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 surgeon 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 boilers 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 Laws of Ecclesiastical 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.
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 hat' einen Kameraden, einen bessern findet
du mit.

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 meine nicht, Sie
familier anzuwenden. 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 Gefangenenzärtet 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 bike to help us in the prisoners' hospital
with our 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.

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

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—all together 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 occa-
nional 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 launch. 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.

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