain as to whether we were bound for Burma or the Middle East, which was just about as near, or perhaps we would even be sent to Europe. In February 1944 we had a sweepstake to predict the date of the Second Front in Europe and I plumped for June 6th, thus in due course winning the 'sweep.'

Our numbers grew and we were joined by additional QA nursing sisters (still in short supply in India) and by Anglo-Indian nurses. Conditions were primitive but I shared my tent with Captain Ingram, the Quartermaster and a valuable ally. Screened latrines had been built and showers were constructed from old petrol tins. There were a few flimsy buildings used as office accommodation but everything else was tented. Until the hospital was in operation it was agreed that I could help out in the British Military Hospital in Deolali town; we were stationed on a flat plain with distant low hills and the BMH was about two miles away, down a very steep hill. The only transport that could be provided for me was a bicycle which was alright for the downhill journey but it was hot work cycling back up the dusty hillside path in the tropical sun.

I had heard that the London MRCP examination was to be held overseas for the first time in history, and that the examination centres were to be at Poona and Cairo. I entered at once and joined 355 candidates at Poona on 17th March to sit a preliminary screening examination. It was clear that the forces in India were temporarily badly depleted of medical officers by this examination, but not all candidates were from the services. In due course I was notified that I was one of the 140 who would be permitted to sit the true examination and on the appointed date I returned to Poona where the arrangements were being organised by one of my former teachers, Brigadier J.D.S. Cameron who could not however examine as he was not a Fellow of the London College. The examiners were Sir Henry Letheby Tidy and Dr G.E.S. Ward who had come out from London and Brigadier H.L. Marriot and Col. B. Schlesinger who were already in India. There were written papers on 15th and 16th May, clinical examinations from 17th to 22nd May and orals between the 23rd and 25th of the month, a very

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thorough test of knowledge and experience. In all 24 candidates passed but there was a long period of silence and it was not until 20th August that I knew of my success. This was because two of the successful candidates could not be traced and there was then further delay pending the receipt of the fees in London. It was not until 25th January 1945 that we were admitted to Membership of the Royal College of Physicians of London.

Once our hospital was operative it became more and more busy as the months of 1944 went by and in addition to the inpatients there were many outpatients: as my orderly at the outpatient tent I had a sepoy who had escaped from the Japanese in Burma by walking for several hundred miles through the jungles. Very many of the refugees had died from disease or malnutrition as they attempted to reach India. Not all the outpatients were ill; all the new arrivals at the BBRC had to be medically examined and I assisted in this, on one occasion examining 800 men in two days. Xray films were not available but I thought that I had detected three men with pulmonary tuberculosis just by examining their chests and they were returned to Bombay.

All manner of diseases were to be seen in the wards, the three commonest being hepatitis, bacillary dysentery and amoebic dysentery. As July approached it became hotter and hotter and one day we admitted 27 men, some with heat stroke and some with the less serious heat exhaustion. Despite our best efforts two of them died. They were from a group which had gone ashore at Bombay from an overcrowded troopship and been brought straight from there to Deolali, the error of judgement being that they had then been marched for three miles from the station in the heat of the day. This was more than their temperature regulating mechanism could deal with. There were no fans in our wards but punkhas had been rigged up and ice was available.

On 13th July the monsoon broke after days with spectacular sheet lightning, and a niagara of water fell upon us bringing down five hospital tents on top of the patients. They were quickly rescued and channels dug around the tents to avoid serious flooding; the rains continued unabated by day and night, continuing in a less severe form until the 27th of August. After that we had problems with wild life around our tents; there were scavenging dogs, jackals, donkeys, ducks, cows, bulls, cats, snakes and scorpions. In hot climates I still turn my shoes upside down and tap them on the ground before I wear them. In Deolali however the biggest nuisance was that of cows noisily cropping the grass outside my tent only a few feet from where I was attempting to sleep on my camp bed.

Before this however we had heard on our radio set that landings had taken place in northern Europe on 6th June. We were able to pick up the General Forces programme, the Eastern service of the BBC, All India Radio and some Japanese stations, but the only reliable set was the one in the officer's mess tent. Accordingly when the announcement of the opening of the Second Front was made I went off to tell the nursing sisters and arranged for them to join us to hear the 7.30 p.m. news bulletin. The Indian other ranks were paraded and given this news in Urdu; they all cheered dutifully but unfortunately many of them did not know which side Germany was on or where Europe was. One Indian officer told his batman who became much upset because he thought the Americans were invading Britain.

Daily we heard news of the fighting in the east and although many of the Indian troops knew nothing about Germany most certainly understood about the war against Japan. On 6th March the Japanese, having entered India, were on the march against the Kohima-Imphal road. From Kohima it was no distance to Dimapur and westwards from it was the Brahmaputra river; there the boats were destroyed so that they would not be available to the Japanese. The siege of Kohima by the enemy lasted from 5th to 20th April, but fighting continued until 21st June by which time the monsoon (which occurred earlier than in our area more than 1500 miles away) had broken. The British were now in pursuit of the Japanese there and daily we studied the map which hung beside the radio set. One strange incident was that two rather smart junior non-medical Indian officers were posted to our hospital, but soon disappeared again and we were told that it had been discovered that they were spying for the Japanese.

Once the monsoon was over there were signs of preparation for active warfare by the troops in the area of land just to the north of us where the 19th Indian Division was forming and some of our patients came from there; it was a privilege that I much appreciated to be the medical specialist to whom there were referred Indian troops, British army personnel and Gurkhas. This division which eventually consisted of about 1000 officers and 14,000 men was involved in the advance on Rangoon in May of the following year under the command of Major General 'Pete' Rees. An account of its adventures has been written by John Masters in his book *The Road Past Mandalay*.

Our hospital was so busy that we had little time for non-medical activities but we had a visit from the comediennes 'Gert and Daisy', an ENSA concert and an Indian entertainment (tamasha) with dancing girls, musical instruments playing tunes which were very strange to our

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ears, and a liberal supply of tea and sweet-meats. Indian music is almost entirely a matter of improvisation and varies a great deal in different areas of the country. Towards the end of September the Moslem IORs (Indian Other Ranks) invited the officers, both British and Indian, to their celebration of the Festival of Eid-ul-Adha. In a very large decorated tent we were plied with various rice dishes and tea while some dancers in traditional costume gyrated and sang as the musicians, squatting on the floor, played their instruments. Our Moslems also squatted on the floor of the tent but for the officers chairs were provided. I was surprised to find that the festival was to commemorate Abraham's test of faith when he was told to sacrifice his son Ishmael; my recollection of the Old Testament was somewhat hazy, but I thought that this test referred to his son Isaac. Apparently however most Moslems say that it was Ishmael and that the place of the incident was near to Mecca.

There was no friction between the Hindus and Moslems in our hospital despite the great difference in their beliefs, but great care was taken to ensure that suitable foodstuffs were provided for both. We also had to respect the caste system amongst Hindus and to be careful not to shave even the hairs on the chest of a Sikh. Some of the Indian officers were Brahmins, thus being of very high caste and the female officer in charge of the dysentery ward was not a Hindu but a Parsee. The caste system applied only to Hindus, not to Moslems, Sikhs or Parsees and it has to be admitted that we did not fully understand it or appreciate the unhappy lot and hopeless future of the millions of untouchables in India who could not improve their state until their next existence and meantime had to perform the most menial and degrading jobs. A very orthodox Brahmin would avoid even the shadow of an untouchable.

The British officers were willing to eat either Indian or Western food, but the latter usually consisted of corned beef; every possible method of preparing it was tried, the cooks showing much ingenuity. Our mess waiters were Italian former prisoners of war who were now quite happily carrying out duties to which many of them had been accustomed in peace time. Italy, of course was now on our side in the conflict. When soya sausages arrived we tried and quickly rejected them; the Italians shared our opinion. The Indians troops would not look at them and even the local waifs and strays whom we were in the habit of feeding recoiled so we arranged for a large hole to be dug and into it went the soya sausages; we returned to our corned beef delicacies.

CHAPTER 8

Searching India for a Disease

I had heard that anaemia was a problem in Indian troops at the fighting front to a much greater extent than elsewhere. It was a constant problem, particularly with new recruits, some of whom joined the Indian army in order to obtain food and very large numbers were suffering from hookworm infestation which inevitably led to iron deficiency. It was clear, however, from what I had heard that the problem in Burma was a different one and soon after I arrived in India I sent to Edinburgh for blood counting apparatus. At Deolali I was carrying out a small research project which included blood counts when a medical Brigadier came on a visit to the hospital and was most interested in my activities; the next thing I knew was that I received a posting order to leave the hospital and report to GHQ in Delhi. On October 1st 1944 I left Deolali, uncertain as to whether I was to return, but taking all my equipment with me in case I did not come back. My tin trunk was very heavy because of all my medical books and I was rather alarmed at the way the railway porters carried it on their heads as I feared it would damage their necks.

For a week I was stationed in a tent at the side of the Rajpath, near the Viceroy's House, close to the temporary two storey concrete buildings which constituted GHQ (New Delhi). The Brigadier who was most closely concerned with my activities was absent but I found that the Medical Directorate was staffed by most pleasant officers, all either Scottish or Irish. I was issued with GHQ badges to wear on my sleeve, each consisting of a rectangle which was half red and half black, but with a golden star in the centre, and informed that I would be investigating the mysterious epidemic of anaemia that was playing havoc with some units in the fighting area east of the Brahmaputra river. Meantime I was to go to Rawalpindi away up in the north-west hill area to visit Major Martin Hynes who had laboratories there which enabled him to study the common form of anaemia found in new recruits. When I first arrived in India I knew that my friend Charles Robertson was in the country and it had been a happy coincidence when I found myself stationed in the field next to his quarters at Deolali. However, I also had the address of Mr and Mrs Fairweather,

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parents of another of my student-day companions, and to my surprise when I arrived at Rawalpindi I found that I was staying in a Gurkha officer's mess in the house next door to them. This was a most happy encounter because we had a lot to discuss although I had no recent knowledge of their son who was in the Royal Air Force.

Three days later I was on my way back to Delhi to receive information about my research duties. A new type of post was being created for me and the authorities were uncertain how best to arrange it but finally decided to give me the title of Nutrition Research Officer. I was to have a technician with me and eventually Sergeant Robert Hardaker, RAMC, arrived. I was told that we were to be called the Malnutrition Unit, but I said that it was bad for morale to suggest that there was malnutrition in the Services, and that the Japanese could score a propaganda point by referring to such a unit. I asked instead that we might be called the Marasmus Team, since this term would probably not be understood by many, including the Japanese, although it had almost the same meaning; this was accepted.

Now I was back in a tent in South Avenue awaiting further orders, and each morning I could see the Viceroy, Lord Wavell, riding past our camp on his horse. There were almost 500 officers, mainly non-medical, in this transit area and in the mess tent the flies were so numerous that the insides of the sugar bowls were black with flies instead of being white with sugar. Poliomyelitis was rife, particularly amongst officers, perhaps because officers' kitchens were usually less carefully supervised than those of the 'other ranks'; no vaccine was available and the risk was high. I threatened to have the camp closed down unless some effort was made to improve hygiene and reported accordingly to the relevant section at GHQ. Thorough improvements were carried out.

While the authorities waited for War Office approval of their scheme I was given various duties of a clerical type including, most inappropriately, the revision of the diets for British and Indian patients in hospital. This required consideration of the palatability, availability, cost, cooking facilities, religious prejudices, shipping problems, caloric value, vitamin content and practicability. I went to the food stalls with my Urdu dictionary and to the hospital kitchens; the Anglo-Indian staff at GHQ were particularly helpful, but all the time I remembered my first effort at prescribing when the local chemist said that the mixture which I had prescribed, if made up, would not come out of the bottle. At the same time, while waiting, I took a course in statistical

calculations which proved very useful later; I doubt whether my diets had the same practical value.

I was now involved in discussions as to where I might be posted in the first instance but given authority to write my own movement orders if necessary, provided I sent them back to GHQ (New Delhi) to be initialled. From time to time, too, I would be asked to report back to Headquarters. I would not be receiving two and a half first class fares as when posted to a unit, but would travel on warrants. With three Brigadiers who had travelled widely in the country I studied the maps and it became clear that the best place to carry out the preliminary investigations in eastern India was 67 IGH (C) at Sirajgunj, a township on the west bank of the Brahmaputra river because there were two lines of communication to it from the fighting front, with casualties, both medical and surgical, arriving by hospital river steamers and then being evacuated by train to Calcutta or to base hospitals elsewhere in India. My appointment was an unorthodox one and this led to later battles to recover my pay while from time to time my mail became hopelessly lost. In all fairness this was not surprising because I see from a list of movements which I kept that between October 1944 and July 1945 they were as follows: Deolali, Poona, Delhi, Rawalpindi, Delhi, Calcutta, Sirajgunj, Calcutta, Delhi, Calcutta, Sirajgunj, Calcutta, Ranchi, Calcutta, Darjeeling (on leave), Calcutta, Delhi, Calcutta, Sirajgunj, Calcutta, Delhi, Calcutta, Sirajgunj, Calcutta, Sirajgunj, Dhaka, Calcutta, Dhaka, Calcutta. With one exception all the journeys were by train or river steamer. Shades of my grandfather's travels in Europe some forty years earlier!

Brigadier J.D.S. Cameron, who was something of a Calvinist, was rather worried about the fact that I was going to this remote hospital on the edge of the jungle, some two hundred miles north east of Calcutta with no other town nearby. It appeared that some members of the staff, including the CO, were becoming somewhat eccentric and I was particularly warned about the dangers of there being many officers and QAs together in such a remote unit with almost no western or westernised civilians to break the monotony if the work load lightened. However, it was considered that I was probably capable of looking after myself, and in any case there was the safety valve that I had to report back to Delhi regularly. I muttered my thanks for this advice, left most of my belongings in an office at GHQ and set off by train for Calcutta, a city which had been the source of many of the postcards which I had seen as a child.

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India until at the Durbar in 1911 King George V announced that Delhi was to replace it other than in commercial activities. Situated on the Hooghly river, greater Calcutta had a population of uncertain numbers but possibly about 4,500,000, equivalent almost to that of Scotland. I was stationed for the night at the Grand Hotel in the main street, at that time called Chowringhee, this being the most luxurious accommodation I had yet encountered in the army although admittedly there were so many people expecting tips before one obtained a room that a fistful of rupee notes was required. Across the road was a large grassy expanse, the maidan (which can mean plain or battlefield in Urdu) measuring about two square miles in area with the race course, the Eden Garden and Victoria Memorial each around the periphery. In the centre is Fort William, built in 1781 after the 'Black Hole of Calcutta' revolt, with the maidan now replacing jungle to give a clear line of fire for cannons.

Calcutta was swarming with people and everything was very dusty and dirty. There were tramcars in the main streets and traversing the maidan but as always animals wandered about freely. There was much evidence of poverty and malnutrition amongst the inhabitants and beggars were everywhere, many with gross deformities. It was not surprising that those who were starving were liable to attempt to steal from the newcomers who, to them, were so wealthy; the trouble was that if one gave money or anything else to a beggar one was immediately surrounded by others, particularly children, and escape was sometimes very difficult. European type of food was not really acceptable even by those who were malnourished. Buying anything in the streets, less westernised shops or in the bazaar involved concentrated bargaining and this was expected by the pedlars or small shopkeepers. What was purchased, particularly in the street, was liable to be a completely bogus copy. For example I purchased a splendid Parker pen which had no mechanism but gave good results if ink was poured down the empty barrel. Two 'hand painted miniatures on ivory' were printed copies pasted on to bone.

Calcutta was a leave centre for those serving further east and the Grand Hotel was indeed grand, particularly in the eyes of those who had just come from jungle areas. There were seven course breakfasts, nine course dinners and some two hundred waiters could be seen in the main dining hall. The menus were in French which the waiters did not understand but everything was numbered so it was necessary to order by numbers; unfortunately many of the waiters did not understand English so it was advisable to do this in Urdu even although the local

language was Bengali. Many of us felt uneasy about the contrast between the interior of the hotel and the plight of those sleeping overnight on the filthy pavements nearby.

As I left for Sealdah station I thought I was hallucinating when I heard the sound of bagpipes but it was only the Calcutta Scottish having a church parade. There was the usual complicated business of obtaining a ticket in exchange for my warrant but once this was done I went aboard the train and set off for Sirajgunj, entering 14th Army territory and crossing the Ganges. I was now in East Bengal, a part of the subcontinent which later became East Pakistan and then, on December 17th, 1971, after two weeks of war with India after border disputes, Bangladesh. In 1944 this name was not known to us but we knew about ambitions for a Moslem Pakistan, the problem as we saw it being the vast geographical distance between the two largest groups of followers of the prophet. It was now December, the cold season, with a day temperature of about 70 degrees, a night temperature of 50 and a humidity of 70-80%. By March the temperature and humidity would rise and the monsoon could be expected to strike the land in mid June. This is a low lying country with very many rivers and the floods can be devastating, with cattle starving when only roads and railways have their surfaces above the water, many fields being completely flooded. The inhabitants are driven from their homes when the monsoon destroys everything around them.

Sirajgunj lies eight miles west of the Brahmaputra river and the hospital consisted of a two storied house used as the administrative block, numerous low buildings along three intersecting streets of this small town at the jungle's edge and a number of basha huts serving as wards, the roofs being made of reeds. They did not have walls above waist level but the patients were screened from the sun by mats and bamboo: part of the hospital merged into the bazaar area. A river ran through the town towards the mighty Brahmaputra which was close by; there was a cinema, an opium shop, warehouses and small shopping booths. The streets were dust tracks, animals walked about freely and bullock carts were plentiful. In this, the dry season, there was no water in the town's river and from the bridge which carried the main street the bullocks could be seen lying in the dried up river bed beside the empty carts and sleeping drivers. The local populace were most friendly and well accustomed to seeing the strange people from another world in their midst. They themselves had a local hospital which was undermanned and ill equipped.

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Officer, an Irishman who had been in the Indian Medical Service and was now in the Indian Army Medical Corps (IAMC). I was impressed by his friendliness, his pigs, his hens and even his goats. There were ten other officers including a padre, twelve QAs and six members of the Indian Military Nursing Service. Assisting them were a number of medical orderlies. The hospital covered a large part of the north east of the town with some of the wards looking straight into the jungle; there were about three hundred beds over a scattered area.

The officer's mess was in a building, not a tent, and was separate from that of the sisters; each QA had an individual small room, a group of which formed a line along the west side of their mess and in front of this was a tennis court. It was clear that there was a tremendous corporate spirit in this remote outpost and I was made most welcome by all members of the staff, whether British, Irish or Indian. Both the CO and the O/C Medical Division, Lieut.-Col. Woods, gave me a free hand to undertake whatever work I thought necessary. This, of course, was a transit hospital with convoys of sick and wounded coming at irregular intervals from Burma and Assam by river transport followed by a short road journey to the hospital. Later I was intrigued by the American TV Series MASH which dealt with a similar type of unit.

I had studied the statistics at GHQ and knew that in 1943 one hundred and twenty men had been evacuated with a medical or psychiatric disorder for every one sent back because of bullet wounds or other surgical conditions. Field-Marshal Sir William Slim in his book 'Defeat into Victory' refers to malnutrition, affecting British, Indian and Gurkha troops and says, correctly, that it was not due to shortage of food. Instead, he says, he was informed that 'the constant mental strain of fighting in the jungle had of itself reacted on the metabolism of the men's bodies so that often food passed through them without the normal amount of nourishment being extracted from it.'

This was so except that it was unlikely that mental strain was the cause. I had been sent to carry out preliminary investigations into this unexpected disorder which was leading to severe anaemia, particularly in Indian troops. My equipment consisted of the simplest possible apparatus for carrying out blood counts, if necessary without electricity, a microscope and a hand centrifuge. For the information of a non-medical reader it should be explained that the red cells of the blood which were deficient in numbers in the victims of this disease are formed in the marrow cavity of the bones and the way to find out whether the cells that form them are abnormal is to put a needle in the sternum (breast bone) and suck out a small amount of the marrow then

look at it under a microscope. This is not as painful a procedure as it sounds. It involves shaving the chest before the needle is put into the bone but I soon found that for religious reasons Sikhs would not agree to any such shaving being done; very careful antiseptic procedures had to be carried out instead. Once the marrow particles had been examined one had a clue as to the type of anaemia, particularly whether it was due to the deficiency of a vitamin rather than to lack of iron and sometimes of course it would be both. It was widely believed that the deficiency that had been causing such serious problems in Burma and some areas of eastern India was due to lack of absorption of a vitamin but at the time our knowledge of numbers and sources of vitamins was not extensive and indeed it was not until after the war that knowledge advanced sufficiently for more comprehensive investigations to become possible and treatment to be put on a scientific basis. I did, however realize that I was looking for deficiency of more than one missing factor so arranged for crates of crude liver extract for injection to be sent to me from a pharmaceutical firm in England because it was likely that the vitamins or other factors that were not being absorbed would be present in liver as indeed turned out to be the case.

Col. O'Neill provided me with a ward and a laboratory and said that I should feel free to go into any other ward if I so wished. He would see to it that any patient whom I thought required fuller investigation would be transferred to the ward which he was providing for me. I much appreciated the extent of this co-operation.

At the time of my arrival the epidemic of this sudden severe anaemia, usually associated with diarrhoea and a painful tongue, had abated and I turned my attention to an assessment of the medical conditions affecting the British troops being evacuated from the fighting front in order to keep GHQ informed of the latest position. There were various forms of dysentery, scrub typhus, hepatitis, bronchitis, paralysis because leg ulcers had become infected with diphtheria and a wide variety of other conditions: malaria was now being prevented by the regular taking of mepacrine tablets and it was a serious offence to develop this illness. I was kept extremely busy working from 8 a.m. to 9 or 10 p.m. each day since I was doing my own history-taking, examination of the patients and laboratory work; the sergeant who was to join me had been delayed because of illness, but later on was a great help in the laboratory. At Sirajgunj every attempt was made to organize social events amongst the staff, joined on occasion by three civilians who lived nearby, but at this time I was too busy to attend the parties or picnics. Paperbacks were sent out to me from home. I read them,

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passed them to the quartermaster who in turn gave them to the padre and from him they went to the other officers, then the sister's mess, the British 'other ranks' mess and finally the patients. Seldom can the sum of one shilling for a book have been so well expended; the reason why the patients were not given a high priority was that this was a transit hospital and it was not intended that patients should stay long enough to read a book.

I was attempting to move further forward to Imphal in search of the mysterious anaemia, but this did not seem sensible to those at GHQ because they had reports that the disease which I was trying to track down was, for the time being, dormant everywhere and they found it of more value to have my accounts of medical conditions and blood counts in British and Indian troops. I included information about the diets which the men had received.

Christmas came and increasingly I began to appreciate the friendliness of this strange hospital on the edge of the jungle. The staff, assisted by patients, made colourful lanterns from any materials they could find. The church service on the evening of 24th December, held in a brick building, was well attended but was interrupted by jackals and scavenger dogs howling outside like lost souls in torment; it was always necessary to keep well clear of those animals because of the danger of rabies and one nurse who was bitten by a dog just after this had to have an unpleasant series of injections into her abdominal wall. However on this evening nurses and doctors went carol singing around the wards and finished up in the bazaar singing in a circle around the well head; the eccentricities of the British no longer occasioned surprise amongst the local inhabitants and some of them even attempted to join in. On Christmas Day itself there was a combined dinner for doctors and nurses with special meals and some entertainment for the patients, but a fresh convoy arrived and the work intensified.

By the middle of January 1945 the cold spell was over, and it was at this time that an empty ward went up in flames; this was a common occurrence and was thought to be caused by local contractors who would be paid to rebuild the huts. There was certainly a lot of dishonesty about; a new hospital non-medical registrar discovered that more than twenty of the local inhabitants turned up each week to collect their pay although they were not working in the hospital, and what enraged him was they had been receiving this money for several months. Animals continued to be a problem; thirty stray dogs were shot in the hospital area in a week and two of the wounded animals ran howling and bleeding through a ward much to the distress and

indignation of nurses, patients and doctors alike. The CO, who was not directly responsible for this shooting, had a soft spot for the cats which constantly invaded the mess; they were put in a sack and sent surreptitiously by train to Calcutta, but, strangely enough, some of them returned. Vultures as large as turkeys hovered above us or squatted in the fields and if we ate food out of doors there was the danger that a kite hawk might come swooping down to remove it even from between the lips, scratching one's face with its large wings. There were also many beautiful birds with bright plumage – hoopoes, bulbuls, parakeets, kingfishers and bee-eaters. Always, too, there were mynahs.

The work continued throughout January, with men from the 14th Army coming through on their way to base hospitals. They were beginning to feel that their efforts and sacrifices were being overlooked at home and the term 'The Forgotten Army' was being commonly heard. For the sake of morale it was important that mail to and from the UK should be transmitted rapidly and indeed when I wrote to Edinburgh for some specimen abnormal bone marrow slides (in case I began to forget what they looked like) they arrived just three weeks after I had written. The overseas service of the BBC, relayed by All India Radio was a valued link. It was in January, too, that I was notified that I had been promoted to Major.

At this point the effervescently cheerful and youthful Sister Mary Williams, QAIMNS (R), from the small village of Calstock in Cornwall came on night duty. Our first encounter in the wards had not perhaps been too harmonious in that she had come to assist me when I was doing a marrow puncture and the conversation went like this:-

'Sister, is this needle sterile?'

'Of course it is. I wouldn't give you it if it wasn't.'

'It's my responsibility to see that everything is done correctly.'

'You don't think I'd give you a non-sterile needle, do you?'

'No, but I have to make sure that you don't'.

'I don't hand out septic instruments.'

'It's not an instrument, it's a needle'.

'If I give you a needle, it's sterile.'

'All right, don't get into such a tiz about it.'

Now, however my former sparring partner has taken pity on me with my late night working in the wards or offices attached to them and thoughtfully produced some Horlicks for me to drink. I, in turn, was rather worried about her safety as she walked in the darkness the quarter mile along the dusty paths between the wards with palm trees

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looming over, accompanied only by a young Indian civilian who insisted on walking behind rather than in front as he carried his oil lamp on the end of a pole. Accordingly on some nights I accompanied her as she walked from ward to ward, always being on the look out for snakes, attackers and other hazards. At this time two murders took place beside the hospital, both involving the local population, and one night the wards shook in a minor earthquake. The jackals continued to howl.

Behind the administrative building was the tennis court and on a few occasions when were were both off duty Sister Williams and I played tennis together. Once a week the officers and nurses who could be spared from duty patronized the cinema in the bazaar. It had only one projector so there was a break at the end of each reel while the spools were being changed, but Sister Williams and I, now sitting together, did not mind this. At times there was disorder and a notice went up in hospital orders to the effect that 'Officers will not throw monkey nuts at other ranks during cinema performances'. Another order had been 'In extremely hot weather shirts need not be worn', There was an immediate enquiry by the medical staff as to whether this applied to nursing officers. It was explained that this was intended only for men working out of doors.

One of the orderlies had a little pet mongrel dog which went with him to the cinema each Wednesday and sat on a seat by his side. His master was admitted to hospital and the dog accompanied the two of us to the pictures instead. On our return to the hospital he went into his master's ward and slept at the bedside, repeating this performance each week until his owner was discharged.

On 14th February we heard that 130,000 had been killed in the bombing of Dresden by the RAF and US Air Force. The majority view which I shared was that surely this was not justifiable.

On the following day I performed on a severely anaemic patient my hundredth bone marrow puncture at Sirajgunj; punctures had been done only on patients who might benefit from this procedure which looks slightly alarming but is safe and simple to do. On that day I wondered about the whereabouts of the units to which I had previously been attached because one of the patients said that the 19th Indian Division which I had known so well at Deolali was heading towards Mandalay. I was not to see the town myself until 1984, thirty nine years later. In February, 1945, 23 CCS which I had left at Goodwood House, was preparing for the crossing of the Rhine the following month and, strangely enough, the officer who replaced me in that unit was posted

to 67 IGH so it is likely that, even if I had not applied for an overseas posting, I would have been sent to the same hospital in India, although not as a research worker. On the very day that I was wondering about the activities of the South Lancashire Regiment to which I had been attached in early 1942 it was just recovering from a chaotic crossing of the Irrawaddy at Pagan, a task which required the assistance of both the RAF and the USAAF. When they got across they found that the opposition came, not from the Japanese, but from the Indian National Army (INA).

The INA was formed in 1942 after the fall of Singapore and was led by a Sikh officer who, aiming at having an independent India, raised a force of Indian troops which changed sides to fight with the Japanese against the British and Indian armies. He did not receive the whole hearted cooperation that he expected and vanished from the active scene. However in late 1943 a new Indian leader aiming to raise a force to establish an independent India using captured Indian troops proved to be more acceptable to the Japanese. This was Subhas Chandra Bose whose anti-British feelings had been conditioned in part by the Amritsar massacre. He came from Bengal but had studied in England; he had visited Hitler and was arrested for sedition by the British in 1940. He escaped, made his way north-west by train to Peshawar, and from there went to Kabul where he was given an Italian passport. He travelled via Moscow to Berlin and first attempted to enlist Indian POWs captured in North Africa to fight against the Allies. His success was but slight and he went on by submarine to Tokyo and began to recruit Indian POWs to form an army, again called the INA or Azad Hind Fauj, which, under overall Japanese command would fight against the British and march to Delhi. This time he was more successful (though not with the Gurkhas) and raised a force of some 20,000 men. They did not fare well as fighting troops, particularly at Kohima in April 1944; some had enlisted in the INA to get to the front so that they could surrender to the British or to loyal Indian units as soon as they could. They had considerable problems no matter what they did; for instance on February 28th 1945 four sepoys in the INA involved in the operation south of Mandalay attempted to rejoin the Indian Army but were caught and shot on the orders of the INA Command. On February 19th Captain Saghal of the INA had written in his diary 'There is no discipline left and the morale is gone'. The term JIF was usually employed by the British when referring to the members of the INA and others, sometimes civilians, actively supporting the Japanese cause. It stood for Japanese India Forces.

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At the time of the fall of Mandalay my preliminary work was finished and Sergeant Robert Hardaker who was now restored to full health had arrived to act as a laboratory technician. There was doubt as to what I should do next. I still thought I should go to Imphal, Col. O'Neill who scented a possible romance in the air thought I should stay where I was, the padre tried to persuade me to go to Kalimpong on holiday, the parents of my friend Alexander Fairweather whom I had visited in Rawalpindi wanted me to go there, the Consultant Physician, Eastern Command wanted me to attend a conference to Calcutta, the Assistant Director of Nutrition in GHQ wanted me to return to Delhi and the Assistant Director of Research wanted me to travel to Jalna. I wrote myself a posting order to Delhi, since the available work did not justify prolonging my stay at Sirajgunj.

This was on a Wednesday and as Sister Williams and I set off on our last visit to the cinema we came across a group of excited Indian patients looking up at the roof of their ward. Somewhere amongst the straw there was a loud hissing noise which they said was being made by a large snake which they assured me was very poisonous. I climbed up a post to see the snake but failed and at this point an officer with a revolver arrived and fired five shots, none of which, however, affected the hissing sounds; then somebody arrived with a lantern and we saw that there was no snake — only two baby birds in a nest in the rafters.

From Delhi I received approval of my proposed return together with a request that I should go from there to speak at a medical conference at Ranchi, in the state of Bihar. There was a farewell party and the next day I set off, arriving three days later at 8 a.m. in Delhi. One night had been spent in the Grand Hotel in Calcutta and on the following night I was robbed in the train when I was asleep; only my bush shirt was stolen, but it contained my cheque book, fountain pen and spare spectacles. Under my pillow were the records of my research work together with my wallet and identity card. At the gate of GHQ I was asked by the guard for my pass. I did not have one, but assuming that he could not read, I produced a Calcutta tram ticket (first class). The guard looked at it, gave a crashing salute and permitted me to enter the compound. Then came another hazard; I was accosted by the formidable Sister Agnes MacGeary, the only person who had been able to manage the controversial Major-General Orde Wingate. Fortunately she only wanted me to buy a ticket for a raffle and in a moment of weakness I did this and won a thermos flask.

Once again I was in a tent in South Avenue and was able to hire a bicycle so that I could travel between two parts of the Medical

Directorate which were respectively in New and Old Delhi. I was asked to write various memoranda that would be sent to the many military hospitals and also gained further knowledge of medical statistical analysis. I was involved in the inspection of faulty articles of equipment; many articles manufactured in India were unusable or wrongly labelled. At the beginning of my work at Sirajgunj I had been surprised to find that everybody, myself included, was anaemic and suspected that there was something wrong with the apparatus, simple though it was. It is possible to get an idea as to whether or not anybody is bloodless by putting a drop of blood on a piece of blotting paper and, once it has dried, comparing the colour with that of a series of shades of red. I had done this and it did not confirm the results of the other test which is a simple one but involves the use of a few chemicals. It was a while before I discovered that a bottle labelled hydrochloric acid contained nitric acid instead, while another labelled distilled water contained hydrochloric acid and that this was the reason for my strange findings. All the tests had to be repeated with fresh chemicals from another source of supply; some of the staff at the hospital were slightly disappointed to learn that they would not be sent home on medical grounds. I visited three military hospitals around Delhi and found wrongly labelled bottles of chemicals in all of them. One serious problem for which a board of inquiry was established was a very large quantity of rum which was causing blindness. As expected we found that it contained methyl alcohol and it was all taken away to be dumped at sea.

Now came the conference at Ranchi but as I had lost two stones in weight, being down to seven and a half stones (47.6 kg), I was persuaded to follow this up with a holiday. I knew that Sisters Williams and Nolan from Sirajgunj were going to have a week's leave in Darjeeling, so arranged to go there. I understood too that Lieut.-Col. Scott Charlton, the Australian OC Surgical Division of the same hospital, was going to be in Darjeeling just after the nurses, so booked for two weeks. The trip consisted first of a twelve hour journey from Calcutta by the normal rail line to the crowded town of Siliguri, with a change there to the famous small scale railway which steams uphill on a single line track making four complete loops after having left the plains and jungles, bringing the traveller within sight of the massive Himalayan mountain range. Darjeeling (Dorje Ling or Place of Thunderbolts) at a height of 7000 feet is dominated by Kanchenjunga (28,146 feet), the third highest mountain in the world. In the valley below are the tea plantations and in the streets are to be seen the smiling faces

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of hill people who look so like the inhabitants of nearby Nepal or Tibet. Women carried heavy loads using a band across the forehead to support the heavy weights on their backs. There were ponies but no cars.

I was staying in a private house named 'Rivershill', the residence of a Major Roberts whose wife provided officers on leave with accomodation at low cost. One of the fellow guests was an officer convalescing from an attack of the form of jaundice which was becoming increasingly prevalent and was now being called hepatitis rather than catarrhal jaundice. I later heard that subsequently on a parachute drop he was killed when the chute failed to open. It did not take long to discover that the two QAs from Sirajgunj were staying at the large Mount Everest Hotel. Darjeeling consists of a number of interconnecting roads up on the hillside above the railway station and shops. I had to walk about a mile to the hotel along one of the most scenic routes in the world; the three of us were soon joined by another officer, Capt Wylie, and prepared for a week of relaxation. On a clear day Mount Everest can be seen from Tiger Hill, about seven miles away, but throughout our stay we were advised that the weather was not sufficiently clear. However, in the hotel Sister Williams attempted to improve my dancing ability and I in turn took her to a roller skating rink. Her friend Sister Nolan, created consternation in the Planters Club by asking for coffee as she did not like tea; sometimes the Irish live dangerously! At the square known as Chowrasta where pony hirers wait to entice customers, Sister Williams persuaded me to accompany her on a pony ride; this was fine apart from the fact that she was accustomed to riding ponies and I was not. The animal galloped off and attempted to throw me over the hillside, but I managed to remain in situ and sped round and round the interconnecting streets until the beast was restrained. It may have been noticed that even in a jungle hospital or on leave, Christian names were not used between doctors and nurses in those days although I cannot guarantee that in Darjeeling we never departed from this accepted code of conduct.

The week soon passed and then I had to say goodbye to my two QA friends, probably, I thought, for ever. Sadly I watched them being carried away by the toy train as it puffed down the hill with a man sitting over the front wheels to pour sand down when they lost their grip on the track. During the remainder of this short holiday my surgical colleague failed to materialise and news came that cholera had broken out in Calcutta, several cases occurring in the Grand Hotel transit camp. I learned later that the orderly officer who suggested the

diagnosis was an Edinburgh graduate, Hugh Robson, then a naval medical officer; in the fullness of time he became Principal of Edinburgh University. I went to the local army medical centre in Darjeeling and gave myself a prophylactic anticholera inoculation. I then said farewell to this lovely hill station with its cheerful people and set off for Calcutta and then Delhi where I was put into the Grand Hotel in Old Delhi just in time to hear that British and Indian forces had reached Rangoon. On May 3rd war correspondents entered the city and on May 4th at Montgomery's HQ at Luneburg Heath in Germany representatives of the German High Command surrendered.

The war in Europe ended on May 8th-9th but this caused surprisingly little excitement at GHQ in Delhi. There was, however, much concern about the increasing tension between the mainly Hindu Congress party and the Muslim League with the possibility of major trouble, if not conflict between the two in the future. Muhammad Ali Jinnah, a lawyer trained in London, was determined that there would be a homeland for the 70,000,000 Moslems and the name Pakistan had been put forward before the war began; it was perhaps derived from the initial letters of the mainly Moslem states in India but another explanation was that it came from two commonly used Urdu words, *Pak* (pure or holy) and *stan* which indicates place. The war in Europe might be over but the Japanese still had to be eradicated from the lands they had invaded, prisoners in their hands had to be released and, if anything, the possibility of major disagreement between Hindus and Moslems had become greater despite the knowledge that Britain would withdraw from India after hostilities ceased.

Two days after the war ceased in Europe I was sent back via Calcutta to Sirajgunj, just in time to receive two letters of personal interest from Edinburgh. One was from the Royal College of Physicians there telling me that I had been elected a Fellow. (I had taken the Membership examination while awaiting call up only as a basis for a post-war FRCS qualification which I never attempted as I had no surgical experience) and a note from Professor Stanley Davidson asking me to reply 'Yes' immediately by cable if I wanted a post as Lecturer in his Department after the war ended. I answered in the affirmative at once although I had no idea how much longer the war might last in the Far East, that day ending my projected surgical career before it began.

A major factor that was lowering morale in British troops in India was the uncertainty about the length of time they might have to stay either there or in Burma; when we first arrived we were thinking in terms of six or seven years, but on 7th June 1945 the Supreme

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Commander was told by the Secretary of State for War that the period would be reduced to three years four months and that the men affected must be sent home as soon as possible even if replacements could not be found. Even although I was at GHQ at the time I did not know of this pronouncement and fear that the possible psychological boost to many must have been lost by lack of publicity; the decision caused us to postpone to 9th September the target date for the Allied invasion of Malaya.

However, I was in Sirajgunj on May 13th, the official day of the celebration of victory in Europe, and we joyfully heard Churchill's broadcast on our radio. That day the patients were unrestrained in their jubilation.

Having disappeared from the hospital some had obtained Nasik gin from the local bazaar and were either very merry or fighting drunk. I was delighted to have this unexpected reunion with Sister Williams and that evening we went out together for a walk towards the little town; she was most alarmed when, in the darkness, one of the inebriated British soldiers was just about to hit me on the head with a bottle. Fortunately for me and for him, just at that moment somebody shone a torch and the patient, seeing the crown on my shoulder for the first time, hesitated long enough for me to remove the weapon from his hand.

During my previous periods of attachment I had investigated patients who were British, Irish (in the British army), Indian (whether Hindu, Moslem or Sikh), Gurkha, West African, and on one occasion, Naga. Nagaland is a remote hilly country north of Manipur and its capital, Kohima, was the furthest point of the Japanese advance into India. Now, however I had been sent for the specific purpose of investigating the nutritional state of prisoners of war, both Japanese and Indian (JIFs). There were two lines of evacuation from Assam and Burma to Sirajgunj by river steamer, some coming from Gauhati in the north and some from the area around Dhaka (then spelt Dacca) in the south. The lines of evacuation by air, sea, river, road and train were most complex but with the fall of Mandalay and Meiktila there was a concentration of casualties at Comilla. Our prisoners had been brought by the river steamer *Kite* from Daudkandi, south east of Dhaka, up river to Sirajgunj Ghat and then by the very short train journey to the hospital. Amongst them was a Japanese medical officer who spoke very good English and there were also two Japanese nurses who were put into the sisters' quarters. So far as we were concerned, patients were patients whether or not they were prisoners and doctors were doctors:

it was most useful to have a Japanese medical officer who was willing and able to interpret and give information about the medical condition, blood groups, etc of his fellow countrymen, this, of course, being very much in their interests. Sergeant Hardaker was with me again so we were well placed to carry out our investigations.

There were 78 Japanese prisoners of whom 39 were in hospital because of surgical conditions, the remainder having medical disorders; there was no evidence of psychiatric problems. There were 228 Indian prisoners of war who for one reason or another had sided with the Japanese and 22 of them were surgical patients. The most common medical illness was malaria, something that had almost been eliminated amongst the Allies by the use of mepacrine. Of the Indian prisoners 204 had suffered or were currently infected with this disease whereas 21 Japanese had never had malaria. Gross malnutrition was not a feature although the POWs were on average more anaemic than our normal Indian sepoy; there were a few patients with severe anaemia to the extent that transfusion was required. I was still seeking the disease which caused diarrhoea, severe anaemia of a particular type, wasting and a sore tongue. In this month of May it was still dormant and the Japanese medical officer told me that he had never encountered the condition. It certainly did not seem to have been a feature at any time in the prisoners now in our hospital. The Japanese officer asked me whether he could join the RAMC, but I had to indicate that this was not possible.

So far as the morale of the prisoners was concerned, it appeared that when they were first captured they were fearful of their future prospects and thought that they might be tortured and executed; they had already discovered on the river steamer that they were being accepted by the medical and nursing staff merely as men who were ill and requiring treatment and now even the Japanese feeling of shame at being captured appeared to have vanished; the Indians, who had not been so fearful of the future were glad that they were still alive and back in their own country. Some wanted to rejoin their units in the Indian army. In fact at Calcutta and two other centres an attempt was made to sort out these and other members of the INA, some being permitted to return to the Indian army and others discharged depending upon what could be established about their activities. Their Supreme Commander, Subhas Chandra Bose, was in Burma in April but shortly afterwards returned to Tokyo and was killed in a plane crash so the question of a post-war trial for him did not arise. At the Red Fort in Delhi three officers in the INA were tried for murder and

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quashed the sentences; the officers were released.

Our ordinary British and Indian patients not only had been fighting
against the Japanese but also were aware, as we were, of the
unspeakable atrocities that had been perpetrated by the Japanese and
Koreans and yet there was no evidence of any desire to retaliate against
the captured enemies. On 17th November 1944 there had been
statements in the House of Commons and in Australia's House of
Representatives about the atrocities, some of which we already knew
about in Delhi, and particular mention was made of the toll amongst
those forced to work under appalling conditions on the Burma-
Thailand railway. Naturally the prisoners were kept in different wards
to the ordinary patients, rather to my surprise with only one armed
guard to a ward. I did not carry my revolver as I did not think it likely
that I would have to defend anyone, but Sister Williams was on night
duty again so I accompanied her on her ward rounds with even more
reason than before. We were annoyed one night to find the guard not
only asleep at his post, but asleep on an empty bed; we merely awakened
him up but should have taken more severe action.

I had two practical medical problems. Penicillin had just become
available in limited quantities and I had to decide whether to use it for
the treatment of prisoners of war; in fact I did so for severe infections.
The other difficulty was that of blood transfusion, but I solved this by
using Japanese blood for Japanese patients and there was no shortage of
volunteers; the prisoners knew their blood groups to the limited extent
that anyone knew about the groups at that time.

The work being finished, I returned to Delhi to make my report
which was urgently required. Again I said 'Goodbye for ever' to Sister
Williams, and this time it was much more likely that we would not
meet again so it was a very sad farewell indeed. Travelling with me to
Calcutta was another, older, QA, Sister Thom from Londonderry and
she very diplomatically looked the other way as I hung out of the
window while the train steamed out of Sirajgunj station. I can still
visualise my QA friend in her tropical uniform standing inside an
open-backed ambulance waving farewell with a large white handkerchief
until we could no longer see each other. The friendship seemed to have
been permanently brought to a close by the exigencies of the Service.

On this occasion I made my first flight ever, from Calcutta to Delhi,
sitting on the floor of an old Dakota. At GHQ I learned from Brigadier
Ian Hill whom I had known when I was a student that there were plans
to set up a special research unit in which I might study blood disorders

in the Army and that it would probably be at Bangalore; I did in fact reach Bangalore but not until twenty years later and was shown laboratories which it was thought might have been the ones intended for me. This particular project never took place. Since Brigadier Hill and I knew each other well and as he had in the past worked with Stanley Davidson in Aberdeen I told him about the full time but low paid academic post to which I had agreed to return after the war, now having abandoned my original thought of becoming a neurosurgeon. He gave me two pieces of advice — the first was to accept that I would never have a significant income, and the second that I could not contemplate marriage before the age of 32. I was 28, but the first piece of advice did not worry me whereas I was beginning to have profound new thoughts about the latter situation; perhaps I was being a bit slow about changing course.

I was given this information as we drove in a horse drawn tonga along the Rajpath with a temperature of 113 degrees in the shade and when I returned to the Grand Hotel in Old Delhi I learned that the officer in the room next to mine had just died of heatstroke. There was, of course, no air conditioning and indeed I was never in an air conditioned building until I went to the United States in 1948, but if I had known about the officer's illness I might have been able to save his life.

A week later, to my surprise, I was on my way back to Calcutta and Sirajgunj. There I found that Col O'Neill in his romantic Irish way had been most upset when he received the signal that I was returning. He explained to me almost tearfully that Sister Williams had been posted to work on ambulance trains and was somewhere in central India. Immediately he heard that I was coming he had gone to Calcutta to see whether he could get her posted back but to no avail. It was fortunate that he had not succeeded because I was merely collecting equipment which I had to take back to Calcutta and there I remained for three days. Part of my time there was spent in writing letters about my pay because I had been attempting for six months to convince the Army Pay Corps at Meerut that I had been promoted to Major. To make matters worse I was being charged rental for accommodation of which I had never heard and certainly had not occupied. I had once met an officer who had been completely unable to obtain his pay and was becoming desperate; in view of a story that I had heard about the way that a problem was quickly resolved I suggested that he should write to the King. He did so and whether it was coincidence or not the back pay

Bangalore; I did in fact later and was shown between the ones intended. Since Brigadier Hill the past worked with at the full time but low turn after the war, now coming a neurosurgeon. I was to accept that I would second that I could not in 28, but the first piece of training to have profound effect; I was being a bit slow

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my back to Calcutta and a romantic Irish way had that I was returning. He Williams had been posted where in central India. I had gone to Calcutta to see him in avail. It was fortunate that I was collecting equipment and I remained for three months writing letters about my pay to convince the Army to promote me to Major. To make accommodation of which I had. I had once met an officer to obtain his pay and was told about the way that he should write to inform or not the back pay

quickly arrived; I was not sufficiently inconvenienced to crave regal intervention.

However, Sergeant Hardaker and I were still the Forward Marasmus Team and now we were sent to Dhaka, east of the Brahmaputra and 26 years later to be the capital of Bangladesh. We arrived to find that we were attached to 76 IGH (IT), this name indicating that the hospital catered only for Indian patients. We were the sole British members of staff but had a ward of 25 beds, a laboratory and a diet kitchen. I had the assistance of an Indian medical officer, an Indian orderly and a batman. Apart from discussions with the medical staff the language of communication was Urdu which created a problem for a few patients who came from the South and spoke Tamil, Telugu or Malayalam but could not understand my Urdu.

The rainy season had arrived and so too at last had the disease which I was seeking to investigate. I was presented with 124 Indian patients with anaemia, weight loss, diarrhoea and, in many instances, a sore tongue. Marrow punctures were essential and it was found that half the patients, including those who were most severely anaemic, had the changes that I was looking for in the bone marrow cells. The medical reader will of course realise that this is a description of tropical sprue, something I had suspected from the start but it was the first time that I had encountered a group of patients with the expected (megaloblastic) changes in the marrow cells. Tropical sprue is a strange disease in that it can occur sporadically or in an epidemic form and my view was that the mysterious disease each year was an epidemic of tropical sprue and that it was probably of viral origin. The difficulty had been that although it was known as a condition which afflicted Europeans in the tropics and had affected the RAF at Chittagong it was said that it did not occur in Indian patients, but clearly this was untrue. There was no absolute test to confirm the diagnosis but I had crates of liver extract with me and the injected material supplied the as yet undiscovered missing vitamins which the patients temporarily could not absorb. With this and, where necessary, blood transfusions all my patients recovered. Forty five years later the viral theory still held but was unproven.

At Dhaka my sergeant and I were so busy that we were seldom out of the hospital; he was accommodated in a British sergeant's mess nearby. While we were there two events of note occurred. One was that, together with very many of the British service personnel I voted in the general election of July 5th by proxy. The projected arrangements for demobilisation were that it would be based on age and length of

service; it was widely believed that Winston Churchill was opposed to this and that he wanted those who were nearest home to be demobbed first. This led to an enormous proxy vote for the Labour party from India and Burma, and the troops became most unsettled. The other event was serious insurrection from an unexpected quarter in Dhaka. One night when I was busy in my hospital ward I heard the sound of shooting. This was a mutiny by West African troops in a nearby hospital: the acting Commanding Officer of the hospital, an eye specialist, was killed and there was great confusion as other troops were called out to round up the mutineers. It appears that the men wanted reassurance about how much longer it would be before they could return to Africa. Soon afterwards there was unrest amongst American troops in Calcutta who wanted to go home, but the real troubles were yet to come, particularly in the Indian Navy.

On June 6th we had heard on the radio that Russia would occupy half of post-war Germany including Leipzig, Chemnitz and Weimar and that Berlin would be divided into four zones, occupied individually by America, Britain, France and Russia, but encircled by the Soviet area of administration. Occupied as we were by the difficulties of the east we did not foresee Europe's problems.

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CHAPTER 9

High Speed Matrimony

On 17th July I reported back to Calcutta at the request of Major-General Neil Cantlie and told him the results of my investigations and that in my opinion the troops whether Indian or British were being affected from time to time by epidemics of tropical sprue and that I thought this must be due to a virus. I had analysed the diets, discussed the food actually supplied, broken groups down according to their religious prejudices, considered the different castes of Hindus and felt that I could firmly say that the problem was not one of primary malnutrition. I recommended the giving of liver injections and multivitamin tablets: no pattern of treatment with diet had emerged.

Having done this I went in search of Sister Williams and discovered to my relief that she was working at 119 IGH (C) at Alipore in Calcutta. The earliest time she could meet me was when she came off duty the following morning, so we met and made our way to the Club at Tollygunj. There, sitting on the edge of the bunker at the 18th green I told her that I had accepted a full-time post at Edinburgh University, that I had virtually no interest in the possible financial side of a medical career, that I would soon be posted away to an unknown destination, probably further east and followed this up by asking her to marry me. This was not perhaps the most romantic of proposals but at least I had pointed out the known difficulties and to my great joy the answer was 'Yes', so we went to the fashionable Calcutta jewellers, Hamilton, where, rather to my surprise my cheque was taken without question. (In 1982 the stone fell out of the ring on a very hot day when a bus was stuck in the sand in Saudi Arabia but a replacement diamond was obtained without difficulty and I attempted to dispel any sadness by pointing out that not many ladies obtained a diamond in India, lost it in an Arabian desert and had it replaced in Scotland by a diamond from South Africa.)

When I told General Cantlie he congratulated me but added that from all the fuss Col. O'Neill was making he thought we were engaged already. Four days later I was back in Dhaka and Mary was back on ambulance train duty. When her train reached Lucknow it was met by a puzzled ADMS (Assistant Director of Medical Services) who had

received a message instructing him to send Sister Mary Williams back to Calcutta. This, it turned out, was a kindly gesture by a transport officer who had read of our engagement in the *Statesman* and, thinking I was in Calcutta, sent my fiancée back there. However, I was in Dhaka.

Meantime much was happening; on 26th July Winston Churchill failed to win the election in Britain and the possible consequences were not clear to those of us who were in India. General Slim had become Allied Land Forces Commander and had moved from Burma to Rangoon to plan the Malayan campaign, first going on leave for a month to England. A new 12th Army Headquarters was established in Rangoon. For my part I received a message which read 'Army Signals 26/7/45; Major R.H. Girdwood c/o 76 IGH Dacca — Return Calcutta immediately preliminary to departure overseas. Await further orders at District Lab. Technician and all equipment should accompany you Calcutta. Notify total weight equipment.'

I reached Calcutta early on the morning of Sunday, 29th July and rushed to 119 IGH where to my relief Mary was off duty. The conversation was as follows:

'Let's get married. I'm on the move again.'

'But I've nothing to wear!'

'Don't be silly. Get something. Let's call a taxi.'

We dashed to St Andrew's Church in Dalhousie Square and had the banns called that morning, something that was possible in the Church of Scotland under wartime regulations and arranged with the minister, the Rev James Mathieson, that our wedding would be two days later. One problem was that, because of the amount of bigamy that had occurred, it was necessary to get one's CO's certificate to say that one was not married already. I did not have a CO so wrote the certificate myself; my conscience was clear and I must have looked honest. On the Monday a ring was bought, a dress maker took measurements and arranged for the dress to be ready by Tuesday morning, the Grand Hotel made arrangements for a reception to be held on a first floor balcony area overlooking the main dining room, the chef undertook to prepare both a wedding cake and suitable menu for lunch and a photographer was engaged to take our wedding pictures. My wife-to-be obtained ten day's leave although it was thought unlikely that I would be in Calcutta for such a length of time. We could only obtain accommodation for one night in the Grand Hotel, but by fortunate

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chance married quarters were opened in the YWCA that week and we arranged to be the first occupants after we left the hotel. Unfortunately time did not permit us to invite guests from Sirajgunj but between the matron and off duty nurses from the hospital at Alipore together with a few people whom I knew in the hotel dining room on the Monday we managed to raise nine guests. I wrote home to tell my mother that we were being married the next day, an event which took place before she had received the letter to say we were engaged.

On the Tuesday the wedding took place without a hitch and indeed when I drove to the church my taxi driver not only replaced the Congress flag on his vehicle with a Union Jack but refused to accept payment and gave us his blessings instead. My uniform in the photographs is a rather strange and unorthodox tropical version but my service dress was still in a tin trunk at GHQ in New Delhi. Uniforms were anything but standardised.

That evening we retired to our room but in the middle of the night were wakened by a loud knocking on the door. I opened it to find a somewhat excited Indian police inspector.

'What's the matter?'

'Sir, a gentleman has been murdered in the room next door.'

'Well it's got nothing to do with me. Goodnight.'

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We heard nothing more about this strange incident. The following day we moved as arranged to the YWCA building near Park Street. No sooner had we settled in our room than there was a knock at our door. I asked the bearer what he wanted and was told that the Governor of Bengal, Mr Richard Casey, had arrived and wanted to inspect the married quarters; I firmly directed him to one of the unoccupied rooms.

Officially I was attached to the District Laboratory while awaiting posting to an as yet undetermined destination. I discovered that under such thwarted circumstances I could claim Hardship Allowance and did so, receiving it later when my tangled pay was sorted out. It may be that I was the only officer in the British Army to receive Hardship Allowance for his honeymoon. In the Laboratory I met Lt. Col. Reginald Passmore, IMS, with whom I later had a great deal of contact in the University and the Royal College of Physicians of Edinburgh.

On 1st August 1945 Mary wrote a letter to my mother including a paragraph which commenced 'There is so much to tell you that I hardly know where to begin.' On 13th July 1974 our newly acquired

daughter-in-law, Roberta, wrote a letter to Mary under rather similar circumstances concerning the arrangements for her wedding to our son in Australia and it started with 'There is so much to tell you but I don't quite know how to begin.'

Despite the fact that we had just been married I was anxious to know where I was going next and for what purpose; I had heard that ships were being assembled for the invasion of Malaya and the capture of Singapore and thought that I would be involved in that operation, code named Zipper. On the morning of August 7th while sitting in the recreation room of the YWCA we read that something new, an atom bomb, had been dropped on Hiroshima, but did not realise that this was so devastating a new type of weapon that it was to save many lives on both sides by quickly bringing the war to a close. Indeed our Allied Land Forces Commander, General Slim, who was on leave in England had just been told about atomic bombs. We knew that on 26th July a warning from the Allied leaders at Potsdam had told the Japanese to surrender or face prompt and utter destruction but did not realise that this referred to a horrific new weapon. Nor did we know that there had been complete disagreement between Churchill, Truman and Stalin about plans for the future of Europe. On 8th August the USSR declared war on Japan and the Red Army invaded Manchuria and Korea; Pu Yi, the last Emperor of China who had become the puppet Emperor of Manchukuo under Japanese rule was now a prisoner of the Russians.

In the midst of all this international turmoil it is surprising that anybody remembered about me but on 9th August I was instructed to move to Rangoon taking my technician, Sergeant Hardaker, and all my equipment with me. The reason for the move was not given but it appeared that I was going to a British General Hospital which meant that we would not be studying disease or deficiency states in Indian troops. I went immediately to the RAF to seek transport, but without success; I next tried the American Air Force, again in vain. On 10th August we read that a second atom bomb had been dropped, this time on Nagasaki.

That day I secured a berth for my sergeant and myself on the *Karapara*, a hospital ship which was sailing from Calcutta to Rangoon presumably for some duty connected with the coming invasion of Malaya. We sailed on 11th August and three days later Japan surrendered; this changed all the plans, whatever they had been, and our ship was ordered to return to Calcutta just as we were approaching Chittagong. On 17th August I was again in the Grand Hotel and Mary

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was back on duty at her hospital; my orders to go to Rangoon still held: I shall never know whether my final destination was to have been Malaya, but part of the invasion fleet had already set sail. The British, however, were now having their problems with General MacArthur. Admiral Mountbatten was Supreme Commander in South-East Asia while General MacArthur was Supreme Commander in the Pacific, but the latter insisted that the formal surrender of the Japanese should first be completed in the area under his command and that until then there should be no landings in Japanese-held territory. This stage of the formal surrender was delayed until September 2nd. Fortunately Admiral Mountbatten ignored this instruction and relief teams with food and medical supplies were immediately parachuted into the Japanese POW camps. Nevertheless the evacuation of our men to Burma was delayed. After having had a row with a transport officer about whether or not there was room for us, my sergeant and I boarded a crowded troopship bound for Rangoon. Once on board I continued the statistical analysis of my considerable data and listened on the radio to the progress of the Japanese surrender; it was not until September 12th that the formal surrender ceremony relating to South-East Asia was held and it took place in Singapore. Some Japanese troops continued to fight in Burma, Malaya and elsewhere and leaflets were dropped informing them of the surrender and showing pictures of the formal ceremony.

General Hideki Tojo, the prime minister who ordered the attack on Pearl Harbour, unsuccessfully attempted suicide; he was tried in Tokyo for war crimes and hanged by the American army with six other Japanese war leaders on 23rd December, 1948.

CHAPTER 10

Released Prisoners of War

As we sailed past Monkey Point and the Batataung Pagoda from the Gulf of Martaban up Rangoon River on 26th August it was very hot but one thing that struck us was that a blackout was still being observed, something that we had not seen in India. The hospital to which I was to be attached had recently been evacuated by the Japanese and was a solid building that had been a hospital in peace time. I found twenty five letters from the UK waiting for me together with an order cancelling my posting to Rangoon, this having been sent from Delhi the day after we sailed. My mother who had just heard of our engagement was ill with hypertension and my newly acquired wife was in hospital with dengue. Fortunately this painful condition, spread by the mosquito, *Aedes aegypti*, was self limiting and it was not until much later that a serious and sometimes fatal form appeared.

I was still under India Command administration which was unusual since I was in a South-East Asia Command area; my work obviously had to be adapted to medical problems that were occurring. There was no difficulty in deciding which disorders to tackle but the CO of the hospital objected to any activities being carried out by this small alien unit which had been sent to his hospital from Delhi. Prisoners released from the Japanese camps were being sent to Rangoon, but the CO would not agree to my having laboratory accommodation and put my sergeant on general duties. I found a large unused bathroom and turned it into a laboratory, locked it and removed the key. Next I went to 12th Army headquarters and complained about the lack of co-operation. I was told that I had their full backing and that I would have, as patients, men released from the POW camps. It was arranged that I would look after those whose vision had been most affected by malnutrition in the camps; I stressed that I would do nothing that might make the patients feel that they were being used as 'guinea pigs' and in particular that I would not carry out any marrow punctures. This, indeed had been my policy previously with the Japs and Jifs. I then consulted Major Harold Ridley, an eye specialist of distinction, and he agreed to test the patients' vision before and after I had given injections of crude liver extract which of course I had been carrying with me in a crate for other

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uses. It was known that the ex-prisoners (RAPWI or Recovered Allied Prisoners of War and Internees) were suffering from multiple vitamin deficiency states, but the cause of their blindness was unknown. Liver extract contains many vitamins, probably including some that had not been identified at the time, so it was at least possible that vision might improve in some of the men. The CO of the hospital wrote to 12th Army HQ saying that he would not permit the investigations unless definitely ordered to do so. I went to headquarters and discussed my intended work with the Deputy Director of Medical Services, Brigadier Harris (later Lieut General Sir Frederick Harris, KBE), a splendid Irishman from Dublin and told him that the CO had said he would resign his commission if I continued with my work. The answer was brief; 'Good.'

The RAPWI whom I saw were British, Dutch and Australian; Indian ex-prisoners were in another hospital and the most seriously ill remained in Thailand. Medical teams had been parachuted into the countries where the camps were situated or arrived there by sea; the total number of prisoners is uncertain but may have been about 250,000 in South East Asia. They were removed as rapidly as possible if fit to travel by air transport, hospital ships and troopships, some going direct to the UK with others to Rangoon, South India, Colombo or, if found to be too ill to travel further, to hospital in Singapore. I was informed that 6484 British RAPWI passed through the hospitals in Rangoon in September.

Many had been working on the Burma-Thailand railway which was intended to connect Bangkok with Rangoon, with a new section to stretch for 250 miles from Ban Pong in Thailand to Thanbyuzayat in Burma. The scandalous treatment of the prisoners by the Japanese came as no surprise to those who knew of the murder and torture which they carried out on such a large scale in China after they invaded that unhappy country in July 1937. The treatment of prisoners was outrageous and in many instances barbarous. There were probably 60,000 Service prisoners employed in the building of the railway of death as we came to call it, being used as coolies, and probably 10,000 died. In addition captured Malays, Indians, Chinese and Javanese civilians were ruthlessly used in the project, and the total death toll is unknown. When I was in Rangoon the guess was 100,000. Some prisoners had been employed in building a road to Mergui in the far south of Burma and had been equally badly treated.

Many of the RAPWI whom I treated had been in Japanese hands for 3½ years and had been starved, ill-treated and overworked; their

illnesses had been neglected except that captured Allied medical officers had usually done a splendid job but without equipment or drugs. One of the prisoners, who had been a fellow student, was Dr Stanley Pavillard and he became known as the Bamboo Doctor because of his skill in making needles from bamboo shoots and giving intravenous infusions using stethoscope tubing and jam jars; he used equally crude apparatus to distil water. When bullocks died the Japanese sometimes replaced them with prisoners of war, even if they were ill. Two bullocks were used to pull six large bags of rice, but six men were made to pull ten bags. Sick persons were given less food than healthy ones but some of the Thais managed to help, at considerable risk to themselves, by supplying duck eggs and more than one of the patients said that he owed his life to the help given by sympathetic Thai peasants. Apart from rice the rations supplied were usually a fraction of what was officially said to be given. The rice was often maggoty as was fish when it was supplied. I obtained accurate details of the food given since secret diaries had been kept and I passed the information to Delhi and to 12th Army HQ.

Two of the patients saw Australian nurses being lined up and shot and if not immediately killed in this way, bayoneted. This too I reported to both headquarters. I heard, too, of dead bodies being booby trapped. I was told that some men had been beaten to death for having a wireless set but a few sets survived and one patient showed me one that had been built into a standard Army water bottle; I understand that it is now in the Royal Signals Museum. When the bridges were built it was common practice for our men to make holes in the wooden supports and fill them with white ants to cause destruction as fast as possible. The Japanese put prisoners in the first trains to go along the new sections of line.

I looked after 180 ex-prisoners and 85% of them were known to have had malaria, sometimes to their knowledge on fifty or more occasions. Most had suffered from and many were still affected by the residues of a multiplicity of diseases apart from malnutrition including amoebic and bacillary dysentery, dengue, typhoid fever, scrub typhus, hepatitis, diphtheria (in the throat or in leg ulcers) and cholera. Psychological disturbances were not obvious at this stage; morale was high. There had been widespread illness from vitamin deficiencies which gave oedema, beri beri, pellagra, scrotal dermatitis, a painful tongue and the little understood 'burning foot syndrome' and, of course, various degrees of blindness. The worst year for vitamin deficiency features had been 1943 and of my patients 77 had some degree of blindness

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due to previous malnutrition, the onset usually having been in 1942 or 1943. In 15 of those the changes in the optic nerve were such that no improvement could be expected, but all 77 were given liver injections, multivitamin tablets and injections of vitamin B1 and nearly three quarters had some improvement in visual acuity when re-tested. The precise deficiency that caused the blindness was never established.

There was no evidence of tropical sprue, the condition which I had originally set out to investigate in Indian troops. and released medical officers told me that they had never encountered it. One suggestion made to me was that this was because of the rice diet and that the men could not have fatty diarrhoea if they were not eating fat.

There was contempt of the Japanese and in many instances hatred; several men were particularly bitter about the actions of the Koreans. The impression was given that occasionally a decent Japanese officer or soldier had been encountered. Little was known about the Jifs.

My camp bed was in a room in a bungalow within the hospital grounds and I borrowed another such bed and invited one of the ex-prisoners, an Infantry officer, to share the room while awaiting repatriation. It was at this time that I looked under my bed one morning and saw a deadly krait lurking there. My new colleague would have been really unlucky had he been killed by a snake after surviving the Japanese atrocities and dangers of the jungle. I had won a bottle of whisky in a raffle but was a teetotaller and exchanged it for the use of a jeep. Amongst other things I used the latter to take some of my RAPWI patients to see the sights of Rangoon and to increase their feeling of freedom; those who so wished were able to visit the Shwe Dagon Pagoda, said to be built over eight hairs of Buddha. It is 326 feet (99 metres) high, with much gold plating on its sides and around it is a large terrace with smaller pagodas, temples, statues and a striking reclining Buddha. Perhaps, though, the patients were more interested when I showed them the former Japanese headquarters which we had destroyed and certainly when we visited it they said explicitly what they thought about the Emperor of Japan and his military machine.

To those men who had suffered so much Rangoon was pleasant enough but to go home was the driving force and the administrators were doing everything possible to hasten their reputation. The men knew nothing about the politics of Burma, but then neither did we. There had been a Burma Independence Army (later called the Burma National Army) under Aung San and it had supported the Japanese but changed sides to support the British in March 1945. Our patients had no grudge against the Burmese and admired the elegant ladies of

Rangoon as they walked along the roadside with their many-coloured parasols in the sunshine.

On 15th September Lord Louis Mountbatten arrived at the hospital to give a talk which was particularly intended for the released prisoners. The hospital had a large recreation room with a stage but he insisted on standing on a tea box. I was most impressed as he told the men about the terrific invasion fleet which was to have sailed to Singapore and Malaya that month and added that he had just been there and had found little evidence of Japanese defences. The Japanese commander who was there had sent a message to him saying that the forces would surrender 'and if your Excellency can help me to locate my forces in the Northern area I shall tell them to surrender too.'

I had a discussion with Brigadier Harris and suggested that I might be able to help the Indian ex-prisoners but he told me that the evacuation of all RAPWI from Rangoon was now so efficient that this was not possible and that I might be better to return to Delhi to resume research work there. I started to use my Delhi address for all correspondence, but this was premature because with the turmoil of repatriation of ex-prisoners giving way to the problem of sending home those whose term of duty in the Far East was over I could really see little need for a research team to seek a new project in Burma or in India, particularly when the time for my repatriation was nearing. My view about this was accepted and I was transferred to South East Asia Command, becoming Medical Specialist to the hospital to which I had been temporarily attached. Meantime I continued my battle with the Pay Office in Meerut which, perhaps not surprisingly, had not been able to keep up with my posting orders; it was not until late in October that I received nine months arrears of pay including the Hardship Allowance for our wedding.

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CHAPTER 11

Problems after Victory

My wife Mary was again on ambulance train duties in India which itself would have made communication difficult but in addition there was a virtual breakdown in the delivery of mail between India and Burma. Having received no letters for a month I went to see the officer in charge of postal affairs about this only to learn that he was having the same problems himself and that he could not communicate with his wife in India. Some patients were sent from my ward in Rangoon to the hospital in Calcutta on which my wife was based and kindly took letters for me. Occasionally I found an RAF pilot who could help but I finally solved the problem by sending my letters for Calcutta to my mother in Edinburgh who, having recovered from the shock of having unexpectedly acquired a daughter-in-law, readdressed them to Calcutta where they arrived within three weeks.

Now that the war was over morale was slumping and there was word of mutinies; indeed I knew of this even before I reached Rangoon. I was made Entertainments Officer at the hospital in addition to my normal duties and I fully realised the importance of keeping everybody occupied. The first dance I organised was not very successful, partly because the CO was seen to be dancing with his batman; I told him that he must leave the floor if he could not dance with one of the nurses. The next one was quite a success because I remembered that at Sirajgunj one evening there had been an elimination dance at which the call had been 'Would any lady wearing more than four garments apart from shoes please leave the floor' and had then been followed by a progressive scaling down of the number of garments permitted, ending up with two. I had been surprised by the results at the time but when I put this event on in Rangoon I was not surprised; I was astonished! Perhaps it was bravado.

I was asked by 12th Army Headquarters to write a report on morale at the hospital and so far as the members of staff of this particular hospital was concerned it made gloomy reading thus;

General Statement

The morale of this Unit can only be described as poor. This applies both to officers and to men. A variety of causes is responsible

particularly in relation to release and repatriation.

Officers. Those who have been out East for long periods are more lethargic and prone to follow a 'laissez-faire' policy.

Men. A deeply rooted cynicism and apathy is the rule amongst the BORs.

Standard of Discipline and Turnout. This is fair and is improving. Shirts are now worn.

Reaction to Army Education. Any efforts to educate the men are resented. An example of this was when the film 'King Henry V' was shown in the recreation room. Several of the men turned away even before the film was shown, muttering 'bloody education'. Within ten minutes of the commencement many, including senior NCOs, were walking out and only half the audience remained at the end of the show. Laurence Olivier was not a draw to this audience.

Response to a meeting of 'those interested in education' was:

Officers: One

Nursing Officers: Nil

Other Ranks: Two

This was only part of the report but it gives an idea of the general feelings at the time. Knowing the dangers of having discontented personnel I felt obliged to ensure the accuracy of the information so that headquarters might do what they could to improve morale at this time when the war effort was being scaled down and the majority were interested only in going home. The medical work was still considerable but it was equally important to attempt to keep everybody as happy as possible.

The Rangoon radio station had been destroyed by the Japanese, but British experts had brought sufficient equipment from India and the UK to start broadcasting again on September 10th with broadcasts in English, Burmese and Urdu. Entertainers, including Gracie Fields, came from Britain and the first issue of the bulletin giving programmes was issued by the Army Department of Psychological Warfare on 4th November. I was detailed by Headquarters to write a weekly medical broadcast and to deliver it at 21.15 hours each Wednesday in the 25 metre band, each broadcast to last for exactly 15 minutes. The wording had to be approved by Lord Louis Mountbatten's headquarters in Ceylon and delivered exactly as written without any deviation from the text; in the event no changes were introduced. I had a completely free hand to speak on any medical subject that I wished and, naturally, anti-Japanese propaganda was included. The Japanese had attempted to stop our troops taking mepacrine as an anti-malarial by spreading the

story that it caused sterility so I had to counter this propaganda. Unfortunately mepacrine made those who took it (which should have been all our Service personnel) turn an unpleasant shade of yellow; I remember unblushingly saying in one broadcast 'every morning before I take my porridge I take my mepacrine tablet', well aware that I never took porridge and that my skin was not yellow. In later years when in malarial countries I took anti-malarial precautions more seriously.

The subjects on which I chose to broadcast were:

Nutrition in Wartime

Recent Advances in Medical Treatment

The Spread of Infection

The Battle Against Infection

The Endocrine Orchestra

In an attempt to ensure an audience the organizers put this type of programme on just after something that was sure to be a 'draw'. For example on 19th December I followed Bing Crosby except that he was on record and I was 'live'. Only once did I meet anybody who actually listened to any of the broadcasts and he became President of the Royal College of Surgeons of Edinburgh. The two events were not related.

Additional to this and my normal duties I was sent by South Burma District to report on the conditions in various ancillary medical units. In one hospital I found a ward holding British troops suffering from pulmonary tuberculosis, this, of course, being at a time when no drugs were available for the treatment of the condition. They had been there for some time and when I asked why they had not been sent home I was told that all the shipping was required for American personnel whose permitted time overseas was very limited. I could get no sense out of the transport officer concerned, so said that if they were not sent home at once I would write to a prominent Member of Parliament whose name I gave. They went home almost immediately.

The Officer in Charge of the medical division of the British General Hospital at which I was based was Lieut.-Col. John Stokes and we got on very well together. The Commanding Officer now was Col. Gilroy and he encouraged us in all that we were doing. Christmas was coming and John Stokes and I decided to put on a pantomime which we entitled 'Christmas Crackers'. He wrote the music and I contributed most of the words. We found that we had in the hospital a carpenter who had worked in a circus, and could build suitable scenery for the stage: the tragedy of his life was that one day at Ealing he had not secured the lion's cage properly so the animal escaped and killed a child.

Before the day of the performance, however, John Stokes was posted away and the Consultant Physician to South Burma Command, Brigadier Max Rosenheim, later Lord Rosenheim, President of the Royal College of Physicians of London, appointed me as O/C Medical Division in his place with the acting rank of Lieutenant Colonel. Our pantomime took place as planned on the 27th of December with John Stokes temporarily back to play the piano while I performed with others on the stage.

The following day I had a phone call from 12th Army Headquarters warning me that all leave was to be cancelled at midnight and that I had better get away fast if I wanted to rejoin my wife in Calcutta. The hospital was well provided with medical staff at the time and Col. Gilroy raised no objections so I went off in search of immediate transport that same day to Calcutta. Fortunately the RAF were able to take me sitting on the floor of an old Dakota which ran into such bad flying conditions that even the pilot was sick; the trouble was that the plane not only dipped from side to side and fore and aft but also dropped several hundred feet on occasion because of thermal currents. When we reached Dum Dum airport at Calcutta we could not land because of crashed planes on the runway so flew to another smaller landing strip from which we obtained transport to the city. Once again I was in the Grand Hotel.

I went to my wife's hospital and she was truly astonished when I appeared at the nursing station of her ward. In the absence of the Matron the CO granted Mary leave and after discussion about the likely temperature in Simla in December we decided instead to seek a warmer venue so set off by train for the town of Puri in Orissa. This state is on the eastern seaboard of India to the south of Bengal and Puri, a Hindu holy town, is about three hundred miles down the coast from Calcutta and has a fine beach. We stayed at the Railway Hotel which is on the main road overlooking the sands; it was not luxurious but we had a big double bed with a mosquito net and in the roof there was a large electric fan. It was a quiet period in this resort and most of our time was spent on the beach under a straw umbrella. We went around the town either on foot or in a rickshaw and saw the outside of the main place of pilgrimage, which is the great Jagannath temple which non-Hindus cannot enter. At the hotel we were told about the summer festival when huge cars are dragged from the temple to commemorate the journey of Krishna from Gokul to Mathura. The cars are so big that the word 'juggernaut' is derived from them and at the time of the festival they are pulled by several thousand men. We were told that

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very pious Hindus have been known to throw themselves under the wheels of the cars in order to die in sight of the gods of the temple and that after the ceremony the cars are broken up, new ones being constructed each year. Although we did not see a juggernaut at least we had the opportunity to follow a sacred elephant around the town.

The waves were dangerous and it was obligatory to accept a local 'fisherman' each, his job being to see that we did not get drowned. The safe procedure was to dive through the waves and go out beyond them, swimming in deeper but calmer water. Once on shore again our fishermen sold us coconut oil to protect our skin from the fierce rays of the sun; at this time of the year the beach was virtually deserted.

At the water's edge we met the Hon. Mary Scott who was devoting her life to the running of the Kalimpong Mission up in the Himalayas and she attempted to persuade us to join her staff; I explained that I had already accepted a post in Edinburgh. This good lady had two problems when we met her. One was that she had knitted a bathing suit for herself and had not realized that it would stretch when she went in the water so that she was virtually topless. The other was that she was doing her best to be 'with it' in her speech and kept explaining that various things had 'gone phut'. Unfortunately, however, she had picked up the wrong slang term and was using a word much favoured by the troops and rhyming with 'muck'. On reflection I feel that I really should have explained to her the difference in meaning of the two expressions.

A problem arose in that the Matron of Mary's hospital sent a signal recalling her, but since I outranked the Matron I sent a message back asking her to quote her authority. She did not need any such authority but, as I hoped, this confused matters sufficiently for us to finish our holiday and then we returned to Calcutta.

There we found that there was unrest about repatriation and that ground and maintenance crews in the RAF at Dum Dum and certain other stations in India were refusing to carry out their duties. Although one aircraftsman was charged it was decided to call this a strike rather than a mutiny and I returned to Rangoon in a plane which had been serviced by warrant officers. Apparently this 'strike' spread to Ceylon and Singapore. In Calcutta too there was considerable anger amongst British troops about a film 'Objective Burma' which gave the impression that the relief of Burma had been carried out almost entirely by Americans. As has already been said there were American troops in the north of Burma working with the Chinese and I had experience of the work of the US Army Air Force. However this film featured only

American troops who were assisted by two unlikely looking Gurkhas and finished with scenes showing Burma being relieved by hordes of paratroopers, all of whom were American. The British troops returning from jungle warfare, in most instances never having seen an American, wrecked the inside of the cinema and Lord Louis Mountbatten had to issue an order that the showing of the film must cease.

It was at this time that we learned from home that a new airport named Heathrow was being built to the west of London and that test flights had commenced. Little did we think that the time would come when I would have as many as fifty visits to Heathrow in the course of a year.

In Rangoon I returned to my duties as O/C Medical Division. It had been firmly established that release from military service would be based on age and length of service but there was distrust of those in authority in the UK to such an extent that Field Security Police attended any large gatherings of troops. However, in SEAC, the forces newspaper of South East Asia Command, the following announcement had been reported at the end of September 1945:- "Over my dead body will the Age and Service scheme be scrapped," War Minister Jack Lawson told a cheering crowd of BORs at the Swimming Club, Rangoon, when he opened his SEAC tour".

He added that he hoped the Government would be able to secure for this purpose three big ships, lent to the US under reverse Lease-Lend. One decision that had received universal acclaim was that the released prisoners must be given absolute priority as regards transport home but now it was 1946 and their repatriation had been completed. It was not encouraging to read in the same paper that the US was crippled by strikes and that there was a lightning protest strike of bus drivers and conductors in London. In October, too, there had been a dock strike in Britain.

There were some who could not necessarily be released on the due date under the general scheme and I was one of them because there was a delay in the release of officers in charge of divisions in hospitals. However I had now been claimed by Edinburgh University to return as a Lecturer in the Department of Medicine and although this was accepted by South Burma District HQ a new difficulty had arisen. I was in South East Asia Command whereas my wife was in India Command and it had been decreed that those in SEAC could not return home by India, possibly because of a log jam at the repatriation centre at Deolali. My replacement officer had arrived but I could not find anyone who was willing to write me a movement order to go home by

India; fortunately when I had been an independent research unit I had become well experienced in writing my own movement orders so did this again, knowing, of course, that this was of doubtful validity. I then handed in all my Army equipment, ensured that I received a receipt, handed over my research apparatus to a scrub typhus research team and went in search of transport back to India. A puzzled transport officer accepted my dubious movement order and I sailed for Calcutta on 8th February, arriving five days later.

What I did not know was that the anti-British 'Quit India' movement had become active and that on the very day that I had sailed, a mutiny had occurred in a shore based Indian Naval establishment named HMIS *Talwar* in Bombay. This may have been precipitated by faulty handling of the naval personnel by their officers but, in a large section of the Indian population, there had been a reversal of views about the Indian National Army. At first most Indians had never even heard of it and, when they did, many felt a sense of shame about some of their fighting men deserting to the other side although, as has been said already, some did this merely with the thought that they could cross back again at the first opportunity. Later on the show trial of three INA officers at the Red Fort in Delhi made some public opinion swing again: however I saw one of the three officers, Shah Nawaz Khan, addressing his followers in Calcutta and the number present was very small. Another factor leading to unrest was widespread knowledge in the Services about the RAF mutiny which had been played down as a strike, a reasonable course of action when hostilities had ceased. It might have been reasonable to call the Indian Naval mutiny a strike also, but it was rapidly turning into a major 'Quit India' movement.

The discontent rapidly spread throughout much of India; there was mutiny on HMIS *Hooghly* in Calcutta and then on two Indian naval vessels in Bombay harbour. We knew at the time that one ship (later identified as the *Narbarda*) had trained its guns on the Bombay Yacht Club. Fighting took place with both British and Indian troops lined up against mutineers in the Indian Navy in Bombay where a British armoured regiment was sent to assist if necessary, but fortunately its help was not required. It is believed that two or three hundred Indians died in the fighting, which spread to the civilian population and involved armed police. Flags of the Congress Party and of the Muslim League multiplied and in addition there was some intercommunal strife, but by 23rd February the mutineers throughout the country had surrendered.

At the time of all this turmoil I sailed up the Hooghly river to

Calcutta, completely ignorant of the fact that there was a problem, and made my way as usual to the Grand Hotel. I had been surprised at the absence of troops on the crowded streets but, after I had secured a room, I bought a newspaper and learned something of what was going on. At the time telephones were not at all reliable so, instead of attempting to phone my wife, I stepped out on to the main street, Chowringhee, and found that there was nobody else there in uniform. Apparently troops were confined to their units to ensure that the passions of the populace were not inflamed and I had read in the paper about British civilians being attacked in the streets. However, mutiny or no mutiny I had to get to 119 IGH to tell Mary that we were on our way home; no transport either by taxi or tonga seemed to be available but at that moment a truckload of Gurkhas appeared. I had no difficulty in persuading the smiling occupants of this Army vehicle to take me to the hospital and once again astonished my wife by appearing on the ward where she was on duty.

There was little chance of the hospital being attacked but I remembered the shots that I had heard in Dhaka when the West Africans had mutinied so asked the CO if he had any arms in the hospital that could be used if necessary to protect the patients: I had left my own revolver in Rangoon when I signed off my army equipment. After a search somebody found the key for the hospital armoury but there was no need for any weapons.

The procedure for me to claim my wife's discharge was simple and straightforward and I well remember looking out at the Victoria Memorial for the last time as we drove to Howrah Station, both of us having a sense of sorrow at leaving the bustle, dirt, crowds and smell of this large city which we had come to know so well. Quite soon it would be unnecessary for us to shake our footwear in case of lurking scorpions or to regard all dogs as potentially rabid; no longer would we have to regard all water and uncooked foodstuffs as a likely source of infection, and even mosquito nets would soon be a thing of the past. Our train took three days to carry us the 1200 miles to Deolali and we had to share a four berth sleeper with a lady and her baby.

Deolali, which I had left fourteen busy months previously, was now processing service personnel due for repatriation at remarkably high speed. The overworked transport officer to whom I reported was taken aback to find that I had come from Burma, which was not surprising considering that I had written my own movement order, but our papers were in order and we had a marriage certificate so he tried to have us flown home, but this was not possible. While we were waiting we saw

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the film 'I Know Where I'm Going' at the local cinema and admired the scenery of the west coast of Scotland which it featured. Mary had never been in Scotland and I hoped that the picture it showed of a small boat going into the Corryvreckan whirlpool would not make her feel that she was heading for a worse maelstrom than was in fact the case. On several occasions in later years we stood on the mainland looking through binoculars at the spray from this natural cauldron which lies between the islands of Scarba and Jura, and thought of our stay at the repatriation camp. For those who were returning home and were worried about possible accommodation in the UK a prefabricated house had been brought out from Britain and erected at the camp. Some of those whose homes had been blitzed were very pleased to see what might be at least a temporary replacement abode.

At last it was decided that we could sail home, our ship being the Polish liner *Batory* which had arrived at Bombay harbour. I was informed that as I was a Lieutenant-Colonel I would be the senior officer on the train to Bombay and warned that we might be attacked. The naval mutiny was not yet fully under control, there was civil unrest, the 'Quit India' movement was gathering strength and added to this was the possibility of friction between Hindus and Moslems. If the train were to be attacked or attempts made to derail it I had to take charge of operations. Accordingly Mary and I set off from Nasik Road station in a shuttered train with armed troops all prepared for an attack. Fortunately we encountered no problems and boarded the *Batory* where I found to my surprise that I was the most senior officer travelling home and that accordingly we had been given a splendid cabin. The voyage was without incident except that it was snowing at the northern end of the Red Sea and a child who had never seen snow before fell and broke his arm.

We did not know it but on February 21st British troops in Cairo had opened fire on angry rioting crowds of people destroying and looting British property as they demanded an end to foreign influence; about twenty Egyptians were killed. In Alexandria there was a violent riot on 4th March with the loss of British lives. We calmly sailed through this troubled area of the world, having no knowledge of the unrest that was going on so close to us.

When we arrived at Greenock there was an unexpected delay. We were not allowed to disembark because it was said that one of men being repatriated had developed smallpox. It was sometimes difficult to differentiate between this disease and chickenpox, but I had seen many cases of smallpox and asked if I could see the patient; the frosty repl y

was that I could not as this particular ship was under the control of the RAF, not the Army.

The Daily Express featured a report on our plight on March 17th including a picture which shows the two of us standing on the top deck gazing at the quay upon which we could not land. In the event the condition was chickenpox so we were all allowed ashore. I phoned Edinburgh and introduced my wife to my mother, thus establishing a happy relationship which was to last until my mother's death six years later in March 1952.

Thus ended our experience in World War II, a conflict which, on a world wide scale, caused about 55 million deaths. Although 10 million were said to have died in the First World War, it seemed that almost every family in the country was affected directly or indirectly, whereas despite the bombing of civilian targets in Britain and the fact that the conflict lasted longer, fewer families in the UK lost loved ones in the Second World War. Of the 199 medical students who graduated in Edinburgh in 1939, seven were killed by enemy action.

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CHAPTER 12

Touching down in Edinburgh

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This was my wife's first introduction to the natural pessimism of a citizen of Edinburgh when we left the Glasgow train and asked a porter at the Waverley Station to help us to obtain transport for ourselves and our luggage which consisted of two tin trunks, a folding camp bed and a bedding roll.

'Pay no attention. They're all like that here,' I explained, and, sure enough, there was no problem.

First I had to introduce Mary to my mother who had, of course, received wedding photographs and then I went in search of Professor Davidson who, true to form, wanted me to start work the following day. I explained firmly to him that it was the 19th of March, that we had to be 'demobbed', that my wife came from Cornwall, that we were about to visit her parents and that I would be available to start work on April 1st.

Off we went to Aldershot and the nearby RAMC depot where I could not find anybody to sign my certificate of medical examination so signed it myself, certifying that my medical category was A1. Mary was demobbed at Millbank and then we spent a night at the Station Hotel at York in which town I was measured for my demobilization suit which was to be sent to me within eight weeks. Next we made our way by way of London to Cornwall: before I went overseas the underground stations had been used as air raid shelters with many Londoners sleeping on the platforms overnight but all this had of course ceased. When we reached the small railway junction of Bere Alston in Devon we transferred to the tiny branch line for Calstock in Cornwall where I had the pleasure of meeting Mary's parents, brother (just out of the RAF) and three aunts. Calstock is a very small village on the bank of the River Tamar about two miles from the road that runs from Tavistock to Liskeard; in a pleasant rural atmosphere, the fields, in those days planted with daffodil bulbs, wound down to the river. Everybody there knew (and commonly was related to) everybody else although an occasional stranger came from the outside world and, after several years, was accepted. To some of the local inhabitants England

was almost a foreign country and indeed in 1480 Caxton, in describing Britain, had to make the point that although Cornwall was not one of the shires of England it was proper to add it to their number as it did not belong either to Wales or Scotland. This may have been a reference back to the seventh century when the Romano-Britons remained only in Cornwall, Wales, Strathclyde and Brittany, having been driven there by the Jutes, Angles and Saxons. However two world wars had inevitably broadened the outlook of the men from this rural area and even some of the fair sex from the village had been in the armed forces.

Probably Mary had travelled furthest, and her upbringing had been atypical. A tiny fee-paying school which aimed to educate girls to become young ladies occupied a house about half a mile from Calstock and one day the headmistress had noticed Mary, aged about six, attempting to help a butterfly that somehow had become trapped: she was struck by this thoughtful act and offered Mary's parents a place for her in the school. Although the school could hardly have been smaller and was grossly deficient in equipment the training given there somehow combated the parochialism which otherwise would inevitably have occurred in a village where many of the womenfolk knew but little about the world outside. The farms, bulb fields and local gossip filled their lives. Although she appreciated and enjoyed her childhood Mary could not get away fast enough from this isolated community when she had grown up, and the first step was to train as a nurse in Plymouth. This might also have been the last step since Plymouth was being heavily bombed because of the proximity of Devonport dockyard and the hospital in which she was training was hit: fortunately she was not one of the casualties.

In Britain at this time food and clothes rationing continued. Bread and potatoes had been freely available but for other food-stuffs there was a points system. Meat, eggs, poultry, bacon, milk, sugar, cheese, butter, margarine and cooking fat were very strictly controlled; everyone who had suitable ground was urged to grow vegetables. The health of children improved during the period of rationing because there was a more even distribution of what was available and little evidence of a 'black market'. At the time of our return to the UK there had to be cuts in the amount of food available and, from 1946 to 1948, bread, too, was rationed; in January 1947 the meat ration was cut to a shilling's worth a week. In 1947 and 1948 even potatoes were rationed. Meantime ex-service men in large numbers were seeking divorces and many families and businesses in the blitzed areas had to seek new homes or premises. In Plymouth the devastation was considerable.

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It was just about the time we reached home that we learned that the British Medical Association had set up a fighting fund to oppose the plans which had been drawn up for the introduction of a National Health Service. I did not agree with the BMA about this, having seen the problems faced by middle class families to obtain medical care in pre-war Britain. The wealthy had no problem and the National Insurance Act of 1911 provided a means of insurance against illness for a large part of the working population, weekly contributions being paid by insured workers and their employers. However a large section of the population was not covered and there was an underlying fear amongst many about the possibility of ill health and inability to pay for treatment. In the *Edinburgh Evening News* dated 19th July 1939 (the day of my graduation) I found an advertisement for the Edinburgh Public Medical Service which provided medical attendance, with freedom to choose one's doctor, together with all necessary medicines and dressings for the dependents of insured persons and for others of similar means. For one subscriber the cost was sixpence a week, rising to one shilling if four people were covered. I never encountered anybody who had subscribed to this precursor of private medical care schemes, and it did not cover hospital treatment.

It is true that the Royal Infirmary of Edinburgh, then the largest voluntary hospital in the country, had no private beds other than in two very specialized areas but the pressure for accommodation for the more deprived citizens was great and it was for them that the hospital had been built in the first place. There was need for a service which was available to the whole population and it was time that hospitals ceased to depend on legacies and flag days for their funding. Moreover I had known poorly paid office workers and others who refrained from consulting a doctor at all because they might be entering on a path leading to expense which they could not afford. My father's chemist's shop had been a half way house for some, but he had not wished to be regarded as a health consultant.

I started another round of correspondence about my Army pay which again had failed to catch up with me (bringing this quest to a successful conclusion after three months), and reported for duty in the Department of Medicine on Monday, April 1st. I was now a full time Lecturer on a salary of £600 a year which was some £200 less than I had been promised, but in the Royal Infirmary I was the Clinical Tutor in Stanley Davidson's wards and this carried a payment of £70 a year. Stanley, who was always careful about money, decided that I could not receive the payment for this work as I was a full-time Lecturer but

hoped that I would carry out the duties. To make matters worse he suggested that I should buy a car in order to answer more speedily any calls to the wards; I explained that I could only just afford to buy a bicycle, and did so.

When he returned to Edinburgh as Professor of Medicine in 1938 Stanley Davidson decided to build up the municipal hospitals in the city (the Western, Northern and Eastern General Hospitals) as teaching hospitals, taking the pressure off the Royal Infirmary and now that the war was over he turned his attention to the building up of a Department of Medicine consisting of physicians with specialized interests whose beds would be in those three former municipal hospitals. None, he had decided, was to be an Edinburgh graduate since he wanted to avoid any parochialism and I was intended to be the exception but, unlike the others, was to work in the Royal Infirmary; moreover my first duties each morning were to be in the Department itself in Teviot Place and there I was expected to arrive before him and deal in a preliminary way with the mail in conjunction with his secretary, Mrs Mona Wilson. Gradually my duties in this respect increased until I was writing the replies to many of the letters and leaving them for his signature. The time came when he even asked me to sign some of the letters with his signature. I consulted a lawyer and was told that this was permissible if I had been instructed to do so and the person giving the instruction was prepared to affirm that this was his signature. I seldom had to do this until 1955 when Stanley Davidson set off for the United States, quite correctly without telling us that he was to receive a knighthood. In his absence I was in charge of his Department and had to send a cable both congratulating him and asking what he wanted done about the letters that were pouring in. I was instructed to have a printed reply prepared, to sign the copies of it with his signature and to send them off. I fixed a light bulb inside a box, put a ground glass screen at one end and laid a letter with his real signature on top of the screen. Using this as my guide I signed all the printed letters of thanks and had them posted.

When I first began those duties in 1946, however, I found that another Edinburgh graduate was attached to the Department and wards, this being Dr H. N. Robson who had been given a post in a somewhat unusual way. At the end of 1945 he had just returned from service as a Naval medical officer when he met Stanley Davidson in the New Quadrangle and was greeted with 'You're just the man I want, Forbes.' and offered a post which he gratefully accepted. The government had initiated a scheme to pay returning service doctors so

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that they could be trained as specialists and this provided finance for Norrie Robson's post. We discussed this strange meeting on several occasions but never discovered who Forbes was; later Norrie became a Lecturer in Medicine to the dental students and went on to a distinguished career in Aberdeen, Adelaide and Sheffield, returning to Edinburgh as Principal of the University.

The Department as such was a very loosely bound entity in that we never had departmental meetings and the members of staff in the various hospitals throughout the town were free to carry on their work in the way they thought most appropriate, without having to visit the university at all. Indeed the only staff meeting I can recall was the one when Stanley decided that the lecture notes which had been on sale to students should be published, suitably amended, as a book which was to be called the *Principles and Practice of Medicine*. He summoned the members of his staff and told them in turn which part of the book each was to write. At the time I was working on an MD thesis, so stood behind him so that he would miss me out and leave me free to get on with my real work. However, I emerged from the meeting as joint editor of the chapter on 'Disorders of the Blood'. Later I was instructed to correct the English of some of the chapters and to prepare a complete index. Much to Stanley's indignation the publishers insisted on paying me for having indexed the volume. This book became one of the best-selling textbooks of medicine in the English-speaking world; perhaps I should have stood in front of him rather than behind when he was dividing out the work.

However, the basic position was that I had given up all thought of being a surgeon and had achieved my aim of being in a full time academic post with considerable clinical work and I was on a fixed salary. The idea of having a financial motivation for work did not appeal to me hence I always refused payment from patients or pharmaceutical firms. I had no quarrel with private medicine but wanted to have nothing to do with it myself. On the teaching side there was a great deal to do because although the students no longer did all their clinical work in the Royal Infirmary, which was next door to the medical school, the number of students was very large and the staff in each hospital unit was small. In 1946 there were 1425 applications for 207 places in the University medical school, many of the applicants being ex-service men who were obviously more mature in their outlook; during the war years the annual intake of medical students had been almost as high. However, in addition to the University undergraduates there were many others to be taught in the wards and

by lectures. First there were the 'college' undergraduates, many of them American, who were taking the alternative non-university qualification of LRCP, LRCS, LRFP&S. This had been established by the Scottish Royal Colleges in 1884, and classes for it continued until 1948. Then there were the dental students who had some clinical training in the wards; next there were the postgraduate students from all over the world, the intake sometimes exceeding that of the Postgraduate School in London which, however, did not take undergraduates. Finally, but by no means least, was that unique institution, the Polish Medical School in exile.

The reorganisation of the Polish forces took place in Scotland in 1940 and in the Polish Forces there were not only university professors and lecturers but also medical students. At the time the Officer in Command of the military hospital at Edinburgh Castle was Brigadier Frank Crew, Professor of Animal Genetics at Edinburgh University, a man with great vision and imagination. He had the idea that there might be created in Edinburgh University for the period of the emergency a Polish Medical School, and Prof Sydney Smith, the Dean, gave him full support. The President of Poland, Wladyslaw Raczkiewicz formally opened this medical school on 22nd March, 1941 and it continued in being until 1949, having produced some 200 medical graduates, many of whom joined the Polish forces. Most of the clinical teaching was carried out in a special section of the Western General Hospital, but I had some contact with the Polish school on the wards, in lectures and in examinations. Some members of the Polish teaching staff and some of the new graduates remained in the United Kingdom after the school closed down; much later I met others in Warsaw. The rapport between the Scots and the Poles was always most excellent; it has to be remembered that the 'Old Pretender' (James III and VIII to the Jacobites) had married Clementina Sobieska of the Polish royal family in 1719. Early in the 19th century many Polish refugees came to Scotland after an unsuccessful uprising in their country.

In Stanley Davidson's ward unit there was one other consultant, two doctors funded by the government scheme for training specialists and Dr James Innes who was attached to the Postgraduate Board in Medicine. My official appointment in the wards was that of clinical tutor, a title which had a different meaning in England, there referring to those working in postgraduate teaching centres. Our staff and patients were faced with excessively large numbers of students, both undergraduate and postgraduate, who were attached for clinical tuition.

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Stanley did not believe in planning the ward teaching programme so it was necessary to be prepared to set off at a moment's notice to gather a large group of students around a patient's bed and start teaching about the illness and resulting problems. First, of course, the patient was consulted and had to agree before any such teaching was done. Only twice do I remember a patient refusing, whereas on several occasions a patient asked why he or she was not given the chance of being used as a subject for teaching. 'Am I not sufficiently interesting?' was the sort of question that was asked. Stanley had said at a meeting that he did not object to having the weekend as his period for the admission of emergencies and this meant that I had always to be available at weekends and had to visit the ward on Saturday and Sunday mornings and evenings. The winter of 1946-47 was a very cold one and we even had patients developing hypothermia in the wards. I had been accustomed to treating heat stroke but this was at the other end of the scale.

In March 1947 we purchased a small second hand car and set off for Pitlochry in Perthshire; first we became stuck in the snow on the way to Perth and were helped out by Polish troops who lifted the car out. Then, in Perth, I asked the AA about conditions on the road to Pitlochry and was told that nothing had been able to get through; Mary was pregnant and I did not tell her what had been said but set off and, to the amazement of the hotel management, arrived safely; the journey had not been easy, the snow drifts at the roadside sometimes being higher than the roof of the car. Soon after we had returned home and with the roads now clearer I tried to teach Mary to drive but when taking a sharp turn she stood on the accelerator instead of the brake and we went over a wall, ending upside down in a field in the pouring rain. Despite all this our son, Richard, was born safely on 3rd May, 1947. I was at work in the hospital at the time and the obstetrician who had promised to tell me about the birth forgot to do so; Mary and I had a short period of anxiety until I phoned up to find out what was happening and received profuse apologies. It was still snowing that day.

In 1947 the University promoted me to a higher grade lectureship and the household came nearer to solvency. I was still engaged in laboratory research in addition to all my other duties and was advised by several friendly senior colleagues that if I seriously wanted to be a research worker in my field of interest I should go to the United States and become proficient in the new microbiological techniques which involved growing bacteria in a culture medium which required certain vitamins to be added in very small traces if growth was to occur. Thus

it was possible to measure the concentration of those vitamins in samples of blood. This was a most inconvenient time to go abroad and so I first did what research I could using techniques that were available in Britain at the time, but made little progress. I did not feel that research involving patients was sufficiently rewarding as regards results if I could not carry out the necessary skilled laboratory work myself. However, I struggled on throughout 1947 and into 1948 with low quality research work. Most of the working time was concerned with patient care and teaching.

Meantime there was much of interest on the world scene. It had been intended that Britain would withdraw from India in June 1948 but Lord Louis Mountbatten, now Viceroy, proposed the partition of India into two states, something that we hoped would not happen. Moreover he recommended withdrawal in 1947 and the Cabinet accepted this; British rule ended at midnight on August 14th and there followed mass migration of population between Pakistan and the new India. Fierce fighting occurred between Moslems and Hindus with perhaps 400,000 deaths.

On a happier note the first Edinburgh Festival of Music and Drama began on August 24th largely due to the activities of Rudol Bing who was born in Vienna in 1902: in the Usher Hall I listened to a concert given by the Vienna Philharmonic Orchestra now happily reunited with its pre-war conductor, Bruno Walter. It was there that I heard Kathleen Ferrier singing in Mahler's 'Das Lied von der Erde', the first performance of which had been conducted by Bruno Walter in Munich in 1911.

On November 20th, too, there took place the wedding of Princess Elizabeth to Prince Philip, the Duke of Edinburgh, as he was now titled much to the delight of the citizens of that city.

In January 1948 the medical consultants and specialists in London, led by Lord Horder, voted heavily against participating in the National Health Service in the form that had been proposed. There were meetings of doctors in Edinburgh to discuss this but the vote did not support such outright rejection; the attitude was more one of 'wait and see'. Although Mary was pregnant the pressures on me to go to the United States for a year to study laboratory techniques had built up to such an extent that I negotiated with Drs Sturgis and Bethell at the University of Michigan to go there and was accepted, provided, of course, I received the necessary funding from elsewhere. My application for a Rockefeller Research Fellowship was successful and I was granted leave of absence without pay by the University of

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Edinburgh for period of a year from October, 1948. I was surprised that the University was not willing to pay its contribution to my superannuation during the period of absence but fortunately, as it turned out later, I paid both my own contribution and that of the University while I was away.

It could hardly have been a worse time to leave my family. There were dock strikes in June and fears of more to come; the 'cold war' was becoming graver from April onwards with a Soviet blockade of Berlin followed by an Allied airlift to that city. Rationing continued and currency restrictions made travel abroad almost impossible. In June 1947 George Marshall, the American Secretary of State, alarmed at the state of the economy of Europe, proposed an aid plan to help nations that were outside the Soviet block. Matters were serious in Britain. We had ended the war with 200,000 homes destroyed and four million damaged. Half our overseas investments had gone and we were paying back loans given by the United States and Canada. There was a shortage of manpower and National Service men were to continue to be called up until the last day of December 1960. We were not meeting our export targets and a vast amount of our shipping had been destroyed. The winter of 1946/7 had been the worst for sixty years and there was a lack of fuel and power. Power cuts had been necessary and might be required again in the event of severe weather conditions. The National Health Service came into being on July 5th which was a blessing but I did not know how it would affect my University post.

My bank manager informed me that I could not obtain any dollars and that I could take only enough sterling to cover incidental expenses during my voyage to New York. During the war separation of husbands and wives had been commonplace but not so now and it became apparent that the sum to be paid by the Rockefeller Foundation would not be sufficient to meet the cost of medical care in a maternity hospital in the United States; I could not add to this sum since the transfer of money out of Britain was not permitted. The Rockefeller Fellowship regulations made it quite clear that the travelling and other expenses of families was not covered and that it was expected that families would be left at home unless independent financial resources were available. Even if they had existed the money could not have been taken to the United States. Of the dollar equivalent of £800 paid to me I had to allow £350 for normal expenses at home, sufficient money to meet the maternity home bill and over £120 to maintain my superannuation payments. The Rockefeller regulations indicated that I would have to meet the expenses of

attending meetings and congresses in the United States from my stipend.

Academically the outlook for this year abroad was bright but otherwise gloom prevailed.

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CHAPTER 13

Experiences in North America

To visit the United States I had first to renew my passport and then obtain a visa: I was informed that I had to attend the American Embassy in London in person to obtain it. I had to affirm amongst other things that I was not a Communist and that I did not intend to blow up the President of the United States. Then my finger prints were taken, something that many people resented; my own view was that universal fingerprinting would be a good idea.

Since it was impossible to take my pregnant wife and infant son with me because of the currency restriction I sadly said farewell to them and also to my mother and set off for Southampton by train, boarding the *Queen Elizabeth* which first took us to Cherbourg on 16th September, two days before the Berlin airlift carried a record tonnage of supplies to the beleaguered inhabitants of that city; the blockade by the Soviets was not lifted until May 12th, 1949. Nothing of interest occurred during the voyage and I arrived at New York, filled with admiration for the grandeur of the skyline at daybreak. We docked at 7.30 a.m. on Tuesday 21st September and I met for the first time Kenneth Donald, later to be a close colleague when he came in 1959 from Birmingham to Edinburgh as Professor of Medicine. He, too was on a Rockefeller Fellowship and his wife, Rethe, accompanied him. There was a long delay at immigration, no attention being paid to us until the American citizens were all ashore but on board there was delivered to me a message saying that I was to go to the Henry Hudson Hotel; enclosed, I was relieved to find, were some dollar notes. The Donalds and I shared a cab but found that one of Rethe's suitcases has disappeared and somehow we knew which truck had gone off with it. Kenneth and I set off for the dock area where the trucks had gone and, surprisingly, recovered the suitcase after an argument. The next morning when we reported into the Rockefeller Foundation at 49 West 49th Street we were told that this was an extremely dangerous thing to have done, but we had realised that at the time.

The next day I went to the top of the Rockefeller Building to take photographs and then was on my way by train to Ann Arbor in the state of Michigan where I was made most welcome by Dr C.C. Sturgis,

the Director of the Department and by Dr Frank Bethell, his deputy, with whom I would be working closely. Indeed Dr Bethell was at the station to meet me and help me with my luggage. I very much appreciated the friendliness of all members of the staff in the Thomas Henry Simpson Memorial Institute in which I was to be working. This was a four storey building situated on a ridge in close proximity to the University Hospital; funds for it had been provided by the widow of Thomas Simpson in the hope that a cure might be found for pernicious anaemia and, ironically, the value of liver treatment was discovered by Minot and Murphy in Boston in 1926, just too late to save Mr Simpson who had died of the condition in 1923.

The first enquiry Dr Sturgis made was about my accommodation and it became clear to him that I would find it difficult to pay for any suitable lodgings so he very kindly said that I could have an attic room in the Institute free of charge. I was completely 'boxed in' financially since I could not have money sent from the UK, an Edinburgh medical degree was not accepted in the State of Michigan and in any case my visa did not permit me to earn anything in the United States: I was soon so busy in the laboratory (no technical assistance being available) that I could not have earned money even had it been permitted. Part of my work was with guinea pigs and it was sometimes after midnight before I had time to feed them; this was perhaps just as well as I used to speak to them in Urdu to keep up my knowledge of the language. Fortunately there was nobody else from Great Britain (or for that matter anywhere else) living in the Institute at the time as it might have been thought that I was 'going peculiar' had there been anybody else in the building to hear me talking in this strange way to the animals. Quite a number of outpatients came to the Institute and I was always doubtful about the wisdom of having patients and animals so close to each other.

The state of Michigan forms a peninsula virtually surrounded by the Great Lakes except on the south where it is bounded by Indiana and Ohio. Lake Michigan is to the west and Lakes Huron and Erie to the east with the main town, Detroit, sandwiched in between those last two. French exploration began in 1618 and the area became a centre for the fur trade; it was ceded by France to Britain in 1763 and then to the USA in 1796, becoming a state in 1837. In the north there are mineral deposits while the south is largely agricultural, an area in the south west being famed for its tulip fields, first established by a group of Dutch who arrived in 1846 seeking religious liberty. On the shores of Lake Michigan the sand dunes are driven into mounds more than 200

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Ann Arbor itself is not close to the lakes, being 38 miles west of Detroit, situated in the Huron Valley, surrounded by rolling countryside. Its population was less than 50,000 and it was very much a university town with 19,000 students. I felt a sense of isolation partly because of the absence of any fellow countrymen but largely because Ann Arbor is itself in an isolated position, particularly to those who like me had no form of transport. It was a most pleasant little town with broad tree-lined streets dominated by the University buildings; the homes of the inhabitants varied in size but were detached buildings with grass and shrubs predominating in the gardens which, pleasingly, were without fences. The crime rate was so low that people went away for weekends leaving their front doors unlocked. A photograph taken from the air shows how spacious the town is and that its situation in open country is a most attractive one. Eye-catching is the Legal Research Library which looks like a cathedral, while the W.W. Cook Law Quadrangle is built like an Oxford College. There was a stadium which could seat 86,000, the Hill auditorium to which came concerts and symphony orchestras, and prominent was the Burton Memorial Tower with the Baird Carillon on top. Somehow the sun always seemed to shine and I have no recollection of rainy days while in the fall the colours of the leaves on the trees were breathtaking. Nevertheless despite the attractive surroundings and the natural beauty I felt cut off, particularly at weekends when there was nobody else in the building. I had been accustomed to working a seven day week and was surprised to find that the staff in the Institute worked for only five days.

Ann Arbor was settled in 1823 by John Allen and Elisha Rumsey from Virginia and so named, it is said, because both their wives were named Ann. The University of Michigan was founded in Detroit in 1817 and moved to Ann Arbor in 1837. The medical school was started in 1850 and attracted patients from Detroit, other parts of the State and elsewhere. During the period of my stay I met postgraduates from Northern Ireland, Dublin, Algiers and Lima, all of whom were working in the hospital and we usually had lunch together although none was there for the full period of my attachment: Dr Frank Pantridge from Queen's University, Belfast was at Ann Arbor for five months and I came to know him rather well. Every Thursday evening there was a get together of the medical staff of the hospital, a social occasion which ended up in a local café. I attended classes in nuclear radiophysics and in advanced protein chemistry, the usual fees for the classes being waived at Dr Bethell's request.

However, life here for me was very strange. I had been accustomed first to the busy poverty-stricken India in wartime and then to a largely shattered post-war Britain but I was now in a small town in which the war was seldom mentioned, although I was asked to give a talk at a local military hospital. The United States alone amongst the industrial powers finished the war richer than when it entered and its industrial plant was undamaged; meantime the economy was booming. It had a monopoly of nuclear capability although Russia was believed to have exploded an A-bomb and the development of nuclear power was continuing in Britain. I had been dealing with patients almost daily ever since I had entered my clinical years twelve years previously but now, of my own volition, I was to be a laboratory worker for a year. Above all I had absented myself from home, leaving my wife not only with an infant to look after but also with another due in just over three months time; it was an unhappy experience for all of us. I hoped to see something of the United States towards the end of my year so attempted to put money aside from my monthly pay cheque to cover the cost of travel. Accordingly I had to economise by eating lunch in the hospital canteen and having both breakfast and the evening meal in a nearby diner; I used to be pleased when baked heart appeared on the hospital menu because I could then have adequate protein.

In Britain rationing of food continued but I was able to arrange for CARE packages to be sent home and remember thinking how well the tins of Spam or York ham would be received. It was also possible to send clothing home and I paid embarrassed visits to the ladies underwear department of a store in downtown Ann Arbor. Nylon stockings were not obtainable in the UK so I sent them one at a time in air mail envelopes believing that there could not be a customs charge on single stockings. Clothes rationing came to an end in the UK on March 15th 1949 but I did not cease sending parcels; food rationing became more severe in 1949 and continued until July 1954.

Details of the work I was doing at Ann Arbor will not be of interest to most non-medical readers and will be summarised. I was provided with a large laboratory for my work and Dr Marian Swendseid showed me the microbiological assays which I had come to learn. Additionally I was advised to visit Lederle Laboratories at Pearl River in New York State and there Dr E.L.R. Stockstad gave me further information about the techniques. This was a good time to be studying the subject because it was in 1948 that it was discovered that the vitamin which was not being absorbed in patients with pernicious anaemia was vitamin B12; this was different from folic acid which was the main

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vitamin that failed to be absorbed by the patients whom I had treated for sprue in India. Deficiency of either vitamin causes similar changes in those bone marrow cells which give rise to red blood cells; both vitamins were present in the liver extract that I had been using in India and Burma and indeed I was now learning a technique which could be utilised to measure the content of each in various brands of liver extract used for injection. The precise action of each vitamin in cellular function in the body are a matter of great complexity and I spent several later years studying this and writing papers on the subject; in 1950 a whole number of the *Edinburgh Medical Journal* was devoted to a very detailed analysis of the subject which I had written and in it I included 270 references from the literature. Unfortunately this did not attract any attention from other workers in this field of interest as the journal was not known to them. At Ann Arbor I also carried out experiments to produce similar changes in the blood of guinea-pigs. I do not like doing research work on animals and have carried it out only in the United States where it had occurred to me that if two drugs with totally different actions were used simultaneously the changes which I was trying to produce might occur in the guinea-pig and that this might lead to important applications in the treatment of disease in man; changes did occur in the guinea-pig cells and I published the paper in the *British Journal of Nutrition*. When I visited the Wellcome laboratories at Chapel Hill in North Carolina in 1974 the workers there produced a copy of this paper and told me that it had played a significant part in the development of Septrin and Bactrim, an antibacterial drug which is marketed under two different names and is a combination of the two types of drugs that I had been using in the animals except that at the time one of the pair I was using was too toxic to give to man but was all that was available. The combined preparation is widely used in the treatment of a large variety of infection. In all, this year of research led directly to the publication of four scientific papers but it was a totally different article that led to an avalanche of requests for reprints. This was one entitled *The Factors that Commonly Worry the Patient in Hospital* and it was based on lecture notes used by the co-author, the Rev Malcolm Ballinger, Protestant Chaplain to the University Hospital. During my stay at Ann Arbor I attended some of Dr Sturgis's ward rounds and he was usually accompanied by the chaplain, a very friendly person whom I grew to know well. We were both concerned that in such a scientific environment the real worries of the patients might be overlooked and this paper was designed to draw attention to the sorts of things that

patients were really concerned about. We had jointly decided that the paper, if accepted, was to be published in Britain and so it had to be modified since the problems in the two countries were not identical. One of the major worries in North America was the cost of treatment that had so often to be borne by the patient or relatives. For example a father brought a child with a high temperature to the hospital but was turned away because he could not confirm that he could pay the bill. Treatment in some patients ceased when the money ran out. One of the postgraduate doctors was in difficulties because his currency had been devalued; he fell off a bicycle and injured his arm but could not pay to have it X-rayed. A nurse in the hospital injured her wrist but was told that she could not be treated unless she produced evidence that she could pay; she was most upset until I suggested that she should point out that as she had injured it on duty she was going to sue the hospital. She was investigated and treated at once. I was accustomed to almoners in hospital being available to help patients who were in difficulties but had no experience of administrators who could form barriers between the potential patient and the doctor pending establishment of ability to pay. At the time there were a few aggrieved British doctors touring the country in order to give lectures about the bad features of a National Health Service. I offered to give a talk about the benefits of the new British Service; Dr Sturgis was horrified, explaining to me that he did not personally object but that it would be thought that he was harbouring a Communist in the Institute and that there would be objections from the American Medical Association and other consequences which would be detrimental to his department. He fully appreciated that I was not a supporter of communism but if I voiced support of the National Health Service it would be difficult to persuade his colleagues of this. At the time there was a great deal of adverse propaganda about the NHS being put out by the AMA and the country was paranoid about communism. Indeed in June 1949 President Truman had to express his anxiety about the activities of the House Committee on un-American Activities. The newspapers were full of speculation about the actions of a former State official, Alger Hiss, who was alleged to have passed secret documents to Whittaker Chambers, said to be a former Russian agent; in due course there were the absurd witch hunts by Senator Joseph McCarthy from 1950 until they were brought to a halt in 1954.

Some time after I had returned home we entertained to dinner a doctor whom I had met in the United States and he was accompanied by his wife; for some reason Senator McCarthy's name was mentioned,

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At the end of October, 1948 there was great concern in America about events in China. Just before the Presidential election day Marshal Chiang Kai-shek, despite being heavily backed by the United States, was routed by the Communist troops under Mao Zedong (Mao Tsetung). Peking fell in January 1949 and Shanghai in May; there was indeed cause for international concern. Meanwhile, however, the Presidential election took place on November 2nd 1948 and my American friends went out to vote. I got as far as the inside of a polling booth and obtained ballot forms which I kept as a souvenir. Voting for the President was relatively easy, there being seven parties with the name of a possible President and Vice President being printed under the heading of each party: it was not possible to vote for a President from one party and a Vice President from another. The parties were Republican, Democratic, Prohibition, Socialist Labor Party of America, Socialist Workers Party, Progressive Party and, finally, Socialist Party. The voters and the newspapers had no doubt that they were voting between Dewey and Truman. Apart from that there was considerable confusion and even some of the staff of the Institute told me that they either did not understand the voting procedure or were uncertain about the duties of those in the various posts that were listed. The trouble was that they were also voting for the following; State: Governor, Lieutenant Governor, Secretary of State, State Treasurer and Auditor General. Congressional: United States Senator, Representative in Congress Second District. Legislative: State Senator Twelfth District, Representative in State Legislature First District. County: Prosecuting Attorney, Sheriff, County Clerk, County Treasurer, Register of Deeds, Drain Commissioner, Coroner and County Surveyor. Not all parties had put forward candidates for all the offices. It was possible to vote a straight party ticket or to weave in and out amongst the parties putting a cross against various names. It was even possible to write in names that had not been listed. It all seemed most complicated.

On the morning of Wednesday November 3rd I read on the hospital news-stand the front page of the Chicago Daily Tribune and learned that the new President was to be Senator Thomas E. Dewey, a Republican who was born in Owosso, Michigan and had been an

outstanding student at Ann Arbor. However, members of the staff whom I knew told me that there was something far wrong about this report which seemed to be based on Gallup poll predictions rather than fact. Transistor radio sets had not yet been invented but somebody had lent me a small wireless set which needed an earth and aerial and on which I could receive programmes in my attic room because I had attached the aerial wire to a metal dustbin. I went back to listen to a news bulletin and learned that the newspaper report was quite false and that Harry S. Truman had been elected by a comfortable majority. The Democrats were in control in both Houses of Congress; I never grasped what were the fundamental differences between Democrats and Republicans. Incidentally the 'S' in Harry S. Truman's name was not an abbreviation; it was the whole word. Occasionally American names seemed strange to me, particularly that of Dr First whose parents had given him the unlikely first name 'Safety'; from time to time I read scientific papers written by Safety First.

Some unexpected subjects of discussion arose from time to time. One doctor who came from the South told me that he was twelve years of age before he discovered that 'Damn Yankees' was not the real name of the inhabitants in the north. Two doctors had never seen the sea and one did not know that there were tides; however, it has been said that Adolf Hitler was also unaware of this natural phenomenon. In a café a waitress who was uncertain about the geographical situation of Scotland, when told that we were situated to the north of England, asked whether we had a separate King and Queen. In fairness it has to be said that in 1964, 3% of British people who responded to a questionnaire thought that Eisenhower was the name of the British Prime Minister, while of ten people asked at Piccadilly Circus in a BBC television programme to name the capital of Scotland only one gave the correct answer; Carlisle, Newcastle, Glasgow and Dublin were mentioned.

I had problems about the meanings of certain words but my American friends were most understanding; I had never heard of a faucet, but discovered that it was a tap. I thought that suspenders were used to hold up socks but they hold up trousers in America. The last letter of the alphabet is 'zee' not 'zed.' A greater problem (and it was one that caused difficulties in Allied planning during the war) was that in North America the date 1/3/49 is the 3rd of January 1949 rather than the first of March and I had of course to use American spelling when writing scientific papers. I had difficulty with the meaning of the figure 'one billion' since in the UK it then meant a million million but in the

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One day at Ann Arbor I went to the local cinema to see *Anna Karenina*. As the story unfolded an obese gentleman along the row from where I sat felt constrained by his trousers and undid his zip then fell asleep. It was a cold day and along the row came a lady wearing a fur coat; she had to pass the sleeping film viewer and, startled, he got up and pulled at the zip as the lady tried to sit down in the empty seat beside him. Most unfortunately the zip caught in her fur coat and there they were, locked together face to face. They both struggled in vain; for some reason the coat would not come off so as a twinned package they struggled to the side aisle and then the exit.

One youthful motorist at Ann Arbor heard of radar traps but did not appreciate how they functioned; determined not to be caught in one he painted on the side of his vehicle a car going in the opposite direction. He deserved credit for ingenuity but needed some instruction about modern technology.

Christmas came without the expected fall of snow and although the temperature fell the sun continued to shine; the atmosphere was crisp and pleasant. In the Institute there was a lunch-time Christmas day party, seventeen members of staff being present. On the sidewalks outside the larger shops the Father Christmas look-alikes rang their bells and cried 'Ho. Ho. Ho!' Dr Sturgis gave me a copy of the Haematology textbook which he had written and it proved to be very useful later particularly as regards developments in the study of blood disorders.

However, my concern was with what was happening in Edinburgh and on 6th January I received a cable telling me that I now had a daughter and that all was well; clearly the day when I could be home again predominated in my thoughts but that was nine months ahead. I continued with my various research projects as the months went by but continued to send food parcels and clothing home, meantime saving up with a view to spending my last six weeks or so in visiting various research centres. Dr Bethell arranged for me to be admitted to scientific conferences in Detroit, and suggested that I should accompany him to Atlantic City at the end of April first to attend a meeting where all the blood cells were likely to be given new names and then to be at the American Federation for Clinical Research national meeting at the Chalfonte-Haddon Hall and to give a paper there. Knowing of my financial problems he suggested that when he made the bookings he would arrange for us to share a room in the hotel, and I was very pleased to agree. We arrived on the 30th of April and I was

delighted to find that Professor Leslie Witts from Oxford whom I knew was also at the Federation meetings; because of the continuing currency restrictions in Britain he too was having financial problems and together we searched Atlantic City for a place where we could afford to purchase a meal. The hotel itself was a splendid one on the beach beside the boardwalk and had everything anyone could want for a high class seaside holiday. However, its clients were usually reasonably wealthy and even breakfast there was out of the question for penniless visitors from across the Atlantic. Atlantic City is in New Jersey and is on a sandbar some sixty miles south east of Philadelphia. It is claimed that its seven mile long beach is one of the finest in the world but when I went swimming at the end of April I was the only visitor to enter the sea; the Americans thought that it was too cold and that I was crazy. The boardwalk which is at the edge of the beach is flanked by very large hotels and some shops and there I saw for the first time a clothes washing machine and decided that as soon as they were available in Edinburgh I would buy one.

The attempt to rename all the cells in the blood came to nothing with some of the experts becoming very angry with each other. I was intrigued by the way the Federation's scientific meeting was organised since according to the programme 25 papers were to be presented but another 11 were listed under the heading 'To Be Read If Time Permits', while a further 53 including my own were listed under 'Read By Title'. When I asked what purpose this served I was told that under United States tax regulations this ensured tax relief for expenses incurred by Americans in attending the meeting. There was no doubt that the quality of scientific work in the United States was high but I felt that some of the speakers needed some training in the best way to deliver papers; there was no point in a lecturer standing with his back to the audience and galloping through information which completely covered the screen with columns of material which the audience did not have time to read. Fortunately this applied only to a few of the contributors to what was a most successful meeting.

At Atlantic City it was a great pleasure to meet two of my former classmates at Edinburgh University, one being Dr R.M. MacDonald, a Canadian from Halifax, Nova Scotia whom I met not only then but subsequently at medical congresses all over the world. The other was Dr Alan Hill, a rheumatologist who was holding a Nuffield Foundation Fellowship at Harvard Medical School. It had always been my intention to visit centres in the United States before returning home and Alan and I decided to travel around together when the time for this

came. First, however, I had to return to Ann Arbor in order to continue with my researches.

When I returned there I found that Stanley Davidson was coming to the States, his funding fortunately coming from an American source hence protecting him from the problems of other British visitors, and that he wanted me to meet him. Some weeks before he had visited my wife and asked her to let me know that I would have to choose between clinical and laboratory work since it was impossible to do both. She had politely suggested that if that was his message he had better tell me himself; I had replied that if that was the case I would look for a post in some University other than Edinburgh and had already made enquiries about one that I knew was about to be advertised. Stanley had answered to say that I should do nothing hasty and now he wanted me to come to the Mayo Clinic in Rochester, Minnesota. The cost of attending the meeting at Atlantic City had been such that I had to borrow some money from the Rockefeller Foundation but on 22nd May I set off by train to meet Stanley and his wife, Peggy. I had to change trains at Chicago and when I went outside the station I was just in time to see the police dealing with a murder call and then saw somebody who had been mugged being picked up from the sidewalk. Perhaps there was a lot to be said for the peace and quiet of Ann Arbor. On arriving at Rochester I looked around for somewhere to stay and on the side of one possible guest house I saw the words '7 Up.' Not having heard that this was a beverage I sought somewhere cheaper since seven dollars was too much for a night's stay.

This was a most interesting time to have gone to the Mayo Clinic because, in Rochester, E.C. Kendall to whom we were introduced had developed Compound E, and P.S. Hench had found that it was of great value in the treatment of rheumatoid arthritis. Dr Hench showed us a film which clearly showed the dramatic improvement that could occur. While we were having lunch together he told us of his concern about the way in which some companies were promoting vitamin E for the treatment of arthritis in place of this new substance and wondered whether we thought that cortisone would be a suitable name for it; we agreed and this indeed became its official name. In 1950 Hench, Kendall and Reichstein (a Swiss investigator who had worked on the basic chemical research that led to the synthesis of the steroid) were awarded the Nobel Prize in Medicine for their work. Stanley Davidson said no more about his suggestion that I could not combine clinical work with laboratory research and we parted good friends.

In July Alan Hill and I began our travels by train and Greyhound

Bus. First I met the great Dr W.B. Castle whose researches at an early stage in his career had shown what really was the defect in patients with pernicious anaemia; forty years later we were still corresponding with each other. He was born in Cambridge, Massachusetts in 1897 and remained there all his life apart from the occasions when he visited abroad, sometimes to accept a well deserved honour for his outstanding work on the causation of various anaemias. Tall and distinguished looking he remained modest and friendly and has been a source of inspiration to many; he declined the Nuffield Chair of Medicine at Oxford, preferring to stay in Boston.

Alan and I made our way to Washington, DC which we reached on July 14th. Here one of the most beautiful capitals in the world has been built in an area which had formerly been marshland. It has been the seat of national government since 1800 and was planned and designed by Major Pierre l'Enfant, a French engineer in the continental army. Central to the plan is the Capitol, a splendid structure at the east end of Pennsylvania Avenue; the foundation stone was laid by George Washington in 1793.

I have three old history books, two dating from my school days. In dealing with the 19th century the Scottish one fails to mention either Napoleon or the United States; the 'British' one says 'England, meanwhile had become entangled in a new war. Our naval policy had caused the Americans, urged on by Napoleon, to declare war upon us in 1812.' Half a page is devoted to this. The American book devotes 84 pages to an account of the war, caused in the view of the Americans at the time by 'a series of acts by Great Britain, hostile to the United States.' A bill declaring war was approved by the House of Representatives and the Senate and received the approbation of the President on 18th June, 1812. This war, which seems to have escaped my attention as a schoolboy, continued until a peace treaty was signed at Ghent on 24th December, 1814. It is mentioned here because the British General Ross captured Washington and burned the Capitol containing the Senate Chamber, Representative Hall, the Supreme Court Room, the Congressional Library, the Public Library, the Treasury, War Office, Naval Office, General Post Office and President's House. The guide book of Washington which I purchased tactfully omits all of this; the erection of the present building was begun in 1818, there being a central block and two wings with a striking rotunda over the central section. Everywhere in Washington there is white stone and marble with green parks and wide tree-lined avenues. As we walked around I photographed the White House, the

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Washington Monument, the Lincoln memorial with its immense statue of Abraham Lincoln, the Jefferson Memorial standing in classic beauty overlooking the tidal basin and, less beautiful, the Pentagon.

We had learned that Lieut-Col John Matheson, RAMC was attached as a liason officer at the Pentagon, so, knowing him, we got in touch and were invited to visit him there. Little did I think that quarter of a century later at Edinburgh University we would be working in tandem, he being the Postgraduate Dean of Medicine while I took over as undergraduate Dean. As it was he was adding to my education in the officers' mess in Washington, showing me how to work a fruit machine; I continued to play until I had made a profit and have not touched one since then. The three of us visited the Walter Reed General Hospital at the junction of 16th Street and Alaska Avenue then set off for Mount Vernon, the home of George Washington, situated on the west bank of the Potomac River, 15 miles south of the centre of the city. This is a typical Virginian Colonial mansion which has been restored and refurnished. However, all the pieces in the bedroom in which George Washington died are original and this room was of particular interest to me because of the Edinburgh associations. When he had his terminal illness he was treated by Dr James Craik from Arbigland near Dumfries, a physician who had studied medicine in Edinburgh, together with Dr Elisha Cullen Dick (who had studied under Benjamin Rush and William Shippen, both Edinburgh medical graduates) and Dr Gustavus Richard Brown (MD Edin, 1768) Washington died on 14th December, 1799, probably from a quinsy and it is usually considered that his end was hastened by his medical treatment which consisted largely of bleeding. This was what was recommended in medical textbooks of the time.

Alan Hill and I made our way to Quebec City and gazed at but did not enter the Chateau Frontenac, one of the world's most distinguished hotels. Here on August 19th 1943 Churchill, Mackenzie King and Roosevelt had met to discuss Operation 'Overlord', the combined project to liberate Europe. This hotel with its pinnacles is like a giant if rather stolid fairy castle overlooking the St Lawrence River which links the Great Lakes with the ocean: in winter there is a large toboggan slide close to the hotel but at the time of our visit it was the heat that was notable. There is a lower town with winding narrow streets flanked by old houses. The French influence predominates and many inhabitants cannot speak English or do not wish to do so; my efforts to converse in French were even less successful than in France, but even some of the words are different. A potato is not a pomme de terre but, more

sensibly, a patate. We visited the church known as Notre Dame des Victoires. It was named Notre Dame de la Victoire in 1691 when the French defeated the British general, Sir William Phips, but after the British were again defeated in 1711 it was renamed so as to include this second victory; outside there is a large bust of Louis XIV. To the south west we visited the Plains of Abraham and saw the monument to General Wolfe who defeated Montcalm in 1759, both generals dying in the conflict. On 16th April 1746 Wolfe had been the officer in charge of the men on the left flank of Cumberland's army at Culloden and is said to have refused to massacre a wounded man in the Prince's army; now, thirteen years later, he was to be killed while leading the British assault on Quebec.

Next came Montreal, then Toronto, followed by a day at Niagara Falls where we sailed close to the torrent on the *Maid of the Mist* then, donning oilskins, joined a party which was being taken along a passage that led right under the falls from the Canadian side. Next we sailed on Lake Erie in a truly Victorian steamer, the *City of Detroit III*, and in Detroit paid a visit to Greenfield Village, part of the Edison Institute. Here there is much to see; in founding it Henry Ford's intention was that there would be preserved part of the American history and tradition, and there are homes, schools, shops, historic structures and laboratories occupying an area of 220 acres. The stern-wheeler *Suwanee* floats on the waters of the Suwanee River in a valley to the northeast of the village green. I had never been to the Cotswolds in England but now the area had come to me because there had been imported a Cotswold group of houses and even a herd of Cotswold sheep. The reason for this was not clear to me as Edison's family were of Dutch origin on his father's side and Scottish on his mother's; he was born in Milan, Ohio in 1847 and died in New Jersey in 1931, having moved up the ladders from being a boy selling newspapers on railway trains to being one of the greatest inventors of his time. Amongst his patents, more than a thousand in number, were those for systems of telegraphic communication, the gramophone, the typewriter, the thermionic valve, a system of wireless telegraphy from moving trains, the first practical incandescent lamp and the first carbon telephone transmitter, a modification of the instrument patented in 1876 by Alexander Graham Bell who had come from Edinburgh and taken a post in Boston. I was intrigued to visit Edison's Laboratory which has been re-erected in its entirety and to see a train which he set on fire as a boy; he sold candles in addition to newspapers on the railway. We were told that the conductor of the train boxed his ears and that he became partially deaf

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as a result. Amongst the re-erected buildings were Edison's original homestead, Henry Ford's birthplace, the Wright Brother's cycle shop, a pioneer log cabin, the Logan County Courthouse in which Abraham Lincoln occasionally practiced law, and the Scotch Settlement School which Henry Ford once attended.

It was all most instructive, but it was time to return to Ann Arbor, where Alan and I parted company (knowing that we would soon be meeting again at home). I completed my work and set off to visit research centres engaged in projects related to what I had been doing and which I intended to continue in Edinburgh. This involved travelling by bus to Cleveland, Ohio, then Columbus, Ohio and St. Louis, Missouri. This last city is on the west bank of the Mississippi 20 miles below its confluence with the Missouri; these two together give a river that is 3800 miles long, one of the longest rivers in the world. At one of the centres I found that two research workers were working on the same project unknown to each other, so put them in touch with each other. This was nothing compared with the discovery by another visitor in a different city who found that a research worker had spent several years on a project involving colour matching to obtain his results, not knowing that he was colour blind.

In the course of my various journeys by bus there were a few minor problems; one driver got lost and had to be told by the passengers how to get to his destination. Another, who was running late, decided to omit a stop if the passengers agreed and twice called out the name of a small town that he was about to enter, asking if anybody wanted to get off there; there was no reply, but twenty miles further on an elderly couple called out that he had passed their town and he had to turn the bus and go back with them. On one occasion it was clear that the passenger sitting next to me, a burly middle aged man, was having hallucinations and was paranoid; he was shouting to the driver to stop persecuting him, mentioning visual events that were not in fact occurring. I brushed against him to feel whether I could detect a gun round his waist or at his hip, then moved up to the driver and suggested that he should drive to the nearest police station. This he did and we unloaded our protesting but potentially dangerous passenger.

My final destination was New York where I saw the United Nations building in the course of construction and a group of Jewish refugees arriving, at last to have freedom. On September 4th I sailed for home, again on the *Queen Elizabeth*.

I had been asked to submit a report on my work, which I gladly did and was also told that general comments would be welcome. Since this

reflects the views of an individual British visitor about the United States after a major war it is perhaps of interest to record what I wrote. I had not, of course, visited the deep south and had not encountered racial problems.

The hospitality given to visitors to the United States is overwhelming.

There appears to be a little difference between the cost of living in the two countries, but a great difference in the standard of living.

The cost of medical treatment to the unfortunate invalid in America is, frankly, staggering. This must have a detrimental effect in many instances in preventing a patient from going to his doctor at an early stage of his illness.

It is regrettable that the publicity campaign firm employed by the AMA to fight President Truman's schemes for 'socialised medicine' should devote so much of its campaign to a biased attack on the alleged low standard of British medicine.

(I did not put it in my report but I had read in a magazine article that British doctors could not be expected to know about modern developments such as the use of penicillin. I told Prof. Fleming about this later and he was merely amused).

The American medical profession appears to be unaware of the fact that a basic difference between the two countries is that 84% of the population of Britain has a net income of less than £250 per annum, and that 60% of the population of the United States has a net income of more than £500 per annum. When informed of this basic difference and of the fact that the general practitioner in Britain cannot be contrasted directly with his colleague in America because the laboratory investigations done by the latter in his office are done at the hospital in Britain, most American doctors become quite sympathetic to the problems of the British medical profession.

The close collaboration between University research workers and the drug firms in America appears to have distinct advantages.

It is surprising what osteopaths, chiropractors and others without medical qualifications are permitted to do in the United States.

American medical students and recently qualified hospital doctors are better able to present their patients at meetings than are their British contemporaries.

Hospital records are better maintained in the United States.

In making my comments I also made the point that I had found American medical students to be more dependent on laboratory tests than their British counterparts and somewhat lacking in clinical ability. I had found, for example, that some senior medical students at Ann

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Arbor did not know how to treat a sprained ankle; they considered this to be something that Boy Scouts should deal with. I was, however, impressed by their knowledge of scientific method and of the laboratory investigations that might be done in diseased states. So far as major post-war differences were concerned there was no need to comment on the financial problems of the British nation and the severity of our continued rationing.

This was the first of several visits to the United States and the only one that merits detailed mention since it deals with first impressions. In 1956 I was invited to give one of the main papers at the Sixth International Congress of Haematology in Boston and Stanley Davidson suggested that I should take the opportunity of working in a pure research laboratory again. The Carnegie Trust supplied funds for me to do this; for three months I was to work in Dr. Arnold Welch's Department in Yale University at New Haven, Connecticut continuing to learn new techniques applicable to the study of megaloblastic anaemias. This time I arranged for my wife to come with me and to remain for three weeks, the longest time possible because of school holidays; we sailed on the *Queen Mary* which I had first seen when, as a schoolboy, I had sailed on the *Clyde* in the 1930s during the days of the depression. Then it was merely a very large ship, *Number 534*, the building of which had been suspended. However its construction was resumed and the launching took place on September 26th, 1934 in the week before I became a medical student. Then it was the largest ship afloat, destined to be passenger liner, troop ship and then passenger liner again.

We sailed on 16th August 1956 at a time when there was a deteriorating international situation. We had come home through the Suez Canal ten years previously, but on July 26th Colonel Nasser, President of Egypt, had nationalized the Anglo-French controlled Suez Canal Company because Britain and the United States had refused to finance the building of the Aswan High Dam. Two days later Britain froze all Egyptian assets held in the United Kingdom. When we sailed from Southampton there was a concentration of shipping which suggested to me that war was about to break out in the Suez Canal area. In fact an aircraft carrier had already sailed from Portsmouth and two days after we reached New York a five-nation team went to Cairo to negotiate for an international body to control the Canal. By August 29th there was a considerable build up of French and British forces in the Eastern Mediterranean. We were concerned, but I was ready to be recalled for military service if necessary. However we could but

continue with our plans and together we saw something of New York and Washington, DC, then travelled by train to Boston, (with a side trip to my wife's cousin's home in New Rochelle).

The Congress lasted for a week and I was delighted to find that Dr. W. B. Castle and I were on the programme together on Friday, August 31st. The discussion was led by that well known haematologist, Maxwell M. Wintrobe of Salt Lake City who later wrote a book giving details of blood specialists whom he had met. I was surprised to read in it that I had been born in West Africa when, in fact, I did not visit that part of the world until 1963 and there was no family connection. On the Wednesday a New England clam bake was laid on at Ipswich for the participants; there for the first time in her life my wife developed a severe allergy to shellfish and in later travels this became such a problem that I had to carry a syringe and ampoules of hydrocortisone. The other alteration in habits was that at a party given for delegates by Dr. Dameshek I changed my mind about taking alcohol and ceased to be a teetotaler; nothing in particular occurred to lead to this change and in a spirit of adventure I tried out all the seven beverages that were brought to me — from sherry to liqueurs with everything in between. Surprisingly there were no after effects the following day.

We went on to Halifax, Nova Scotia where we stayed with my friend Bob MacDonald and his wife, Kay. I was surprised to find that I was on the programme to speak at the Nova Scotia Division of the Canadian Medical Association and it was not on a subject that I knew much about. We liked Halifax and the surrounding area with its bays and inlets; we were particularly taken with Peggy's Cove and also admired the view from Citadel Hill. At one time it was the custom for those who wished to be doctors in Nova Scotia to graduate in Edinburgh. Of the fourteen doctors practising in Halifax in 1845, all but one had studied at the Scottish capital and a driving force behind the establishment of a Medical Faculty in Halifax was Dr. Charles Tupper (MD Edin, 1843). He played an important part in the Canadian Union of 1864 and was Prime Minister of Canada in 1896.

Next we visited the Niagara Falls, giving us something with which to compare the Victoria Falls when we visited Rhodesia in 1972, and then went on to Ann Arbor, where it was a pleasure to introduce my wife to members of the staff with whom I had worked; there we stayed at the home of Dr. Bethell who had taken over as Director of the Simpson Memorial Institute. Broad of build and jovial he was able to visit us later at our home but, regrettably, died in 1959 at the age of 56. Back we went to New York where Mary embarked on the *Queen Elizabeth*

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while I made my way to Arnold Welch's Department at Yale. Small and bespectacled he was full of enthusiasm and gave me a comprehensive account of the work going on in his Department of Pharmacology. I had known in advance that University accomodation was available and this was on one of the lower floors of a large block of student rooms. I was told that the female students were all on the top two floors and that this was so that they could repel the male students involved in what were described as 'panty raids'. I was somewhat out of touch with undergraduate frolics, and spent my time in the laboratories with attendance each week at 'grand rounds' where interesting clinical problems were shown. On one occasion when I was attending a lecture the hall was quickly emptied because somebody had run over a skunk outside the entrance. I was warned not to go out alone at night and informed that just before I arrived somebody had been murdered outside the front door of the hospital. I did in fact go out on my own in the evenings but kept my right hand in my jacket pocket grasping a large bunch of keys which could serve as knuckle duster and in any case I had been trained in ju-jitsu by the army for unarmed combat. On the one occasion when I thought I was about to be attacked a policeman chanced to come round the corner at the very moment when two hoodlums appeared to be about to close in on me. However my evenings were certainly not lonely as I was very frequently invited out by members of the University staff and when I left the members of the Department staff gave a farewell dinner at Mory's, a famous old hostelry, and presented me with a tankard as a token of goodwill.

In the students' block there was a pleasant sitting room with a large television set and there was considerable media coverage of the Suez crisis. There were, however three major events taking place more or less simultaneously. On October 26th Hungary rose in revolt against the Russians who occupied their country and on November 5th the Hungarian army was crushed by heavily armed Soviet forces; refugees poured across the Austrian border. On October 29th Israeli forces swept into Egypt whereupon Britain and France called on Egypt and Israel to pull their forces back from the Canal zone. Egypt refused and asked for American and Russian support; Britain and France attacked Egypt. There were angry debates at the United Nations, these being shown live on television, and it was very clear that Dulles and Eisenhower were furious about Britain's actions. There seemed to be more condemnation at the United Nations of what Britain was doing in Egypt than of what Russia was doing in Hungary. There was a widespread belief that Russia would bomb Britain on the day of the

American Presidential election which, on November 6th, was the third major event at this difficult time; one newspaper report suggested that the Chinese would join the Russians in an attack on Britain and I was advised to consider sending for my family to come to the United States immediately. In an encyclopaedia I read up the history of the Panama Canal; on the very few occasions when anyone raised the subject of our actions, which I understood were to protect our interests in the Suez Canal, I asked 'What about the Panama Canal?' The answer was always the same — 'That's different. It's necessary for America's interests.' However it was mainly American pressure that led the British and French to accept the United Nations call for a cease fire on November 8th; this was of interest to me when the United States invaded Panama at the end of 1989. I was in the sitting room with a group of American students in 1956 when Secretary of State Foster Dulles announced on television that he had just averted World War IV. A voice from the back row of students called out 'Silly old bastard. He can't count up to three!' We had a lot of support amongst the people of America, many of whom thought that we had ceased our action only because of the fear of intervention by Russia. Soon afterwards I was visiting the Walter Reed Hospital in Washington and saw Foster Dulles who seemed to be having the preliminary investigations which showed the malignancy that caused his death in May, 1959.

During October there was much activity leading up to the Presidential election. It seemed unlikely that Adlai Stevenson, the Democratic candidate, would be able to prevent Eisenhower having a second term of office and the message that was being vigorously put out by the Democrats was 'A vote for Eisenhower is a vote for Nixon.' Nixon was standing as the Republican Vice-presidential candidate while Eisenhower had had a coronary thrombosis in September, 1955 and was on treatment with anticoagulants. Richard Nixon visited Yale one dark October evening and I saw him being pelted with toilet rolls by a group of students.

I sailed for home on November 21st just after Sir Anthony Eden, our Prime Minister, had flown to Jamaica because of ill health, diagnosed at the time as 'severe overstrain'. His political career was finished but by April 1957 he was being treated in Boston, not for exhaustion, but for disease of his liver and biliary tract.

Nothing need be said concerning short trips that were made to the United States in 1974 and 1975 for scientific meetings or, at this stage, about later more official visits either as Dean of the Faculty of Medicine or as President of the Royal College of Physicians of

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Edinburgh. All the journeys now were by air. In 1962 I was invited by the Commanding Officer of the U.S. Army Tropical Research Medical Laboratory in New York to speak at a meeting in San Juan, Puerto Rico which was to be held from March 20-22nd, the subject being tropical sprue, the condition which I had been studying in India. I gladly accepted and set off on a BOAC plane on Sunday 18th March. There were very few passengers on board and when we reached Boston it was clear that there was a problem. The difficulty was that the undercarriage had jammed and we circled Boston for about an hour to use up fuel, the captain meantime struggling with his undercarriage controls. Eventually he managed to land but that plane had to be abandoned and we flew to New York in another; I had missed my connection but celebrated my 45th birthday in a Pan American plane over the Caribbean. Puerto Rico is a splendid tropical island to visit and is described as part of the American Commonwealth but the contrast between luxury hotels with private beaches for the visitors and tin shacks for the native inhabitants is great; we were all in Army accommodation. The Spanish influence is still obvious in churches and houses but once again I was advised not to wander about on my own away from the area of the main hotels; I disregarded this in the few hours of free time that we had as I wandered around taking photographs, but by the Saturday I was home again. In fact I did ward rounds on two consecutive Saturdays without my patients knowing that I had been away except that I usually did a daily ward round so my absence may have been noticed; what they did not know was that I had travelled 14,000 miles. I attended two further similar short conferences on the same subject in Puerto Rico in 1968 and 1973. On the second occasion I took a cine camera and was astonished when a water skier whom I was filming stood on his head on the skis and continued on his way without falling off. 'He doesn't often do that' said a local.