

MEMORIES OF A SURGEON-LIEUTENANCY
EDINBURGH 1941-43: PART I

W. St C. Symmers Snr.,* Woodbine Cottage, 10 Kingsmeadows Road, Peebles
EH45 9EN

SHORE LEAVE HAZARD

The old grey stone Granton Hotel, on the east side of Granton Square, was taken over by the Admiralty during World War II to accommodate some of the shore-based services for the nearby mainly mine-sweeping naval base of 'Leith and Granton'—and designated HMS *Claverhouse*, Edinburgh. *Claverhouse*, the stone frigate itself, flying the flag of the Naval Officer in Charge, Leith and Granton, was the former Challenger Lodge, a mansion on Boswall Road, overlooking the Firth (it is now St Columba's Hospice). Granton Hotel was too large for the foreseen needs for a medical facility on the base and the accommodation that it offered was therefore divided between the Royal Naval Sick Quarters (generally known simply by its initials, RNSQ), the Pay Office and a handful of smaller departments. There was no lift in the building. Patients unable to climb the three flights of stairs had to be carried up to the Sick Quarters which were on the top floor, usually ensconced within the traditional and admirable Neil Robertson Hammock Stretcher (Figs 1 and 2). This necessity often caused difficulties, and sometimes injury, to patient or stretcher crew (and purportedly a fatality). The dental officer's patients only needed to aim one flight up while the paymaster's enjoyed the advantage of being on the ground and first floors. It was said, apocryphally no doubt, that the 'Paybobs' rated preferential accommodation because all else was subordinate to the requirement to maintain the good relations that existed between them and the Rest (whom they paid, and otherwise supported). It was also said, mainly by somewhat paranoid or bored Surgeons Lieutenant, RNVR, that sick and injured personnel (the stress is on the second syllable) were perhaps regarded as more expendable than the fit and healthy and so occupied those decks of shore-based stone ships such as Granton Hotel that were slightly the less remote from the Luftwaffe.

One night, about two in the morning, a naval rating was brought to the Sick Quarters in an Air-Raid Precautions (ARP) ambulance, with two civil police and two 'redcaps' (military policemen) restraining him. He had been found collapsed in a doorway on Constitution Street in Leith; a strong smell of whiskey (Irish) about him. When the ambulance crew tried to get him on to a stretcher the rating awakened to his predicament and objected vigorously. With the help of the police he was immobilized in a Neil Robertson and transported to Granton. It was contrary to local regulations for a medical officer to see a patient in an ambulance, in case this might be interpreted as laziness, so, protesting loudly, the patient was carried, with unusual difficulty, up the stairs. He was an Ulsterman, and a stocious one at that. No one could interpret his shouting until the medical officer, reared in the North of Ireland, suddenly attuned to the way of speech, put a hand on the patient's forehead and spoke softly into his ear. What he said

*Emeritus Professor of Pathology, University of London.

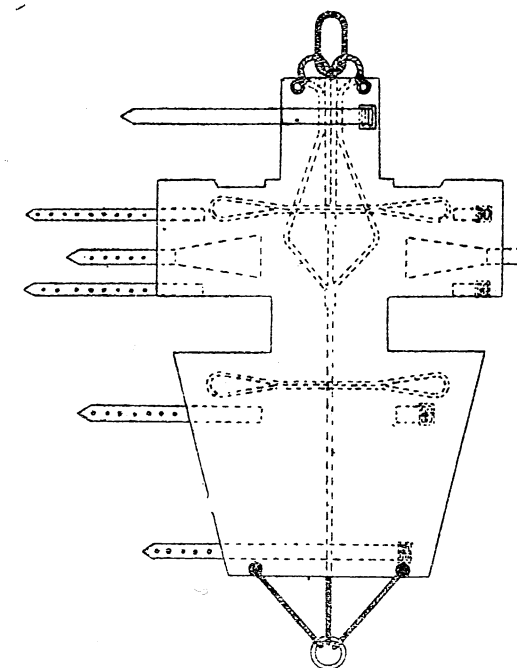


FIGURE 1

Diagram of the Neil Robertson Hammock Stretcher

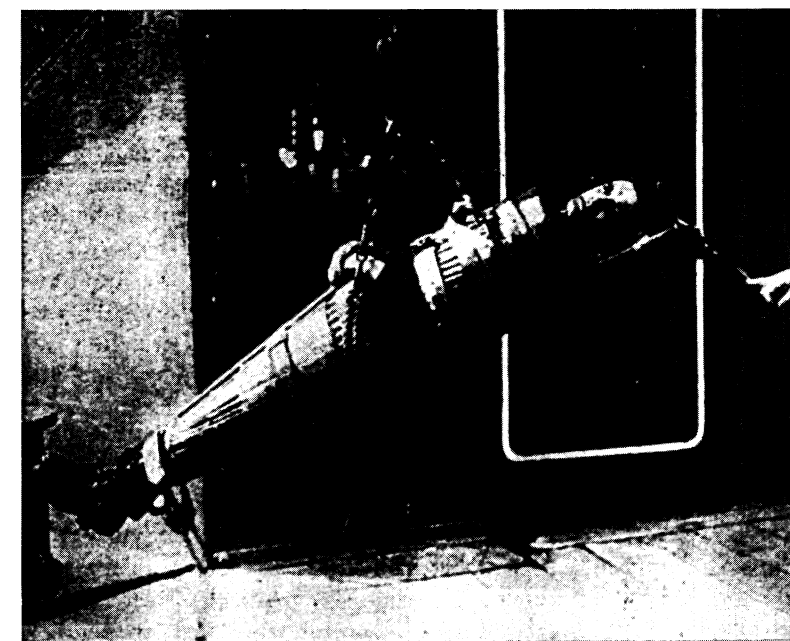


FIGURE 2

The Stretcher in a stokehold

Reproduced from *Manual of Instruction for the Royal Naval Sick Berth Staff*, London 1930.

does not matter—the man became at once quiet and less tense. The MO unstrapped the stretcher and asked the sick berth attendant (SBA) to bring a bed bottle and basin. 'Now, please, every one else out of here—leave the SBA and me to cope'. All the patient had needed was to empty his bladder and to preserve his dignity by avoiding this happening spontaneously. When the flow had been achieved, under his control and without intervention by his attendants, the latter regrettably failed to measure the volume, but it was certainly not less than justified the patient's fuss. Painful, it must have been near to a litre, for it was not just a tot or two of Old Bushmills but also some pints of the black stuff that had helped the evening ashore to pass.

The police, civil in every sense, were glad to be relieved of further responsibility in the matter, and after tea in the sick quarters' galley with their military opposite numbers went off with the latter to their respective duties. The patient was put up in the ward and after a good breakfast returned to his ship under his own steam. His commanding officer forbore from ordering punishment. The surgeon lieutenant however was reprimanded, not unsympathetically, by the Senior Medical Officer for making the limited in-patient facilities of RNSQ available to a drunk.

As for Granton Hotel, it became HMS *Claverhouse*, after the war, headquarters of the Forth Division of the Royal Naval Reserve, until the building was closed in 1995.

A QUESTION OF ETHICS

After midnight on a wet, foggy evening in the blackout, an ambulance returning from Leith Docks to its depot in Granton was being driven along Commercial Street. Only the poor light from its screened headlamps showed the driver his way; as was a common practice under such conditions, he kept close to the nearside kerb. He said, later, that it was only by luck that he saw, and was able to avoid, hitting a man who lay slumped on the pavement, one leg across the gutter. On closer inspection, the driver and his mate realized that their presumption that they were dealing with a drunk was wrong. The man, who was in uniform and whose identity book confirmed that he was a naval lieutenant, was able to tell them that he was on leave in Edinburgh and had collapsed while trying to make his way on foot to the Sick Quarters on Granton Square, believing that he had appendicitis. He had such severe abdominal pain that the ambulance crew had great difficulty in lifting him on to a stretcher. When they arrived at the Granton Hotel with the Sick Quarters on its top floor, they considered that it would be cruel and dangerous to try to carry the patient up the three flights of stairs as the local regulations required: the duty medical officer examined him in the ambulance.

The pain had begun some 36 hours earlier. At first it was in the umbilical area and not particularly severe, but soon it became sharp and was worst in the right iliac fossa. After a few hours it had suddenly become very intense, and extended throughout the abdomen. The stand-by medical officer agreed with his colleague's diagnosis of general peritonitis complicating acute appendicitis. Both the army hospital and the more distant naval hospital, that ordinarily would have accepted any emergency case from the Sick Quarters, were unable to find a bed for the patient: he was therefore admitted to a civilian hospital and operated on by the visiting surgeon on call. One of the medical officers at Granton had

accompanied the patient: the surgeon asked him to assist, a rare opportunity for the MO to return, briefly, to the practice of his intended future specialty. The appendix was gangrenous and had burst. It was removed and the peritoneal cavity was swabbed out and drained.

The grateful patient made a quick recovery. Meantime, the surgeon, the anaesthetist and the medical officer were greatly troubled among themselves by a problem of ethics and conscience that the patient, unawares (for he had been going under the anaesthetic at the crucial time), had set them. In addition to the patient only five people had been in the operating room—the three doctors, the theatre nurse and the hospital's night sister: at the moment when the problem was generated the two last were out of earshot and preoccupied, the theatre nurse with trying not to faint on her first night in charge of a theatre and the night sister with caring for her young colleague. The doctors were confident that they alone were party to the patient's unconscious disclosure that maybe was the reason why he had not come sooner for medical help. When the anaesthetist was ready to start putting the patient under with an intravenous injection of thio-pentone he told him to count aloud, "Like this—one, two, three, four, five, and so on", a practice common in those days (and later vilified). The injection was started. The patient started to count, 'One, two, three, four, fünf, sechs, sieben, ending with a slurred greeting, *guuuu' Naaach'*".