

## **The Faculty of Medicine, Edinburgh University and War Years: Some Reminiscences.**

The years I spent as a student in the Faculty of Medicine from 1944 to 1949 were not all dominated by war but all were influenced by it. The excitement and anticipation of receiving, on matriculation, a card with the words 'Civis Edinburgensis' on it were matched by watching progress of the D-Day landings and the war in Europe. Male students were deeply aware at that time, of the privilege of having their call-up to National Service deferred. This, however, was conditional. We were allowed one failure in a professional examination; failure at the resit meant immediate call-up. Although confidence was increasing that victory in Europe would not be long delayed, such confidence did not extend to the war in the Far East where the prospect of high casualty rates in landings on mainland Japan was daunting. This prospect, however, disappeared with events at Hiroshima and Nagasaki.

Unlike the severe air attacks on towns and cities in England and the devastating 'blitz' on Clydebank in 1941, Scottish towns (mainly on the east coast including Edinburgh and Leith) suffered relatively little damage and few casualties. Nevertheless, by 1944 the weariness of the war years was evident. Buildings suffered the lack of regular maintenance; clothes rationing did not allow exuberance in dress; food rationing (although a war-time triumph of maintaining adequate nutrition in the general population) meant monotony was a feature of eating; shortages of many items were common leading to a culture of 'under-the-counter' sales; accommodation for those students from outwith Edinburgh could be difficult to find and, in my first two terms, resulted in a twenty-five mile daily train journey to and from classes.

My first student accommodation was in Marchmont at 16 Arden Street which I shared with two others in my year. Our landlady was an elderly (or so she seemed to us) spinster to whom we handed our ration books, so that we each had our own little pots of butter and sugar renewed weekly. I'm sure she did her best to feed us but she had no idea of the appetites (of all kinds) of eighteen-year-olds. We learned she belonged to a sect we had never heard of. The British Israelites apparently believe that British peoples are descended from the Lost Tribes of Ancient Israel. We did not know exactly what her beliefs were but we thought there was a flavour of Scots Presbyterianism involved. One of my companions was an accomplished pianist but was refused access to a piano in her parlour as his repertoire (mainly Chopin) was too frivolous. We learned to be circumspect in language and behaviour. Several decades later I was surprised to find a plaque over the door at Number 16 recording, not where three medical students had lived, but its occupancy by a Polish General, Stanislaw Maczec, who had commanded the 1<sup>st</sup> Polish

Armoured Division during WW2 and lived there with his family until his death in 1994. His association with Edinburgh is also remembered by the naming of a walkway through the Meadows.

Food did take a surprising place in our thoughts at that time and into the early post-war period when some items such bread were rationed for the first time. The male-only Student's Union (now Teviot House) was particularly handy for medical students with the Medical School being next door in Teviot Place; it had a cafeteria and a restaurant boasting white linen table-cloths, proper cutlery and cruets and waitresses in traditional black and white uniforms. There was, however, no great range of meals (rissoles and pies of dubious origins and chips being the commonest) but on one occasion, the only one to my knowledge, there appeared 'braised steak' in a rich gravy and the size of two weeks meat ration. It was delicious and was whale meat! We never knew how this happened; I can only think of the association of Leith and the whaling industry. Edinburgh had few eating places then but in 1940 the Ministry of Food opened what were called British Restaurants in which a reasonable meal could be had for a few old pence. Originally to serve bombed-out families in the south, they spread all over Britain. One was opened in Nicholson Street between Surgeon's Hall and the Royal Bank of Scotland building. It was an alternative to the Union and when finances were low.

Despite the serious aspect of the times and that I found the medical curriculum engaged my mental and physical energies to a great extent, diversions as always were available. For me, the Saturday night Union Palais was not a regular attraction but the popularity of the cinema was universal. Free Wednesday afternoons at Poole's Synod Hall (on the site now occupied by Saltire Court in Castle Terrace) provided happy memories of classic and foreign films of the war and immediate post-war period. I had been a keen member of the Scout movement and continued my association by joining the University Rover Scout Crew which met in University premises in the Pleasance. It also had week-end meetings with the Crews of the other (three) Scottish Universities. One of the supporters of the Edinburgh Crew was Colonel Ronald Campbell who was then Director of Physical Education at the University and had been Commandant of the Army School of Physical Training. He was an expert at fencing and an all-round tough character. I was unwise enough on one occasion to take him on at quarterstaff. It was a bruising experience. Not surprisingly a number of male students, mostly from schools with a Cadet Force, joined the University Officers Training Corps (OTC) in the medical section, so khaki battle-dress uniforms were seen regularly at classes. I have no exciting memories of a 'Fresher's Ball' in the McEwan Hall, there were no 'Introductory Lectures' and the two words best to describe those times would be, 'No Frills'.

Experiences I did not expect to have as a medical student were Rectorial Elections. The first was shortly after the end of the war in 1945. Perhaps it was inevitable that the successful candidate was Admiral of the Fleet, Viscount Cunningham, who had lead the Royal Navy to victory at sea. His nomination probably reflected the election of national heroes around the time of WW1 who included Lord Kitchener, Admiral Sir David Beattie and Prime Minister David Lloyd George. As I remember, the theme of Cunningham's address to a packed audience in the McEwen Hall was based on service to King and country, working hard and achieving. This seemed not to the liking of the majority of his audience and the occasion became riotous. Coming from a conventionally disciplined home and school I was surprised that a national figure could be treated in this way. Three years later I experienced my second Rectorial. The choice of Rector, his address and the response to it could not have been more different. Alastair Sim was a well-known actor and lecturer who spoke of the role of the Arts in society and the function of drama. He did not escape heckling, but handled his audience with great skill, and laughter was the predominant response. As part of his campaign, his supporters showed one of his films ('Green for Danger' – a medically based thriller) in the Department of Public Health in Marchmont's Usher Institute. An attempt to disrupt the event by conservative forces, I helped to repulse.

But what of my aim to achieve the degrees of MB,ChB?. For me this started disappointingly as we had no contact with patients until the end of our second year. From the beginning however we studied detailed human anatomy over a grinding two-year course. My first university lecture was in the dramatic, steeply-raked anatomy theatre in the old medical school in Teviot Place. Professor Brash began by explaining the shortage of 'anatomical material' and that he had put all his cards on the tables – a quip that brought only tentative and uneasy laughter from his audience. Of course, the unease was because we knew our introduction to the dissecting rooms was imminent and we had already bought the recommended kit of scalpels, retractors, etc and a brown lab coat. We all dealt with this in our own ways and I knew of no-one who had any serious emotional problems. For me this was helped by my partner working on the cadaver; he was a man who had abandoned his first year medical studies in 1939 to volunteer for war service and then released to continue studies in 1944. He had served as a pilot in the Fleet Air Arm. There were about a dozen such men who joined us at that time and who added gravitas and a sense of purpose to the collection of school boys and girls who made the majority. One of the lecturers in this department was a legend to many years of medical students. Dr E B Jamieson, a tall slightly stooping figure in a long white coat and black skullcap was an imposing figure in the dissecting rooms. I had only one personal encounter with him, in a practical examination. Raising a piece of tissue with forceps, he asked, 'What is this'? My answer must have had a rising inflection of doubt. He glared at me and said, 'When answering a question, never put a query in your voice', something I have always tried to

avoid. He never wholly accepted women in medicine and refused to lecture them on genito-urinary anatomy; this resulted in his infamous lecture commonly known as the 'Men Only', a title derived from a well-known publication of the time.

The other 1<sup>st</sup> Year subjects were biochemistry, physics, zoology and botany and all were subject to Professional Examinations. Biochemistry lectures and practicals were held at Teviot Place over two terms and were my introduction to organic chemistry. Physics lectures over one term were given in the Department in Drummond Street and were mainly concerned with light and sound but my clearest memory of this course was of a demonstration of cooking a sausage by diathermy. For our two terms of zoology we were bussed to King's Buildings for lectures and practicals where we dissected earthworms, skates and rats in ascending order of complexity. The rats were rather attractive white laboratory ones and it was rumoured that some enterprising women students turned the skins into gloves; it was a cold winter. One of the questions in the examination was, "How does an earthworm carry out locomotion, respiration and excretion? Describe the structures involved.". At least we were introduced to some of the functions of life! [I still have all the written papers of the Professional Exams I sat; all required an essay type answer]. The inclusion of botany in the summer term reflects the previous importance of a knowledge of plants in the materia medica of the past but I have always thought it had no place in the curriculum of the forties. We attended the Royal Botanic Gardens at 8.30 am for lectures by the Regius Professor, Sir William Wright-Smith, an imposing figure in a black jacket, striped trousers and a high winged collar. The practical classes, immediately afterwards, included microscopic examination of plant sections cut by open razor. One of the questions in this written exam was "Where and by what agent are ergot-grains produced in plants?", a hint perhaps of pharmacology to come but my main memory of this class, is of lovely summer mornings in the Botanic Gardens.

All four First Professional Examinations safely over, I looked forward to a second year devoted solely to anatomy and physiology. Once more, E B Jamieson played an important role in our acquiring the minutiae of human anatomy. He had published a series of beautiful coloured plates of regional anatomy and a small, highly condensed, 'Companion to Practical Anatomy'. Like my fellow students I attempted to totally absorb the contents of 'Jimmy's Plates' and 'Wee Jimmy' and had no difficulty in answering questions such as 'State the origin of the phrenic nerve and describe its course and distribution on the right side. What are the chief differences in the relations of the left in its course?'. But it was the physiology course which really engaged my interest. The Professor was Ivan de Burgh Dally, an elegant lecturer who told us in detail of his war-time work with the ergonomics of the placing of accelerator and clutch pedals in tanks.! The most memorable teacher in this discipline was Dr Mary Pickford who was adept at demonstrating physiological function, especially cardiovascular, using anaesthetised dogs. Inevitably, but

unfairly, she was generally known as Bloody Mary. The practical classes were fun. We measured such functions as reaction times using high-tech apparatus like revolving smoked drums (we smoked the paper ourselves and then dipped it in light varnish for a permanent record). Although this subject was well taught it did not escape the competition of 'cram' classes conducted by extra-curricular teachers who guaranteed success in exams by emphasising facts almost by rote. This physiology course took place on Saturday mornings in the OddFellows' Hall in Forrest Road but did not attract me. At the end of this year we had the thrill of encountering our first patients in a series of lectures, entitled 'The Application of Anatomy and Physiology to Clinical Medicine', to the entire class in the large medical lecture theatre of the Royal Infirmary.

In our 3rd Year we were introduced to medicine lectures and clinical teaching in ERI, and the surgical equivalents later in the summer term. With bacteriology, pathology and pharmacology added, our days were fully filled. The 'clinical tutors' in the wards had the task of teaching the prime importance of history-taking and physical examination – the ritual of inspection, palpation, percussion and auscultation – with many abnormal signs bearing the names of 19<sup>th</sup> century doctors. These skills are not so well developed now because of the range of diagnostic methods which were not available then. On ward rounds, there were such large numbers of students that it was an advantage to be tall in order to see the patient. In later years we attended in small groups of six or seven. The pathology course implied attendance at post-mortems which were done much more frequently then than now and for me were more stressful than anatomy dissecting as they often involved patients seen in the wards. Another method of learning in this subject was the study of specimens from post-mortems preserved in glass jars. I think permission to preserve these was not as it is now.

The professorial 'Gods' of the time included a high proportion of knights of the realm. Sir Stanley Davidson (Medicine) earned world wide prestige mainly because of his book 'The Principles and Practice of Medicine' first published in 1952 and now in its 23<sup>rd</sup> edition. Its origin was in his lecture notes to us which in our final year we could purchase on cyclostyled sheets of A4 from a tiny office at the top of Leith Street. Sir James Learmonth (Surgery) became internationally known when he operated on King George VI. When lecturing he wore a pair of white cotton gloves before touching chalk and on early morning lectures in the winter he allowed thirty seconds for coughs and sneezes – then expected silence. On one occasion he turned his lecture over to a surgeon who had been a POW of the Japanese and we listened in awe as he described his resourcefulness in appalling conditions. Learmonth's successor in the Chair was Sir John Bruce who had been surgical advisor to the 14<sup>th</sup> Army in Burma. I encountered him at a senior surgical clinic, learning the proper method of examining a knee joint. I remember this as it was a special knee joint belonging to Mr Eddie Turnbull, then a hero of Hibernian Football Club

and a Scottish Internationalist. But it was Sir Derrick Dunlop (Therapeutics) who was the most memorable of our teachers. A tall elegant man with an Ivor Novello profile, he prepared his lectures meticulously and delivered them dramatically. One hot afternoon, he entered the large medical lecture theatre in ERI and announced, 'We shall go alfresco' and led the class out to one of the grassy spaces between the medical pavilions. He stood under a tree while we sat on the grass; the scene must have appeared quite Hippocratic. There are many examples of his *bon mots*, some apocryphal, but the following are authentic:

His three necessities for the successful physician: "Good looks, good manners and plenty of money. I was born with the first, I acquired the second and I married the third".

The dangers of keeping the elderly in bed. "They lie there, the blood clotting in their veins, the calcium draining from their bones and the spirit evaporating from their souls"

His own experience of ageing. "When you acquire a full set of dentures and your hormone levels fall to negligible amounts, you achieve - serenity."

The other professorial knights were Sir Sydney Smith (Forensic Medicine) and Sir David Henderson (Psychiatry). Smith made his subject morbidly dramatic but Henderson failed to ignite any flame of enthusiasm for psychiatry in me. Both disciplines involved Final Professional Exams at the end of our 4<sup>th</sup> Year; a question in the psychiatry paper, - 'Describe the clinical symptoms in a case of Hysteria. Discuss causation and suggest a suitable form of treatment' – does show how long-ago this was.

In our last two years we continued clinical teaching in medicine and surgery. In medicine we attended 'waiting days' with the chance to clerk admissions and tasked with the testing of urine specimens. From the wards, these were brought in glass cylinders by a nurse to a room in the basement of one of the pavilions, known (for a reason I never knew) as the 'duck pond', where there was an array of bottled reagents and test-tubes. This was a long and laborious task; dipsticks and such-like were far in the future. We also had experience of many of the contemporary disease scourges. A diagnosis of tuberculous meningitis for example gave little hope of survival; with the advent of streptomycin I can remember the emotion of seeing the remarkable recovery of a young child. Equipment and materials such as cotton-wool were in short supply and I remember a patient with grossly swollen legs, leaking oedema fluid, which were surrounded by sphagnum moss – a substance I had gathered to help the war effort as a young Boy Scout. And the 'throw-away culture' had yet to come – red rubber tubing, glass syringes and needles were carefully reused. Also in these years we were introduced to child life and health and what were called the 'minor' specialties - dermatology, ophthalmology, ENT, etc.

Although I had never thought of obstetrics as a life-time career, I had much satisfaction from many aspects of the clinical course. The first part involved residence in a hostel in Chalmers Street which backed directly onto the Simpson Memorial Pavilion.

About a dozen students would spend two weeks there to be summoned, day or night, by a very loud electric bell to attend 'abnormals' – forceps deliveries and Caesarean sections. My most vivid memory is witnessing in the early hours of one morning, a delivery involving the gamut of destructive procedures on a dead foetus. Like the others present I found this a harrowing experience. The other part was much more positive; we were required to conduct twelve normal deliveries in association with an obstetric hospital (the Rotunda Hospital in Dublin was popular with many of my contemporaries in the late 'forties). I did this from the Simpson but with home deliveries in Leith. With a friend on the same course I shared a room in a private house in Restalrig Road owned and run by an elderly lady and her daughter; they accommodated students for this purpose on a regular basis. They were a kindly and interesting pair who did their best to feed us in the light of continuing food rationing. The old lady wore a long up-to-the-neck black dress which had a puzzling grey streak down the front, until I learned she took snuff! Her daughter played the 'cello in a string quartet, her playing alternatively gave pleasure or infuriated when trying to catch up on some sleep. The call to attend a delivery came to the District Midwives, who alerted one of us and together we walked or took a tram to the address. This was the first time I was exposed to the realities of poverty and poor housing. Edinburgh and Leith had some of the worst slums in the UK at that time. Basic provision for the baby was often lacking and in some houses there was little food. On one occasion, when labour was prolonged, the midwife and I realised we had not eaten for some time. We put our shillings together, I went to the nearest chippy and we, the mother-to-be, and two female neighbours happily ate fish and chips round the bed. Never did any male appear. The deliveries were all uncomplicated but if not, I had a phone number with which to contact the 'flying squad' from the Simpson, having first found a phone-box. In these pre-NHS days I was struck by the gratitude shown by the mothers and the respect we received from them. I think most knew we were students but in my experience we were always addressed as 'Doctor'.

A Department of General Practice did not exist at that time and the only other contact we had with patients outside hospitals was in the pre-NHS Dispensaries around the city. I attended one in Marshall Street where a small cafe now exists. This one was supervised by a physician from ERI who would see those attending from the poorer surrounding areas. If someone ill at home was reported, a student (or pair of) was sent to make an assessment for the physician to act on. It was also the place where we learned and practised the art of smallpox vaccination. However, some aspects of GP were discussed in the lectures of Professor F A E Crew of the Chair of Public Health (to which the words – 'and Social Medicine' were significantly added). His lectures were certainly thought-provoking and I remember him discussing in 1948 many of the issues that had dominated the debate in the run-up to the NHS. I feel sure he influenced the inclusion of one question in the Final Examination; 'What provision would you recommend for the care of aged people who are not suffering from any disability requiring hospital treatment?'. But

no-one, I think, could have anticipated the extent of the problem of the elderly seventy years ahead; the other questions were very 'public health'. He was also one of the foremost proponents of an Edinburgh event which was a direct result of the War – the creation of the Polish School of Medicine which existed from 1941 to 1949. In its last year, only a handful of its students remained; they joined us in classes and they stand with us in our graduation photograph. I have always had a sense of pride that the country, the city and the university extended such a cordial welcome to Allies in these dark days.

In June 1949 came the final hurdle of examinations; into one nerve-racking week were crammed the written papers of five of the main subjects. My memory is of a hot summer but with relief from both weather and examinations coming with tram rides to Portobello and enjoying its splendid open-air swimming-pool complete with its wave-making machine. By then austerity was lessening, the stress of war was gone and life in general was more carefree. Towards the end of that term came the Final Year Dinner ( still only unisex) in the Union with a four course meal, wines to match and my first dinner suit. Later was the Graduation Ball in the Assembly Rooms, the entire Year on this occasion, all with appropriate partners but no married couples as I remember. With all examinations over, the lists of successful candidates were posted at 6 pm precisely on a board in the entrance to the Medical School in Teviot Place. A crowd which had been hanging around, now converged, all eager to identify their names and there followed much hand shaking and back slapping (we were not 'huggers' in those days) between the successful, and not knowing what to say to the disappointed. Then came a dash to find a telephone to impart the news to parents and then a substantial number, all male I'm afraid, disappeared round the corner to Sandy Bell's which was very busy that evening. Graduation Day was the icing on the cake but the final entry into our profession came later when we presented proof of holding the degrees of MB ChB to the General Medical Council and became Registered Medical Practitioners. We were then entitled to 'put up our plate' if we wished. The preregistration year was in the future.

What followed for me was a year as HP and HS, two years as Captain RAMC in West Africa and then a very happy and fulfilling career in the NHS ultimately as a consultant physician and honorary senior lecturer in my old Medical School.

**D H A Boyd.**

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