

Call the Doctor

*A Country GP Between the Wars
Tales of Courage, Hardship and Hope*

RONALD WHITE-COOPER

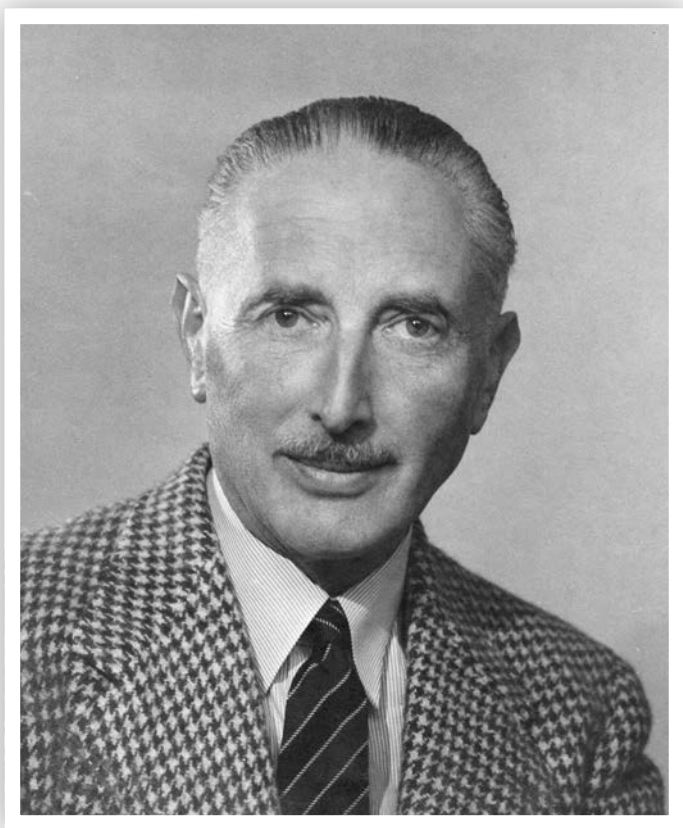
with DEBORAH WHITE-COOPER

PAN BOOKS

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1

A Drop o' Gin 'to Keep Me Spirits Up'

A Medical Student at Barts

IT WAS SEPTEMBER 1910 and I was on my way to the inaugural lecture at St Bartholomew's Hospital. Every new medical student was expected to attend, and that year our numbers exceeded all previous records. We filled the largest lecture theatre at Barts, tier upon tier, and expectantly awaited the arrival of the Dean of the hospital, who was to deliver his welcome speech. His entrance caused a sudden lull in the excited chatter – you could have heard a pin drop. He stood silently for a few minutes, looking up and scanning the numerous student faces peering intently down at him.

'Good God! What is going to become of all you gentlemen?' he began.

We were not exactly cheered by his address that day, as he spoke of the challenges that lay ahead, but his words of warning

were not enough to dim my enthusiasm. You see, I had always wanted to be a doctor.

Once, when I was a boy, I found a dead chameleon in our garden. I carefully placed the little corpse in a tin box and buried it. About a year later I dug the tin up, and inside was a perfect little skeleton, which I duly dismantled. At the time my family and I were living in Grahamstown in South Africa, which is where I was born on 23 August 1892. Although my father, William White-Cooper, was English, he had emigrated to the Cape in 1890 for health reasons, as he suffered from a hearing disorder and it was hoped the drier air would benefit him. A year later he met and married my mother, Amy Hess, who with her parents had also emigrated to the Cape from Frankfurt in Germany. I had two younger brothers – Rupert who was born in 1895, followed by Denis in 1899. Sadly, my sister Evelyn died in 1894, when she was less than a year old.

In those days Grahamstown, which is located in the Eastern Cape, was a small but thriving city with a predominantly British population – this influence was evident in all its colonial-style buildings and residences. Also known as the ‘City of Saints’, on account of the number of churches, it was the perfect place for my father to set up practice as an architect. He became particularly well known for his designs, in red brick, of prominent schools and public buildings, such as St Andrew’s College, Kingswood School and the Training College.

We lived a happy, peaceful existence, and though the second Boer War of 1899–1902 raged all around us, it seemed a world apart from the one we knew. However, we couldn’t

escape it entirely. I recall one Easter Sunday when our family was attending the morning service at St George's Cathedral, the city's largest Anglican church, where I was a choir boy. Suddenly during prayers the Drostdy Arch bell began to ring loudly and numerous hooters sounded. Immediately we rushed out of our pews, spilling out of the church and onto the street. British Army scouts outside informed us that a Boer commando – some 500 strong – had been sighted fifteen miles from the town. There was much excitement and the British town guard, of which my father was a member, was immediately called up to man the trenches, which had already been dug around Grahamstown as a precaution. I remember him putting on his cartridge belt – known as a bandolier – and then marching purposefully off, a Martini-Henry rifle resting on his shoulder. Fortunately the Boers left us alone, and subsequently we heard that their commandant was General Jan Smuts, who later became Prime Minister of South Africa.

I also remember there being a Boer prisoner-of-war camp at the end of our street – Prince Alfred Street – and I would often see a string of very dishevelled prisoners shuffling along, escorted by mounted British troops.

IN SEPTEMBER 1906, aged fourteen, I was sent on the HMS *Kildonan Castle* to England, where I was to take up a place as a boarder at Marlborough College school in Wiltshire. During exeats (the holidays) I stayed with my Uncle George in Courtfield Gardens, opposite Gloucester Road Underground station, in London. He was a highly respected physician at St George's

Hospital and I greatly enjoyed listening to his stories of life in a large London teaching hospital.

My three and a half years at Marlborough were not particularly happy for me. I had never lived away from home before, let alone in a land so distant, and I missed my family and old school friends dreadfully. I found life in an English boarding school very different from what I was used to, and I took some time to settle in. I did, however, become very friendly with a boy called Alex Sim, whose father was the vicar of Lower Brixham in Devon, and I was always made to feel very welcome at their family home. We spent many happy school holidays together and, during these visits, I grew particularly fond of Alex's cousin, Rosamund Tracey, who was about five years younger than us. She lived with her parents and younger brother in nearby Dartmouth, where her father was vicar of St Saviour's Church. Rosamund was great fun, with a terrific sense of humour and an infectious giggle, and I was always delighted when she joined us for games of croquet and tennis, or for a picnic on the beach.

In 1910, during the Easter holidays, I returned to South Africa for a short visit. What made my stay particularly unforgettable was the appearance of Halley's Comet – after an absence of seventy-five years. I watched it flash brightly from my bedroom window and made a small sketch of it, which my mother proudly hung in the parlour.

Back at school, I studied hard for exams, gaining the results I needed to go to medical college, and in September 1910, aged eighteen, I enrolled as a student at St Bartholomew's Hospital

in the City of London. My grandfather, also called William White-Cooper, who was Queen Victoria's oculist, had studied there, and I felt proud to be following in his footsteps and in those of many other eminent medical men. On my first day I stood, awestruck, in front of the grand arched stone entrance to the oldest hospital in England. Then I wandered through the hospital's impressive buildings, some dating back to the reign of Henry VIII, marvelling at the artworks hanging on the walls of the grand staircase, illustrating the biblical stories of the Good Samaritan and the 'Healing of the Sick at the Pool of Bethesda', which had been painted especially for the hospital by the famous artist William Hogarth.

In those days London medical students were a happy and carefree lot, and life in one of the big teaching hospitals was always interesting and varied. We were expected to complete five years' study for a professional qualification, and this meant attending all lectures, classes and demonstrations on different branches of medicine, where our presence – or absence – was duly noted by a zealous hospital porter.

Accommodation was provided and we slept and ate all our meals in residential quarters in nearby Little Britain, a street that formed the northern boundary of the hospital.

One met all types at Barts. There were those who were serious about their studies and others who were just out for a good time; and there were even those who considered getting into the Hospital 1st XV rugby team far more important than scholastic achievements. Most were between the ages of twenty and twenty-five, but a few were middle-aged. There was

a retired Indian army colonel and a retired bank manager, a Jamaican (who was an excellent musician), an Egyptian and a Senegalese.

There was also a South African, who I suppose could be called the star student, as he had already been at the hospital for seven years. He apparently had no wish to qualify as he found student life far too pleasant and rewarding and, as his family was well off, he had no desperate need to practise medicine for a living. Despite this, he regularly took the examination papers and, when it came to the oral examinations, he was the bane of the examiners and thoroughly enjoyed pulling their legs. During one test the examiner held up a skull and pointed to the opening in its base, through which the spinal cord would pass.

‘Please explain what goes through this hole,’ he said.

‘I know many a good pint passes through there, sir!’ came the student’s cheeky reply.

That was the last time he was permitted to attend an oral examination, though he was still a student when I left the hospital some five years later.

AT ST BARTHOLOMEW’S HOSPITAL one of the highlights of the medical student’s calendar was View Day – an annual open day, which dates back to the founding of the hospital in 1123. Historically it was an inspection of the hospital by the Treasurer and governors, but in time it also became an opportunity for family, friends and other visitors to look round the hospital. The Pathological Museum and Pharmaceutical Department

were by far the most popular sites, especially as they were not generally open to members of the public. In the latter one could see the manufacture of tablets and various medicines; there were also leeches swimming around in glass bowls. In those days leeches were still used to relieve congestion.

Most, if not all, London hospitals possess a museum, which as a rule displays pathological specimens pickled in jars containing spirit or formalin. Barts was no exception. There were rare specimens of inflamed tissues and growths, and there were freaks and monsters in large bottles who, had they lived, might have graced a Barnum & Bailey circus show and made a lot of money for the owner. I particularly remember one: a baby that was a true Cyclops, born with an eye in the centre of its forehead and with a nose and mouth resembling a pig snout – it really was an extraordinary case. In my practice I occasionally delivered children with various anatomical deformities: cleft palate, hare-lip, clubbed feet, spina bifida and imperforate anus; but I have never seen or heard of a Cyclops since. In another jar was the head of a lunatic who had apparently cut off his own nose with a straight razor. The story went that a handy warden rushed up to the man, seized the razor from him, picked up the amputated nose and quickly pressed it back into position, where it was later strapped with plaster. The portion that had been cut off grew back again, but it was not quite straight and you could see the scar of the line of separation quite clearly in the specimen.

Also on display was a motley array of surgical instruments with wooden, bone and ivory handles – crude tools of every

description. When one considers the stainless-steel instruments in use today, it makes one shudder to think of the wretched patients undergoing operations in medieval times without even an anaesthetic. There were also fearsome-looking amputation saws. The victims of an amputation operation, we were told, were completely drunk on rum and were held down on the table by half a dozen hospital porters. Next, the offending limb would be amputated, and then the stump immersed in boiling pitch to seal the wound.

Another curious relic was a leather apron that appeared to be covered in layer upon layer of dried blood. It must have been worn to protect the surgeon's clothing – not for the benefit of the unfortunate patient. Instead of being washed and cleaned after use, it must have been thrown onto a peg dripping with blood, until such time as it was needed again. How the patients ever survived these operations remains a complete mystery. Sepsis and septicaemia must have been rampant, as anti-bacterials and antiseptics were unknown in those days.

HAVING PASSED FIRST-YEAR examinations in the subjects of Chemistry, Physics and Biology, the student next embarked on Anatomy and Physiology. To most students unaccustomed to seeing a corpse, it was quite a shock when one first entered the Anatomy Department, for laid out on steel tables were some dozen dead bodies, both male and female. I gathered that these were generally unclaimed bodies from local workhouses, but on occasion people left their bodies to the hospital for the benefit of medical progress.

As a rule, four to six students were allocated to each body – one dissecting an upper limb, one a lower limb, another the head and neck, another the thorax and abdomen. Prior to being dissected, the arteries of each body were injected with a solution of red lead, so that they could easily be seen during the dissection. Anatomy fascinated me. I carried out some intricate dissections and at the end of the year became a prosector – the person with the special task of preparing a dissection for demonstration – and was awarded the Treasurer's Prize in Junior Practical Anatomy. Had I known precisely what this entailed, I would certainly not have wished to win this prize, because it meant that I was required to prepare all the dissections for the hospital museum (which were later bottled in jars of spirit), and as these dissections were mostly carried out on Saturday afternoons I missed many a good game of hockey in the winter and of tennis in the summer.

After the day's work the various arms, legs and other body parts were carried out to a room at the back of the hospital and placed in large tanks of formalin to preserve them. I am afraid that by the end of the term, the various tanks contained a thorough mix-up of anatomical parts: Mr X's legs, Mrs V's arms and Mrs D's chest and abdomen. In the years to come, special laws would be introduced to govern this area of medicine and medical colleges would enforce much stricter rules, whereby dissected body parts would be labelled to avoid confusion and to enable proper burials, but this was not the case when I was studying anatomy, and I never discovered where the remains of these unfortunate people were sent at the end of the year.

The well-known expression ‘boys will be boys’ was never more apt than amongst us medical students. While we took our studies seriously, we also greatly enjoyed a good prank, and on one occasion my friends and I attached a length of catgut to the penis of a cadaver awaiting dissection. We threaded it through an eyelet in the ceiling and took the end of the line with us into a nearby cupboard, where we waited impatiently. For an hour or so much merriment ensued whenever any unsuspecting person entered the Dissection Room and we would give the cord a vigorous yank!

IN MY THIRD YEAR I attended lectures on pharmacology, during which our professor used to give us practical demonstrations on the effects of various drugs – one week atropine, another week morphine, another cocaine, and so on. As a rule cats, dogs, guinea pigs or mice were used in these demonstrations. The doses were usually not enough to kill the unfortunate creatures, but were strong enough to demonstrate the effects of the drug. This particular week our professor said, ‘Today gentlemen, one of *you* is going to be my guinea pig, for I am going to demonstrate the signs and symptoms of nicotine-poisoning, which in large doses can produce death. Now, I want a non-smoker to volunteer.’

At the time, as it happened, I was a non-smoker – the only one in the class, and a fact of which I was rather proud. However, I quickly regretted it. All eyes were on me as I stood up and made my way to the front of the room.

‘Come along,’ said the professor, ‘sit down on this chair and

make yourself comfortable. I should like you to remove your coat and shirt, so that we can examine your heart and lungs and fix a blood-pressure manometer to your arm.'

Having done this, and much to the amusement of my fellow students, I was given the rankest cigar imaginable, which the professor kindly lit for me. 'Draw away,' he said, 'and take some really deep breaths.'

A needle on a revolving drum – an early version of the electrocardiogram machine that is in use nowadays – traced my heartbeats, and my blood pressure was being tested at frequent intervals.

'Now,' said the professor, 'you will notice the sudden pallor on our friend's face. He is beginning to perspire – can't you see the beads of perspiration on his forehead? I will take his blood pressure. It is coming down, in delightful fashion. How are you feeling, old chap,' he asked me, 'not too good eh?'

'I am beginning to feel a little nauseous.'

'Don't worry about that – we have a large basin ready for you under your chair. Now, gentlemen, you will notice that his pulse is quickening, and his heartbeats are slightly irregular. His blood pressure is dropping beautifully, and he is salivating – always a precursor to vomiting. How are you feeling now?'

'I feel sick and dizzy – yes, I want to be sick,' I gulped.

'Wouldn't you like to take a few more puffs before you are?'

'No, definitely not – I want to be sick right now,' I said, reaching desperately for the basin.

'Oh well,' said the professor happily. 'Gentlemen, you have seen a perfect demonstration of the ill-effects of

nicotine-poisoning – our subject has produced them all: pallor, sweating, salivation, drop in blood pressure, irregular heartbeat, quickened pulse, nausea and vomiting. Thank you for your excellent cooperation,’ he said, patting me on the back.

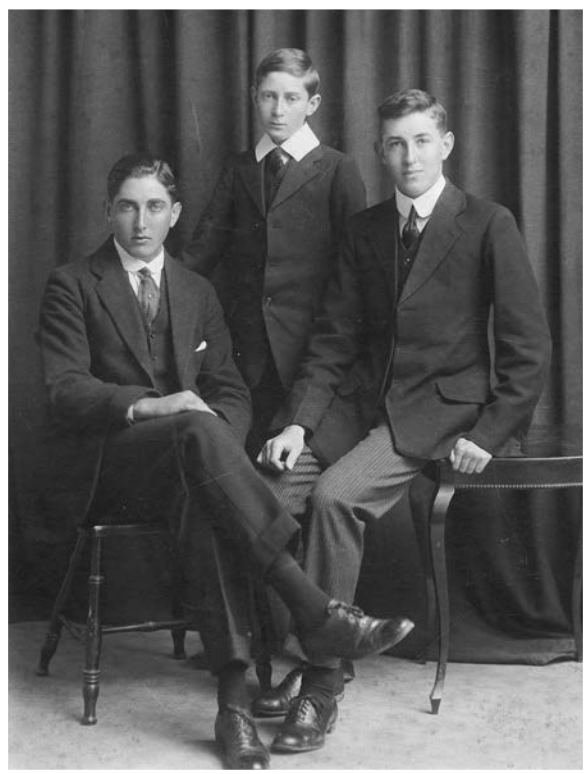
IN 1913, ON MY TWENTY-FIRST BIRTHDAY, I made a trip back to South Africa to celebrate with family and friends. My parents had recently moved to Cradock, a small farming town in the Karoo area of the Eastern Cape, where my father continued to run a successful architectural practice.

One afternoon, my brother Denis was taken ill and the family doctor, Dr Karl Bremer, who later became the Minister of Health in South Africa, was called to the house. My mother duly introduced me as a young medical student, and when Dr Bremer asked whether I would like to join him on his rounds and observe operations at the local hospital, I agreed with great enthusiasm. A few days later he visited again and said to me, ‘Here, young fellow, I want *you* to administer an anaesthetic at an emergency operation.’

‘But, Dr Bremer, I know nothing about anaesthetics. I have only just completed my third year and haven’t yet attended demonstrations on anaesthesia,’ I told him.

‘Don’t panic,’ he replied, ‘I will give you a bottle of chloroform and a mask and tell you exactly what to do.’

He explained that this was a most unusual case, as the patient was a young native woman living in a kraal – a traditional African village of thatched huts – some seven miles out



With my brothers, Rupert and Denis (right) in Cradock, 1913.

of Cradock. 'She is much too ill to move, so we shall have to go and operate on her in her hut this evening,' he told me.

First we travelled to the hospital to fetch some sterile sheets and sterile operating instruments, along with four candles and some bottles to stick them in. We also took a bottle of chloroform and a mask.

That evening we set off at about six o'clock and, having opened and closed a dozen farm gates on the way, we finally reached the village, by which time it was dark. We lit the candles and spread a sterile sheet on the floor of the hut, which was made of dried cattle-dung polished smooth. We lifted the patient carefully and Dr Bremer put on a sterile gown, while I was given the chloroform and mask.

'Now,' said Dr Bremer, 'if you want to kill the patient, place thirty drops of chloroform onto the mask and clamp down on the patient's face. If, on the other hand, you do not wish to commit murder, you proceed like this. Drop two drops on the mask and count five seconds. Then drop three drops and count five seconds, and so on. By the time the patient is inhaling ten drops, I shall begin operating.'

A gangrenous appendix was duly removed and the patient made a full recovery.

During the same holiday I began to nurture an interest in collecting beetles – *Coleoptera*, as the genus is known. I spent many an hour wandering out in the open grasslands of the veldt, watching dung beetles hard at work. It was fascinating to see the male beetle rolling a ball of dung along; and then the female, who should be helping, would sometimes crawl onto

the ball and take a rest, which naturally impeded its progress. The female lays her egg in the centre of the ball, and here it remains buried until heat hatches it. The little grub then feeds its way from the centre of the ball to the outside world.

When it was time for me to return to London to continue my medical training, I mounted some of these beetles on a piece of card and brought them back with me, whereupon I presented them to the Natural History Museum in South Kensington. To my utter astonishment, I was told I had discovered several new species.

THE INTER-HOSPITAL rugby matches were the highlight of the winter season, and pitched battles would be fought by opposing students on the field, before the commencement of every game. Many hospitals had a special mascot. Guy's Hospital had a large milk churn painted with the hospital's colours, which was suspended from the cross-bar of the goal post. St Thomas's mascot was a cannon, while King's College had a lion. Another hospital, I seem to recall, had a wooden figurehead resembling Cleopatra, which at one time must have graced the bow of an old-time sailing ship.

It was during an inter-hospital hockey match, in early 1914, that I sustained a painful injury, which developed into synovitis, an inflammation of the synovial membrane enveloping the knee – commonly known as 'water on the knee' – and which led to me being admitted to Barts as a patient. Having previously walked the wards with some dignity, I was now helplessly wheeled into the hospital's Henry Ward, but it was

interesting to see the workings of a large London hospital from a patient's point of view (previously I had only known them as a dresser or clerk, both of which were supervised junior house roles and part of our medical curriculum).

There were about twenty-six beds in this ward, and the sister in charge – who wore a blue uniform and white cap – was a strict disciplinarian who stood no nonsense. In fact she might be called a real dragon, for students as well as nurses went in fear of her. The day began at the unearthly hour of 5 a.m., with the night and day staff seeing to one's ablutions and to the making of beds. The ward sister would read morning prayers. Breakfast followed – and ample it was, too. Next came along the ward cleaners and floor polishers. A paper boy would deliver the daily paper and a barber would stop by and enquire whether you wished to be shaved or would shave yourself. By the time we had finished reading the daily news, the medical students would come along – each to his assigned patients – and your case history would be reviewed and written down on notes, which were hung at the end of your bed. A little later lunch was served and afterwards, at about 1.30 p.m., the great surgeon and his team of dressers would stream into the ward accompanied by the ward sister and a blue-belt nurse, who wore a blue-and-white-striped uniform. Each bed would be visited, one by one, and when it was my turn, I would get my fair share of leg-pulling. Lights went out early, after evening prayers, which were once again led by the ward sister.

Being a light sleeper, I did not enjoy the nights. I was con-

tinually woken by the grunts, snores or coughs of my fellow patients. However, this was compensated for during the day by the pleasure I took from talking to my fellow bedmates. On my left was a butcher from nearby Smithfield Meat Market, and on my right a rather lugubrious fellow, who I found out was an undertaker (though he preferred to be called a 'funeral director'). I fully sympathized with him, but imagine that his eyes must have feasted on those poor mortals who were screened off in the ward, when about to depart from the world!

The butcher, who was a cheerful cockney and a champion snorer, told me illuminating tales of the hundreds of sewer rats that abounded in the meat market, when the men came to work in the early hours of the morning; and of how these rats nibbled at the meat lying about and then scuttled away and disappeared down the drains as soon as the workers arrived.

Visiting days were, of course, the highlight of the week. The flower seller outside the Henry VIII gate, at the hospital entrance, would do a roaring trade as mothers and fathers, husbands and wives bought bouquets of flowers, as well as magazines and periodicals. And for two hours just twice a week – on Wednesdays and Sundays – the wards in the hospital would buzz with laughter and animated conversation.

ONCE BACK ON MY FEET, I continued with my studies, attending classes and lectures on surgery, vaccination and public health, as well as demonstrations on anaesthesia and medical and surgical morbid anatomy and pathology – all

subjects that I greatly enjoyed. I also spent a month or so as a dresser in both the gynaecological and ophthalmic wards, where I assisted surgeons on their rounds by writing up case notes and by dressing minor surgical cases under supervision. For a few weeks during my final summer session I spent some time at a lunatic asylum, where I observed unfortunate cases of insanity – another subject that I found particularly fascinating.

During my career as a doctor I must have delivered well over 3,000 babies. As a medical student I was very pleased to attend lectures and demonstrations in midwifery and gynaecology, held in the hospital's Elizabeth Maternity Ward. There was plenty of practical training as well, and each student was expected to do three weeks on the 'district'. This involved attending an average twenty confinements.

Our hospital's 'district' in those days was the sordid slum area around Smithfield Meat Market, one of London's oldest markets. My work took me along narrow cobbled streets with evil-smelling drains, through dingy passages and up rickety stairs, into gloomy rooms lit by a single candle. The rooms were often ill ventilated – the foul smell of poverty all-pervading and never to be forgotten.

On many occasions the room to which I was called was almost bare: no rugs or carpets, the window framed by a pathetic dirty curtain. The only pieces of furniture were often a double bed, a small table and a chair. The hospital would provide sheets, blankets, hot-water bottles, cotton wool, sanitary towels and other necessities for the more impoverished cases. Some of the poorer families lived in one large room, such

was the overcrowding in these double-storeyed tenements, and I frequently had to send children into the streets while their mother was adding to the family. One of the things that struck me was how a wizened, miserable-looking mother often produced a fine, strapping infant of nine or ten pounds, although within a few weeks that same babe would lose many ounces in weight, owing to the poor quality of its mother's milk or to errors in feeding. Anyway, nature at least appeared to give all the babies a good start in life.

Some of the midwives I encountered were Dickensian characters, sitting with folded arms at the end of the bed dispensing 'motherly' advice to the wretched mother-to-be during labour pain.

'Ere, dearie, yer pulls on that rope, see – each time that pain comes on,' they'd say, having tied a stout rope at the end of the bed. If the poor mother shouted out in pain, the midwife would often add, 'Now come along, dearie, yer've 'ad yer pleasure, see – now yer going to 'ave yer pain.'

And how those midwives loved a drop of gin, often sending one of the children on errands to the pub around the corner for sixpenny-worth of the spirit. 'Just to keep me spirits up!' they would protest loudly. And how they loved to gossip: Mrs Malcolm had had two sets of twins in just over a year; Mrs Reid had had five miscarriages, but was still hoping; and Mrs Smith's husband was a real 'bad 'un', always on the drink, and the children near-starving.

Their rooms were often running with vermin, and I felt compelled to have an antiseptic bath on my return to hospital

quarters. It was amazing how few cases of childbirth fever we saw, considering the primitive conditions under which we had to work. Lysol disinfectant and carbolic soap were our two mainstays, and of course we wore rubber gloves and sterile gowns. Instruments and forceps, when required, were boiled by spirit lamp in the copper sterilizer that I always carried with me.

I can remember my fear and trepidation the first time I applied forceps. Having anaesthetized the mother with a drop of chloroform, I had to pretend to her and to the midwife that I was an expert. Having only practised the art on a hospital dummy, I must have appeared proficient at least and felt much relieved, or my reputation would have sunk to zero.

When we were in real trouble, with a post-partum haemorrhage or obstructed labour, we would quickly send the husband or a neighbour on a bicycle to the hospital with a towel, on which a cross was daubed in the patient's blood. This was for the resident obstetric superintendent and was code for 'Come immediately: I am in dire trouble'!

I thoroughly enjoyed my time in the 'district' and greatly admired the courage of many of the poorly nourished women – and their marvellous cockney humour, in spite of the hard lives they led. I doubt if they ever visited the cinema or the theatre; their life revolved around the pub or street-corner gossip. They were a class that seems to have vanished today since the great improvement in modern living standards.

At the end of my studies I was very pleased to win the hospital's Matthews Duncan Prize for Midwifery and Gynae-

cology. I seriously considered specializing in these subjects, but the First World War intervened.

THE SUMMER OF 1914 was a particularly fine one. I spent my holidays with friends in Sussex and, apart from being blown up in a steam car and deposited in a hedgerow when the engine boiler overheated, the world seemed happy and at peace. These were halcyon days; income tax was negligible, the British Empire ruled the world and Britannia ruled the seas. Then, all of a sudden, the papers splashed news of the assassination of the Austrian Crown Prince at Sarajevo by a Serbian nationalist on 28 June. War clouds quickly gathered, as Austria invaded Serbia in July, and her ally Germany invaded Belgium and Luxembourg and headed towards France. Britain, who was allied with France, was forced to take action. At midnight on 4 August, Britain was at war with Germany. Within a matter of weeks, it seemed, the world as we knew it was turned upside down.

I well remember the excitement of that night. A number of my medical student friends and I took a bus to Whitehall, where the streets were teeming with straw-hatted crowds and Union Jacks were everywhere to be seen. Regular uniformed soldiers, when found, were triumphantly paraded shoulder-high through the streets, and the air was filled with cries of 'God Save the King' and other patriotic songs. We gradually wended our way to Piccadilly Circus and eventually ended up at the Cafe Royal. There pandemonium ruled, as all the German waiters had been severely mauled and had therefore

fled. It was a madhouse and, as there was no one left to serve us, we wandered back onto the streets and soon lost ourselves in the seething mass of humanity.

Young men, eager to fight for King and country, were soon joining the army in large numbers, but we medical students were told to continue with our studies. Then, in early 1915, the Admiralty made an application for senior medical students to join the navy as surgical probationers, whereupon four of my friends and I decided to apply. Although we had not yet completed our medical curriculum, we were medically examined, found fit and ordered to go to Gieves, the military tailors, to collect our uniforms.

For several days we proudly paraded the streets and attended hospital in our naval uniforms, with the little squiggle of gold and red braid adorning our sleeves. Then one morning we each found a long blue envelope bearing our name on the breakfast table. It was postmarked 'Admiralty', with an anchor printed in the corner of the envelope. Thinking these were our orders for posting to a ship, we hurriedly ripped open our letters. But our spirits quickly sank, for the letter advised us that the policy had changed and, due to a shortage of naval surgeons, we were to return our uniforms to Messrs Gieves without delay and go back to hospital to get qualified – as soon as possible.