

# TRAVELS WITH A STETHOSCOPE

A Physician Looks at the Twentieth Century

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## Preface

During the time of my military service in the Far East I wrote regularly to my widowed mother and all the letters were filed, so it has been possible to give information about events which were recorded as they happened. In addition, detailed records were kept about the medical condition of captured prisoners of war and Allied prisoners released from Japanese prison camps. For this book the information given has been restricted to what may be of interest to a non-medical reader. Most of the material in the volume relates to more peaceful times and is based on what has been noted in diaries or written previously in short articles. Many of the experiences referred to were strange or humorous.

I have always regretted the fact that former Presidents of the Royal College of Physicians of Edinburgh, many of whom have had interesting experiences or have lived through stirring times, have not left a record of just what happened and what their impressions were. In Craig's history of the College only one autobiography is listed in the index, and it is that of Sir Robert Sibbald who was the first Professor of Medicine at Edinburgh University when it did not have a medical faculty; he was also the main founder of the Royal College and became its second President.

The present book is in the main an account of my own experiences during periods of travel and I have said little about what was occurring in my work at home, but at the same time I have added personal impressions and information concerning certain events of historical importance. Sibbald, who was born in 1641 and died in 1722, also lived in times of great historical interest but his record, written in 1695, is short and covers events in his life during the period up to the year 1692. Only four pages are devoted to his travels, which were in Europe.

It has been interesting to find that we had one or two experiences in common. We both spent part of our childhood in Dundee. He was there in 1651 when General Monk, acting on behalf of Oliver Cromwell, massacred about a third of the citizens of the town, almost including Sibbald and his young sister; fortunately the musket-balls fired at them missed their target. I was told at an early age about the wicked conduct of General Monk by my grandparents who lived in

Dundee. Sibbald visited Leyden University in the Netherlands in March 1660 and obtained much of his medical training there; I paid my first visit to that famous medical school three hundred years later, in April 1960. He embraced the Roman Catholic faith and in 1686 an angry mob broke into his house in order, as his account says, to 'Rathillet' him, but he escaped to London. My connection with this incident is that the term 'to Rathillet' means to assassinate, an allusion to Hackston of Rathillet's involvement in the murder of Archbishop Sharp in 1679. My middle name is Haxton and my maternal grandfather's family came from the small village of Rathillet in the north of Fife. My term as College President included the 300th anniversary of Sibbald's election to the same post and I was readily able to visit his last resting place because, having returned to the Protestant faith, he is buried in the yard of the Kirk of the Greyfriars which I attend.

In 1685 the possibility of travel by balloon had been suggested but was not acted upon successfully for another hundred years. Little did Sibbald think that three hundred years after he became President of the physicians' College in Edinburgh his successor in that office would be flying almost five times around the globe in mileage in a single year in order to fulfil his Presidential duties now that the world was the College's parish.

Edinburgh 1990

R.H.G.

### *Acknowledgement*

The author is grateful to the Scottish Society of the History of Medicine for having given a generous grant from the Guthrie Bequest towards the cost of publication of this book.

### Preface

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## CHAPTER 1

*Terrible Times*

On the evening of Friday, the 16th of March, 1917, it was cold and stormy in the seaside town of Arbroath on the east coast of Scotland. My father and mother, sitting in front of the fire despite the coal shortage, were surprised to hear the sound of my grandmother's special knock on the front door. Although his wife was in an advanced state of pregnancy my father had not expected his mother to make the journey from Edinburgh in this, the worst year of the First World War when travel was uncertain and trains very slow. When he opened the door there was nobody to be seen: his mother had died suddenly and unexpectedly at 8.30 that evening. Neither parent was superstitious or believed in the powers of the occult, but each recounted this story to me more than once. In my childhood I was uneasy about the possibility of ghostly presences.

The cause of death was certified on March 19th by the forensic pathologist, Professor Harvey Littlejohn, as a cerebral haemorrhage. My father must have had much to think about that Monday because a difficult breech birth had occurred in his Arbroath home at 9.05 that same morning – it was my entry into a greatly troubled world. Moreover I had a disfiguring naevus on the forehead, later to be removed by surgery.

Arguably this was the most significant week of the First World War. On the very day that my grandmother died the Russian empire fell, with *Izvestiya* publishing Order Number One of the newly established Executive Committee of the Soviet. This stated that all units of the Army and Navy were henceforth to be under the command of the Soviet and of their own committees. Those soldiers' committees were to control all weapons, none of which were to be held by officers. It was on March 16th by the Gregorian calendar, too, that the Soviet Committee ruled that the Romanovs must go and a republic be formed. The rule of the Czar was at an end. Later the royal family was to be murdered by the Cheka secret police. A provisional government was formed but the real power lay with the Soviet committee. There was fear of revolution in Britain and indeed in June a group of Marxists met in Leeds to plan such a revolt. On the 16th March, too, the great

German withdrawal to a shortened line organised by Ludendorff began on the Western Front, and from Arras in the north to Soissons in the south the British and French advanced over a 70-mile front as I was being born. My mother's brother was a participant in this battle. There was unrestricted submarine warfare by the Germans while in the Dover Straits our naval forces were under heavy attack from destroyers.

On April 2nd President Wilson called an extraordinary session of Congress to ask for a declaration of war against the Imperial German Government, and four days later the declaration had been agreed by both Houses of Congress. Help from the American destroyers was of immediate value at a time when U-boats were sinking half a million tons of shipping a month. It was at some time between the signing of the Armistice and the signing of the Peace Treaty that I became aware that there had been a war, and that there was much distress around us.

My father a qualified pharmacist with a shop in Arbroath, was in a reserved occupation but had volunteered for service in the 4th Volunteer Battalion of the Royal Highland Regiment (The Black Watch). When I was old enough I was photographed wearing his uniform, little thinking that I would later be in distant lands wearing an RAMC uniform in yet another world war. He was trained for combat duty but was medically in a low category, and could have been called up in an extreme emergency. He had wanted to be a doctor, but it had been considered by his father, a map maker, that this was not financially possible and, instead, on leaving George Watson's College he did what seemed to be the next best thing and enrolled at the Heriot Watt College in Edinburgh for the classes which would enable him to be a pharmacist. In 1906 he qualified M.P.S. at the age of 23 and obtained a post in Dundee where he lived in various 'digs,' arriving in 1913 at 8 Airlie Terrace, next door to my mother's home. By September 1914 he had a business in Arbroath where, I later learned, he was so kind-hearted that he made no charge to those with small incomes and gave free advice to those who could not pay a doctor's fee.

My mother, who was born on 4th April, 1886, was Elizabeth Stewart Haxton, and she stayed with her parents until her wedding day on 8th July, 1916; the family had lived at various addresses in Dundee, the final one being 9 Airlie Terrace. She had a sister who was called Hildred because her father made mistake when he went to register her as Mildred and a brother Clifford who was a pharmacist. Perhaps because I had no brothers, sisters or full cousins, most of the family postcards from 1901 onwards were given to me and so it has been possible to trace what was going on in the Girdwood and Haxton

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With a shop in Arbroath, was in a career for service in the 4th Highland Regiment (The Black Watch) was photographed wearing his uniform in distant lands wearing an armband. He was trained for combat surgery, and could have been called upon to be a doctor, but it had happened that this was not happening. George Watson's College Aberdeen and enrolled at the Heriot-Watt University which would enable him to enter M.P.S. at the age of 23 and served in various 'digs,' arriving in Aberdeen to my mother's home. By the time I was in Arbroath where, I later learned, I was in no charge to those with small means who could not pay a doctor's fee.

In April, 1886, was Elizabeth Stewart until her wedding day on 8th April. At various addresses in Dundee, the time I had a sister who was called Elizabeth when he went to register her name. She was a pharmacist. Perhaps I had many cousins, most of the family were given to me and so it has been the case in the Girdwood and Haxton

families in the early years of the twentieth century, the heyday of the postcard. It has been of particular interest to trace from them the development of my mother (a 15-year-old girl at a time when Queen Victoria had just died and war was but a future prospect), this being possible because she kept most of them and had many admirers amongst the male population of Dundee, who, like her father, travelled throughout the world, sending her cards as they sailed from one country to another. From an early age I had the impression that to sail around the globe was a reasonably normal activity.

The Girdwoods have been traced back for eight generations before the twentieth century to Carnwath in Lanarkshire; there was a James Girdwood there in 1524. My great-great-grandfather, William, had a son, Thomas, who became minister of the United Presbyterian Church at Penicuik, just south of Edinburgh. On his death in 1861 he was succeeded by his son, William, who left for the South African mission field six years later. From King William's Town he went north and although there was no bridge across the River Kei he crossed it and set up a mission station. In due course he became a significant figure on the eastern side of the Cape Province, being consecutively minister of religion, doctor, army surgeon, Resident Magistrate, then minister of religion again, continuing however to dispense medicines in his area of the Transkei. He was said to have 'a wide tolerance, wonderful sympathy, an unfailing charity and readiness to advise and help'. Numerous doctors in Southern Africa are descended from him and many were educated at Edinburgh University.

My Girdwood grandfather, Thomas, was 66 years of age when I was born and I never saw him other than in his Edinburgh home where my father's half-sister acted as his housekeeper. I remember his attempts to amuse me and at the age of four insisting on taking him a present of two small pieces of wood whose shapes were attractive to me. Suitable gratitude was solemnly expressed as the gifts were accepted. He died suddenly on 4th May, 1926, the day on which the General Strike broke out, with workers throughout the country coming out in sympathy with the miners whose wages were about to be reduced by the pit owners who, for a year, had received a Government subsidy to prevent this being done. The country was divided. On the day when my grandfather's death was reported in the *Scotsman* it was announced that volunteers were pouring into the recruiting stations, that the first issue of the Government newspaper, the *British Gazette* had been published, and that the Prince of Wales had come back from Biarritz, announcing that he hoped to return there soon.



Volunteers were collecting fares on the Edinburgh tramcars and many drivers had reported for duty; several trains were running, the power supply continued and there was no serious picketing. There was remarkable working-class solidarity but no spirit of revolution. I well remember the excitement of that week and in particular the interest generated by a railway engine which had become derailed when driven by a volunteer. I thought of this later in Bombay when during a transport strike there was to be seen a bus driven by an admiral who had always wanted to drive a bus and was on leave; he was not a very good driver but an army sergeant was doing better as conductor.

I was taken to see my grandfather in his coffin and still remember and dislike the pungent smell of lilies. The following day I was given a cord to hold at the burial ceremony, this being the first of three such events to occur in the family between 1926 and 1928 as next my other grandfather and then my grandmother died in Dundee during this period. Each time I was taken to see the body and later to the burial ground to hold a cord.

The Haxton family came from Rathillet in Fife, the best known member being David Hackston of Rathillet, a determined leader of Covenanters. He was one of a group of horsemen who accidentally came upon Archbishop Sharp at Magus Moor in Fife on May 3rd, 1679. James Sharp had been sent as a Presbyterian delegate to London, but returned as Archbishop of St Andrews. The Presbyterians were outraged and an unsuccessful attempt was made to assassinate the new archbishop. At Magus Moor, however, the group which had come upon him by chance succeeded in murdering him. Hackston did not physically take part in the deed because of a personal feud which he had with Sharp. This inspired the following lines, attributed to Walter Smith whose name appears on the list of martyrs, together with that of Hackston, in the Grassmarket in Edinburgh.

I killed the Archbishop while Hackston stood by  
And he was as much in the deed as I.  
But, for they had a quarrel, his mind was not clear,  
Our nice punctilious cavalier.

O, we must not sully the end we seek  
With a personal grudge or a private pique  
So we stand aside in the noonday sun,  
Like a stern old Roman, and we see the deed done.  
Was he better than I with my dirk to the hilt  
In the old man's heart when the blood was spilt?

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He had scruples forthwith, and the priest's head was grey  
And he did not the deed, nor yet said it nay.

Bah! give me a conscience that rules with a will,  
Or one that can hold its peace and be still;  
But neither the Lord nor the devil will care  
For your conscience that scruples and splits on a hair.

However Hackston became one of the commanding officers of the Covenanters, fought against the King's troops led by Graham of Claverhouse at Drumclog, and was the last to leave the field at the Battle of Bothwell Bridge on 22nd June, 1679. He was captured in July 1680 after being badly wounded and executed under circumstances of great cruelty. First his right hand was cut off then his left. He was hung up, his chest cut open although he was still conscious, and his heart then extracted. His body was hacked to pieces and his head fixed upon the Netherbow, other segments being displayed at various sites in southern Scotland.

We were only collateral descendants but were well aware that there had been a martyr in the family. I thought of David Hackston when I heard the tales told by our released prisoners of war in Rangoon in 1945. My great-grandfather, John Haxton, was manager of the Victoria Spinning Mills in Dundee and his son Thomas, born in 1857, married Annie Eliza Taylor in Leeds on October 5th, 1878. They soon moved to Dundee and my grandfather was first a mill foreman then a consultant engineer, travelling extensively overseas. In the first decade of the century there was industrial unrest in the Dundee mills, including the Victoria Mill, and this may have influenced my grandfather to visit the United States as a consultant in 1906. He was in the San Francisco earthquake on April 18th, 1906 and told me how he went up a hill as this was the safest action to take, something I remembered when in an earthquake in Mexico City.

He returned in July 1907 and became a consultant for a textile firm in Leeds, but with his family still living in Dundee. Almost at once he was off again, this time to Milan and my mother received cards from Lodi, La Spezia, Venice, Udine, Berlin, Moscow, Nijni-Novgorod, Vienna, Naples, Rome, Rimini, Bologna, Trautenau and Bautzen. Trautenau (now Trutnov) is a town to the east of Prague and at this time it was in Bohemia, in the Austro-Hungarian empire. Franz Josef was not only Emperor of Austria but also King of Hungary, but his wife, Elizabeth, had been murdered in 1898. It was, of course, the assassination of their son, Franz Ferdinand, which led to the outbreak



of the first World War. The only mention of conflict on any of those numerous postcards was of the battle at Trautenau in 1866 between Prussia and Austria. Although the cards from Russia make no mention of it, revolution was already in the air in that country. By 1905 there were three Marxist groups, with Lenin leading one of them and in December of that year government troops had smashed an effort by revolutionaries to take over power in Moscow. In September 1911 in the Kiev Opera House the prime minister, Stolypin, was shot in the presence of Czar Nicholas II. I was reared on stories of events such as those and realized that the world was not a peaceful place.

There were several journeys to those centres between 1908 and 1910 and during one of them he developed rheumatic fever which affected his heart and shortened his life. He travelled around with a large Saratoga trunk and a leather suitcase, carrying his money in a body belt. Travelling must have been very difficult, with constant changes of currency, but at least passports were not required at the beginning of the century. A card dated January 4th, 1910 says 'arrived here after 5 nights and six days in the train'. This was a journey from Nijni-Novgorod (now Gorki) to Naples. At the end of 1911 he was in Seville, but settled in his Dundee home the following year.

My mother was keeping up a correspondence with her father as he travelled around, but was developing to be a good-looking young lady of spirit with many friends. On one outing she was persuaded by a photographer from Valentine's postcards to be the foreground figure in a picture of the promenade at Barnhill. There seems to have been a merry round of parties, picnics, dances and outings, but she had to earn a living and obtained a post with a leathercraft retailer in the centre of Dundee. Several of her friends became skippers in the Merchant Navy and between 1904 and 1914 the cards poured in from Port Said, Colombo, Shanghai, Hong Kong, the Phillipines, Nagasaki, Chefoo, Canton, Calcutta, Hamburg, Archangel, Algiers, Durban, Cape Town, Melbourne, Rangoon and many other ports besides. As a result, in my own extensive travels. I frequently had a *déjà vu* feeling because I had seen pictures of the place many times before.

Presumably my father, who travelled little, communicated by letter because I could find only one card, sent by him to Miss Haxton from Paris in August, 1913. It merely says 'Having a nice holiday with good weather. Hope you have been as fortunate, T.G.' (His name was Thomas). None of the other admirers sent amorous messages but some were less factual and more flattering. For instance one acquaintance

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wrote from Java in 1910 'In three months I hope to see your smiling face once again'.

With the coming of the first World War all this correspondence ceased. Those young men went into the Royal Flying Corps, the Navy and the Army, but few returned. This was part of the generation that was lost in the 'war to end wars'.

My Uncle Clifford volunteered for the Royal Engineers but, because he was a pharmacist, he was transferred to the gas section in 1915 where he fairly effectively gassed himself owing to a change in the direction of the wind. He had a permanent cough and his life was shortened by emphysema. The Germans had launched a gas attack in the Ypres salient on 22nd April 1915, using cylinders containing a mixture of chlorine and phosgene. On the day of my birth my uncle was at Arras retaliating with similar irritants. The lachrymator ethyl-iodoacetate was also used then, by April hydrocyanic acid was being tried, and in July the Germans used mustard gas. In Edinburgh I gloomily thought of this when in August 1939 the pillar box in front of our house had its top painted yellow with a substance that would change colour if mustard gas was used.

This then was the background as I became aware of the fact that I was living in a world that had just emerged from a savage conflict. By about the age of four I knew that I was in a country which stretched from Aberdeen to Leeds and that somewhere beyond that there was a big city named London. I had of course heard a lot about European and Eastern cities and had visions of the river Tay stretching into the far distance to carry the citizens of Dundee to various distant lands. Much was said about trade between Dundee and India and I little thought that the time would come when I too would be at work in such a mystical area of the globe. I had no orientation towards the west of the country or beyond it. I had of course heard of the tropics and was most disappointed when I was taken to the Trossachs and saw no steaming jungles there: this was a slight confusion about nomenclature. I did not realise it at the time but I knew more about Italy and Spain when I went to school than did some pupils when they left. For some reason I never heard any discussion about the United States.

My first definite memory is of walking along the Arbroath harbour wall at the age of 2½, holding my father's hand. He was a very hard worker, averaging a sixty hour week throughout his life with additional book-keeping to occupy him at home, so I valued the time which, despite his seven working days, he was able to spend with me. I



remember being frightened by the close proximity of a military brass band which was celebrating some important event which may have been the signing of the Treaty of Versailles. It has been said that the influenza pandemic of 1918 killed more people than did the war itself and I have a recollection of playing on my parents' bedroom floor when my mother was prostrated by the disease. My father must have been very busy in his shop then, dispensing medicines which only relieved symptoms.

My last memory of our days in Arbroath was of looking out of the upstairs window in 1919 to make sure that my rocking horse was being put into the removal van for our move to Edinburgh where my father had purchased a business. I was not too happy about crossing the Tay Bridge in the train because my mother's aunt had told me how, when there was a fierce gale in December 1879, on looking out of her bedroom window she had observed the lights of a train disappearing. In the morning it was realized that the bridge had collapsed, and the remains of its pillars can still be seen. In the river, too, could be seen the *Mars* training ship which I was told was a place where bad boys were put.

In Edinburgh as elsewhere the nation was in a period of shocked readjustment. In *The World Crisis 1916-18* Winston Churchill put the number of British dead as 684,000 with 2,074,000 non-fatal casualties. Even at a very early age it seemed to me to be unfair that on a dark winter's night on the North Bridge in Edinburgh ex-service men should be crouched on the pavement begging for money from passers-by. I still remember a small group of them huddled there one very cold evening, wearing their war medals, with their caps lying in front to collect whatever the citizens of Edinburgh might provide. I was glad that my parents never failed to contribute. It seemed wrong, too, that there should be ragged children running about barefooted. This had always been regarded as normal, but at least the police attempted to find footwear for some of them.

When I entered Daniel Stewart's College as a pupil in 1922 at the age of five there was a constant reminder of the war years in that the fathers of several of my classmates had been killed in 1917 or 1918. The school fees were low, but no doubt were waived where there was hardship from sacrifice for the rest of us: some mothers must have had a very difficult time buying school uniforms or books. The school magazine of December 1917 refers to about a thousand former pupils being in the services at a time when the total school roll had been about 500 per annum. It is known that more than 200 died in the conflict.

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In the December 1939 magazine there were listed 91 serving in the forces, the school roll for 1938-39 being 657 in all. Once again it seemed that a generation might be decimated, although in the event it is believed that 80 former pupils were killed in the services. Civilian casualty figures are not available.

I had attempted to teach myself to read before schooldays began and I remember being back in Dundee on holiday in 1921, sitting on the floor studying an elementary reading book. In the window was my grandfather's Saratoga trunk with its chintz cover and in my hand was this book with, at the top of a page, pictures of a ginger cat, a maroon coloured mat and a yellow piece of cloth. The names of those objects were given beneath. I could work out for myself C A T and M A T, but what on earth was a S A S H? What did you do with a sasshuh? It did not occur to me that an adult might be able to put me on the right lines and I did not feel so actively thwarted until, nearly seventy years later, I was learning how to use a word processor from manuals of instruction written in an obscure terminology by experts.

When I went to school it was an advantage to have a little knowledge of reading and I eagerly made the first of many journeys to Baxendine's book shop to see what was in my first school book. There were 27 boys in the first class, increasing to 41 by the fourth class. In class 1 what were known as 'dux tickets' were handed out each day to those who could first demonstrate to Miss Kirkpatrick their ability to answer a question. For my collection of dux tickets I was given at the end of the school year a copy of *Coral Island* by R M Ballantyne. Unfortunately, six years later when I was finishing my first year in the senior school I was given *Coral Island* as a prize for English. Fifty-four years after that I was invited to speak at the Founder's Day ceremony and the Principal, Robert Morgan, having heard of this, once again presented me with *Coral Island*. This turned out to be a special jacket prepared for the occasion while the book itself gave information about activities going on in the school, and perhaps for copyright reasons the name of the author was spelt Ballantine.

By then I had visited coral islands in the Pacific and could understand from personal experience Ballantyne's joyful reference to 'the soft sweet air of a tropical climate mingling with the fresh smell of the sea'. The influence of books read in childhood can be very considerable. I always wanted to lie on a beach somewhere in the Pacific: moreover, influenced by a book about the Black Forest which I had read in Dundee, I made this area of Germany the first place to visit when I started to travel overseas. I was much influenced, too, by a



volume by Roy Oxenham with illustrations of London's streets and squares. The opportunity to visit some of them came in 1924 when my parents took me to the Empire Exhibition at Wembley.

Little need be said about the twelve years of schooldays which were uneventful apart from repeated absences because of illness. The teachers were pleasant, and some, of course, had returned from war service. My home was about two miles from the school and I got there, at first in the company of an older boy who must have been press-ganged into it, by tramcar, this being followed by a walk of about a mile. I do not remember parents accompanying or meeting boys at any stage, and in due course travel was by bicycle. There were two aspects of school life about which I rebelled. One was the school lunches which no doubt were perfectly satisfactory, but I had strong views about the limited number of foodstuffs that I was willing to eat and for twelve years I had no lunch there apart from bread rolls. The other problem was that of the lavatory cubicles. In the first week I was shown the water-closets and, in my opinion, they were filthy. I never entered one of them again, preferring on occasion to suffer in silence till I got home.

It is always said that schoolboys can be very cruel to each other but I do not remember much of this. One boy was coloured and was rather admired as it was thought that he brought some mysticism from the East. One was a Roman Catholic and we felt rather sorry for him as he had to sit alone on occasion during religious instruction. More serious was that the father of one was known to be a socialist; we did not quite know what that meant but it was considered to be at the least unusual. There was one boy who wore a kilt and we thought that his mother must be eccentric. The wearing of a grey shirt rather than a white one did not go down well with the rest of the class and the boy concerned was always known as 'stinky'. Probably his mother was struggling to make ends meet. There were allegations that one boy was illegitimate. We did not know the meaning of the word but apparently this was a bad thing.

At home I lacked the company of other children, although I did not realize it. I knew only two boys of about my age within suitable distance even although I travelled around the pavements on my wooden scooter, a common child's plaything in those days. Much of my time was spent in reading, but when I was eight there appeared in the school magazine my first contribution to literature. It dealt with an orthopaedic problem:

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However efforts at learning or progressing in other ways were repeatedly thwarted by infectious diseases in those days when immunizations had not been developed and neither sulphonamides nor antibiotics were known. Regularly, almost every year saw the occurrence of an illness. There was measles, German measles, whooping cough, bronchitis, tonsillitis, hepatitis (then called catarrhal jaundice), mumps and, most troublesome of all because of when it happened, scarlet fever. This was in 1928 just when I entered the senior school and I was off for the whole of the first term because there followed the removal of my tonsils and adenoids by Dr J. B. Stewart, a well-known ENT specialist who carried out the operation on our dining-room table. The anaesthetic was given by Dr Robert King, our next-door neighbour, family doctor and, like his wife, a close friend of my parents. The result of all this was that I missed the first term of French, Algebra, Geometry, Chemistry and Physics. As I had missed the basic grounding in so many subjects I had a lot of catching up to do, and my father was so busy that it did not occur to me to seek help. I did not work very hard as there seemed little purpose in trying to excel when illness always intervened, but I remained in the top stream of the classes.

Now, however, a new health problem arose. Dr King and his wife Jessie, a former nurse, had been missionaries in Calabar in West Africa and had attended Mary Slessor in an illness. Robert King's influence on me was sufficient to encourage me to seek a career in Medicine. He had seen many cases of tuberculosis in Africa and for some reason thought that I might be suffering from what at this time was a dread disease, potentially fatal. My chest was carefully examined week after week but he was of an older school as regards investigation and no X-ray was taken. Dr Hope Fowler, who visited Daniel Stewart's College from time to time because of continuing interest in his old school was a radiologist who had lost parts of his fingers from exposure to those new-fangled rays. I was kept away from school for yet another spell, this time with 'threatened tuberculosis'. The playing of games was strictly forbidden but this was nothing new as it had been so during most of my school days beause of all the illnesses. Golf and swimming, however, were allowed.



Events in the world outside did not pass without notice. I remember reading about the Wall Street crash in 1929 and hearing about it on a crystal wireless set. My father had no business sense and was not interested in investments so was not directly affected. He had always been reluctant to accept money from those whom he thought could not afford to pay for their medicines and was generous to those who suffered in the great depression years. The unemployed stood in groups at the street corners, some trying their luck at gambling. Those who suffered injury were as likely to come to my father's shop as to their doctor (if they had one) to have their wounds attended to and I remember my mother pointing out that nobody seemed to pay for the bandages and dressings. The local police force also made use of this unofficial casualty clearing station and one policeman who was also a poacher occasionally brought in a salmon. Even tram cars were known to stop at the shop to obtain medical attention for sick or wounded passengers. It should be added that Edinburgh had cable trams until 1922, but there were electric trams in Leith and, for some reason, from Ardmillan to Slateford. There was great excitement in Princes Street on the day when cable cars were replaced by electric ones. The first car went past, brilliantly lit with not only its route number illuminated at the front and back, but also a colour code so you could see from a distance that it was a car on number 1 route if there were two red lights, a number 2 if they were blue, and a 3 or 4 if you saw blue and white depending in the order in which they were placed. Electric cars were withdrawn on 16th November 1956; there might have been less traffic chaos had they been retained. Across the river Forth near Inverkeithing the salvaged German war ships were being broken up and as yet in the nineteen-twenties Adolf Hitler had made little impression on the British public. However when the *Graf Zeppelin* flew low over the playground during a physics lesson in the 1930s we all assumed that it was involved in a spying mission over the Forth bridge and river. At school our Scottish history book did not take us up even to the year 1910 but we also had a British history book written by two Oxford graduates which reached 1918 but infuriated us all in that the authors seemed to think that the two words 'British' and 'English' were synonymous. It seemed unlikely that the Black Watch, Cameron Highlanders, Royal Scots, Gordon Highlanders, Scots Guards, Scots Greys or Iniskillings would accept that they were part of an English army at the Battle of Waterloo. Such uninformed and insensitive writing, even in books for children, can lead to nationalistic tendencies.

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taught at school. For instance I learned at the age of 11 that mortgage debentures were a very safe form of investment. I could see the value of learning a modern language and was only sorry that timetabling did not permit us to study German as well as French. Latin was obviously going to be of importance in understanding English words and the same applied to Greek which most of us studied for only a year. It was a pleasure to learn poetry both in English and in French and much of our interest was stimulated by the enthusiasm of the teachers.

In 1929 my father bought a Clyno car, but although it was new, it was unsatisfactory. A journey to Bournemouth in 1930 was fraught with difficulties because the radiator boiled over when we went uphill. Indeed when we reached Alnwick we had to make a detour because the hill there was too steep. The car was sold that year, having travelled less than 2000 miles and the following day the back axle broke. The Clyno company went out of business. In 1930 we moved to a larger house, and a new car, a Morris Oxford, was purchased; on it at the age of 13 I learned to drive on quiet roads. Now, too, we lived in an area where there were children with whom to make friends.

However it was already clear that my father was unwell and our great friend Dr King had died. My father's weight loss was obvious and constant coughing a feature, but his sixty-hour working week continued, with his shop closing at 7 pm on weekdays and 9 pm on Saturdays; Wednesday and Sunday were half-days. In August 1931 we had a holiday at Whitby, but by the summer of the following year it was clear that, for the first time, a member of the family would have to be X-rayed; our new family practitioner, Dr McGuinness, arranged for this to be done.

Advanced pulmonary tuberculosis was found and this, of course, was at a time when no specific treatment was available. We were in a therapeutic desert and frequently the patient was not told of the diagnosis. We had a miserable short holiday at Cults in Aberdeenshire while arrangements were made for admission to the Tor na Dee sanatorium in that county. A qualified manager had to be found to run my father's business and money produced not only to pay him but also to meet the cost of sanatorium treatment: there was no National Health Service. Unfortunately, response to treatment with fresh air and good feeding was negligible. My mother must have suffered greatly at that time and on top of everything else it was time for me to sit my school Leaving Certificate examinations and decide about my future career. The school fees were not high at £6 13s a term, but there was little income coming into the house. Nobody suggested that I should give up



the idea of a career in Medicine despite the fact that in those days there were no student grants. The Scottish system of education has always differed from that in England and it was usual for university entrance to have passes in five subjects. Accordingly I entered for Higher passes in English (which included Literature and History), Mathematics, Science (which included Chemistry and Physics) and French, together with Lower Latin. I still have the examination papers and am surprised at the complexity of many of the questions.

However, my father's condition was deteriorating and he had developed one of the most horrible complications of pulmonary tuberculosis in that he had tuberculous laryngitis leading to hoarseness and extreme pain on swallowing. He had to return from the sanatorium to be admitted to a nursing home in Drumsheugh Gardens, Edinburgh. He was put into a ground floor room and no sooner was he in it than a dog came to the window and started to howl pitifully. I still remember the sound, which convinced my mother (and possibly my father) that all hope was lost. A tracheotomy was done, a small metal tube being passed through a hole in the front of his throat to the trachea. In order to speak he had to cover the end of the tube. Again the surgeon was J. P. Stewart, and John Fraser, whom later I came to know as an eminent Professor, also took part in the operation.

While this was going on I managed to work for fourteen days for my Leaving Certificate examinations and, on my sixteenth birthday, embarked on the two weeks of answering complicated questions. In due course I learned that I had passed in all subjects, and was qualified for entrance into the Edinburgh medical school. However, I was advised that at sixteen I was rather young to start the study of medicine and in any case I was needed to help in the care of my father, now back at home but weakening fast and suffering greatly. He had a sputum flask to catch his infected sputum and I remember his despair one day when he upset it on the floor and was too weak to do anything about this: full of pity I mopped up the infected material.

It was decided that, under the circumstances, it would be better for me to stay at school for a further year in the seventh form. I do not think that the staff at school knew about my home problems; certainly I did not mention them and I never heard of a parent/teacher meeting during the whole of my twelve years at school. I was now one of a class of seven with a splendid form master, Dr John Oliver, who brought out the best in his pupils, making English literature a subject which gave much pleasure.

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to his lawyer to check that his will was in order. It was not, having been made in 1917 and not brought up to date; the lawyer had a new one prepared and signed just before my father's death on 22nd November, 1933 at the age of 49. As my grief-stricken mother said to me, 'He wasn't very old'. In later years when a patient was seriously ill I frequently did what I could to ensure that, without panic being caused, wills or superannuation contracts were in order.

There were no insurance policies and there had been no National Health Service to cover the cost of treatment. Plans to expand the family business, possibly to form a chain of chemists' shops had been dropped. No member of the family, to my knowledge, had ever been interested in acquiring wealth and only a few investments had been purchased by my mother from her housekeeping money. A small business was therefore my mother's only source of income and it had to support an unsatisfactory manager and two other employees. At the time I was in no position to do so, but I later had the manager replaced. The car which had cost £250 and had hardly been used I sold to our local garage but received only £25 for it. Once the immediate grief had passed I decided, with my mathematics master's approval, to sit the Higher examination in Dynamics. There was an Edinburgh University Bursary Competition examination which would have been of great help when finances were low and there were no student grants, but now I developed chickenpox and missed both the Dynamics examination and that for the bursary competition. There was no possibility of going to any university other than Edinburgh and no need to do so, hence I went up to the Faculty of Medicine matriculation office in July 1934 and was soon notified that I had been accepted as a medical student. Interestingly enough this office was the Dean's Room when I became Dean in 1976. The number chosen was 240 from just over 500 applicants, the number of applications being small compared with those after the Second World War. For example in 1963 there were 2,009 applications for 150 places. Of those who were accepted in 1934 there was to be a graduation roll of 195 in the year 1939 and, because of the war emergency, four the following year.



## CHAPTER 2

### *Life at the Medical School*

The Faculty of Medicine had been organized by the University in 1726 with the aid of the Royal College of Physicians of Edinburgh and the Incorporation of Barber-Surgeons to provide an international school at a time when, because of the Act of Union of 1707 and loss to the city of a Parliament, a Privy Council, a Treasury, and much trade, the fortunes of the capital city were in a decline. A medical school which would attract students from all over the world would be one step in a scheme to redress the balance. The formation of such a Faculty was a great success and in 1934 we found that we were meeting fellow students from all parts of the globe. The horizons of all of us were being widened, and, since my home was of a reasonable size and in an open residential district, there was no problem about entertaining new-found friends.

However, our financial problems remained. The gross annual profits from the family business were £840 and this had to pay for the upkeep of a shop, a house, provide the salary of a qualified manager and of a staff of two, support my mother and also enable me to have some money. As has already been said there were no class grants and it was necessary to pay class fees and purchase books and instruments. Fortunately the Carnegie Trust had a scheme for Scottish students which provided £50 a year for those who could demonstrate a need for it; like many of my compatriots I applied and, to my great relief, I was given a grant. I travelled everywhere by bicycle, there being quite a lot of travelling in the first year as our classes were scattered through buildings in various parts of the town. I was able to live on five shillings a week and did not feel in any way deprived. On later occasions when we had anniversary meetings to commemorate our year of graduation I heard vivid tales of riotous evenings in the Students' Union. I had no experience of this as I could not afford the annual subscription of £1; if I had lunch I cycled home and ate it there.

In October 1934 we commenced to study Botany (8 am at the Royal Botanic Garden). Zoology, Chemistry and Physics. I had never worked hard at school, frequently doing my homework in the class before the one where it had to be handed in, this being in part because of my

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sense of the hopelessness of trying hard when I was bound to develop yet another infection and have my efforts destroyed once again. Accordingly I took a place at university in the back row of each class, intending just to muddle through. However, after two weeks, when I was standing alone at the doorway of the Chemistry class (and I can remember the exact moment when it happened), it suddenly occurred to me that it might be a good idea to be industrious. Despite everything, I had gained ten prizes and ten merit certificates at school and perhaps it would be worth while to work hard and attempt to pass the examinations with distinction rather than be content with a simple pass. This meant endeavouring to obtain more than 70% in the examinations which would mean a pass with honours at graduation. Perhaps, too, the constant series of illnesses had come to an end; so far as I knew there were not many non-fatal ones left to have. In the event not only were my efforts at work completely successful, but I did not have a day away from work or classes on account of illness during the next fifty years, even although I visited more than fifty countries, many of which were noted for the diseases which afflicted visitors to their shores.

I felt, however, that there was more to life than a career in Medicine and first joined the tennis section of the sports club. I also looked around for a University debating society which did not consist predominantly of medical undergraduates and by great good luck chose one that was rather inappropriately named the Edinburgh University Church of Scotland Society. It consisted of students from all the Faculties and what they had in common was a sense of humour, a lack of pomposity, an ability to enjoy life and a desire for good fellowship. It cannot be claimed that all were adherents of the Church of Scotland and any students who were serious about orthodox religious conduct quickly went in search of some less exuberant grouping. However we were tolerated by the University in that we were permitted to hold our meetings in a Divinity class room in New College each Saturday night during term time and in the holidays we went on hikes around youth hostels in Scotland or the north of England. Most of us were short of money and we did our own cooking, the intention being to exist on a shilling (now 5p) a day for three meals plus paying a shilling a night to stay in the hostel. In all this was a way to have a splendid holiday at a cost of the equivalent of 70 pence a week.

The meetings were important in that they encouraged the art of speaking without notes while at the same time instilling knowledge of correct procedures at formal meetings. The subjects for discussion



ranged from the serious to the ridiculous, but all the participants learned how a chair-person must be able to cope with complexities such as when somebody proposes a direct negative to a motion which already has two amendments. Cheerfully somebody would propose a vote of no confidence in the chairman who would accept this with great good humour, call for a seconder and, if anyone spoke up, proceed to have a vote. The motion was never carried in such circumstances. The experience gained at those meetings was of great value in later life, particularly between 1976 and 1980 when as Dean of the Faculty of Medicine, I had to preside over controversial meetings, sometimes with angry warring factions or outraged colleagues. No procedural difficulty could be encountered that would be greater than what was experienced in the light-hearted debates of those student days, and this promoted a feeling of great confidence when constitutional difficulties were foreseen.

The holiday rambles were splendid and many members of this admirable student society have kept in touch or even married each other.

The Royal Infirmary of Edinburgh is next door to the University Faculty of Medicine and in the 1930s was the largest voluntary hospital in the United Kingdom. There were no private beds and, by present day standards the staff at all levels was very small. The doctors received either no payment or a nominal sum. By the second year of studies, many students went to a consultant in charge of a ward and asked to have a student attachment in the holidays. Thus it came about that at the age of eighteen I was administering chloroform or ether anaesthetics under supervision. The greater part of every vacation was spent on the wards or in operating theatres and thus began an attachment to hospitals which lasted for nearly fifty years; I calculated that I must have seen at least 250,000 patients, although none privately. As students we did menial tasks such as cleaning up dirty patients and we learned from experience that the way to get rid of fleas on oneself was to undress in an empty bath and catch them against the white background. We shaved areas for operation, took off blood samples and might even be allowed to do very simple operative procedures.

Most important from a lonely patient's point of view in a busy understaffed ward was the presence of a student who had time to take part in a conversation. The pupil learned that each patient was an individual, not just an example of some disease that he or she had read about in a textbook or journal. In the ward unit of thirty-six beds the consultants, usually two in number but alternating on different days in

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some units, did their morning rounds accompanied in the term time by a large group of undergraduates and in the holidays by the volunteer students who wore white coats and were known as 'juniors'. Apart from the University professors, a consultant held his appointment for fifteen years or until the age of sixty-five and as he received only a nominal payment he had to earn his keep by doing private work elsewhere, hopefully supplementing this by investment income if he, his wife (or, hopefully, both) were sufficiently wealthy. A higher qualification from one of the Edinburgh medical Royal Colleges was a prerequisite for appointment to a consultant post prior to the Second World War. Each ward also had a clinical tutor who came in during the morning to assist in teaching but since he was given only a token payment he had to obtain his income elsewhere, sometimes by private tutoring. The clinical tutor had a good chance of becoming a consultant in the Royal Infirmary in due course. This small band, together with an unpaid house physician or house surgeon, had to deal with the patients in the wards, cope each week with the day for the taking in of emergency cases, see patients either at the wards or in outpatient departments and train a group of up to forty-five medical students. In the surgical units duties in the operating theatre also had to be undertaken, but the staff was slightly larger. Most wards were effectively under the eagle eye of the ward sister, seldom a shy retiring person and often a battle-axe. Conversation between nurses and students or house doctors was discouraged or even regarded as outrageous behaviour. On more than one occasion a nurse was transferred from a ward for having become friendly with a junior member of the medical staff.

By 1936 our class was officially being trained in the wards in addition to having many lectures and practical classes. Indeed Edinburgh was always noted for the large number of lectures which medical students had to attend. In the evening we studied and, although I did not realize it, this was the beginning of working an eighty-hour week, something that continued for fifty years at home or abroad. However, there was a little time when at home to build wireless sets, construct a summer-house for the garden and write articles for student journals.

Like most of the students I was impressed by the personality and skill of the eminent surgeon, Prof. Sir David Wilkie (a cousin of J. M. Barrie), and also by the teaching and surgical skills of his colleague, Prof. John Fraser (later Sir John). As it happened my best subject as a student was surgery and in those days there was no such thing as computer selection for house posts so, during our student attachments, we negotiated for the posts we were to occupy after graduation. Sir

David Wilkie agreed to take me on as his house surgeon, but to the sorrow of all who knew him, he died in August, 1938. As his fellow consultant in the same unit (Mr J. J. M. Shaw) wrote at the time: 'A bright light has passed from our vision but an afterglow will long remain to illumine our steps on those paths which run upwards. It was a kindly light'.

Fortunately for me, Wilkie's successor, Sir James Learmonth, agreed to have me as house surgeon after I had qualified, and by this time I had finally decided to be a neurosurgeon. The internationally famed specialist in that field, Prof Norman Dott agreed to appoint me to his house post after I had completed my general surgical appointment. On the medical side of the hospital a new Professor of Medicine, Stanley Davidson, had come from a similar post in Aberdeen in 1938. He was a controversial and outspoken member of the profession but, nothing daunted. I accosted him at the entrance to the Royal Infirmary one snowy day at the end of 1938 and asked for a house physician post to precede the surgical appointments. As he cursed the weather, the ambulances which were splashing him as they drove past and the amount of work that he had to do, he sent me to give particulars to his secretary. No doubt some checking on my progress as an undergraduate was done and I was soon informed that I had been accepted.

Although those preliminary posts, which I hoped would not only give outstanding experience but also enable me to prepare for and pass the examinations for Membership of the Royal College of Physicians and Fellowship of the Royal College of Surgeons of Edinburgh were now lined up, there were large international clouds on the horizon. Nothing in life is ever certain but in 1938 the uncertainty about the future was very great, as had been brought home to me by a visit to Germany the previous year.

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## CHAPTER 3

### *A Visit to Nazi Germany*

A group of us, all medical students, decided that we would visit Germany in September 1937, but the majority withdrew and only Jim Key (later to be a surgeon in Toronto) and I remained, so we went ahead and made bookings for travel by train, ferry and river steamer. It is not intended that this book should contain detailed descriptions of the countries and towns that were visited over a period of many years, but more, perhaps, should be reported about this, a first overseas visit to a country whose leaders were taking it on a course which inevitably was to lead to a world conflict.

Despite the knowledge that we both had of the aftermath of the first World War, there was no antagonism towards Germany or its people in our minds. I still had memories of the book that showed pictures of the Black Forest and which was part of my earliest reading material, so I wanted to include this area; my companion had no objection. We had only a hazy knowledge of the history of the Nazi movement but had seen reference to the *putsch* which had led to Hitler's arrest. This had been in Munich in 1923 when he entered the Burgerbrau beer cellars with 600 men and announced the overthrow of the Bavarian government. He had said then that the government was in the hands of General Ludendorff with himself as political adviser. He was tried for treason and incarcerated in the fortress at Landsberg but released after a year; we knew about *Mein Kampf*, the final draft of which he had written while in prison. Furthermore we knew of the burning of the Reichstag on February 28th 1933 and believed it to be part of Hitler's plot to gain control, something which he had done in 1934 on the death of Hindenburg, enabling him to become Führer as well as Chancellor. By 1937 Hitler had incorporated the Saar into Germany, supported Franco in Spain and remilitarised the Rhineland. We had read about the ill-treatment of Jews in Germany, but had not heard of concentration camps.

We were merely two medical students with little knowledge of politics who wanted to sail up the Rhine, see some cities and view the countryside and perhaps make contact with some of the people, particularly the youth. The quoted fare from London by Harwich and



Flushing to Lindau and Munich with various stops on the way was £5 10s 4d, and this we felt we could just about afford, our original intention being to stay in Youth Hostels.

On the night of 1st September we set off with our loaded ruck-sacs for London, sleeping quite comfortably despite being more or less in the upright position. My knowledge of clinical medicine was extremely limited, but for the first time I carried a stethoscope on a journey; never again was I to travel without it. My knowledge of the German language unfortunately was nil but for sixpence I purchased a German-English, English-German dictionary which I still use. The mailboat *Zeeland* took us from Harwich on the six-hour journey to Vlissingen where, for the first time, we saw the shores of a foreign country; there before us were the windmills of the Netherlands. At the German custom post we were surprised to be asked whether we were carrying tea (which apparently was very expensive), then settled down for the journey to Cologne, now teamed up with a young husband and wife who, like ourselves, knew no German and had not booked any accommodation. Now, for the first time we could see Nazi flags in their home country, bearing the swastika which was said to be symbolic of the Aryan race. We did not realize it at the time but this was an anti-Jewish symbol and in any case it made little sense since the word Aryan is derived from Sanskrit and applies to the Iranians or, more correctly, to their language.

At Cologne station we saw uniformed *Sturmabteilung* (storm troopers) and *Schutzstaffel* (SS), and to our surprise a youth dressed in SS uniform came over to ask whether he could help us. His knowledge of English was little better than our understanding of German but between us we had not only my dictionary but also a phrase book. When we explained what we wanted he took us to a luxury hotel, one night in which would have exhausted our resources. We made it clear that, unfortunately, this was not quite what we wanted and somehow he obtained a list of hotels, complete with prices. We chose one which we thought we could afford and so we were signed into the Hotel Leers in Johannisstrasse, a street that runs parallel to the river, near the Hohenzollern bridge. Our friendly SS guide came up to our rooms to make sure that we were comfortably installed, then gave us his telephone number in case we were in difficulties. The hotel was most comfortable and on this, our first visit to an overseas country, we realized how important it is that visitors arriving in a town or country should be made welcome and given a good impression at the start.

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to the skies and it was with interest that we entered this, the largest Gothic cathedral in Northern Europe. Behind the High Altar is the gold *Dreikönigenschrein* (Shrine of the Three Kings). In the cathedral, too, a triptych honours the memory of the patron saints of Cologne, one of whom, an English girl named Ursula, is said to have led a pilgrimage of several thousand virgins to Rome in the 4th century, all however to be massacred by the Huns at Cologne on the way home. In the morning we each paid our twenty pence bill for bed and breakfast and decided that at this price there was little to be gained by staying in youth hostels. Having said goodbye to our two friends we set off by train for Koblenz, known to the Romans as Confluentes because it was at the junction of the Mosella (Mosel) and Rhenus (Rhine). It is of interest that the brown bottles of Rhine wines and the green bottles of Moselles approximate to the different tints of the waters as the rivers rush past the vineyards to their meeting place. Our stay was short but we walked by the river along the Rheinanlagen and noted the wine village before we boarded a steamer for our journey up the river.

The swastika flag at our stern fluttered as we passed a paddle steamer: on board our own craft there was a group of fair-haired blue eyed girls of the Hitler youth movement, dressed in smart uniforms with rucksacs and blankets on their shoulders ready for a camping holiday near the river. They turned to wave goodbye to us as they formed up to march off behind the Nazi flag; thinking of our innocuous Girl Guide movement we had a feeling of unease. Passengers boarded at Marksburg but there was now no evidence of uniforms as we made our way towards the Lorelei. This precipitous rock with a remarkable echo is associated with many legends but what we had read was that a maiden who sits on the rock combing her hair tempts boatmen to their death by singing so sweetly that they are drawn towards the rocks, only to be dashed to death on their jagged edges. We had a travel book which gave part of Heinrich Heine's poem about this legend, beginning 'Ich weiss nicht, was soll es bedeuten . . .', but when we were attempting to translate it we were surprised to find that some Germans on the boat recoiled at the mention of his name and when we questioned them about this they explained that he was Jewish. My uneasy feeling became greater when mention of Richard Tauber also met an unfavourable response for the same reason.

We sailed on, past the castle of Pfalzgrafenstein, built on an island in the middle of the river by Ludwig IV in 1327 after he had been elected Holy Roman Emperor but then excommunicated. On we went to Rudesheim where we spent a comfortable night after having inspected



the taverns and some cellars in its *Drosselgasse*, a narrow cobbled street organized to delight the tourists. Next morning we sailed on to Mainz with its cathedral which had an amazing amalgam of architectural styles, partly dating from the 12th century. Unlike the one we had seen in Cologne it was later to be almost destroyed by the ravages of war. We knew that Johannes Gutenberg who invented the printing press came from Mainz, but, lacking time to explore the town we had a lunch of soup, veal cutlets and stewed apples at a cost of 8p, then entrained for Heidelberg where we already knew that there was an ancient University. We found a small hotel near the river where a friendly local inhabitant played us a tune of welcome on his mouth organ. In the late evening the picturesque castle on the slope across the river was floodlit, whilst upon the bridge leading to it there was a firework display. The troops of Louis XIV had almost destroyed the castle at the end of the seventeenth century, but before that it had been a home to Elizabeth, Electress Palatine, daughter of James VI of Scotland (1st of England) and grandmother of George I. Many years after World War II ended I read that we did not bomb Heidelberg because we had agreed not to do so if Oxford and Cambridge were similarly spared.

The next morning we set off early for Freiburg-im-Breisgau. At last we would be free to ramble in the Black Forest. We booked into the Schillerhalle Gasthof in Hildastrasse for three nights and found that we were in a most pleasant market town with a red sandstone Gothic cathedral which, with its delicate traceries, made a deep impression on us. There were tall city gates, one of which had under its clock tower a reproduction of St George and the dragon. Along the sides of the streets were channels of clear water and the general cleanliness was most impressive. Most unfortunately a large part of the medieval inner town was to be destroyed in the second World War. We were buying fruit in the market place when the peace was suddenly shattered by the arrival of four buses out of which tumbled over a hundred uniformed storm troopers. Fortunately it appeared that they were merely sightseers and we continued to munch our peaches. In our halting conversations with friendly Germans we had heard no criticism of the Nazi regime, but realized that freedom of speech was probably already compromised. We had discovered that there was antagonism to the Jews and to the French, but not, we thought, to the British. However, already we had seen shops with yellow Stars of David daubed on the doors and windows, something that was most offensive. So far as we were concerned everybody had been most friendly and helpful while only once did we find a note of antagonism. A German business man

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asked us on the street whether we were English and to this as always we answered 'No!'. When we then explained that we were from Scotland and were therefore either British or Scottish he referred to Great Britain and asked whether it was called this because it was so great. I explained that the reason was that we did not want any confusion with Brittany, at which point he snorted and marched off.

The Black Forest was just as I had imagined it. We followed signposted footpaths between spruces, firs and pines, sunned ourselves in the meadows and exchanged greetings with cowherds and drivers of ox carts. In one open-air restaurant where I wanted a bread roll my dictionary let me down so I made a drawing of one and a puzzled waitress brought an umbrella. In this peaceful and beautiful part of the country it seemed that threats of war were far away, and in one village square where a loudspeaker had been hung up so that the villagers could hear what Hitler was so stridently saying nobody came out to listen to him.

We moved on to Konstanz to sail on the lake to Lindau and noted without surprise that photography of Friedrichshafen, the home of Zeppelins and Dornier flying boats, was forbidden: I took my pictures through the port holes of the men's toilet. In the distance we could see both Swiss and Austrian Alps and as we gazed towards Austria we already knew from reports at home that Hitler might soon order an invasion of the country of his birth. When we reached Munich for a three night stay we became much more aware of the growing militarism and again were distressed to see shops and homes daubed with Stars of David. The full horror of Jewish persecution was not known to us until many years later.

It seems that there were about 600,000 Jews in Germany and that Hitler aimed to eliminate all of them. Such monstrous wickedness would have been beyond our comprehension and we did not of course realise that throughout Europe the Jewish population was in danger. In our own country Sir Oswald Mosley was, in our opinion, just another crazy eccentric.

Despite the pouring rain we visited the Frauenkirche cathedral and the Englischer Garten. The river Isar was something that I knew about as I had appreciated Campbell's poem while at school and it lived up to his description as it was in full flood. 'Dark as winter was the flow of Isar, rolling rapidly' seemed to be a good description on this wet September day.

Not until a later visit in 1970, however, was I to see the Nymphenburg palace with its beautiful grounds or journey to Ludwig

II's extraordinary castle of Neuschwanstein. As it was we were struck by the severity of the architecture, the width of the streets and the massive size of the Hofbrauhaus. I sent home a postcard of this great beer cellar which did not, however, include any of the many uniformed troopers whom we had watched drinking beer at its tables. There was to be seen a former royal palace known as the *Residenz* and opposite it was the *Feldherrnhalle* which we were told was a copy of a building in Florence. Outside it there were two SS sentries on guard with fixed bayonets. This, we learned, was a memorial to Nazis who had been killed there in the 1923 putsch and, like other passers-by we were expected to give a Nazi salute. This we were unwilling to do. However, on Monday 13th September we set off again, this time for Nuremberg where we hoped to get away from all this warlike atmosphere and instead to admire ancient houses, Gothic churches and quiet cobbled streets. We could not have made a greater mistake. Somehow we had failed to discover that the fifth Nazi party conference was commencing in Nuremberg that day and we arrived at the railway station to find that we had strayed into something like a gigantic theatrical set which glorified military might and made it abundantly clear to us that the future peace of Europe was likely to be shattered soon. The narrow streets of Nuremberg, dripping with blood red flags bearing the racist swastika echoed to the sound of marching feet and were disfigured by thousands of uniformed Brownshirts and SS men. Columns of the latter in their black uniforms marched past chanting the Horst Wessel song. Commands rang out and the troopers halted, made a sharp right turn and almost knocked me over as, taking a chance, I filmed them with my 9.5 mm cine camera. We could not gain admission to the giant arena where the faithful were assembled in their thousands, with swastika banners flanking the rows of cheering crowds, but I bought a souvenir issue of *Freude und Arbeit* which gave reproductions of brightly coloured paintings showing the type of unhealthy activities that were going on inside. Those of us who were in the streets could hear the Führer on loudspeakers as he hypnotised the vast audience with his shouted exhortations to which the crowds inside responded with great enthusiasm. Then, the performance over, we joined the crowds lining the street with guards facing the onlookers as we awaited the return of the leaders of this troubled country. Soon eight open limousines sped past bearing Reichminister Goering, Reichminister Dr Goebbels, the evil Reichsführer S.S. Himmler, Reichsleiter Rosenberg, the unfortunate Deputy Leader Rudolf Hess, easily recognisable with his bushy eyebrows, and others whom we

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could not identify. One of the flags amongst those bedecking the route was that of Japan, and we noted, with some dismay, a car bearing Japanese representatives well up in front. I continued with my filming.

Although Mussolini had first referred to a Rome-Berlin axis at Palermo in the previous month we did not identify an Italian presence in the procession, but of course it moved at high speed. Then came the moment for which the crowd was waiting — the car bearing Adolf Hitler came rushing past, a small uniformed figure sitting back in a large open vehicle. It seemed to me that the reception given by the crowd was mixed. Although I was mindful of the senseless assassination of Archduke Franz Ferdinand in 1914 and of King Alexander of Yugoslavia in 1934 I realised for the first time that there was perhaps a place for the assassination of one individual to protect many, but hopefully there were strong men in Germany who could prevent what seemed to be a catastrophic rush to disaster. No doubt, however, the French and British governments had a plan to prevent a madman from causing global destruction. Unfortunately such was not the case.

We were subdued as we left Nuremberg to spend a night at the Hotel Rheingauer-Hof in Mainz, being sufficiently disturbed to spend the equivalent of 25p on bed and breakfast. For lunch we chose the cheapest thing on the menu as we had no money left, and for once we did not trouble to look it up in the dictionary as we had no choice. This was a pity as it turned out to be tripe which was something I have always refused to eat. I remained hungry as we returned to Cologne and set out for home.

What we had anticipated occurred six months later when at 10 p.m. on March 11th 1938, 10,000 German troops crossed the frontier and marched towards Vienna: four days later Hitler drove along the 120-mile route from Linz to the capital, being cheered by Nazi sympathisers all along the way. Not all Austrian people shared the enthusiasm, and many Jews who had served Austria well quickly made their way across the borders to safer lands if they had not already escaped. Even as I negotiated for my house posts I was no longer a starry-eyed innocent medical student looking forward to a straightforward planned career. Instead I was in considerable doubt as to what the future might bring. For the time being, however, the thing to do seemed to be to continue with the work which hopefully would soon lead to graduation.



## CHAPTER 4

### *Doctors Preparing for War*

Just after our return from Germany I was due to address a group of students on a subject of my choice and decided to talk about the likelihood of a world conflict: I referred to the importance of the new sulphonamides which had recently been introduced for the treatment of infection and, thinking of the Japanese whom I had seen at Nuremberg, the importance of the islands of Malta and Pantellaria in the Mediterranean. Our lines of communication with the East were now of great importance. I thought of these predictions when treating bacillary dysentery in India and when being bombed on the way to Egypt.

We continued to attend lectures, work on the wards, sit examinations and have short holidays. However, at the end of 1937 the Air-Raid Precautions Act was passed and preparations began for the provision of bomb-proof shelters, the issuing of gas masks and the construction of warning sirens to give advance notice of air raids. By 1938 some of my friends in other Faculties had enrolled as air-raid wardens but it was clear that medical students would have more specialised duties to perform. In Glasgow preparations went ahead for the Empire Exhibition, and a group of us set out to see the Clachan, the Palace of Arts, the Palace of Engineering, the South African Pavilion and much else besides. Unfortunately, although there were thirteen million visitors it made a loss. I remember in particular the fountains and the reproduction of the Victoria Falls, one of the wonders of the world which I was to see and film in 1972. At the Exhibition there was a young female singer there with an attractive voice: her name was Vera Lynn and later she was to become known as 'the Forces' sweetheart'. In 1945 we were both on the same programme, broadcasting from Radio Rangoon — I was not singing, but putting out medical propaganda, and it was a recording of Vera Lynn.

In September 1938 I organised a 'hike' to Wester Ross for a party of fifteen students, and for part of the time we were cut off from all communication with the outside world in an area without roads, newspapers or wireless sets. On 13th September 1937 I had been in Nuremberg wondering how Adolf Hitler's activities could be stopped,

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whereas on 13th September 1938 General Halder was planning to arrest him the following day. This attempt to prevent catastrophe was blocked by Chamberlain's announcement that he would fly to Munich to negotiate with Hitler. We knew nothing of this mission until we stumbled over the hills to Inveralligin Hostel, a cottage on a slope leading down to the northern shore of Upper Loch Torridon. Here there were newspapers and a wireless set and we learned that German troops were massing, the French were mobilising, our fleet was gathering at Invergordon and the United Kingdom was preparing for war. What I wrote in my diary was, 'It is true that we had been hearing murmurs of trouble abroad — vague rumours that once again all was far from well — now from the lips of some old shepherd, and now from some traveller who had just escaped from the maelstrom of civilisation, but we were not alarmed, for crises are so numerous that today they merely arouse a mild interest, unsustained and soon forgotten when one is engrossed in the joy of living. But now things appear to be more serious and it seems that war must come. Will they never learn?'.

In fact there was a temporary respite because on September 30th, having returned to Munich, Chamberlain signed his agreement with Hitler as co-signatory and on October 1st our Prime Minister was given a tremendous ovation when he flew back to London where he said his mission had resulted in peace with honour. I did not believe a word of this. On March 14th 1939 Hitler with his troops entered Prague. This unprovoked invasion of Czechoslovakia showed indeed that no credence could be attached to any agreement signed by the Führer.

Being final-year medical students we could but continue with our studies even although we could see from our windows trenches being dug in open fields and spaces. Our future activities lay in the hands of others and some of our friends were already in uniform. However, on July 19th, having sat a seemingly endless series of examinations, 148 of us graduated as doctors in the McEwan Hall. Most of those who had not satisfied the examiners on this occasion graduated in November, and the final total of graduates from our year was 199. Of those, a follow-up study fifty years later suggested that 142 were still alive. Strangely enough those addressing us at the July ceremony made no reference to the possibility of a coming conflict but in the *Edinburgh Evening News* that day our graduation list was one of the more peaceful entries. Other headings were 'Guns Always Manned', 'If War Comes, No Arms for Democracies From USA', 'Roosevelt Beaten by Isolationists', 'Poland Will Fight Even if Unaided by Allies', 'In Axis Camp: Italian Statement on Spain', and 'Emergency Hospitals in



Scotland'. There was a picture, too, of a 15-year-old Territorial working a field telegraph set during a training exercise by the Royal Corps of Signals at St Andrews. His youthful age was a matter of some surprise.

Of the 199 who qualified 70.9% were Scottish, a higher proportion than was later customary in the years after the Second World War and from outside the UK there were representatives from Afghanistan, Australia, Canada, Egypt, Germany, Gran Canaria, India, the Irish Republic, Jamaica, New Zealand, South Africa and the United States. Soon we were to be scattered much more widely than had been anticipated when studies commenced in 1934. Seven were to be killed while in the Services. Most of the male graduates living in Edinburgh registered for war service at the Central Medical War Committee at 7 Drumsheugh Gardens as soon as this was possible. I had never flown but was interested in flying so registered for service in the medical branch of the RAF. Perhaps because of my uncle's stories of wallowing in mud in the first world war the Army was not my first choice and I knew nothing about the Royal Navy but was told that the medical officer was likely to have his quarters above the powder magazine and either be bored stiff or blown up.

We were instructed to go ahead with our first house posts which in Edinburgh did not commence until 1st October. While still an undergraduate I had made detailed arrangements for a group of fifteen to visit Youth Hostels in the Lake District, but in view of the deteriorating international situation called this off.

From the day of graduation I had spent most of my spare time helping in Stanley Davidson's wards, but had enjoyed a short spell as a locum in general practice at Gorebridge near Edinburgh. The first patient I saw needed a prescription which I duly wrote, but the chemist phoned up to say that if he made it up it would not come out of the bottle. The second was a youth who wanted me to extract a molar tooth. I did my best but he was not satisfied either. Then came a message that a child was having an epileptic fit; I had never seen one before but had been told as a student to hurry slowly in such circumstances and at the time of arrival the fit would be over. It was, and as I expected, the mother knew very well how to deal with fits and I knew how to write a suitable prescription so all was well. Then I was called to see a lady who needed a forceps delivery; as a student I had been shown what to do, but this was a serious matter and I knew my limitations. I sent for help to another, experienced, local doctor who worked closely with the one I was replacing and he undertook the



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delivery, meantime expressing satisfaction that I had not attempted it on my own. Two days later another of the patients went into labour, but was already booked into the Simpson Memorial Maternity Pavilion. I put her in the car and set off for the hospital at such high speed that I doubted whether I could safely take the corner at the junction with the main road, but fortunately there was a garage there with 'In' and 'Out' notices. We sailed in past the entrance and out through the exit, arriving at the Simpson in one piece and just in time.

Poland was attacked by Germany at dawn on September 1st, and at 11.15 a.m. on September 3rd the Prime Minister announced that our country was at war. Soon after that came the wailing of an air-raid siren, a false alarm. Already I had prepared a basement room as an air raid shelter, put adhesive tapes on the windows and bought a stirrup pump to help to deal with incendiary bombs, and a joiner had made for me a ladder which would enable us to get through a trapdoor on to the roof to deal with fires there. I assisted in the evacuation of school children to St Fillans in Perthshire; within half an hour some of them were attempting to walk home. Next I volunteered to give first aid lectures at a school near home, went to work in the Royal Infirmary wards and also arranged to help Dr C.P. Stewart to set up a blood bank there. It was ready for the shooting war which began locally on 16th October, a Heinkel being shot down: other attacks followed and there were casualties; blood was needed and quickly provided.

It was on Monday October 2nd, 1939 that I formally began my duties in Stanley Davidson's wards of the Royal Infirmary of Edinburgh. Stanley, as everybody knew him, was the second son of a father who had made a fortune in tin and rubber in the Far East; his mother was able to donate a Spitfire to the nation to help in the war effort. Stanley has started off at Cambridge as something of a playboy, but in 1914 he enlisted as a combatant in the Gordon Highlanders and at the age of 20 was a Captain in the front line trenches in Belgium. He was twice wounded, the second time severely and after having lain in the open for 24 hours was found and admitted to the gas-gangrene ward of the Boulogne Base Hospital. Now a much more serious individual, he resumed his medical studies, this time at Edinburgh in 1917 and two years later graduated with first class honours. He became assistant to the Professor of Bacteriology and claimed to have been able to teach because he kept one lecture ahead of the class. In 1932 he was elected to the Regius Chair of Medicine in Aberdeen and had now been translated to Edinburgh. At first the medical school wondered just what had hit it, since here was an outspoken questioning man, not in

the sober tradition of professional respectability, who was enthusiastic about both work and sport, but was likely to question any unguarded statement that could not be justified. He was very careful about even minor financial matters, knew even less than I did about stocks and shares, did not undertake private work and treated his patients equally well whether they were duchesses or gypsies. At times his language was choice and his statements outrageous while his stories on occasion had to be taken with a pinch of salt, even if he fully believed them himself. His skill as a clinician was not fully appreciated, but his students thoroughly enjoyed his lectures or clinical demonstrations, particularly when he decided to do some practical procedure such as a lumbar puncture which he had not seen for some years. One of his two ward sisters might then have to tactfully tell him just what to do. His ward rounds were conscientiously carried out and the task of looking after the patients was shared with his fellow consultant, Dr J.G.M. Hamilton who was unfit for war service because of a physical disability. The clinical tutor who came in each morning to work in the wards for a nominal payment was Dr James Innes, and he, like Stanley, had an interest in the study of patients with blood disorders. Resident in the hospital was the house physician who held this post for six months, but this professorial unit differed from the other wards in that until April 1940 when Service requirements necessitated a reduction in staff the incoming house physician had first to act as an unpaid clinical assistant for six months. For him no accommodation could be provided. Accordingly when I started work in 1939 it was with the knowledge that I would hold unpaid medical posts for a year. Fortunately I had received at graduation a number of medals and prizes; gold medals had to be put in a safe in my lawyer's office, but included in the prizes was a total of £144 12s 4d, a lot of money in those days. I was able to buy a new bicycle for £5 (with a trade-in allowance of £1 for my old one) and, during the clinical assistantship, cycle home for meals and sleep. There was even time to make pieces of apparatus and I had a fretsaw at home together with my grandfather's tools. First I made a microscope stand with containers for bottles of reagents and, since as I sat at it I had my back to the door, incorporated a large mirror so that I could see who was coming in, then a counting machine for blood counts with wooden gear wheels; next followed a box that fitted around a microscope but had internal heating — this I presented to the transfusion service for one of Dr Harold Scarborough's research projects and for the first time saw my name on a scientific paper. I then went to a city draper's shop and obtained a dummy figure from their window display (christened

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Belinda by my colleagues). She was fitted with a rubber tubing circulation and arms which I made of wood, then covered with plasticine. Belinda was then used as an aid to teaching students how to undertake blood transfusions. Stanley Davidson was so impressed by Belinda that I always felt that she was the real reason why he found a post for me when I was about to be demobilised in 1946.

In April 1940 I became the house physician, but without a clinical assistant because of the war emergency. This meant being at least on call for 168 hours a week, except that occasionally the house physician from another pair of wards would provide cover. There were no locums and no ward secretaries to do the letters which had to be hand-written. Patients had to be admitted, very often treatment started, always the case notes to be written and frequently relatives to be interviewed. In addition every patient had to have a blood count done and the urine tested by the house physician. There were forty-two beds to look after and, of course, the house physician had to accompany the two consultants on their ward rounds, and on occasion help out with the teaching. The resident's first ward round was usually about 8.30 a.m. and very often the last one was around 1 or 2 a.m. Despite this the house doctors were usually quite contented: we were learning by apprenticeship without paying fees.

Because of Stanley's experience with blood disorders I became interested in this branch of medicine and carried out a few minor research projects, but there was insufficient time available for me to write a paper for a medical journal. The essential part of a house physician's work is to ensure that patients are diagnosed and treated as rapidly as possible. It has to be realised that the treatment of many conditions was most unsatisfactory and that few active drugs had been synthesised. It is true that the mortality rate from meningococcal meningitis had just been reduced from about 80% to 10% by the introduction of sulphonamides, but the expected mortality rate from tuberculous meningitis was still to be 100%. In pulmonary tuberculosis it remained at 50%, while in any form of leukaemia it was 100%, the only question being whether the patient with the chronic form would last as long as 3 years. Those with a high blood pressure might live for 10 to 15 years as there were no drugs available for treatment. I had seen blood donors being brought to the hospital so that their blood might be transferred to the recipient, but now we were collecting blood into milk bottles and storing it in the hospital. Not only that, but it seemed that plasma could be separated and given to patients; the question that then arose was whether anything could be done with the red cells that were



left. I was given some to take home to use as a rose fertiliser. Soon, fortunately, a use was to be found for red cells and in 1940 experiments began with the drying of plasma; a manufacturing plant for this was organised in the Royal Infirmary and in this way something that was to be of great importance to the Services was developed in Edinburgh as in Cambridge and elsewhere. Those were exciting developments but this was a time when we were powerless to treat many serious diseases successfully and it was largely by his skill as a communicator that our Professor of Therapeutics, Derrick Dunlop, had so expertly held the attention of our class when we were students. I had listened carefully, had done what I could to remember the dosages of the various drugs which were in use for no very good reason that I could see, and decided that it was a good thing that I was going to be a surgeon. Little did I think that the day would come when I would succeed Derrick Dunlop as Professor of Therapeutics.

On June 4th 1940 the patients and staff in the hospital were in a state of great excitement when Winston Churchill spoke in the House of Commons of a 'miracle of deliverance' at Dunkirk and the newspapers showed pictures of some of the 335,000 troops taken off the beaches. There the doctors drew lots to decide who should stay behind; the wounded were not brought for initial treatment as far north as Edinburgh and there were few air raids in our area. We heard the bombers droning overhead as they were about to attack Clydeside while locally our anti-aircraft guns fired at them but we did not evacuate the wards during raids or go down to shelters. Barrage balloons protected the Forth Bridge, the blackout was strictly enforced and the lights on all vehicles were carefully shaded: one could not smoke in the open at night.

I was still awaiting call up for the RAF and, although I had planned to be a neurosurgeon, resigned from my house posts with Professors Learmonth and Norman Dott. This turned out to have been a premature move because there was a delay in the recruitment of medical officers for the RAF after Dunkirk and I no longer had a post to go to after my initial appointment to a medical ward. By good luck a vacancy arose in the Surgical Out-patient Department where the work was sufficient to justify the appointment of three house surgeons even in war time; this Department, later named Accident and Emergency, went like a fair for twenty four hours, seven days a week. In later days when there was a National Health Service a hierarchy of medical staff grew up, with Senior House Officers, Registrars and Senior Registrars but none of those posts existed previously and, because of

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the war, there were few consultants to turn to during much of our period of duty. Accordingly the three house surgeons carried out minor surgical and related procedures which in modern times would be carried out by more senior, experienced staff and would cause apoplexy in the Medical Defence Societies. Cheerfully we gave anaesthetics for each other when we operated on torn hands or as we reduced fractures. Indeed on one occasion when we were hard pressed I managed to persuade a policeman to give the anaesthetic using nitrous oxide. Because of the war, X ray films were not available much of the time and our X rays of wrists and ankles and even of skulls were taken direct on to bromide paper. A team of volunteers was making the plaster of Paris bandages and they varied considerably in their resemblance to the commercial ones previously used; these were applied either by us or by senior members of the nursing staff. Exhorting everybody was a well known character, Sister 'Maggie' Dewar who seemed to be everywhere in this busy old-fashioned Department, assisting at minor operations, putting on plasters, making sure that patients to be admitted to the hospital went to the correct wards and helping the house surgeons to guide the drunks safely to the railings so that, holding on to the latter, they could slowly clamber their way to Lauriston Place and thus avoid the further attention of the police. The sisters in the Royal Infirmary were legendary but few so universally known as Maggie, the guardian at the entrance to the portals. Fortunately she had a close relative who lived nearby so she went off duty occasionally. Many lived their lives in rooms above their wards and one had not taken a holiday since the end of the first World War. Their pay was but a pittance but they had great job satisfaction in this, the largest voluntary hospital in the United Kingdom, financed by the generosity of the public, by donations, legacies, endowments and by the annual students' flag day when a two mile long procession of ingeniously decorated floats accompanied by perhaps thirty bands wound its way around the city centre. In 1940, partial Government funding began.

One never knew what emergency problem might arise since all emergencies came to this department in the first instance including both medical and surgical patients and unless arrangements had already been made we had to check over the patient and arrange admission where necessary to the appropriate admitting ward. On New Year's Day I was just about to go to bed at 2.30 a.m. when there arrived fifteen patients suffering from food poisoning. Immediate action had to be taken not only to have the patients treated in a ward but also to obtain samples of the food and drinks that they had taken. One night I



was called out to certify that a patient in an ambulance was dead, but when I touched her she sat up and said 'Oh, ma sair heed!' On another occasion I had the sad duty of certifying that a young Army lieutenant was dead, this being because he had been electrocuted by a faulty piece of apparatus in a Marchmont flat at his own engagement party. Just after that his fiancée was brought in, having unsuccessfully tried to kill herself by putting her head in a gas oven. After she had been discharged from hospital she was killed in a single vehicle car crash, so it seemed likely that she had succeeded in her grief-stricken endeavours.

On another occasion a man was decapitated by a low flying aircraft while driving a horse and cart across the road at Turnhouse airport. In Scotland there are no coroners, so on most occasions where there was a death we phoned the Procurator Fiscal's office for a decision as to whether or not he wanted to hold an enquiry; seldom was this necessary. There were no true war injuries but very many of the minor accidents and a few of the major ones occurred in people who were attempting to put up or improve their blackout precautions. In February there were the problems caused by icy pavements. In one day I treated twenty-seven fractured wrists (Colles' fractures), but the next day when the ice was harder fractured ankles were almost as prevalent. One day a man jumped over the Dean Bridge and landed in the Water of Leith, more than a hundred feet below. In each foot he fractured the calcaneus, the small bone of the heel, but otherwise was unscathed.

One interesting minor casualty was a Fairy Queen who was brought in from a pantomime at the Theatre Royal. When the curtain went up she yawned and dislocated her jaw, so I put it back into place and since both shows had to go on she returned to wave her wand while I stabbed a knife into somebody's breast abscess, a very common condition in those days. Antibiotics did not yet exist.

When a patient came in with a sore throat we were always afraid that it might be diphtheria and when a patient was comatose we had to decide whether it was due to a medical cause, the taking of drugs or alcohol, a blow on the head, or was a psychiatric condition. The idea that there could be litigation against us if we made a mistake never entered our heads. One of our esteemed teachers was admitted in an unconscious state reeking of paraldehyde: unknown to us all he was an addict. On one occasion a young girl was most upset to learn that her abdominal swelling was a pregnancy, while a young man who had the most bizarre symptoms which could not be explained by any illness agreed that his condition could be of psychological origin because,

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being an adopted child, he had just discovered that he had married his sister. I had to deal with and clean up, with assistance, the most filthy man I had ever encountered; his clothes had not been removed for any purpose for many weeks and the smell was indescribable. He was admitted and found to be very wealthy.

The hospital had as its medical superintendent a most conscientious man, Lieut-Col A.D. Stewart, IMS (ret'd), who visited all areas of the hospital regularly and certainly looked into the Surgical Out-patient Department every day, his last visit usually being about midnight. He lived in a house in the hospital grounds, while the house surgeons and house physicians had their quarters in the residency, where there was spartan accommodation but good fellowship. However, we were so busy that it was two months before I encountered the house surgeon in the room next to mine. In the out-patient department there were of course three of us, so, quite apart from patients and nurses there was no sense of isolation. The hospital telephone exchange was near to where we were working and we soon discovered that one of the operators was listening to our conversations and reporting them back to a member of our nursing staff. We dealt with this by making up the most ridiculous stories and telling them to each other on the telephone, then waiting to see how long it would be before there were repercussions. This turned out to be useful training for occasions in my later travels when I was in 'bugged' rooms.

When I had finished this interesting and useful part of my training I was still awaiting call up and the Central Medical War Committee arranged a temporary post at the Astley Ainslie Hospital which is situated in pleasant leafy grounds about a mile south of the Royal Infirmary. In peacetime it was a convalescent home for the acute hospitals but now it was officially a Military Hospital although it retained a civilian staff and admitted only Service personnel as patients. This was my first introduction to Army procedure and I well remember the help given to me by Private Hazelwood in the administrative office as I struggled with Army forms, notified units about hospital admissions and learned about such dodges as discharging a patient, then immediately readmitting him so that he did not lose his rank as a result of being in hospital. I was now called a Senior Resident Medical Officer and for the first time in my life was paid for carrying out my duties, the remuneration being £300 per annum. I had never been paid for doing anything before and felt rather bad about taking the money, particularly when very good accommodation was provided. However, I was able to extend the work by liaising with Major John

Richardson (later Lord Richardson) who was then the medical specialist at Edinburgh Castle, and occasionally I did clinical teaching at the Royal Infirmary. There was an exciting new development at the medical school; in the Polish forces now in Scotland there was a substantial number of medical students and also some university professors and lecturers. On 22nd March 1941 a Polish medical school was inaugurated within the University of Edinburgh and it was to continue in being for eight years. At the time of its inception I was able to make life-long contacts with some of the teachers in this unique medical school and on my return from overseas in 1946 take part in the teaching and examinations at the school. In 1941 the streets of Edinburgh were filled with uniforms that were strange to us — Polish, Dutch and Norwegian troops were to be seen and it occurred to me that I would not recognise some of the enemy uniforms if I saw them amongst the welcome strangers. The reverse side of the coin has been described by M.R.D. Foot & J.M. Langley in *MI9*, a book in which they refer to Lieutenant D.P. James who escaped from the Germans by wearing full British naval uniform, and carrying a card purporting to be a Bulgarian naval identity card in the name of I. Bagerov.

However, I was not wearing a uniform and was feeling frustrated. Apparently I still could not be found a place in the RAF and I was notified that I would be commissioned as a Lieutenant in the RAMC. I was much relieved about being enrolled in one of the Services, but first I had to carry out some negotiations which were outside my sphere of interest or knowledge. Apart from what I could now provide, my mother's only source of income came from the family business and it was being very badly run by the qualified manager; the annual profits had been halved. As I was a doctor I wanted to have nothing to do with a pharmacist's business on ethical grounds, but it had to be rescued if possible. I consulted the managers of the five manufacturing chemists then in Edinburgh and all felt that it was worth while having the business continued. I knew nothing about business affairs, my only previous experience having been when as a small boy I found that I could buy golf clubs at the church jumble sale for a penny and sell them to an Edinburgh shop for a shilling each; the stakes were higher now. I managed to find a qualified pharmacist who was available and instructed our lawyer to dismiss the one who was mismanaging the business and replace him by the new one. Meantime I arranged for all the debts to be paid off and turned the business into a limited liability company with a declared capital of only £100. This effectively limited any debts that might arise and ensured that in my absence my mother

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would not be responsible for accounts that she could not pay. Fortunately the actions taken then were successful and my mother's income from this source was secure throughout the war years.



## CHAPTER 5

### *Life in the Army in England*

Just as I had completed the negotiations to ensure that my mother's income would continue, very major international events occurred. On 7th December 1941 the Japanese attacked Pearl Harbour and the next day the United States and Britain declared war against Japan; that day, too, Britain declared war on Finland, Romania and Hungary. Three days later Germany and Italy declared war against the USA, and now we were all in it together. On December 25th Hong Kong fell to the Japanese.

I was medically examined for Army service, then sent off to the RAMC depot at Beckett Park, Leeds. Here some forty of us met, in most instances for the first time, and were issued with our basic uniform, various items of equipment including gas masks and gas capes, and were told about lines of command, the structure of army units, how to salute, to give orders, to march, to drill with rifles and to recognise enemy vehicles and aircraft. We had to perform intelligence tests, and to fire revolvers, .303 rifles and Sten guns; we threw hand grenades. Parades were held, we tested our gas masks, assembled tents and learned more about army forms. I had never been keen on excessive exercise and when our group was sent off on a route march I managed to avoid it as I had developed a small ulcerated area on my foot as a result of wearing my new army boots. Finally there was an examination to see how much we had assimilated and off we went to our various units.

I was posted to 177 Field Ambulance in Chester-le-Street and settled down for a short time to a period of unnatural boredom. The Hermitage is a large house, easily seen from the trains going north to Newcastle and at this time it consisted of a unit that was being held there waiting for something to happen. It is true that we went out on route marches, changed the guard and shot crows, but there were no medical duties to carry out. My offer to test the blood groups of all those in the unit was accepted, but much of the time was spent in playing snooker. One day, however, the house went on fire because of an electrical fault, whereupon the Quartermaster, being a man of action, immediately threw all his ledgers into the flames. The

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commanding officer sat on a chair in front of the house, drinking whisky and directing operations as his men dealt with the blazing roof.

My stay at the Field Ambulance was short and I moved on to be the medical officer to the 2/4 South Lancashire Regiment stationed in Consett, near Durham. We were continually on the move and for a short time were billeted in Durham itself and then in Redcar. Soon after we arrived there was the sound of an explosion and a message came that children had walked into a minefield close to the sea front. We asked for a chart of the minefield and were told that the unit which had laid the mines had gone off without leaving any such guide to their position. I had a rapid discussion with Lieut Golding of the South Lancs and we decided that as no helicopters were near and speed was essential, the best we could do would be to go into the minefield with rifles and fixed bayonets, prodding the ground in front of us and hoping that we would find the children without setting off any mines. The area was not sufficiently flat for us merely to survey it from ground level. What we found was the body of a six year old girl named Ruth Smith; she had been blown to bits and we could only retrieve the pieces that remained. If other children had strayed in they must have managed to get out again and as we had progressed through the minefield we had laid down markers so were able to exit again rapidly. For the first time I had to give evidence in a coroner's court, unfortunately under particularly tragic circumstances.

Next came a longer period of duty, this time at Catterick Military Hospital to which I was posted in July 1942, still as a Lieutenant but with the title of 'graded medical specialist', in theory surplus to establishment. The problem was that the real medical specialist, a Major, was a severe alcoholic who was unable to carry out his duties, preferring to spend his days in the Officer's Club, drinking whisky, so it fell to me to take his place. This was a really busy hospital and all varieties of disease were seen by the 25 medical members of the staff. I found that for a spell I was not only the medical specialist but also the skin specialist which would have been unfortunate for the patients had it not been for the fact that there was a sergeant there with a good knowledge of skin diseases including how to treat them. The hospital was in a nice part of the country near Richmond, Yorkshire in an area bristling with military activity, particularly as regards the Royal Signals and the Royal Armoured Corps. I shared a room in Le Cateau lines with another officer and was surprised to find that we had a batman who was a trooper in the Royal Armoured Corps. Eventually he told me that he preferred being a batman for RAMC officers to carrying out



his expected duties and that for over a year nobody in his unit had noticed that he reported only once a week to collect his pay. In matters of discipline RAMC officers have similar responsibilities to combatant officers, but I merely told one of our sergeants and my batman was replaced by a batwoman. Up till then I had been unable to get my clothes washed locally and had needed to wash them myself or send them to Edinburgh, but the batwoman kindly offered to do the washing, much to the relief of myself, my mother, and no doubt the Army post office. Our patients were all British apart from the occasional Italian prisoner of war who was treated in the same way as anybody else. Some of our men had fought at Tobruk, so we were able to hear stories of the fighting in North Africa at first hand.

One day a trooper was walking near Catterick when he felt that he had received a blow to the eye; he looked around to see whether anybody could have thrown a stone but there was nobody in sight so he came to the hospital much puzzled. Not only did he have a 'black eye' but he was developing haemorrhagic areas all over his body and yet there was no evidence from blood counts of any blood disorder. He was admitted to hospital just before we had a visit from a medical Major-General who asked me what I thought it was. It so happened that on the previous evening I had been reading a chapter on chronic meningococcal septicaemia in *Medical Diseases of War* and suggested that this was the diagnosis. The Major-General gave a snort and said 'Whatever it is it's not that'. After he had gone I looked at the chapter again and found that the self same Major-General was its author; the next day the patient developed meningitis which, fortunately, responded to treatment and I sent a copy of the case notes to the Major-General who, I gather, was not amused. At this time meningococcal meningitis was not uncommon. In one week I admitted four patients with this infection together with a fifth with exactly the same symptoms and signs but who was suffering from hysteria. There was an occasional unfortunate man with tuberculous meningitis which was a fatal condition in those days, but all manner of medical conditions were to be seen. At times there were so many patients that a number had to be treated on palliases on the floor. The nursing sisters belonged to the Queen Alexandra's Imperial Military Nursing Service (QAIMNS, but commonly called QAs) and although full of enthusiasm some of the older ones had come back because of the emergency after having been away from nursing for many years and were still thinking in terms of the first World War. Their knowledge of current drug therapy was slight but it has to be admitted that apart from the

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introduction of insulin, liver injections, sulphonamides and certain vitamins, developments had not been great during their period of absence from nursing duties. Penicillin as a therapeutic agent had been reported in the *Lancet* by Chain, Florey and others in 1940 but it was only now, in 1942 that it was in production in the United States. Lieut-Col C.L. Cope, RAMC, officer in charge of the medical division, told me that he had actually seen this new substance and that it had been used to treat a policeman in Oxford but was so precious that it was extracted from the urine of patients and used over again.

I had four QAs to look after my 64 medical beds and they were assisted by VADs (members of the Voluntary Aid Detachment). The number of members of the medical staff varied from month to month, but in January 1943 I had over 200 patients to deal with and seldom had time to go out of the hospital; even when I was having a hair cut I dictated letters to a secretary. When the OC medical division was on leave I made an official complaint about the overcrowding and 90 patients were transferred to hospitals administered under the Emergency Medical Service. There was also a busy out-patient department for service personnel. One day I saw an Army private with swollen ankles because of severe valvular heart disease who had difficulty in walking across the room because of breathlessness. When asked how he had passed the medical examination for entrance into the services he explained that he had not done so — he had persuaded a friend to be examined in his place. He was discharged immediately with no hard feelings on either side. Another private came to say that he was having difficulty with marching and wondered whether he could be given lighter duties on medical grounds. His problem was that his real age was 72 but he had conveniently lowered it sufficiently to be accepted when he volunteered. We tried without success to persuade the army authorities to find him a clerical post in a low medical grade. The problem was not of men who were trying to dodge army service; the difficulty facing us was usually that of those who were unfit but still wished to take an active part in the war effort.

At Catterick we could see the latest tanks on transporters ready to be taken by rail on the first stage of their journey to the fighting fronts. On 12th November 1942 the Eighth Army in their North African campaign recaptured Tobruk and on Sunday the 15th as I walked by the railway spur there were bells ringing from loudspeakers erected by the Royal Signals on the roof of a garrison church to celebrate our achievements; all over Britain and in the Anglican Cathedral in Cairo they rang that day.

In 1942 a large scale Army exercise was held in Northern Command and I was sent off to be a medical umpire which meant labelling casualties so that the stretcher bearers might learn how to handle them most effectively. It was cold and wet as columns of troops marched along the roads, being spattered with mud by tanks, armoured cars and other army vehicles. On the second day an officer who had been up all night while acting as a real (non-medical) umpire asked whether I would take over from him. After he told me what to do I set off, ready to kill in theory the first person I saw and almost at once I saw an officer in the 4th Coldstream Guards leading a small group of men across a stream. I told him that I was a German sniper and that he had just been killed and not surprisingly he was very angry about this. I pointed out that happenings in a real war are unpredictable and that the umpire's decision was final; he was dead. A shocked fellow officer told me that I had killed the Marquess of Hartington, heir to the Duke of Devonshire, but I could only reply that war was war and that a sniper, if he had any sense, would pick out a leader. The Marquess of Hartington married John F. Kennedy's sister Kathleen on May 6th, 1944 and in September of that year was, most unfortunately, indeed killed by a German sniper, once again leading his men, but this time in a true battle against enemy positions.

One night before that I had been called out to another exercise in which twenty five men sleeping in a Nissen hut had been gassed. In order to test their state of alertness a sergeant had thrown a DM gas generator into the hut where they were sleeping at night. Unable to find their gas masks quickly they stumbled out and lay around the hut coughing and choking; two had surgical emphysema with rupture of lung tissue allowing air to travel up the mediastinum to the neck where I could feel the tissues crackling under my fingers as I put them on the affected areas. One man died and new Army regulations were drawn up to prevent such over-enthusiastic actions during exercises.

It had been thought at one time that a second front would be established in Europe in 1942 but the bitter outcome of the Dieppe raid by Canadians on 19th August of that year confirmed that further preparations were needed. However when I was posted to 23 Casualty Clearing Station (CCS) in April 1943, now a Captain and graded medical specialist I assumed that this was because it was rightly considered that those of use who were fit would be best suited for the invasion of occupied Europe. As I set out for my new unit, stationed according to my movement order at Goodwood House in Sussex I was all keyed up for action but was most disappointed to find that I was being

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second front would be come of the Dieppe raid confirmed that further s posted to 23 Casualty a Captain and graded because it was rightly ld be best suited for the my new unit, stationed House in Sussex I was to find that I was being

precipitated into what promised to be my least active spell since I had enrolled as a medical student. We were certainly forming up for action later, but the change from a very busy hospital to what turned out to be a quiet tented unit in the grounds of Goodwood House with no medical work envisaged until the invasion took place was an abrupt one. However the move was from a most pleasant area in the north of England to an even nicer one in the south, and indeed I was so taken with the area that I thought it would be most agreeable to settle there after the war if my planned academic career came to naught. The Commanding Officer, Lieut.-Col. W. R. Sprunt RAMC, an Edinburgh graduate, did all that he could to weld a group of men together as a spirited unit but the fact that we were marking time for an indefinite period was only too clear. Officers who joined us were a surgical specialist, an anaesthetist, two chaplains, a dental officer, two general duty medical officers and a transport officer; there were no operating theatres or wards, no nurses and, for most of the time no accomodation indoors. Meals were cooked in the open and eaten in a mess tent where a gardener from Leicester acted as mess waiter once he had been given some basic instruction on the duties which had unexpectedly come his way.

Interestingly enough, it was in April, 1943 that the coalition Government announced that a National Health Service would be introduced after the war.

We went on route marches, early morning cross country runs and off duty walks in most beautiful surroundings. I remember listening entranced to the song of a nightingale high up in the trees as fighter planes darted busily above. We walked around the racecourse and imagined what the scene there must have been in peacetime. I persuaded the transport officer to allow me to learn to ride a motor cycle and to drive army transport vehicles including an ambulance and even a thirty foot X-ray van which had been delivered to us. The Army Bureau of Current Affairs supplied booklets and we endeavoured with those and from other material to give talks of general interest and to deliver educational lectures on medical subjects. I had books posted to me by the BMA library in London and with them and journals attempted to keep up to date. When summer came some of our men helped the local farmers in their fields and orchards.

However I had agitated to be more actively employed and was given an attachment to the Royal West Sussex Hospital in Chichester as Army medical specialist to the area. There I saw Service out-patients, examined men who were about to join up and decided their medical



grades. One was a group of dockers who had gone on strike, been called up, put in uniform and sent back to work in the docks. At the time the hospital was short-staffed so I arranged for some of our personnel to help out in the hospital. Twice a week I went to Brighton to see out-patients at a school on the west side of Preston Road and when required I saw patients at an Italian prisoner of war camp. During two weeks in June I was put in charge of 63 Home Ambulance Train, my address being c/o Stationmaster, Hassocks, near Brighton. The train merely stood in a siding and theoretically I am still probably in charge of it as I forgot to sign it over when I left.

At Goodwood the men produced a monthly magazine named 'The Groundsheet' priced at 1d. There was no unrest but it was a hard job to combat the inevitable boredom. No entertainments came our way and to save fuel, transport to Chichester was not provided by the army. However Canadian troops moved into Goodwood House and we thought that at last we were going to liberate Europe. The Duke of Gloucester came to inspect the Canadians and I was surprised that some of the men wandered off from the ranks even as the inspection took place. As for us, we did more route marches and early morning runs to increase our fitness. All the unofficial talk was now of crossing the Channel and I sent home all my surplus possessions. It was now late July 1943 and we were told that there was to be an embargo on the sending of information in our letters and that these would be delayed before delivery. So far as we knew we did not belong to any particular Army Group (although later we learned that we were in the 2nd Army) and knew nothing about invasion tactics, but nevertheless thought it possible that the invasion of Europe was imminent. Orders came through, our tents and equipment were packed into our vehicles and we found ourselves joining a convoy that was travelling eastwards along the south coast road. I had seen no evidence of invasion barges at Brighton, and Chichester Harbour had such tight security that we could not go near it, but we thought that somehow shipping was going to be available to get us across the channel. The alternative was that we were on another exercise or being used as part of a deception scheme. Merrily we drove along, all boredom now forgotten, passing Arundel, then shorewards to Littlehampton where houses had been knocked down to allow guns to fire freely, Worthing where ATS girls were assisting in the manning of anti-aircraft guns and into Brighton where we lined up our vehicles close to the Queens Park. We walked to a cinema where a Major-General addressed us, giving an account of Army policy but without any suggestion that we were about to invade.

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With other officers we were driven to billets in Worthing, gathering again the next day in Brighton, our own group of ten from Goodwood moving on to stay for a night in Robertsbridge, still not clear what the exercise was all about.

I was interested to read much later that on 25th July 1943 Winston Churchill had written to the Chief of the Imperial General Staff thanking him for having reviewed the strength of the Dover garrison at a time when Churchill was contemplating, not the possibility of a cross Channel invasion by the Allies, but rather the danger of a smash and grab raid on Britain by Germans in fast motor boats. Perhaps that was what we had been involved in; as it was we returned, dispirited, to Goodwood House, not knowing that in May 1943 the Anglo-American High Command had delayed the target date for the cross-Channel invasion to May 1st 1944. I had enough of inaction and, knowingly that all the news of activity was coming from Italy, applied for an immediate overseas posting hoping that I might be sent there.



## 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.

We did not know that Churchill had been sailing ahead of us and even now it does not seem likely that the attack on our convoy could

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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 Sheppard'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 Sheppard'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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remains; this also explained the red Indian teeth.

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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