

his bladder and was fitted with a catheter. When he left hospital the catheter became blocked two weeks later. His GP arranged for him to be taken to another hospital where he waited in the accident and emergency department for over an hour. Then a consultant told him that the staff could not change the catheter because he was under the care of another consultant. He was transferred to a urology ward. There after a further wait the catheter was changed. When he plucked up courage to complain he was told that he had had to be transferred to the ward because the urologists had asked that their patients' catheters should not be changed by the staff of the accident and emergency department. There had also been delay because of paperwork and in transferring him to the ward. He complained to me after going to the Trust that ran the hospital that the delay caused avoidable distress and that he had been given differing explanations which he did not find satisfactory. I found that he had been given no advice on what he should do if the catheter became blocked. His family doctor had not been told that he could contact the urologists directly instead of sending his patient to the A and E department. There was no communication about this between the hospital doctors and the GPs in the area. The written explanation given in reply to the complaint by the hospital had been based on a thoroughly unsatisfactory investigation. No inquiries had been made of any of those involved in attending the man and the reply to the complaint read 'I did not see you but I know from the records what happened. You came in at 11.07 am and was [sic] seen at 12.12 pm not the 2 hours you stated. Because the request of the urologist surgeons is that the A and E department do not change their catheters, contact was immediately made with the consultants' assistants and then there was some delay over paperwork in getting you up to the ward'. In this case the profession was perceived as not getting its own act together and not providing relief for considerable pain because of what resembled a dispute among boiler-makers rather than plumbers.

My individual reports are not all published in detail but every six months I publish summaries of cases I have investigated. These identify the NHS Trust and Hospitals involved but do not name individuals whether the complainant or the complained against. I invite Fellows to read them because much can be learned from them about how to avoid making and repeating mistakes and how to improve the standard of service to the patient. The Government have proposed to extend the jurisdiction of the Health Service Ombudsman next year to cover clinical complaints and complaints against general practitioners. Where cases involving clinical judgment are concerned, the Ombudsman will recognise professional concerns about double jeopardy and also the emotional stresses which beset practitioners when unresolved complaints hang over their heads. I shall make certain that professional advice and assistance is available to ensure that the findings of the Ombudsman are properly informed. I am having helpful discussions with professional bodies about how to obtain and use such advice. I am taking their minds on the problems of how or whether to avoid publicly identifying GP practices which have been the subject of complaints to me.

In 1591, Richard Hooker wrote in *The Lawes of Ecclesiasticall politic* the words 'He that goeth about to persuade a multitude, that they are not so well governed as they ought to be, shall never want attentive and favourable hearers'. I hope that you will be able to derive some guidance for your future careers from what the Ombudsman has found out through his investigations. In the friendliest possible way I conclude by saying to the new Fellows that I hope that professionally we may never meet again.

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

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DER ZWEIRÄDRIGE DOLMETSCHER (THE TWO-WHEELED TRANSLATOR)

'SURG LT T LAYTOR REQUIRED PEEBLES HYDRO TOMORROW SUNDAY 0930 HOURS STOP PLEASE CONFIRM ENDS'. This signal from the Officer Commanding the Army Hospital, Peebles, was received by the Naval Officer in Charge, Leith & Granton, and confirmation was immediate. What seems to be the medical officer's name in the signal as received was an unintentional encoding. The signaller at the hospital had misread 'translator', taking 'Trans' to be the officer's first name and 'Lator' to be his surname, the two parts having been divided between two lines on the signal form that he was given. The 'y' may have been added to rationalise the spelling.

At 0645 on Sunday T Laylor's naval transport duly cast off from Granton Harbour at the start of his sail to the Hydro, where he planned to arrive at 0915 hours by the shortest route, just under 26 miles (see *Proceedings* 1996; 26: 164-6). By this third year of the war the transporter had become shabby but remained functional within its design limits. It had a back-pedalling stern brake and a frightening bow brake that worked by vertical pressure on a solid front tyre. The original saddle of this relic of the 1914-18 war had disappeared during the interwar years in an admiralty store; its replacement was a once well-shaped, solid piece of timber that at some time had split lengthwise and been resecured by a too hurried screwdriver, leaving a ridge that tended to shed splinters into unwary riders. The rear tyre was pneumatic and doubtless cushioned the roughness of the ride. There were no gears, just an exercise-giving low ratio chain drive.

The worst parts of the journey from Granton to Peebles were the long climb from the harbour to Edinburgh's Queen Street and then the succession of hills between Princes Street and Kaimes. Once well out of the city and into the fresh countryside the hills became less taxing. The road to Peebles was longer then than now, hillier and more curved and on the whole narrower. After the two to two-and-a-half hours' ride it was good to reach the Hydro, though its long uphill driveway was a final challenge that must be met without the Senior Service arriving dishevelled and out of breath. But why did the translator not travel by train? The railway ran to Peebles until 1962. The answer is that the navy and army could not agree about which party should pay for the translator's ticket, particularly as he was an officer, travelling in uniform, and therefore required to go first-class. It seemed to the officer concerned that he could end the silly squabble by taking seriously the originally facetious suggestion by his Senior Medical Officer (SMO) that the Sick Quarters' bicycle was there to be ridden.

The main purpose of those visits to the Hydro was to help the anglophone doctors and their German-speaking patients to communicate accurately on clinical matters—taking histories, advising treatment, discussing prognosis. Occasionally, the *Dolmetscher* could help over personal matters other than health—religious

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concerns, making wills, or family worries of prisoners-of-war in need of help from the Red Cross or other Samaritan organisations. Once a middle-aged German Unteroffizier (non-commissioned officer), having thanked me for some help, diffidently asked me why I was serving in the British navy. He took me to be German. He said that I did not look or speak like a Jew, so could not be a refugee; rather, he deduced from my accent that I came from the Hunsrück or perhaps the Taunus. I did not think that he intended impertinence, although that was the impression of the Nursing Sister when the patient spoke about it to her, in English, later. Instead, I was as pleased as a schoolboy by the linguistic compliment that he may not have realised he was paying.

When the morning's duties were done there was a standing invitation to lunch in the officers' mess, and then an easy return to Granton, my bicycle on the roof of the commandant's car, his ATS driver delivering me to the Sick Quarters in a third of the time that I should have taken on my two wheels. In the boot of the car, with the mess secretary's compliments, there was always a basket of fresh vegetables from the Hydro's dig-for-victory gardens, and perhaps a grouse or a trout or a salmon, and maybe a bottle of Pouilly-Fuissé or of a Niersteiner, a box of candies or half a dozen hen's eggs—altogether a valued supplement to the civilian rations of 'living ashore', and worth the hard pedalling. Fortunately, the navy regarded my border excursions as time 'off-watch', so the other medical officers at Granton had no extra duties because of my occasional absences. They took turns to come for a meal with my wife and me, sharing our perks from the Hydro's larders and wine cellars.

One day our SMO announced that my future voyages to Peebles would be by motor pinnace. One of the senior army doctors at the Hydro had studied medicine at the same school as the Medical Director General of the Navy and, meeting the latter at a conference, he mentioned his surprise that the Navy did not provide proper transport for its medical officers on shore duty. The MDG was said to be shocked that this could be the case. A week later our Sick Quarters were allocated 'exclusive priority use' of a naval car and driver. But most of my further visits to the Hydro were made on the old bicycle, and I was not really disappointed that when I could have used the car it was usually in service on a higher priority than transporting 'one of the quacks to some pongo place' (translate as: 'one of the medical officers to an army establishment'). Still, when it was raining or worse the car would have been nice to have.

SEQUELA 1994

An old man with a limp and a walking-stick was walking at dusk in Hay Lodge Park in Peebles, on the path beside the Tweed. He was playing a mouth-organ, very softly—sad old melodies from distant mountains and forests, from I do not know where else, but from alpine places and their pastures. Sad, but infinitely peaceful, played as by one perfectly at one with Nature, serenely confident. I do not know what words may truly convey how the music affected me. I think he was unaware of me, even as I came nearer, walking the same path. When he came to Fotheringham Bridge he stopped playing and hobbled to its middle, and stood there, looking first upstream, then down toward the town, to Tweed Bridge and the crowned tower of the Old Parish Church, the obtrusive swimming-pool building and the sodium lights reflected in the waters—a view of the town better seen in daylight or at night, but somehow diminished in the

between-light of dusk. Then, looking down at the water he began to play again. This time the mood was different, almost martial, the playing louder and staccato, matching the old traditional soldier's song yet obscuring the pity of it and the sadness. I began to sing, very quietly, almost without realising that I was doing so—

*Ich hatt' einen Kamaraden, einen bessern findst
du nit.*

*Die Trommel schlug zum Streite, er ging an meiner
Seite in gleichem Schritt und Tritt.*

Eine Kugel kam geflogen . . .

[I had a comrade, a better thou'lt not find. The drum beat called to battle, he kept pace at my side. A bullet came flying . . .]

Suddenly he stopped playing and turned to face me, his eyes full with tears. 'Wer bist du?', he whispered, using the familiar form of address to ask me who I was. 'Wer bist du? Warst du—oh, verzeihen Sie mir, ich bitte Sie! Ich meinte nicht, Sie familiar anzureden. Ich fühle mich wie ein Kind im Kreise der Familie wieder' ['Who are you? Were you—oh, forgive me, please! I did not mean to address you familiarly. I feel like a child, back in its family circle'.] When he spoke again his voice was stronger and his appearance less strained, though he seemed nervous still. 'Waren Sie hier in Peebles in 1943? Ja, ja, ja, ich weiss es genau, Sie waren Marinearzt aus Edinburg und kamen fast jede Woche mit dem Rad 25 Meilen um uns im Gefangenenlazarett bei den Sprachschwierigkeiten zu helfen. Der sind Sie doch, nicht? Ich erkenne Sie, ganz bestimmt! Habe ich recht?' ['Were you here in Peebles in 1943? Yes, yes, yes, I know exactly, you were a naval doctor from Edinburgh and came almost every week 25 miles by bicycle to help us in the prisoners' hospital with out language difficulties. You are he, aren't you? I recognise you, quite definitely. Am I right?'] He grasped my hand firmly, and smiled, and wiped his eyes again. We walked back to the car park so that he could introduce me to his fellow tourists. They had arrived in the town early on that day, a coach party from Germany, travelling through the Scottish countryside, remembered from those long days as war prisoners in camps or working on the land. It was good to meet them and their wives, good to have been recognised by one of them. Could I have recognised someone seen again for the first time since a brief professional encounter half a century ago? Yes, some I certainly could.