Chapter 7: The Mayfair Gas Company 1936-1939

‘Mayfair Gas Company’ was, of course, only the nickname of a practice in the West End started by Dr R.R. Macintosh, an Honorary Anaesthetist on the staff of Guy’s Hospital. He joined up with another anaesthetist on the staff of Guy’s, Dr W.S. McConnell, to form what I believe was the first partnership in Anaesthetics. Most specialists, in those days, ran a one-man practice which is very satisfactory for a practitioner who can arrange the times he works to suit himself, always excepting emergencies. This would apply to most specialists, such as surgeons, physicians, pathologists etc., and also to general practitioners.

Anaesthetists, on the other hand, can only give anaesthetics when some other doctor, usually a surgeon, asks them to provide that service. If two surgeons want to operate at the same time, or even at an interval which is insufficient for transport and necessary preparation, the anaesthetist has to refuse one of the cases, and will probably have time on his hands when he could be more usefully occupied. Two anaesthetists in partnership can cope with more than twice the amount of work, without haste or skimping, than the sum of the work that either of them could do on his own. Another advantage is that during holiday periods or sick leave one’s income does not immediately come to an abrupt halt. It therefore makes very good sense for anaesthetists to work in partnership. The size of the partnership is only limited by the available work and the competence of the secretarial staff.

Macintosh and McConnell, after a few years, found their practice needed the help of another partner and they took in Bernard Johnson who was on the staff of the
Middlesex. Now, in 1936, they needed to expand still further and so B.J. was deputed to ask me if I would be their salaried assistant. The salary offered was £430 a year. Out of that I would have to find somewhere to live in the West End of London in the Harley Street area, buy a car, feed and clothe myself as well as have enough over to have some social life and a holiday now and then. Trivial as such a salary might seem today, we must remember that inflation especially since 1973 has made all monetary comparisons of today with more that 50 years ago almost meaningless.

As Sir Douglas Ranger in his book on the Sesquicentenary of the Middlesex Hospital Medical School from 1935 to 1985 has pointed out, the pound sterling in 1985 would only buy what one could get for one shilling (now 5p) in 1935. In other words, the retail price index during that period rose twenty-fold. Since 1985 it must surely have doubled again so that by 1990 standards £480 a year would be today equivalent to about £20,000 or in Australian dollars upwards of $40,000.

I did find accommodation of one room on the third floor of a house in Bulstrode Street, a small street off Welbeck Street. My neighbour, in another bed-sitter on the same floor was Oswald Lloyd-Davies, who had qualified at the Middlesex some four years before me and was, during my resident years, a surgical registrar there. As such I had known him very well and on my elevation to the Staff of the Middlesex, he helped me find the place to live.

Another surgical registrar while I was senior resident anaesthetist was Edward Muir who later became President of the Royal College of Surgeons of England. He actually gave me my first chance to give an anaesthetic in private practice. Although residents were not officially supposed to indulge in private practice, they did occasionally have the opportunity to implement their meagre income by giving an anaesthetic for a private patient of one of the Honorary Surgeons, especially if the operation was performed in the Middlesex which had private wards, the Woolavington Wing.

Surgical Registrars, however, were not given board and lodging and were paid £300 a year and had to supplement that by a little private practice, so Edward Muir asked me if I could give an anaesthetic for him for a hernia operation at the Willesden General Hospital. I could, on my afternoon off, and all went well with the patient, but he never paid my modest account of Five Guineas! So, before I was ever really in private practice, I realised that a lot of the money one earns is never actually received. In my case before 1936, the deficit was 100 per cent of what I had earned.

I bought a Standard 8 car, for something around £100, and it lasted me a year. All the running expenses of the car were paid for by the practice, so all I had to pay was the monthly instalment of the hire purchase.

Macintosh lived at 9a Upper Brook Street, Mayfair with the memorable telephone number of Mayfair 0803. The practice was conducted from there and that is how it got its nickname. A more derogatory nickname was also used occasionally from the name of the chief company supplying domestic gas for heating, cooking and lighting in London, the Gas, Light and Coke Company and this was parodied to ‘Gas, Fight and Choke Company’.
Private hospitals, or as they were called in England, nursing homes, did not provide any anaesthetic equipment or agents. Nor did they provide surgical instruments so that surgeons had to take all their own instruments to the operating theatre, choose those they expected to use and give them to the theatre sister to sterilise while the patient was being anaesthetised and the surgeons scrubbed up. Anaesthetists had to take everything including nitrous oxide and oxygen cylinders, any apparatus, syringes, needles, laryngoscopes, airways, endotracheal tubes etc., as well as all supplementary drugs with them from place to place. I still have a dropped right shoulder from carrying heavy equipment, as tailors have invariably pointed out to me when measuring me for jackets.

To overcome these difficulties the ‘Mayfair Gas Company’ decided that each partner, and the assistant would have his own chauffeur. His duties included not only driving, washing and caring for the car, but also helping to carry the equipment from the car to the operating theatre, assembling the anaesthetic apparatus and ensuring that the cylinders were full. After the operation he would wash and, where necessary, sterilise the smaller utensils such as syringes, needles and laryngoscopes, pack up everything and take it back to the car. Suction was not laid on in Nursing Home theatres (it was in only a few hospitals), and we used to take a portable sucker as well if it was deemed necessary for the anaesthetist, surgeon or dentist. The chauffeurs also helped with lifting, transporting and positioning the patient before and after surgery. They were, in effect, operating theatre technicians before such a craft was envisaged and were an essential factor in the success of the partnership.

Apart from private general surgery work, usually with the surgeons with whom we worked as Honoraries in our respective hospitals, there was a large dental anaesthetic practice, generated by Macintosh originally most of which was carried out in the dentists’ own surgeries in the West End of London. These were mainly in the Harley Street and Wimpole Street area, but some south of Oxford Street in the prestigious Mayfair district.

These dental cases were mainly extractions under nitrous oxide and oxygen in the dental chair. The tough or anaesthetic resistant patients were quelled with a judicious squirt of ethyl chloride onto a piece of gauze held in front of the propped open mouth. Intravenous anaesthesia was in its infancy. As a bold resident, I was the first person to use thiopentone (Pentothal) in the Middlesex Hospital. If we thought that a patient would be resistant to nitrous oxide we induced with a small dose of Pentothal, then dashed round to the back of the chair and maintained anaesthesia with nitrous oxide-oxygen. The fees for an ordinary nitrous oxide anaesthetic were one and a half to two guineas. For a thiopentone-induced anaesthetic, the fee was three guineas.

While on the subject of fees I should point out that in those days before National Health and any attempt on the part of government to regulate fees, the tariff was left to the individual doctor who assessed his own fees according to his own conscience and standard of ethics.

Such a system may seem open to abuse and leading to overcharging but the vast majority of doctors had a very acute sense of fair play and if the patient felt he had been overcharged his simple remedy was to refuse to pay the account leaving the doctor to have to resort to the civil courts to obtain settlement, gross overcharging would then become evident and the magistrate would not be likely to rule in the doctor’s favour.
We were our own almoners and tried to assess the correct fee for each patient according to the service rendered and the patient’s means. If the patient’s own general practitioner, the surgeon or dentist, who might be presumed to know more about his financial status than the anaesthetist who may never have seen him before, asked us to reduce the fee we would invariably do so.

It was a matter of honour that we never charged any fee for doctors, nurses, other paramedical practitioners, clergy of any religion or their dependants. By dependant I mean anyone for whom the doctor etc., would actually pay the bill, such as his immediate family but not his second cousin twice removed. I remember once I sent an account to the wife of a young doctor, not knowing that her husband was in the medical profession, and the husband sent me a very terse note saying that it was not customary to send an account to the wife of a colleague and that he would not pay me but if I insisted on payment he would send a cheque to any charitable organisation I cared to nominate. A letter of apology and explanation that the medical connection had been unknown to me sufficed to settle the matter. In return we expected similar treatment from our colleagues and hospitals. We never expected to pay other doctors, pharmacists, dentists, physiotherapists etc., or hospitals for treatment of ourselves or our dependants. Now, having worked on those principles for more than 50 years, I am affronted when I receive an account from such people or organisations.

Dental chair anaesthetics were booked on a tight time schedule. In the ordinary was 15 minutes was allotted for each, with proviso that not more than three consecutive quarter-hour appointments were made. If it was known that Pentothal was to be used, half-an-hour would be allowed.

The logistics of our dental chair service depended on the use of the chauffeurs. Each doctor’s car had the front passenger seat removed and in its place stood two identical portable gas and oxygen machines in a carrying bag. One side of the bag let down to the floor and carried two small oxygen and two small nitrous oxide cylinders. The anaesthetist stood on these cylinders and operated the cylinder taps with his right foot. Behind a leather partition was the double reservoir bag for the two different gases. Above that was a mixing valve within reach of the anaesthetist’s hand so that he could adjust the percentage of oxygen in the mixture, leading to the two rubber tubes attached to either side of the nosepiece. On top of the case underneath the lid was a tray holding props, sponges, gags, ethyl chloride, syringes and other essentials.

The chauffeur drove the car to the front door of the house where the dentist had his rooms. The doctor took one of the bags, went in and gave the anaesthetic and left after assuring himself that the patient was all right. He then put the bag back in the front of the car and told the chauffeur if any of the cylinders were empty and needed replacing. Then on to the next case, where the procedure was repeated, while the chauffeur changed the empty cylinders and maintained the stock of accessories in the tray.

During my first year with the practice, apart from doing my own preoperative rounds for assessment of the patient and ordering premedication, I was sometimes asked to do Macintosh’s ‘pre-meds’ for him and at that time ‘Avertin’ (rectal tribromoethyl alcohol) was his favourite premedication. I used to make up the Avertin solution at about 40°C. and leave it in a ‘Thermos’ flask with detailed instructions for the nursing staff to administer at the correct time and then I had to go and tell Macintosh what I
thought of his patients from an suitability for anaesthetic point of view. I remember that once I tracked him down to the R.A.C. clubhouse where he was combining swimming with ultraviolet tanning. Mac always looked bronzed and in the best of health.

On one occasion I was asked to anaesthetise a patient in her bedroom in Claridges Hotel for Sir Gordon Gordon-Taylor. In those days ether was the staple agent and it caused quite a stir when I insisted that before I began the hotel staff had to extinguish the open coal fire in the bedroom.

One night when I was on duty for emergencies in the practice I was called to anaesthetise a patient whom I found to my slightly apprehensive delight to be Queen Marie of Romania.

In view of my very junior status in the practice I thought that I had better contact Robert Macintosh and he disappointed me by taking over the case and my hopes of anaesthetising royalty had to be deferred. Among celebrities I did anaesthetise during my time with that practice were Richard Tauber and George Bernard Shaw, both for dental extractions. Tauber was one of the most apprehensive patients that I can remember but eventually submitted to thiopentone induction.
For Bernard Shaw’s operation, which I think was for his last remaining tooth, the dentist and I had to go to his home in Ayot St. Lawrence near Welwyn and I sat the old gentleman up in one of his upright high-backed dining room chairs and put a strap around his pelvis to make sure he didn’t slump down while under the anaesthetic. After the operation he entertained us both to tea and a few stories of his life in Ayot St. Lawrence. He also insisted on writing out cheques for each of us before we left and I have always regretted that I gave that cheque into the practice. I should have paid the fee to the practice out of my own money and kept the cheque as one of my memorabilia.
A few months before I joined the practice a group of girls from the Bedford College of Physical Education, as part of their training to become Phys. Ed. teachers visited the Middlesex hospital to watch some orthopaedic operations. One of these was Barbara Young whom I dated and began to see frequently. In about the May of 1936 we became engaged and we got married at the end of August. We had found a flat in Marylebone High Street just south of the end of New Cavendish Street, above a bank. I suppose technically it was not a flat because it was on two floors, I think maisonette was the correct description.

In 1937 Macintosh was appointed as the first Nuffield Professor of Anaesthetics at Oxford. As far as I know he was the first Professor of Anaesthetics anywhere in the world. This appointment meant that he had to leave the Mayfair Gas Company and go to Oxford. That coincided with the end of my year as an assistant in the practice and as the numbers in the practice were depleted, I became a partner. At the same time Vernon Morgan was taken in to bring the number of partners to four.

We now also needed to find new premises as the house in Upper Brook Street had been Mac’s and was to be sold. We moved to 47 Wimpole Street, three doors away from the house where Elizabeth Barrett live before she escaped from her tyrannical father to elope with Robert Browning.
This was a more convenient location than Mayfair had been because most of our dental practice and the majority of the Nursing Homes were in the area bounded by Marylebone Road, Great Portland Street, Wigmore Street and Thayer Street-Marylebone High Street. The nickname ‘Mayfair Gas Company’ though not strictly now applicable was firmly established and stuck with us. We had lost our Mayfair telephone number but we managed to get another easily remembered number Welbeck 0044.

During the summer of 1937 Barbara and I went to the South of France for our annual holiday. We took the little Standard 8 and drove down through France to a small resort called Le Lavandou on the Riviera between Hyeres and St. Tropez with a view of the three Iles d’Hyeres. One day together with several of the other guests at the Pension
where we stayed hired a local fisherman to take us out in his boat to the islands and I shall never forget the beautiful clear transparency of the deep Mediterranean around the islands. We stopped in a little bay and fished and one could actually see the fish at the bottom come and take the bait.

After swimming from the boat and being towed around on an aquaplane, we were put ashore to explore the little island and on our return to the beach we found the fisherman and his son had made, with the fish we had caught, a magnificent dish of bouillabaisse served in a dish made of the bark from a cork-oak. Another memorable event on that holiday was seeing for the first time the newly introduced sport of water-skiing. On the beach it was possible to try and do it oneself at a cost of 40 francs for a quarter of an hour. The way the motor boat owner suggested starting was by sitting on the end of one of the little gang planks that were built out from the beach to enable people to get into a boat where the water was deep enough for the boat. There being practically no tides in the Mediterranean these structures were permanent fixtures. Sitting on the end one was given the towrope and the when the line became taut as the motorboat went forwards one was supposed to ski off easily on the surface. The first time I tried I leant too far back and the skis went from under me and I had to let go. When I was again in position I tried again and this time I overcorrected and leant too far forwards so then I did a neat dive between the points of the skis. By that time my quarter of an hour was over and all I had achieved was to provide some amusement for the people on the beach.

Thinking it over that night I decided that one should have some means of avoiding the sudden pull on the towrope and decided to try again the next day. This time I insisted on sitting in the water on my skis and the ruse worked and I was actually skiing! There was a millionaire’s yacht at anchor quite a distance from the shore and once the driver of the boat realised that I was reasonably stable on the skis he took me right out round the yacht (to quote Noel Coward from Private Lives, I think, the yacht ‘was the Duke of Westminster’s, I suppose, it usually is.’). Towards the end of my quarter of an hour my arms were so tired from the unaccustomed effort that I just had to let go and wait for the motorboat to come and pick me up. I knew he would as the skis were his!

On the way back through the Massif Central two disconcerting events interfered with the pleasure of the drive. First it began to get dark and when I put on the headlights I found that they did not help very much, but after struggling in the failing light for several kilometres I soon rectified the whole trouble simply by taking off my sunglasses! The second trouble was not so easily remedied. We ran into a thunderstorm while going up a winding fairly narrow pass and had torrential rain. At that moment the electric windscreen wipers decided to stop working. There was a little handle inside the windscreen which one could turn manually but it was tiring to keep working it back and forwards with the left hand while driving on a tricky road. Unfortunately the rain had set in to a steady downpour and looked likely to continue for hours and as we did not want to spend the night in a car on a remote mountain pass in the rain I just had to proceed in short episodes taking a break every now and then until my left hand had recovered sufficiently for me to start again. We made it to the next hotel.

Unfortunately this was only the beginning of the disintegration of most of the electrical fittings on the car, though not until after returning to England, but the drive through France continued to be a nightmare as we had wet weather for the rest of the journey.
and a tight time schedule to be able to catch the cross Channel ferry, so we could not afford the time to have the windscreen wiper repaired.

Back in England, I decided that I must change my car. In our sort of practice a reliable car was an absolutely vital piece of equipment, so I lashed out and bought a new 1937 Oldsmobile 6-cylinder sedan. It cost me £440 and my partners were absolutely horrified, saying that I could have got an excellent smaller English car for less than £200, that American cars were shoddy and only designed to last one year, that I would never be able to do a ‘U’ turn in Upper Wimpole Street and, anyway, where was the starting handle?

![A 1937 Oldsmobile.](image)

The Oldsmobile proved to have a smaller turning circle than any of my partners’ smaller British cars, the self-starter only failed once when I inadvertently left the parking lights on all night, but I persuaded a London taxi, the bumpers of which were the same height as the Oldsmobile, to give me a push and after driving it round the Outer Circle of Regents Park it was as good as new. I sold it in 1946 for more than I paid for it and it was one of the best cars I have ever had the pleasure of owning. Once again, if only I had been able to keep it until now it would have been a valuable vintage car. The 1937 Oldsmobile, I believe, was an exceptionally good model.

One evening when I was alone in the flat in Marylebone High Street, I lifted up with my left hand a pile of plates. Unfortunately the lowest plate in the pile was cracked and the weight of the others on top broke it in my hand and cut me across the middle, ring and little fingers. The wound to the middle and ring fingers were only superficial but the cut on the little finger was deeper and to my dismay I saw blood spurting from it all over the kitchen wall, showing that I had severed the digital artery. All I could do was to grab the little finger with my right hand and make my way out into the street and call a taxi, which luckily came along very shortly and ask to be taken to the Middlesex Hospital Casualty Department. When we arrived I dared not leave go of my little finger so I had to ask the taxi driver to feel in my pocket and find his fare.
When the resident on duty, who I remember was Alan Kekwick, later to be Professor of Medicine, saw me he asked me to curl up my fingers and to my horror the little finger remained straight out showing that not only the artery was severed but also both of the flexor tendons. This, of course, necessitated immediate admission for emergency surgery. Rupert Vaughan Hudson, one of the Honorary Surgeons came and Bernard Johnson, my partner, gave me the anaesthetic. I was discharged the next day but I could not use that hand for the next three weeks.

A prudent clause in the partnership agreement insisted that each partner take out a sickness insurance policy, and moreover that less than one month’s absence counted as sick leave and did not preclude the sufferer from taking his share of the practice dividend. Thus I not only had to be away from work for three weeks but I would actually profit by the amount of the sickness benefit paid. I wondered what to do during the ensuing three weeks and decided that, as I had never been to Scotland that this was the ideal opportunity. Vaughan Hudson wanted to see me to dress the wound and remove the stitches in two weeks time, so in effect I had only ten days to spare in Scotland. Barbara could not come immediately, she had some other social engagements, so I went off on my own on the night train.

As I had my left arm in a sling, I was a little hampered trying to deal with the excellent meals served on the train, but the dining car stewards cut up all my food so that I was able to manage with only a fork. I stayed at the only hotel in Dalmally and had a wonderful time. I was physically very fit apart from the enforced inactivity of my left arm, I could use the thumb and index finger, but the sling was restrictive. During the days I walked all over the moor and even managed to stalk to within about 50 yards of a herd of red deer before they caught my scent and, without appearing to hurry at all, within two minutes were quite out of sight.

In the evenings I went down to the bar where the local crofters, gillies and other workingmen came to fraternise. I learnt one thing there which I had not known before,
that the national drink, whisky, was customarily drunk from a small glass, neat, in one swig and then followed slowly over the next half hour or so by a pint of Scotch Ale.

Barbara arrived after a few days and then we hired a car and explored the surrounding countryside, visiting Loch Awe, Oban, and the fateful Valley of Glencoe where the Macdonald clan was massacred by their traditional enemies the Campbells in 1692 on the pretext of disloyalty to the King of England. To this day, I believe there are places where the feud is perpetuated to the extent that some Macdonalds will have nothing to do with anyone called Campbell.

The day before we were due to leave we decided to see if I could use a fishing rod. I felt that as all the casting would be with my good right arm and all I had to do with the left would be to pluck the line out before casting, which I felt I could do with thumb and forefinger. So I hired a gillie for the day and we set off along the local river, the Orchy. It had been raining a lot over night so the water was very dirty and after hours of trying in all the places and using all the methods suggested by the gillie and getting no return, eventually the gillie said ‘weel, I think we ought to try the wurrm’. I am sure this was definitely unsporting, if not illegal, but the gillie knew that it was my last day and so we discarded our inhibitions and tried the ‘wurrm’. At almost the first cast I was into a salmon, and more by the help of the gillie than my own skill we landed a seven-pound fish. I regret to say that that is the only salmon I have ever caught in my life.

Sometime during that autumn of 1937 we decided to drive up to Stockton-on-Tees to see my father who was still teaching at Bowesfield Lane Boys’ School and living at Eaglescliffe, two or three miles to the south of the town just north of the River Tees, the border between Durham and Yorkshire in those days with Yarm over the bridge in Yorkshire. Since the authorities have changed a lot of the English counties, abolishing some, cutting others down to size, altering boundaries and creating new counties, Stockton, Middlesbrough, Eaglescliffe, Yarm and many other places are all in a new county called Cleveland.16 Ironically most of the Cleveland Hills from which the name arose are still in Yorkshire.

While we were there we went to the R.A.F. base at Thornaby where Lilian Banks (nee Wynn) and her husband Sandy were stationed. They had had a son in 1936, christened Anthony Hamilton.

Olive had been adamant in her decision not to divorce Harry so he was unable to marry his friend Dora, who was one of the gentlest and kindest persons I have known. At that time A.P. Herbert was crusading for a reform of the divorce laws with his book Holy Deadlock written in 1934 and now that he was an Independent Member of Parliament for Oxford University he was able to introduce a private member’s Bill which was passed eventually in 1937, The Matrimonial Causes Act.

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16 Cleveland County was created in 1974 but was abolished in 1996 (i.e., a few years after Bobby stopped writing these memoirs).
The boot was now on the other foot and Harry divorced Olive on the grounds that she had deserted him in 1917. Harry then married Dora Petrie after waiting for 20 years, and I then had both a mother and a stepmother.

The divorce papers that were served on Olive in January 1938.
In order to augment the pittance which schoolteachers received Harry and Dora ran a Travel Agency in Stockton, ‘Roberts Tours’, and Peter after a stint working in the steel works, mainly because he wanted to play rugby and some of his rugby friends were in that team, helped with the Travel Agency. He had been far from industrious at school in England and Harry in desperation had sent him to a boarding school in Belgium. This was to stand him in good stead afterwards and, in fact, determined his whole lifestyle. At this time he was able to go to Belgium and France and arrange accommodation for package tours and also was able to act as tour leader occasionally.

It may be argued that these events and the accounts of various holidays etc., have nothing to do with the Mayfair Gas Company. True, but when I read biographies I find it very confusing if the author keeps dodging backwards and forwards in time. I am trying to relate things in a more or less chronological order to spare any reader that confusion.

The surgeons with whom I worked in private practice were mainly those who were colleagues of mine on the staff of the Middlesex. They, for preference worked in the private wing of the Middlesex known as the Woolavington Wing. I used to do five half-day sessions at the Middlesex as the duties of my appointment. All the Honorary Anaesthetists gave four or five half-days of their time to hospital lists on a regular weekly basis. Their recompense, as did mine, came from the private work that the surgeons with whom they worked on hospital cases asked them to undertake. The surgeons I worked with most often were David (‘Jimmy’) Patey, Eric Pearce Gould, Blundell Bankart, Louis Carnac Rivett, ‘Freddie’ Roques, C.P. Wilson, and J.P. Monkhouse, as well as all the Honorary Dental Surgeons.

The advantages of working in the Woolavington were that there all the apparatus and instruments were part of the hospital equipment, and neither the surgeon nor the anaesthetist had to take anything along. Also quite often the surgeon would do a private operation during his normal hospital session if the number of cases on the hospital list did not fill the allotted time. If they did then one often followed on after the hospital cases by going over to the private wing.

All the money that I earned in private fees as well as the £100 the hospital paid me annually as Assistant Anaesthetist went into the general kitty of the Mayfair Gas Company. For the first year, 1937-38 both Morgan and I received 3/16 of the total to be divided and McConnell and Johnson got 5/16 each. Both Morgan and I had had to buy our share from McConnell and Johnson and to do this I had had to borrow money from an Insurance company against a Life Policy which had to be paid back in monthly instalments. After that year Morgan and I protested that as we were now doing at least equal work we ought to be getting equal shares with the others. For any disputes between the partners, we had all agreed on joining the practice to abide by the ruling of an arbitrator, an honest, rather ponderous solicitor called Stebbings. He decided in our favour and thenceforth we were all four on equal shares.

In 1937 or 1938, an old school friend made his reappearance. Paddy Roberts, who had been Roberts I when I was Roberts II, he of the Silver Bugle and school concert fame, who had left school rather suddenly as the result of a misdemeanour involving dating the Headmaster’s pretty young housemaid, returned to England. In the meantime he had gone back to South Africa where his parents lived, qualified as a solicitor, become
disenchanted when some black African whom he had defended in a murder trial was found guilty and hanged, and decided to return to England. He lived in Durban and had a friend who had an ocean going yacht who offered him a lift to U.K. provided he brought along his guitar and helped to dispel any periods of boredom. In England he made the acquaintance of two writers of popular music (called Box and Cox, believe it or not!\textsuperscript{17}) and joined then. Paddy was in his element and wrote many songs and was on the way to becoming well known when the war broke out. Before that, however, he married a delightful girl called Sylvia Shephard, and Barbara and I met him quite by chance at the Albert Hall New Year’s Eve ball, and became friendly once more.

During the summer of 1938, I stayed at a farmhouse in Sussex with Charles and he and I tried to explore in my faltboot the small river Arun which ran on the boundary of the farm on its way to the sea at Arundel. The farm was between Billingshurst and Wisborough Green and I often used to go there to stay. One day the farmer told me that a somewhat dilapidated old cottage on his property was standing empty. I wanted to buy it. That the farmer would not agree to, but if I would consider making it habitable he would let it to me at a very modest rental.

This we undertook to do and with the considerable help of a local builder, we lowered the floor of the kitchen to allow normal sized persons to stand upright and had to warn all our guests that most of the doorways necessitated ducking to avoid bumping one’s forehead. Both Barbara and I were small in stature but we wanted to keep our friends as friends. The average height of a farm labourer in the eighteenth or nineteenth century, whenever the cottage had been built must have been under five foot two. At some hotel in Salisbury, Rhodesia, with just such a low beam the management are reputed to have put up on the lintel a notice ‘Duck or Grouse!’

The traditional name of the cottage had been ‘Grigg’s Gate’ and this became our weekend country retreat. Now that we were equal partners, each partner only was on call for emergencies one weekend out of four. I must point out that the English weekend was not as long as the Australian, in that we always worked on Saturday mornings, so the weekend away usually meant Saturday afternoon to Sunday evening unless one got up vary early on Monday morning, but that was a little risky because undue traffic or a puncture could make one late for the first case of the day, and, of course, for hospitalised patients the anaesthetist should see the patient the night before operation to assess general health and order sedatives and premedication as necessary.

In February 1939, we went for our first skiing holiday to Col de Voza in the French Alps not far from Chamonix. The Col, meaning mountain pass, was between Chamonix and Megeve, both rather trendy resorts, but the hotel on the pass was not at that time a place where fashion conscious winter sports fans were apt to gather. Rather it was a place for people like us, complete novices who were very anxious to crowd into our two weeks holiday as much instruction in skiing as was consistent with having a good time après ski.

\textsuperscript{17} The principals of Box and Cox Publications were Elton Box and Desmond Cox, and their greatest hit was ‘I’ve Got a Lovely Bunch of Coconuts.’
The resident instructor was a Polish ex-champion skier, who drilled us mercilessly every morning on the nursery slopes. He did not at all approve of the current British method of teaching beginners to do stems or ‘snow-plough’ turns but insisted that from the first day we kept our skis together and learnt the ‘Christie’ turn. In the afternoons we were allowed to go up on the ski-hoist and come down the simple slope back to the hotel. We got on very well with the instructor and he told us that next year he would not be working at the hotel but was hoping to work on his own as a private instructor in Chamonix.

A month or so after returning to England I was delighted when the Medical Committee at the Middlesex decided to elect me to be a full Honorary, thus saving the hospital £100 a year, and freeing me from any fear that I might suddenly lose my job there as Honoraries were not reappointed every year but could assume that their position would only be terminated by any serious misdemeanour on their part or on reaching the statutory retirement age of 65.

For the August Bank Holiday in 1939, which in those days was the first weekend in August, not as it is now the last, Barbara and I went to Paris as the guests of some people we had met at Le Lavandou, a lawyer called Bazin and his wife. Already the war clouds were gathering and during the weekend, although our hosts were very hospitable, an aura of gloom managed to dampen our enjoyment. We had made arrangements to see them again at Le Lavandou in September but, of course, Adolf Hitler made us cancel that holiday.

Back in England preparations for the inevitable war were progressing rapidly. The Middlesex Hospital was being made ready for the massive air raids that everyone thought would accompany its outbreak.
Chapter 8: Blackout, Blitz, Boredom and Bridge

Back in England preparations for the inevitable war were progressing rapidly. The Middlesex Hospital was being made ready for the massive air raid that everyone thought would open hostilities. All the civilians had been issued with gasmasks in cardboard boxes and instructed how to use them and strongly advised to carry them wherever they went. All the medical staff of the hospital were told that as from the declaration of war they were to cease any private practice and consider themselves as Public Servants in the Emergency Medical Service (E.M.S.). All the Honorary Staff, no matter what their specialty, were paid the same Government salary, £800 per annum.

To make room for the expected flood of air raid casualties, and for their own safety, all the patients were evacuated to hospitals away from the centre of London. A good deal of planning had produced a plan whereby the whole of the area for about 30 to 40 miles around London was divided into segments like triangular slices of an enormous cake with a teaching hospital at the innermost angle of each Sector.

The Middlesex Hospital Sector extended in a narrow fan shape north westerly as far as Aylesbury including Willesden, Harrow, Wembley, Rickmansworth and had the outlying hospitals of Mount Vernon at Northwood and the Royal Bucks Hospital at Aylesbury as its two major base hospitals where the patients from the Middlesex were sent. Other suburban hospitals in the sector were the Central Middlesex County Hospital, Willesden General, St. Andrews (Dollis Hill), Wembley and the Harrow and Wealdstone Hospitals.

The Honorary Staff Anaesthetists were distributed throughout the sector, with the more senior people in the peripheral area as they were deemed to be safer. I, as the most junior member of the staff, was placed in the front line that was assumed to be at the Middlesex Hospital itself, right in the West End. For this, now that the war is over, I must be grateful because if I had been out in the suburbs or the Home Counties I would not have had the experience that I gained during the next five years.

In the days immediately prior to the actual declaration of war, there was feverish activity filling sandbags from a dump of sand which the authorities had placed in Regents Park. The weather in the last few days of August was very dry and hot, and under the supervision of Hugh Marriot, who was also by now on the Honorary Staff as a physician, but still very active in the affairs of running the hospital, volunteers, myself among them, worked hard filling sandbags and bringing them back to the Middlesex and stacking them in front of the main entrance hall, blocking out all the natural daylight and making the whole place very claustrophobic. Another activity was putting strips of adhesive tape over the windows, as it was already realised that one of the greatest dangers of a bomb blast would be flying bits of broken glass. Hugh Mariott made us all drink plenty of dilute salt solution to replace the salt loss through sweating.

As soon as the news broke about Germany invading Poland we were all called to action stations. I had to go and live in the hospital, where of course, because of the evacuation of all the patients there was plenty of space to accommodate the skeleton staff who remained, in the front line, to man what was essentially only a Casualty Clearing Station. I was allotted a very nice room on the first floor of the crosspiece of the
hospital, or perhaps I should call it the Central Block as the hospital was designed in an
H shape with a central crosspiece and two wings. This was to be my pied-a-terre for the
next five years. It had a bed, a bookcase and a large desk. Bathrooms etc., were
available in either the East or West wing, 15 yards away. Because the fear of immediate
bombardment was prevailing, Barbara went into the country to our cottage at Grigg’s
Gate in Sussex.

We spent the intervening two days between the invasion of Poland and Chamberlain’s
declaration of war making sure that we had all the necessary equipment available to
carry out our expected duties and sticky-taping the windows as well as trying to cheer
ourselves up with an occasional visit to the ‘Cambridge’, the local pub just across the
road from the hospital where the ‘grande dame’, Gladys Marshall, was almost part of
the hospital staff.

On Sunday, 3 September 1939, when the ultimatum which Neville Chamberlain had
sent to the Germans was due to expire we gathered around the wireless (we didn’t call it
radio then), and at 11 a.m. Chamberlain announced that we were in fact at war.

Although it was expected, the realisation that it had actually happened had a most
dampening affect on the assembled group listening to the announcement. Not for long,
because within about ten minutes there was an air raid alarm siren wailing away in its
sinister undulating note. ‘Action Stations’ indeed, but it turned out to be a false alarm.

However it proved to be very useful because it showed up any deficiencies in our
precautions and after another false alarm and a few practice alarms we felt more at ease
with the situation.

The surgeons allotted to work at the Middlesex were Rupert Vaughan Hudson and
David Patey in one team, and C.P. Wilson and Brian Windeyer in the other. The
‘powers that be’ realised that two surgeons working together could not be expected to
work continuously, so they had organised two teams of surgeons. But the same
consideration did not extend to the anaesthetic side of things! I was the only qualified
anaesthetist available, with only a trainee registrar, Peter Dinnick, to help me. However
for the time being there was no call for our services. Hitler was fully occupied with
mopping up the Polish campaign and had decided that perhaps the effect of that would
undermine the morale and will to fight of both the French and the British, so we were
left alone to wonder when anything would happen.

This was the beginning of the ‘phoney war’. Jokes went around to the tune that Hitler’s
war was supposed to be a ‘Blitzkrieg’ or Lightning War and lightning is supposed
never to strike in the same place twice, but his Blitzkrieg didn’t even strike once. We
were lulled into a false sense of security (or is it a sense of false security?). So here we
were four surgeons, one anaesthetist, and a Commandant, Hugh Marriot, all cooped up
in the hospital with nothing to do and the Government paying us a pittance to do
nothing. The Mayfair Gas Company had had to cease work but we still had our running
costs to meet. We decided to keep on both the rooms in Wimpole Street and the two
secretaries. The gradual payment of outstanding accounts, and there were plenty of
those, helped to keep us out of the red.

Even the British Government became relaxed and in January Chamberlain issued a
statement to the effect that ‘His Majesty’s Government has no wish to place any
restrictions on travel between Great Britain and France’. We took this announcement
literally and booked to go and stay with our old friend the skiing instructor in Chamonix in February.

We went by train to Dover where the Customs and Immigration officials were astounded when they asked us what was the purpose of our journey and we said ‘A skiing holiday’. I produced the cutting from the ‘Times’ relating Chamberlain’s statement and we were allowed to proceed. We went across from Dover to Calais in the Cross Channel Steamer accompanied by a couple of destroyers going ‘Whoop, Whoop’, and travelled across France in dimly lit trains, although the French ‘black-out’ was not anything like as strict as the British. We had to change trains and stations in Paris and to us the city was just a little dim in a soft blue light. We saw lots of trains conveying troops in carriages marked *Hommes 40, Chevaux 8*.18

The journey took us to places I had never been before including Annecy where in the very early morning between connections we had a chance to see the famous lake. We stayed in Chamonix in the home of our skiing instructor and had a wonderful ten days. Also there were some Polish girls, wives of Polish Air Force Officers, who had managed to escape the German invasion and were now attached to the French Air Force. Both the young officers and their wives had had some very complicated journeys each going their separate ways via all sorts of unlikely routes to arrive in France generally through Romania, Bulgaria, Turkey, North Africa and Spain in a big loop to avoid going through enemy territory or that of possible German sympathisers and to take the shortest sea crossing, the Straits of Gibraltar. We did not meet the husbands who had been assimilated into the French Air Force, but a couple of the wives had

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18 40 men and eight horses.
decided to spend some time on the ski-fields while their husbands were away undergoing retraining.

The snow was deep and crisp (if not even) and we visited not only the local ski runs but also Megeve and last year’s haunt of Col de Voza. I remember one day when we had terrible hangovers after drinking unaccustomed vodka to the ‘Liberation of Poland’. Little did we think that 50 years would pass before Poland would attain that ideal. Our Polish host and his wife were very hospitable and we had a welcome break from the boredom of sitting around in London with nothing to do.

Shortly after our return to London the government relaxed its rule that there was to be no private practice by members of the E.M.S. and the Mayfair Gas Company was able to resume practice and also a few patients were allowed to use the facilities of the Middlesex Hospital for surgical treatment, so the surgeons started to operate again. The patients were transferred from the Middlesex as soon after the operation as possible, usually the following day, to hospitals on the periphery of the Sector.

The Middlesex itself, as were all the other teaching hospitals in Inner London, was expected to act as a Casualty Clearing Station should the expected air raids eventuate, and for that reason as well as for the safety of the patients it had to be kept as empty as possible and they had to be away from what was imagined would be the worst hit area.

Thus, during the Phoney War, life was as far back to pre-war conditions as possible, given the restraints that rationing, the blackout and the nuisance of having to carry that gas mask about everywhere would inevitably impose. People living in the suburbs with gardens were urged to construct an Anderson shelter, a hole in the ground with a roof over it and approached by steps down to the door, to which the inhabitants were supposed to go during air raids.

An Anderson shelter.
An alternative indoor shelter, especially meant for people without a garden, was the Morrison shelter like a large dining table with sturdy metal legs and a strong steel top. This was placed on the ground floor and the protection it was expected to give was from falling masonry and glass. Neither the Anderson nor the Morrison was expected to protect anyone from a direct hit, of course. Failing either of these home measures people were advised to make their way to the nearest public air raid shelter if within a short distance from home or wherever they might be when the sirens sounded.

At the Middlesex there was a sub-basement intended originally in the construction to take the various water, drainage, sewerage and gas pipes and the electrical cables and to provide access to them for maintenance and repair. This, pre-war, had been used also as a storage area for equipment which might be needed in the future. This was cleared out, the area was cleaned up, fitted up with an emergency operating theatre with adequate lighting and made ready to be an air raid shelter for all off-duty personnel, together with patients who could be moved from the more exposed areas. To limit the extent of such areas, the top three floors of the wards were emptied and the theatres moved from the top floor, where they had been situated to obtain the best use of lighting as well as away from the main traffic flows to minimise infection, to improvised theatres in two large wards on the second floor cроссpiece. Each of these was equipped with two operating tables, enabling one anaesthetist, if necessary when short staffed, to supervise two operations at the same time. When the air raids eventually started this arrangement proved to have been very necessary.

Unable to indulge in private practice and having no work to do at the Middlesex, the first three months of the phoney war were tedious and it was decided to put on a concert in the sub-basement to give us something to do and improve morale. We wrote a special play for the event and I managed to persuade Paddy Roberts to come and entertain us with some of his songs. At the outbreak of the war, he had joined the Police
and on his beat he passed one of the barrage balloon sites that were numerous in
London. Barrage balloons were part of the R.A.F. defence against low flying aircraft
that would not dare to fly low enough for their wings to strike the steel hawser tethers
of the balloons. The airmen stationed there were habitués of the local pub and Paddy
got into the habit of dropping in there on his off duty evenings and entertaining the
balloon pushers, by singing not only his own songs but the popular tunes of the era,
such as ‘We’re going to hang out our washing on the Siegfried Line’ and ‘Run, Rabbit,
Run.’ When we had our sub-basement party, it was a huge success mainly due to the
efforts of Paddy.

During the first half of 1940 we developed a routine of doing a little work at the
Middlesex, which was as much as we were allowed to do, and rebuilding the dental side
of the practice. Public confidence was beginning to return, people didn’t mind coming
up to the West End of London for a dental appointment. A certain amount of general
surgery was being done in the Nursing Homes as well as the more major dental work
such as impacted wisdom teeth. There was at that time, in Harley Street an ex-South
African, George Exner, who was an absolute wizard at dealing with impacted wisdoms,
and the Mayfair Gas Company gave many off his anaesthetics. When he did not use
our firm for his anaesthetics, he used the doyen of anaesthesia at that time, Ivan Magill,
who had made his name in the specialty during the First World War working with the
plastic surgeon Harold Gillies. He was a great proponent of the use of endotracheal
tubes and had specially designed curved rubber tubes for easier nasal introduction and
also a laryngoscope for seeing the vocal cords for the oral route. Later in the war when
there were not many anaesthetists remaining in London, Magill and I shared Exner’s
practice and I often saw him in and about the local Nursing Homes. He was then a man
in his early fifties. He was knighted in 1960 and died only a few years ago well into his
nineties.

All this comparatively peaceful existence in time of war came suddenly to an end when
Hitler unleashed his Blitzkrieg in May 1940 against Holland, Belgium and France after
invading Denmark and Norway early in April. The rapid collapse of all resistance in the
Low Countries meant that the full force was directed against France who still relied on
the supposed impregnability of the Maginot Line. How impregnable it may have been
was never put to the test, because the Germans simply went round the north end of it
and rendered it useless. The British Army was isolated from the French and the
remnants of the Expeditionary Force had to be evacuated from Dunkirk leaving the
French to crumble fairly rapidly and sign an armistice on 22 June, dividing France
between German-occupied France and a quasi-independent state presided over by the
84-year-old hero of Verdun, Marshal Petain, which, from the seat of its government,
became known as Vichy France.

Britain was now the Front Line, and on her own against the whole might of Germany,
apart from the valiant Resistance movements in all the occupied countries.

When France fell one of the Polish Air force officers whose wife we had met at
Chamonix flew his plane to England and was taken into the R.A.F. I cannot remember
their names but I shall call them Jan and Sonya Klimek. After Jan had arrived in

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19 An article in the <i>British Journal of Oral and Maxillofacial Surgery</i> in 2003 notes that when Sigmund
Freud had oral cancer, he ‘entrusted his care in London to George Exner, a brilliant oral surgeon.’
England Sonya also somehow managed to find her way to England and as we had given them our address in London she managed to get in touch with us. Barbara prudently evacuated herself to Sussex and I took up continuous residence in my room at the Middlesex.

Private practice began to drop off again, not surprisingly, as everyone expected Germany to invade England as soon as its forces had settled-in in their new French forward outposts.

In the immediate pre-war years there were in the West End a lot of small social drinking clubs. That is to say places with a limited clientele, pleasant and uncrowded rooms including a bar and usually a dining room, sometimes a billiards room or cards room. The entrance fees were small usually only £1, and the cost of a reasonable two-course dinner about half a crown (2s. 6d.). I belonged to such a place at the lower (south) end of Portland Place opposite the old Queen’s Hall where the new B.B.C Headquarters are today, called the Thermionic Club. It was on the west side of Portland Place on the corner of a little street leading into Chandos Street, which separated the club premises from the de-luxe Langham Hotel. The entrance to the club was in Chandos Street but the windows and balcony outside the bar area gave a view of both the front of the Langham Hotel and across Portland Place. The name of the club comes from a term used in radio jargon and was appropriate seeing that a majority of the members were recruited from the B.B.C. Under the floor used by the club members, which was up a few steps from the street, was a semi-basement floor that was used as a storeroom.

I suppose I went to the club once or twice a week to get away from the monotony of life in the precincts of the hospital. A doctor’s life tends to be bound up with other doctors and the end result would be, if no outlet from this one-sided view of the world were available, restricted and uninformed about the real world outside. I know that my critics will say that I am trying to excuse myself and all those other young medical students and newly qualified doctors for not devoting 100 per cent of our energies to learning the art of, and practising, healing the sick. ‘All work and no play makes Jack a dull boy’ is not only a saying, it is also the truth. After more than 60 years spent in the medical profession, my opinion is that those who steadfastly keep their noses to the grindstone, without any ‘let up’, turn out usually to be boring academics, without any understanding of what ordinary people feel and think.

On one Saturday in September 1940 I was not on duty at the Middlesex, I can only suppose that Peter Dinnick was, and the Golders Green Hippodrome was showing Gilbert and Sullivan’s Mikado. There was to be a matinee performance, so I thought I would ask Sonya Klimek, whose husband was now at some R.A.F. station training, to come with me. We travelled by Underground and were seated in the theatre when the air raid sirens sounded. The Manager came on to the stage and said, ‘Ladies and Gentlemen, the air raid warning has sounded, I must tell you that if you wish to leave now or at any time during the performance your money will be refunded but the show will go on.’

We and 95 per cent of the audience stayed on and enjoyed a very good performance. Needless to say, the ‘All Clear’ siren sounded a few minutes after the start of the performance. When we came out we decided to go to the Thermionic Club for a drink.
and perhaps a meal. While we were having our pre-prandial aperitif the air raid sirens went again and the word went around that from the balcony one could see the enemy planes up in the sky to the east. Clutching our drinks we went out to the veranda and watched the dogfights between the German bombers and the R.A.F fighters over the London docks. The ‘All Clear’ siren sounded soon after and after a hurried snack we left and I saw Sonya back to her flat in the ‘Albany’, just north of the Marylebone Road, and returned to duty at the Middlesex.

This was the beginning of what we called in England the Blitz. The date was 21 September and for the next six months, at least, London was subjected to the most intensive aerial bombardment that the Luftwaffe could supply.

Of course I was now bound to be on call all the time awaiting any air raid casualties. Private practice dried up almost completely as few people were willing to come into London unless it was necessary.

The pattern began to emerge that almost every night we had an air raid alarm soon after dark. Only rarely did the Luftwaffe attempt daylight raids so that after a few weeks there were a few calls for anaesthetics in the dental surgeries, and unless I was still dealing with the casualties of the previous night I was free to oblige. So was Morgan who had not been drafted into the E.M.S., but Bernard Johnson, who was for a short time out in the Sector, soon managed to resign from the E.M.S. and join the Army. McConnell was originally down in Kent somewhere in the Guy’s Sector and also got his release from the EMS to join the Army. Morgan and I managed to keep the practice going with the help of the secretarial staff, though how we managed to pay the rent and the staff throughout I cannot imagine.

My treasured friend and chauffeur, George Patterson, joined the army and for a time I was without the help of a chauffeur-technical assistant, although from time to time I managed to get some help from men who were unfit to be called up for war service.

At the Middlesex we developed a routine. Every evening most of the younger staff would go to the Cambridge or the Blue Posts and have a glass or two of beer and buy some sandwiches. The Blue Posts for an amazingly long time after strict rationing could manage to provide excellent smoked salmon sandwiches and they were our favourites. We did not consume the sandwiches in the pub but brought them back in our pockets to the Middlesex for use later in the night. The main entrance hall of the hospital was turned into a casualty reception area and ambulances were the only vehicles allowed in the front courtyard on Mortimer Street looking down Berners Street. At the back of the entrance hall was the Boardroom and to one side of that was an anteroom which we made our card room. As soon as the sirens sounded the air raid warning we settled down to play Bridge, which we continued until about 11.30 p.m. unless casualties started to arrive when we all would go to our respective posts of duty. For me that meant to the second floor crosspiece to our temporary operating theatres.

Two of the regular bridge players were Rodney Smith and his wife Judy. Rodney had been a St. Thomas’s Hospital graduate and had recently been appointed as a surgical registrar. They lived in a flat in a street very near the hospital so when the alarm went they would both come to the hospital. Rodney was one of those people who are good at anything they take up. Apart from being an expert surgeon who later became President
of the Royal College of Surgeons, was knighted and then given a life Barony with the
title of Lord Smith of Marlow, he had been in his school First XI for cricket while still
in his first year at school. In the Residents’ quarters he could give anyone a 50 start and
beat them to 100 at billiards, and he was an expert Bridge player.\textsuperscript{20} I am very grateful to
him for the valuable instruction he gave me during those winter evenings of 1940-41.
Rodney and Judy had played a lot together and barring very bad cards usually managed
to win when they played together.

Rodney Smith later became Lord Smith of Marlow.
This portrait appropriately depicts him with playing cards.

\textsuperscript{20} Plarr’s Lives of the [Royal College of Surgeons] Fellows notes that Rodney Smith – who ‘was
endowed with an enviable array of talents’ – was also ‘an accomplished violinist and had contemplated
music as a profession.’
On one memorable night I was playing against Rodney and Judy, and Judy must have misled Rodney with one of her calls and Rodney had bid a small slam in Hearts. I doubled and Rodney immediately redoubled. I said ‘Can I re-redouble?’ ‘No!’ said Rodney, ‘but we can have a side bet if you like!’ ‘How much?’ ‘Whatever you like’, said Rodney. I suggested five shillings, which was a sizeable bet in those days (we were playing for a penny a hundred). ‘Done’. Thereupon I put down the Ace, King and Queen of Hearts on the table. Rodney was furious, mainly with Judy, but also his pride was hurt badly and he said he would refuse to pay the five shillings on the grounds that I was betting on a certainty. To this I countered that a certainty was the only thing worth betting on and that I did not want his money but only that he should pay for his unjustifiable assumption of infallibility.

My partner and the onlookers all agreed, motivated not merely by my argument but by Judy’s tears to which Rodney’s tirade had reduced her, and we forced Rodney to put his five shillings into the charity box which still stood, in spite of the transformation of the Entrance Hall into a front line casualty reception area, in the Hall. I don’t think we played any more Bridge that night but on the morrow all was forgiven (if not, I’m glad to say from the point of one writing these memoirs) forgotten.

Having mentioned the smoked salmon sandwiches, I had better state that they were consumed either as soon as the ‘all clear’ siren sounded or at some convenient pause during the treatment of air raid victims.

So far I may have stressed unduly the lighter side of London during the Blitz. If so, I apologise. Life was not easy, and as an Australian Prime Minister was to say much later and to be credited with it as an axiom, ‘Life was not meant to be easy’.21

The staffing of the anaesthetic side of the Middlesex Hospital was woefully deficient but as this was war we accepted that as unavoidable. Later deficiencies in Hobart long after the war and caused by governmental parsimony, I found unacceptable. The only other medically qualified person to help me with all these air raid casualties was the incumbent Senior Resident anaesthetist, Peter Dinnick. We decided that it was physically impossible for me to be the only anaesthetist on duty 24 hours a day every day, so Peter and I were on first call every day, or perhaps in the circumstances I should say every night, but that should either the decisions or the load of work become excessive, the second on call would be asked to assist.

The authorities decided that owing to the shortage of qualified medical staff we should use senior medical students to help out. The lay-out of the temporary theatre block was that in two ex-wards on the north side of the corridor across the central block were the two operating theatres, each with two operating tables in them, and on the south side of the corridor there happened to be a larger ward which I asked to be left like that and I would make that into a communal anaesthetic room. I also arranged that we should have, in the anaesthetic room, two operating tables and that the patients admitted for immediate emergency surgery should be brought into the anaesthetic room and transferred straight from the trolley on which they had been admitted and placed ready for anaesthesia on one of these tables. This move I thought necessary because

21 Malcolm Fraser (Prime Minister of Australia from 1975 till 1983) was – possibly unwittingly – paraphrasing George Bernard Shaw’s line in *Back to Methuselah*, ‘Life is not meant to be easy, my child; but take courage: it can be delightful.’
unnecessary lifting of shocked and anaesthetised patients would constitute an avoidable extra risk.

On alternate nights Peter and I would work assisted by one of the two senior students allotted to us. I made a further request that these students should each stay with the anaesthesia department for at least three months and that their terms of duty should overlap so that we would not, suddenly every three months, be faced with two raw recruits. When air raid victims arrived in the anaesthetic room I examined each one, briefly I will admit, but time was ‘of the essence’, and I did all the inductions, intubating every patient regardless of the sort of surgery to be undertaken so that, at any rate, I would be sure of the patency of the airway. Then, when the patient was stabilised under anaesthetic, I would hand him over to the student with strict instructions to call me if he had any worries at all. I impressed on them that I would never be upset by being called to help unnecessarily, but that I would be very angry if I were not called if the student had any worries whatsoever.

When one of the patients in the operating rooms was ready to leave to go to the ward he would be transferred to a trolley and transported to the ward and the empty theatre table would be brought into the anaesthetic room and our next patient ready for surgery would be wheeled in on the operating table on which he had been anaesthetised.

I will apologise here and now for all the uses of the masculine ‘he’ or ‘him’ where it should encompass the feminine gender too. It is too tedious to try and write ‘he or she’, or ‘him or her’, or ‘his or hers’ every time and I hope that my feminist readers will accept the apology. If they won’t, I can only concur with that prolific medical novelist and playwright, Richard Gordon, who, in Doctor on the Ball says through one of his characters, a country town general practitioner, ‘I am not impressed with the women’s liberation movement. A lifetime in medicine develops a sensitive nose for the whiff of bullshit in the winds of change’.

The majority of patients were suffering from the effects of flying bits of broken glass, and, depending on where the glass hit them, could be either comparatively slightly injured or very seriously indeed. During the whole war the only person to be killed in the Middlesex Hospital as the result of an air raid was hit in the neck by a flying fragment of the bomb (shrapnel) that severed his jugular vein. In the same raid a student in his room in the Residency was cut in the arm by a piece of broken glass, which severed his brachial artery. He must be very grateful for the timely action of the Sister in charge of the Resident’s quarters, Sister Clark, who after the explosion went on a tour of inspection of her domain and saw bright red blood running from under the door of his room. An emergency operation with a massive blood transfusion saved his life.

That particular raid was not a part of the regular nightly Blitz but was a daylight raid by a lone bomber which suddenly swooped down out of low cloud, and dropped two small bombs, one on the West Wing which did very little damage, and the one that claimed the life of a member of the Friends’ ambulance unit and nearly that of one of our students.

I must here acknowledge the debt I owe to Sir Douglas Ranger, who later was an Honorary Ear, Nose and Throat Surgeon at the Middlesex and a Dean of the Medical
School for his book on the period between 1935 and 1985, from the centenary to the sesquicentenary of the Middlesex Hospital Medical School, which has been a wonderful aide-memoire for me.

There were, of course, many more seriously injured patients coming to the theatre during the nights of the Blitz. Those were mostly the victims of collapsing buildings and suffered broken bones and, more dangerously, the sinister ‘Crush Syndrome’, which results from the breakdown of body tissues as the result of a prolonged crush of muscles while lying helpless under the weight of fallen masonry.

My main memory of those nights in the anaesthetic room was the appalling dirt, which characterised nearly all of the victims due to the dust from the crumbling rubble of destroyed buildings. On had to wash the bodies of the patients in order to assess the extent of the damage to any part. A deep covering of mixed blood and dust could hide a severe injury or only a superficial scratch. There was also a curious smell, a combination of sweat, blood, dust and burning. A lasting impression is the incredible fortitude of the sufferers. Admittedly they were in shock, but the difference between their attitude and that of many peacetime patients awaiting trivial surgery was notable.

Now, at a convenient pause in the rush, was the time to savour those smoked salmon sandwiches from the Blue Posts, if we had not already finished them after the end of the Bridge session. Most of the raids took place between dusk and midnight, understandably as the bombers had to get back to their bases, so that if, during the period of the alert, no casualties had come the way of the Middlesex the Bridge players would eat their sandwiches as a late night supper and make tracks for bed. Occasionally a straggler in the Luftwaffe, who presumably had lost his way, would jettison his load of bombs before hurrying back to home comforts in France, Belgium or Germany and should they fall our way we would have some late admissions.

The only time that I know that I was near a bomb explosion was during the night of 17 April 1941, when as soon as possible after the siren sounded I went up to the theatres to get a syringe full of Pentothal to take to the Woolavington Wing where an Etonian schoolboy who had a very painful septic arthritis of his knee was lying in bed and it was one of my duties to go and give him a short anaesthetic to enable the staff to lift him painlessly from his bed on to a trolley to take him to the safety of the sub-basement. To get to the Woolavington I had to go through the East Wing and then turn north. As I was doing so a 500 kg bomb fell on the East Wing and caused severe damage on the sixth, fifth and fourth floors while I was walking, syringe in hand, on the second floor. ‘That one was pretty close.’ I thought and continued on my mission of mercy. We were so busy all that night and well into the following day dealing with the casualties, that it was not until the next day that I realised how close it had been to me. This incident demonstrated how wise the authorities had been to evacuate the top three floors of the hospital.
Barbara, down at Griggs’ Gate in Sussex, was well out of the front line. Apart from the stray bomb jettisoned by a German raider who had missed the target and did not want to carry unused bombs back to his base and land with them, in the country life was not far removed from what it was in peacetime. True, driving at night with the special hoods fitted to the headlamps to ensure that they cast all the available light down on to the road so that they could not be spotted from above was not as easy, but rationing did not hit as hard as it did in the towns and especially in the big cities. Eggs were usually obtainable from a people who kept hens, butter was more available and the loss of a pig or lamb slaughtered for meat could often be explained away as death due to natural causes.

She did not lack for companionship because a large contingent of the Canadian Army was stationed in the district. Both the officers and other ranks were far from home, frustrated by inactivity now that there was nowhere they could immediately be sent to fight and anxious for feminine company. They, like the Americans who came later were, ‘Overpaid, oversexed and over here’. Small wonder that the young women whose boy friends or husbands were unavoidably unable to be with them were induced to go out with these soldiers. I soon got the impression that my occasional visits for a night away from London were not exactly looked forward to with loving desire.
I took to avoiding going down to Wisborough Green and instead, on my nights off, accepted the invitation of an ex-school friend, from the Oxford choir school, Ivor Spencer-Thomas who was farming in Hertfordshire at Braughing, a few miles north of Ware. I had met Ivor again at a reunion of a number of Old Boys from the school in Oxford in 1934 when Leslie Franks was the prime mover in founding the Old Boys Association, and we usually had annual reunions with old friends like Eustace Piers, Brian Key and John Hilary Lee. Ivor very kindly, when he heard how we were cooped up at the Middlesex during the Blitz, extended an open invitation to any other members of the hospital medical staff who might like a break from the bombing. One person who took him up on the invitation was ‘Jimmy’ Patey who thoroughly enjoyed one or two weekends there.

Ever since the time when Leslie Franks and I surreptitiously hired an Exmoor pony to ride in the field just across the East Lyn river at Brendon, I had been keen on horse riding and Ivor had a big hunter that he did not have enough time to exercise so he was pleased when I used to borrow it and ride around that part of the country. C.P. Wilson, one of the surgeons in our team at the Middlesex during the Blitz, had a weekend cottage at Much Hadham and one weekend I rode over there and paid him an unexpected visit. On another occasion the big horse was very frisky and raring to go and I doubted if I would be able to handle him but Ivor gave me a bit of good advice. He had a field which had been recently ploughed and it had been raining very heavily overnight so Ivor suggested that I took the horse there and made him gallop up and down in the thick heavy soil until he was tired and then he would be more amenable.

One morning in early 1941 I had an appointment to give an anaesthetic for a dentist who had his surgery in a large block of flats at the north end of Park Lane at Marble Arch, and at the time I was without a chauffeur so I could not just be dropped at the door and not have to worry about parking, so I had gone across Oxford Street giving myself plenty of time to find a parking in a small street in the north east corner of Mayfair and walk from there carrying my dental anaesthetic bag. In Oxford Street I met Lilian Banks (nee Wynn) with a young man going to have coffee at the Marble Arch Lyons Corner House. I hadn’t seen her since the time that Barbara and I had visited her at the R.A.F. Base at Thornaby in 1937.

Since that time she had had a great tragedy in that her husband, Sandy, had been killed while he was instructing junior pilots in night flying in April 1938. Lilian had had to take their 20-month-old child, Anthony, to live with her parents in Mottingham. Then long before the war she enlisted in the women’s Auxiliary Territorial Service, or A.T.S., and had risen to be a sergeant major. She had been stationed at Framlingham in Suffolk when Anthony got pneumonia and she had to get compassionate leave to go and be with him. She decided that the child was too much of a responsibility to leave with her mother, so she had applied for a discharge from the service. This had been granted and now as a civilian she was being escorted to coffee by a South African doctor, Alfie Gould, who had joined the R.A.M.C. and had been stationed with the same unit in Framlingham.

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22 When Lilian was discharged, her ‘military conduct’ was described as ‘good’, and she was later awarded the 1939-45 war medal.
I said I had to go to give an anaesthetic but that I would be free in about a quarter of an hour and could I join them in the Corner House?

From the dentist’s rooms I phoned the secretary and asked her not to book me for the next half hour or so and went to the coffee date. Lilian told me that now she was out of the army she was unemployed and could I help her in any way to find a job? It so happened that one of the dentists with whom I regularly worked, Freddy Warner, on the Honorary Dental Staff of Guy’s, had told me that he was about to lose his secretary-nurse because she was being called up into one of the women’s forces, so I promised I would speak to him about Lilian. I did so and he interviewed Lilian and although she had had no training in dental nursing, she could learn and could anyway make his appointments and deal with his accounts.

Two other of the Wynn girls joined the women’s forces, Marian went into the W.R.N.S. or ‘Wrens’, and the youngest, Gladys, into the W.A.A.F. While in the W.A.A.F., Gladys developed bronchiectasis and had to have a lobectomy. This took place at Hill End Hospital shortly after I had re-met Lilian and one day Lilian asked me if I could take her out to St. Albans to visit Gladys. I arranged to do that on Saturday, 19 April, but there was a very heavy air raid during the night of 17th to 18th and we had 84 patients admitted for operation. I was giving anaesthetics all night and all the following day and did not get to bed early on the night of the 18th either. Nevertheless, I was due for a weekend off, and so on the 19th I drove Lilian to Hill End. As we went along what then was called the Hendon Bypass, which went along the perimeter of the Hendon Aerodrome, a plane came in to land at very low altitude right above us. Hearing this sudden noise on top of a lack of sleep made me duck suddenly under the dashboard. Luckily we did not hit anything and I soon regained composure and control.

After losing part of her lung, Gladys was discharged from the WAAF and I was happy to be able to get her a job also with a dentist in the West End, Sam Blairman. Another heavy raid on Saturday, 10 May, destroyed the house in Harley Street where Freddy Warner had his practice and when Lilian went to work on the Monday morning, having been away in the country for the weekend, she found a mass of rubble. He got some more rooms in Beaumont Street and Lilian went to work again for him there.

That raid was the last on London for a long time, in fact until what we called the ‘Baby Blitz’ began in February 1944, and so the first phase of the war came to an end.

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23 After the war, F. S. Warner became, *inter alia*, a dental dean at Guy’s Hospital Medical School.
Chapter 9: Bride, Baby, Burglary, Buzz-Bombs and Block-Busters

By now it was obvious that Barbara had formed a quasi-permanent relationship with one of the Canadian officers and that my marriage to her was on the rocks. When I spoke to her about it, she agreed that the best thing would be to get a divorce. She quite realised that I was not the ‘guilty party’ but would not be in a position to start divorce proceedings against her, so some time later she provided the evidence for me to take the initiative. I approached a friend of mine, Tommy Halsall, a solicitor, and he set the legal wheels in motion.

In June 1941, I went with Lilian to visit my father and my stepmother Dora in Eaglescliffe. Harry being a schoolteacher and in a reserved occupation had volunteered to be a plane spotter. This was an organisation with the support of, and associated with, the R.A.F., manned by civilian volunteers, who kept watch in shifts at observation posts all over England, to report on the movements of aircraft within their range of view.

The volunteers were given some training and cards showing silhouettes for identification of aircraft, either British or German, and they reported every plane they saw flying, suspected type, estimated height, direction of flight etc., throughout their shift of duty.

Harry was attached to a unit that had an observation post on the local golf course. I went and sat with him through his shift and was quite impressed with the efficiency with which the team worked and their devotion to duty. But the reason we had gone up north was not, of course, to inspect the local plane spotters, but to find some place where Lilian might be able to evacuate her child, Anthony, from the London area during the coming winter of 1941-42, when we all confidently expected the Blitz to start again. We did not know then that the R.A.F. had demonstrated enough superiority over the Luftwaffe to dissuade Hitler and Goring from a replay of 1940-41, so Lilian was determined that the boy, now nearly five years old, should not suffer another winter of being woken up in her parents’ home practically every night, dragged out of bed, taken out into the garden and down into the Anderson shelter until the ‘All Clear’ siren sounded. Harry and Dora had found that a farm about five miles west of Osmotherley on the North Yorkshire moors, called Snilesworth, where the farmer and his wife, who had two small children, would be willing to take Anthony when she wanted to send him.

The four of us, Harry, Dora, Lilian and I, set out to go and inspect Snilesworth. The weather, for June in England, was atrocious. I remember us all huddled in the inadequate shelter of a hawthorn hedge, hiding from a bitter east wind, waiting for the bus to take us to Yarm, from where we caught another bus which took us to Osmotherley. From there we had a five mile walk to the farm and met the farmer and decided to send Anthony there in September. While waiting for the return bus we had our spirits uplifted by a most welcome dish at the local pub of ham and fried eggs. (Yes! Eggs, not an egg, and real ham, not Spam.)

Talking of rationing, in the urban areas it hit the hardest, made all the harder to bear because these areas, especially London and later the larger cities, were subjected also to
the bombing and the blackout. Butter and cheese, eggs, fish, meat, clothing, textiles and petrol were all strictly rationed. Other things were in short supply such as fruit, except for locally grown stuff in season, cigarettes and tobacco, wines and spirits. For these items one had to be known to the retailer who kept the best for his regular customers. I always remember a cartoon, in *Punch* I think, of a young man saying to the girl in a tobacconist’s shop ‘How often do you have to refuse me before I become a regular customer?’

In the country things were easier. Ralph Winterton, a gynaecologist, and his wife and daughter went to North Wales to stay on a farm during the summer of 1943, when the war had been on for four years, were fed sumptuously and the farmer’s wife remarked to them in that delightful Welsh lilt, ‘They tell us there is rationing in the towns!’ In the Soho restaurants one could get meat at meals but very limited in size of portion and choice, usually Spam, sausages, whale steak or horse meat if you knew where to go and were lucky. I don’t think I ever actually went hungry during the war, but just became fed up with the monotony and scarceness of good food.

Anthony did go to the farm at Snilesworth in September, much to the annoyance of Lilian’s mother who had got used to having the child in the house while Lilian was away, either in the A.T.S. or later during the daytime at work in Harley Street or Beaumont Street with Freddy Warner. Anthony was by this time just five years old and the farmer had two small children a boy and a girl about the same age, with whom Anthony got on very well. After about six weeks Lilian and I went with Harry and Dora out to the farm again to see how he was getting on. The farm was quite a long way from the road, over two or three fields and as we approached we saw the three children
playing in the field nearest to the house from across a small valley. When Anthony saw us coming he exclaimed in a broad Yorkshire accent ‘Ee! Me Mummy’s cum!’ We were amazed how quickly he had picked up the North Country accent. He learnt other things from the children too, about the sex life of the farm animals. We were all, Harry and Dora, Lilian and Anthony and the two farm children looking out of the sitting room window at a flock of sheep on the other side of the small valley and Dora, to engage the children in conversation said ‘Look at all those sheep running across that field!’ The little girl, who could not have been more than four years old, said in a blasé manner ‘Aye, it’s only owd tup after ewes!’

In December it seemed that Mrs Wynn had been right when she had objected to Anthony going away on the grounds that we were not going to have a repetition of the Blitz, so he came back to London in time for Christmas, and Mrs Wynn and I gradually resumed friendly relations as it became obvious to her that we had only had Anthony’s safety at heart in taking him to Yorkshire and that my intentions towards Lilian were, in Victorian parlance, ‘strictly honourable’. The fact that Anthony on his return, if he disapproved of being disciplined by either his grandmother or his aunts, called them ‘Mucky Buggers’ (sounding more like ‘Mooky Boogers’) did nothing to hasten the rapprochement.

In February 1942 the divorce case came up for hearing and I got my decree nisi, and for the next six months Lilian and I had to be careful not to be alone in what might be regarded as compromising circumstances or else the King’s Proctor might rule against the granting of the decree absolute. The ‘Permissive Society’ was still three decades away. In August, exactly six years to the day after my first wedding, the decree absolute came through and Lilian and I were married on 5 September. Anthony’s paternal grandmother ‘Biddy’, after Sandy’s father died, married a Church of England parson by the name of Dams, and he would have been willing to marry us in his parish church at Gillingham in Kent, but the bishop of the diocese would not allow us to be married in church as I had been involved in a divorce, albeit as the ‘innocent party’, so we decided to be married at St. Marylebone Town Hall in a Registry Office.

The witnesses were my solicitor friend, Tommy Halsall and his wife Wilma and Peter Dinnick who had been my Senior Resident Anaesthetist and right hand man at the Middlesex during the Blitz. He had since joined the R.A.F. and was stationed, I think, at Halton, the main Hospital in the R.A.F. medical service. He arrived almost too late for the ceremony on a motorbike wearing as well as his uniform a long woollen scarf and a pair of motorcycle goggles. Tommy Halsall was a most amusing fellow and had invented a wonderful word that deserves to be incorporated into the English language. It was ‘consorpient’ which he used frequently to denote pleasant or very agreeable. Its antonym was inconsorpient denoting unpleasant or disagreeable. Many things during the war were ‘highly inconsorpient’. If one did anything Tommy approved of he would say ‘That is very consorpient of you!’ Lilian’s youngest sister, Gladys, also attended. After the brief ceremony the guests all went along to a restaurant above Baker Street Station to a room we had booked for lunch and waited while Lilian and I took Lilian’s Ration Book to the appropriate department of the Town Hall to be changed from Banks to Roberts. We could hardly turn up on our honeymoon as Dr Roberts and Mrs Banks. After the lunch we all went to a matinee of some play. I can’t remember what it was but we all enjoyed it. I suppose I would have enjoyed anything on such a happy occasion.
After the show the guests all went their own way and Lilian and I went to the Cumberland Hotel at Marble Arch.

The Cumberland Hotel at Marble Arch, where Bobby and Lilian spent the first night of their 60-year married life.

After a celebratory dinner on our own I realised that after dispensing so much on the day’s festivities I did not have enough ready cash with which to go away for two weeks into the wilds of Exmoor on the next day, a Sunday and with no banks open until the Monday and then about five miles away so I had to think how to get some money. I decided to ring the Middlesex where, among other Middlesex personnel living there, was the deputy Secretary-Superintendent, Mr H.M. Wilkinson, known as ‘Wilkie’.

Hearing my plight he said he had some cash in the hospital safe and would bring some round to me at the Cumberland. I told him what time we would be leaving on the Sunday morning and expected he would come to the hotel before we left. However he did not want to leave things until the last minute so he decided to come that evening, and when he arrived unexpectedly Lilian was already in bed and I was in the bath. It was a strange place to receive a visitor on my wedding night, but he didn’t want to wait until I was out of the bath and so he came into the bathroom and handed me some money (£20 I think), got a receipt from me and left.

The next morning we caught the ‘Riviera Express’ or the 10.30 Ltd from Paddington and our coach was slipped off at Taunton. There we had to change into a little local line that ran through the Vale of Taunton Deane between the Quantock Hills on the east and Exmoor to the west, to Minehead.
We had some time to wait, about two hours or so and as our luggage had been booked right through to Minehead we went out into the town and had a light lunch at some nearby hotel. When we got back to the station our train to Minehead was standing waiting although there was still the best part of an hour before it left and we saw our luggage standing with a lot of other pieces on the platform between the main line and the Minehead line so we got into the local train and only when we got to Minehead we realised that one of our two suitcases was not on the train. It was however plainly labelled and the Station Master assured us it would be sent on to our destination. We had to take a taxi to Brendon where we were booked in at the Staghunters Inn, run by a venerable old hotelier a Mr Todhunter.

We explained that we did not have all our luggage and that the case that was missing contained Lilian’s walking shoes, and the only shoes Lilian had were the high-heeled pair she had been married in. We did not divulge the fact that we were on our honeymoon although the management suspected it but were too polite to ask outright. Mrs Pike, Mr Todhunter’s daughter lent Lilian a pair of walking shoes until our missing case arrived about two days later. In the dining room we were sat at a table for four with a middle-aged couple who heard us talking about Anthony and asked who he was. Lilian told them that he was her six-year-old son and then they said ‘We thought you were on your honeymoon!’ We did not enlighten them until the last day of our stay there.

We had decided to make the most of our two weeks away from London and so we set ourselves a very busy schedule of walking every morning and horse riding every afternoon or vice versa. This further confounded the other guests who had suspicions about the duration of our marriage.
Lilian had not ridden before but she took to it very well. Exmoor is an ideal place to learn to ride. The ponies are quiet, there are very few gates to be manoeuvred and plenty of open space with nice soft heather or peat turf to land on should one fall off.

Back in London we had been fortunate to rent a house in Hampstead Garden Suburb in Meadway. It belonged to an army officer who was posted abroad and his wife did not want to live in it all by herself. It was lovely home, three storeys with seven bedrooms and two bathrooms. The entrance hall had a huge window going up to the ceiling of the first floor and the main corridor of the first floor running along a sort of minstrel’s gallery. Providing blackout curtains for this enormous mullioned window was a major problem.

A month or so after we got married Lilian gave up her job with Freddy Warner but we were able to supply him with a replacement in the shape of Gladys, a very nubile shape too, if I may say so. We soon managed to get a housemaid to help run the huge house, a 16-year-old girl, who had worked as a general runabout dogsbody at the reception desk at the Middlesex, called Daisy was only too pleased to raise her status from Girl Friday to domestic help. She lived in and was a very cheerful chirpy little cockney girl, quite bright and willing.

My Senior Resident Anaesthetist, successor to Peter Dinnick was Brian Sellick, and he and his wife Florence were great friends of ours and still are. Both Peter Dinnick and Brian Sellick, as well as Brian’s successor Jan Hewer, became Honorary Anaesthetists on the staff of the Middlesex after the war.
During the lull in air raid activity the Mayfair Gas Company practice became very busy and I did a lot of work with dentists taking out wisdom teeth in private homes in the Home Counties. Quite understandably those who could afford it would prefer their teenagers to undergo their operations in the safety of their rural homes rather than be exposed to possible air raids in the metropolis. These out of town operations usually took place at a weekend and could command a fee of about 25 guineas. I think the furthest away from London that I went was one day when the dentist and I went by train to Shaftesbury where we were met by a chauffeur in a Rolls Royce, taken to a magnificent country house given lunch and then after the operation a drink and then returned to the station to catch the train back to London. About this time it was deemed unpatriotic to run a big six-cylinder car, so I put the Oldsmobile up on blocks and bought a smaller car. It was a small automatic gear change Daimler and a very convenient car to run.

Paddy Roberts, whom we last heard of reluctantly agreeing to become a navigator for B.O.A.C., had kept in touch with me and he was regarded as the best navigator to be entrusted to the flights that took Churchill to the various summit meetings with Roosevelt and Stalin, at Teheran and Yalta. We spent many weekends with Paddy and his wife, Sylvia, at Turville in the Chiltern Hills, not far from Henley on Thames, where they had a cottage. When Sylvia was pregnant and expecting to have to go into the Middlesex any time soon she came and stayed with us in Hampstead Garden suburb. Paddy used to bring presents for Sylvia from the exotic places where his duties took him, and once brought her a lovely pair of shoes (coupon free). He promised to bring Lilian some shoes on his next trip and kept his word, but to Lilian’s disappointment he brought, not fashionable high-heels but a pair of walking shoes. He also brought Anthony a banana, but it was so long since Anthony had seen a banana he did not know how to begin to eat it!
In 1943 we took Anthony on holiday to Exmoor and Gladys also came with us. This time it was Gladys and Anthony who were learning to ride but we managed to see quite a lot of the moor. We stayed at a guesthouse, called Millslade just along the road from the Staghunters run by Mr and Mrs Pike.

About this time I went one day to give an anaesthetic for a dentist, Harold Christian, who had rooms in Hampstead and we discovered that we were both keen horse riders. He asked me if I had ever been fox hunting, and I said that I had not had that pleasure, so Harold suggested that on the following weekend I should accompany him to Midhurst in Sussex, where he had a friend, Lloyd Veysey who had a farm just on the outskirts of the town and who had stables where he kept hunters at livery for the people who liked to hunt with the Cowdray Hunt but obviously could not get down every weekend to participate. They, he said, would be grateful if someone could ride their horses to keep them exercised while they were absent. He made the necessary arrangements with Lloyd Veysey and the following Saturday we went by train, fully dressed up to go fox hunting, very early in the morning to Haslemere. We had to go by train because at that period of the year we were not allowed to use petrol except for official purposes. Lloyd met us at the station, as a farmer he could always find a good reason for having to go from Midhurst to Haslemere and back.

We all three had a very enjoyable day with the Cowdray. I remember that the horse I rode belonged to Professor Cyril Joad who was well known on the radio as one of the members of the ‘Brains Trust’, which featured a panel of experts who answered all questions put to them. Joad was particularly memorable because he would almost invariably start his answer with the phrase ‘Well, it all depends on what you mean by
Lloyd had, conveniently, some urgent business in Haslemere that evening and so was able to run us there to catch our train back to London. On the way he remarked to Harold Christian that in a village just off the road back to Haslemere there were two farm labourer’s cottages for sale and he thought that Harold might be interested, so he took us to look at them so we made a slight detour to Henley in Arden, where we looked at the two semi-detached cottages. They were, Lloyd said, to be sold at auction in Haslemere on the following Tuesday.

Henley in Arden was a small cluster of houses hardly big enough to warrant the name of a village, a hamlet would be a more appropriate term, consisting of about a dozen labourer’s cottages mainly for workers on Lord Cowdray’s estate, one large house occupied by a widow who kept very much to herself and a rustic pub called The Duke of Cumberland Arms. It was situated on the old Roman road going from Haslemere to Midhurst and rising sharply at the southern end of the hamlet to top the rise near the King Edward VII Sanatorium. The steep part of the hill went in an S bend and the left hand side of the road going up was a gradual slope but the left side going down was in a series of wide but short rise steps so that coaches would not gain too much momentum going down hill and push the horses over. With the advent of the motorcar, a new road making a wide loop to the west bypassed Henley meeting the old road at the top of the hill.
On the train journey back to London Harold told me that he really wasn’t interested in the property, and would offer no objection if I decided I might be. I definitely was interested and early on the Monday morning I asked the secretary of the Mayfair Gas Company to cancel all my bookings for the Tuesday, if any, and back I went by train to Haslemere on Tuesday morning, attended the auction and bought the cottages with one-third of an acre grounds for £1175.

The cottages were without electricity, gas or proper sewerage and supplied only with cold water on the mains. Over the next year or so we had a bathroom installed in what had been the kitchen of one of the cottages with a hot water supply, installed a septic tank and knocked down a dividing wall to link the two into one dwelling, and we went down whenever I could get away travelling by train to Haslemere and then catching the bus to Midhurst and getting off on the main road and walking the rest of the way. Every Saturday that I could manage it I went hunting during the winter season, and became good friends of Lloyd and his wife Algar.

In January 1944 when Lilian was expecting our first child we went to Exmoor again. This time Anthony did not go. He was at a boarding school run by the same Miss Garrett who had taught me when I was six and seven years old. It was a boarding school only because Miss Garrett had wisely decided to evacuate the whole school from suburban Lee to the calm of rural Kent near East Grinstead. Lilian and I went to stay at Cloud Farm, in the Badgeworthy Water valley in the heart of Lorna Doone country, run by a great character, Bob Nancekivell.

Bob was not only a farmer at Cloud but also had a building and undertaker’s business in Lynton. He was a big bluff hearty man with a good stable not only of Exmoor ponies but also hunters. He was a keen rider to hounds with the Devon and Somerset Staghounds and also the Exmoor Foxhounds. A story, possibly apocryphal, tells that he
once rode his horse into a commercial bank in Lynton and while there the horse lifted up its tail and dropped some very fresh manure. When the manager protested, Bob, who was a friend of the manager, replied that it was no doubt the most valuable deposit the bank had had all day.

Lilian was not this time ready to go horse riding but Bob took us into the spinney where he produced a few ferrets from a sack and we took part in rabbiting. Neither Lilian nor I were too keen to handle the ferrets but Bob soon got us accustomed to it by suddenly throwing a ferret to one of us and saying ‘Catch!’ and reflexly we did as we were told.

We just got that holiday in in time as the mini-Blitz began again in February.

During the next two months Lilian spent many a night on the kitchen floor under the Morrison shelter. Florence Sellick was also pregnant at the same time and she came to stay with us for a bit of company while Brian and I were busy once more in the E.M.S. at the Middlesex. The two wives slept together in the kitchen and Daisy slept under the staircase in the hall. One night while under the Morrison they felt a mouse run across their faces and their pillows. They decided that they would rather face bombs than mice and returned to their comfortable bedrooms on the first floor!

Both Lilian and her sister, Marian Dussek, were pregnant at the same time and both were booked to go into the Middlesex Hospital to have their babies. There was a very good reason why Lilian should go there of course and Marian went because they had a ward there especially for officers’ wives. Eric Dussek was a Lieutenant in the R.N.V.R. and was on active service in command of a corvette in the Atlantic convoying merchant ships to and fro between U.S.A. and Britain, so Marian had applied very early on in her pregnancy to go there for her confinement. The demand for maternity beds was so heavy that it was said that a woman should really book a bed as soon as she knew that her husband was coming home on leave.

Marian and Lilian had beds side by side in the ward and both had the experience of being wheeled down to the sub-basement during air raids.

On 12 April both Lilian and Marian had their babies, both were boys, so Nigel Roberts and Julian Dussek were twin cousins born in the same hospital. Parenthood was no novelty for Lilian but for Marian, Eric and me the two boys were our first-born. The Ward Sister of the maternity ward was my old friend Sister Williams, with whom I had gone to a lot of my maternity cases ‘on the district’. One of the nurses on the ward in the nursery thought that she could see a great resemblance between Nigel and me and remarked to Sister Williams ‘There’s no doubt who the father of this baby is, Sister’. Sister replied, rather crushingly ‘Was there ever any doubt, nurse?’

While Lilian was in hospital I went to live in my room at the hospital and I used to go up to Hampstead daily to collect the mail. One day when I arrived I put the key in the front door and found that the door was bolted from the inside so I went round to the back door and found it wide open and in the kitchen were two suitcases with all our shoes in them. I had obviously surprised burglars who had taken the precaution of

24 Although Lilian’s sister’s name was spelt ‘Marion’ on her marriage certificate, she was ‘Marian’ on her birth and death certificates.
leaving an escape route open and left hurriedly as soon as they heard the attempt to open the front door. They had already taken, also in our own suitcases, all our clothes, which was a bit of a blow in wartime as clothes were rationed severely and Lilian had only taken to the hospital the maternity wear she had on her and nighties and toiletries. I was slightly better off in that I had a change of clothing and underwear in my room at the hospital.

Lilian also lost all her jewellery and a jewellery box belonging to my cousin Dorothy Harrison who had left it with us for safe keeping while she was working in Scandinavia decoding intercepted enemy messages for the Ministry of Information. We had to apply to the rationing authorities for extra coupons to start a new wardrobe and I’m afraid they were not generous at all. Poor Lilian had been so looking forward to being able to wear once more clothes that fitted her normally slim figure.

The nurses in the ward let Lilian go home with the baby without telling her that Nigel had a habit of vomiting most of his feeds, and the next week or so was a very worrying time for us. We took Nigel back to the hospital to consult the paediatrician, Dr Alan Moncrieff, who was impressed with the projectile nature of the vomiting and suspected a Hypertrophic Pyloric Stenosis. This is a congenital condition that usually manifests itself in the first few weeks of life and a prominent symptom is this type of forceful vomiting. Usually with this condition the doctor is able to feel the enlarged muscular exit from the stomach into the small intestine with a hand on the infant’s tummy as a small hard lump. This Alan Moncrieff admitted he could not feel, but the type of regurgitation was so typical that he decided that that was the diagnosis. This, he decided, demanded immediate emergency surgery, so at the age of three weeks Nigel had his first operation. Brian Sellick gave the anaesthetic and Jimmy Patey operated. They found absolutely nothing, no hypertrophy of the pylorus, and closed him up again. The diagnosis was now changed to ‘Over-anxious medical parents, and both Lilian and I felt a bit ashamed of ourselves, but the condition was not cured. True, in the first week or so after the operation when the regime was frequent small feeds, Nigel did not vomit, but as soon as he started having normal feeds the trouble recurred, so we went back to ‘little and often’ and he thrived.

We took up residence again in Headway and shortly after that the Allied invasion of Normandy began. Hitler then let fly (literally) his first secret weapons – the V-1. These became popularly known as ‘Buzz-Bombs’ or ‘Doodle-bugs’.

These were small bomb containers, shaped like a model aeroplane and fitted with an engine and launched from their sites in France and Belgium with a calculated amount of fuel so that they would fall, after the fuel was exhausted, on suitable targets. The chief target was London, which is a pretty big target. There was no attempt at accurate bombing of military objectives and they were mainly a psychological weapon, and a fairly effective one too. At the receiving end one heard the pop-pop-pop of the engine, rather like the noise of one of those dreadful mopeds and as long as the noise was heard one felt safe, but as soon as the engine cut out from lack of fuel one knew that the bomb was now falling in the vicinity. The R.A.F. sent fighter aircraft up to try and intercept them with considerable success but, of course, a lot got through.
The Government did a marvellous job of maintaining silence about where the buzz-bombs were actually falling, partly so that the Germans would not know how successful their aiming was and partly to reduce the anxiety felt by the civilian population. I do not know to what extent the German High Command was kept in the dark but certainly people who wanted to come to London from outside for Dental appointments were not entirely put off. Vernon Morgan and I continued to be asked to give dental anaesthetics.

As many of the buzz-bombs were falling spontaneously or being brought down before they reached London, Miss Garrett decided that she could no longer take the responsibility of looking after the children at her school at East Grinstead and asked the parents to remove them. When we heard this I decided to ask Leslie Franks if he would let us send Anthony down to Wilsham on Exmoor. Leslie had taken over the lease of the Old Farmhouse after Billy Reade died and used to go there on holiday from Oxford where he was a busy builder and a City Councillor. Leslie very kindly offered to let us have the place so I asked Olive if she would take Anthony down to Wilsham. This she kindly agreed to do and took leave from her school work at one of the London County Council Evening Institutes, where she supervised courses of adult education. Miss Garrett asked her if she would also take a few more of the children whose parents were unable to have them at home.

Dental surgeries were nearly always furnished so that the chair was close to a large window to give maximum lighting and therefore exposed the patient, dentist, nurse and anaesthetist to the danger of being cut by flying glass should a buzz-bomb fall in the vicinity. When we were about to do some dental extractions in the chair, if we heard the unmistakeable sound of a buzz-bomb on its way we used to suggest to the patient that it would be wiser to vacate the chair and move behind a solid wall until the danger had passed. On more than one occasion the patient would say something like ‘Oh, I’m not afraid of aircraft, I live quite near an aerodrome’ and would be quite surprised to learn that the noise they heard was not an aircraft but a German V-1. Then they would say
that they were surprised to know that some of them were actually reaching London, they thought that they were all falling near the South Coast.

On one occasion I was on my way to a dentist’s rooms in Mayfair and as I was driving along I was unable to hear the sound of a buzz-bomb from inside the closed car but I saw a familiar sight. People looking up, trying to spot the bomb and then suddenly all making for shelter. I decided that, as it was equally likely to fall where I was or where I would be if I kept going, I ought to carry on. I heard the explosion all right but neither saw nor suffered any damage so my decision was justified.

When the Allied invasion was launched, it was decided to set up some hospitals outside London to deal with the numerous casualties that were expected among the invading forces. My right hand man, Brian Sellick was taken away from duty at the Middlesex, to go as anaesthetist to one of those bases. There he was on shift duty three days at a time and then three days off. Thanks to the efficiency of the pre-existing arrangements for the evacuation of wounded from the front they had very little if any work.

One day in August the Commandant of the EMS at the Middlesex, Brian Windeyer called all the medical staff together and told us that they had received warning that Hitler was about to bring into action another secret weapon which was believed to be much more dangerous than the buzz-bomb. From that day all leave would be stopped and he strongly advised those of us who had families in London to get them out of the metropolitan area immediately.

I got in touch with Brian Sellick whose wife, Florence was expecting their first child shortly, and he told me that he could get away from his hospital duties and conduct Lilian and her baby, Nigel, as far as Taunton, so then I went home to Hampstead Garden Suburb and informed a very surprised Lilian that she would be leaving that night on the train to Taunton with Brian to look after them. After an understandable period of resistance Lilian agreed and we hastily packed and I drove them to Paddington Station and there we met Brian who took charge and saw them safely as far as Taunton. Brian had to return to his posting that next morning so he could not help further, but Lilian, with Nigel and luggage, got a taxi from Taunton to Wilsham, to re-join Anthony and a group of young children being supervised by Olive.

A few days later Brian was able to exchange his rostered times on duty and get nine days free time and he and Florence also went to swell the population of Wilsham. Shortly after this the authorities realised that the special units to which Brian had been attached were not necessary and they were disbanded, so Brian returned to the Middlesex.

In September, with Brian Sellick back at the Middlesex I was able to take two weeks’ leave and I naturally went down to Wilsham. My father and Dora were now living in Barnstaple. Harry had decided to take early retirement at the age of 59 and a cousin of Dora’s lived in a lovely old house about a mile south of the centre of the town, with a beautiful walled garden. The house was too big for Alice Hamlin and her friend Dorothy Crosskeys and Alice suggested that Harry and Dora should come and live in half of it. It was easily divided into two complete units by merely closing one door, and Harry and Dora moved in.
They both loved the place and Harry had to admit that that part of Devonshire was better than Yorkshire or Durham, an amazing admission for a Geordie. Harry was kept busy mowing the lawn and doing all the jobs around the house that in the days before Women’s Lib became fashionable were popularly supposed to be a man’s job. In a remarkably short time Harry got to know so many of the local inhabitants that to walk with him into the town centre took twice as long as one would expect because we were continually stopping and passing the time of day.

When I got down to Wilsham I thought it would be a good chance for us to see Harry and Dora again as they were only about 20 miles away and suggested that they should come and stay with us for a few days. This plan did not, of course, suit Olive who had no wish even to meet Harry and Dora, let alone live under the same roof, so she decided to return to London and the other children from Miss Garrett’s school went to their own homes too.

I was able to pursue my favourite sport of horse riding and one day I went stag hunting with the Devon and Somerset, paying my ‘cap’ of £1. I was fortunate to be up with the hunt all the way and was one of the very few to be in at the kill. I returned to Wilsham with not only a ‘slot’, the term used for the foot of the deer, but also the liver. This I had to wrap in a large handkerchief and just managed to get in the large pocket of my hunting jacket. Our enjoyment of the unexpected meat dish without having to surrender meat coupons was marred only by the fact that I could not get any onions.

For those of my readers (if any) who may be vehemently anti blood sports I must explain that stag hunting is not, like fox hunting, ‘the unspeakable in full pursuit of the
uneatable’. The red deer on Exmoor are completely wild and the herd only exists there because, paradoxically, they are hunted. They do a great deal of damage to the local farmer’s crops, and if they were not hunted the farmers would shoot them and the herd would become extinct. Not only that, but shooting does not always kill immediately, and some deer would be wounded and escape possibly to die a more lingering death.

Any farmer whose crops are being eaten or, even worse, just uprooted and left uneaten, can let the Hunt Secretary know and a meet will be arranged to hunt that particular animal. Hunting also is more selective than shooting, in that no stag is hunted until it has a full head of antlers, Brow, Bay and Tray and at least two on top. This shows that the stag is at least five years old. The hinds are only hunted during a short season of about six weeks in winter so as not to interfere with the breeding season. The hunt pays compensation to any farmer for loss from feeding deer, thus continuity of the herd is assured and the farmers are happy and not tempted to indulge in shooting. During the hunt the deer, after being roused out of the wood where it has stayed overnight by a few specially trained hounds that are obedient to the command of the huntsman to desist from following the deer and the huntsman then takes the ‘tufters’, as these select hounds are called, back to the place where the rest of the pack has been kennelled and then the whole pack is led to the place where the deer was seen to break cover and the hounds have then to pick up the scent and follow it. At this point at least half-an-hour and sometimes as long as an hour-and-a-half will have elapsed since the deer went away and it may be several miles away. At least one third of the hunts do not end in a kill. The deer can easily out distance the hounds over a short time and they only catch up with the hunted animal if they haven’t lost the scent when it begins to tire as the hounds have more stamina. The stag or hind always takes to water when it feels tired and there it is brought to bay.

Woe betide any hound rash enough to try and approach the stag which can defend itself very well. At this juncture the huntsman takes a sawn-off shotgun from its sheath on his saddle and shoots the stag from very close quarters so that the death is instantaneous.

The soil on Exmoor is of a very poor quality and only the valleys, or coombes as they are called there, are arable. It is however excellent hunting country and the rich hunting set come from far away and leave their horses at livery with the local farmers. They also help the local economy by spending money on their equipment and accommodation. Forbidding hunting to please the animal liberationists would thus result in annihilation of the deer herd and poverty among the farmers, livery stable owners, saddlers, outfitters, blacksmiths and hoteliers on Exmoor.

Harry and Dora came to stay with us and were able to make Nigel’s acquaintance. Nigel had resumed vomiting after large meals and could not keep any solid food down at all. Even honey caused him to salivate profusely and cause prolonged fits of coughing. We decided to have him christened at Oare Church, the site of Lorna Doone’s wedding and attempted murder. During the ceremony Nigel was coughing up quantities of saliva and so we decided that Lilian, Anthony and Nigel would return with me to London to seek further medical help.
This time it was decided to X-ray the upper intestinal tract and a stricture of the oesophagus was demonstrated. It was easy to see in retrospect that that should have been done before the unnecessary operation for presumed pyloric stenosis. It was amazing how many people came and said how sorry they were for having thought that we were over fussy parents. We were advised to delay operating until the child was four years old and so we settled down to a routine wherein we studiously avoided giving him any solid food and giving him fluids ‘little and, often’.

We even had to take a small sieve with us when away from home and strain such things as orange juice, because even the little bits of the fleshy part of an orange would cause a complete obstruction. Nigel soon learnt to stop eating when this happened and go away and put his finger down his throat and the oesophageal contents above the stricture would be regurgitated. Immediately afterwards, he would be able to resume his meal.

As a result of the failure to secure a bridgehead across the Rhine at Arnhem, the war in Europe, which it was hoped could be finished in 1944, dragged on into 1945. The Germans continued to send over the V-2s, rocket powered ballistic missiles to bombard London, which had started to fall while I was away on Exmoor. These were carrying a much larger explosive charge than the V-1s and caused much more extensive damage. They were however not such an effective psychological as the V-1s because they travelled on their downward part of their trajectory faster than sound and so gave no audible warning of their approach. I saw two or three land at night and the first thing I noticed was a huge flash and then later, depending on the distance away from me, heard a terrific bang, followed by a rumble like an express train going by, caused by the noise of the rocket, falling, but only heard seconds after the explosion. There was therefore literally no time for fear because if you heard the bang everything was over and you were still alive.
During that last winter of the war I got an attack of ‘flu and spent a couple of days in bed. At about 6.30 a.m. on the third day I was awakened by the telephone. It was from Olive who was the Headmistress of an L.C.C. Evening Institute in Lewisham in South East London, right across the town from Hampstead which is in the northwest and had a room there so that she did not have to travel alone at night back to her home. She said that she had been bombed out during the night and could I please come and get her from the school? I told her that I would be about an hour as I still had to get up and then drive right across London, and she said that would be all right, she was being looked after by someone who had taken her into her house for the time being but that she would be at the school at about half past seven.

When I got to the school I was amazed to see that the entire school building was completely demolished except for a small corner wing where Olive had had her room on the third floor. Where the school had been was just an enormous crater. The caretaker’s cottage had gone; the caretaker and his wife had been blown to smithereens. Olive’s story was that she had not been sleeping well and had suddenly had a most weird feeling of impending disaster and pulled the bedclothes up over her head.

Then the rocket V-2 fell on the school, obliterating the building except for the wing in which Olive stayed. Miraculously that remained as a lone tower overlooking a huge crater of devastation. Olive, in the complete dark, threw off all the bedclothes sending all the broken glass and all the dust and debris flying over the remains of the room. Somehow, in the pitch black she managed to find her clothes, shake all the broken glass off them and dress. How she managed to clamber down the stairway, obstructed as it was by fallen masonry, no one will ever know. When she reached the ground floor the fire brigade, who had arrived with all the ancillary air raid relief people, looked with astonishment at an old woman (actually she was only 60) coming down the stairway
when they thought that no living person could possibly still be in the area. Some kind onlooker took Olive home and she refused to ring me before a more reasonable hour, such as 6.30 a.m.

An example of the damage in London caused by V-2 rockets.

Back in Hampstead Garden Suburb with us, Olive soon assumed her dictatorial ‘school-marm’ air and suggested that she take Nigel completely off our hands, an offer that Lilian found impossible to accept. After a few weeks the mental tension in the household became intolerable and eventually I had to intervene in an argument between Olive and Lilian and say that, come what may, I was going to take Lilian’s side in our own household to maintain a secure domestic relationship.

Olive took immediate umbrage and demanded that I take her at once back to her home in Lee. On the way down Haverstock Hill Olive demanded that I take her side in the argument and when I refused, she suddenly opened the door of the car while still moving and started to get out. I was able to brake in time to prevent her injuring herself and then drove her back to her home. I am sure that she meant well, but I could not allow her dictatorial manner to ruin our marriage. After that, for the next nearly 30 years, Olive frequently invited herself to stay with us in various places for periods of up to three months, although she never really forgave Lilian for the imagined slight and when Olive eventually died, in 1976, at the age of 92 she left a most vicious will excluding Lilian from any benefits and reneging on her promise, made several times to me, even in writing, to leave me her two houses in Dorset. These she left to her bachelor brother aged 75, who promptly sold them and retired into an old age home.
After the failure of the German counter-offensive in the Ardennes, known as the ‘Battle of the Bulge’, at the end of January 1945, it was obvious that the end of the war in Europe could not be delayed very much longer.

In early March the Allies crossed the Rhine and began the inevitable advance into Germany while the Russian army was similarly engaged on the eastern front. On 29 April Mussolini was captured and summarily executed, on the same day Hitler married his mistress, Eva Braun, and the next day she took cyanide and Hitler shot himself. On 2 May the Russians reached Berlin, and 7 May was the day the German armed forces surrendered to the Allies. That day, the day of Victory in Europe, became known as V-E Day.

Eric Samuel and his wife Vera asked us to go to their house for a celebratory drink. Eric had been a student as a surgical dresser when I was a house surgeon and was now an eminent Radiologist and had at a very early age been a senior consultant to the army on radiological matters. I think he was at the time the youngest colonel in the R.A.M.C. Vera had been a nurse at the Middlesex and when I first knew her was a shy young Welsh girl.

Lilian and I walked round from the Middlesex to their house in, I think, De Walden Street, a small street right in the Harley-Wimpole Street medical district. The jollification in the streets outside was too big an attraction to be missed so the four of us walked down Regent Street to Piccadilly Circus. I have never seen anything like that spectacle and I don’t suppose I ever will. It was mafficking\(^{25}\) to an extent undreamt of in the days of the relief of Mafeking. The whole of the West End was packed with merry-makers taking up not only the pavements but the entire roadways as well.

\(^{25}\) Maffick: To celebrate boisterously.
Vehicular traffic was absolutely impossible. The four of us walked arm in arm down to Piccadilly Circus and there we saw two American officers looking a bit bewildered. We surrounded them and made them join our party and we returned to the Samuel’s house for refuelling. Any attempt to get near a bar in any of the pubs was hopeless so we had to settle for Eric’s hospitality. Lilian and I remained friendly with the two Americans until we all left England in different directions but before that they came several times to the cottage in Henley-in-Arden, near Midhurst, and when our next son, Stuart, was born in June 1946 we gave him, as a second Christian name, the surname of one of them, Alden.

We used the cottage for weekends more and more as petrol restrictions were eased and I used to go fox-hunting most weekends when I could get away from London during the season, from September to March, on horses kept at livery with Lloyd Veysey whose farm was on the edge of the town of Midhurst. During the summer we worked or lazied in the garden which was one-third of an acre and isosceles triangular in shape, with one of the long sides bordering a large dense wood.

I mentioned earlier that there was a little pub in the hamlet, called the Duke of Cumberland Arms. This was a quaint little stone building without electricity and with a very low ceiling and had an enclosed forecourt, cobbled, with a low stone wall on the eastern side in front of the pub. The building itself was on the western edge of the village on a slope up towards the motor road which made a loop concave towards the east so that on a fine summer evening one could stand out in the courtyard with one’s pint of beer resting on the top of the stone wall and gaze out over the few houses towards the big wood and beyond that to the country between Petworth and Haslemere. My R.A.C. map of Britain show the whole of the surrounding area as ‘of great outstanding beauty’ and I can endorse that classification.

In the winter evenings the pub was a cheerful place with a log fire and oil lamps on the counter. In order to show up the Darts Board the landlord would place a concave reflector behind the lamp so as to direct a beam on to the board. A local hazard in playing darts was the low ceiling and unless taller people than I am spread their legs out wide and bent the knees slightly the player could bump his head against a low beam, a great advantage for the home team!

Nigel was now just over a year old and we learnt a lot about the eating habits of crawlers and toddlers because of Nigel’s disability. If he had taken anything solid, the gullet was completely blocked and saliva built up on top of the obstruction until it reached the larynx and then, of course, he would cough and choke a bit and whatever was causing the obstruction would be regurgitated. Thus we found out that infants crawling around a garden are liable to put almost anything into their mouths, from last week’s flag-day emblem to snail shells. We never discovered whether he has managed to dissolve the snail’s body or had only eaten a discarded shell.

Nevertheless he grew strong and healthy and in the August of 1945 there was a village fete in the local village of Fernhurst on the way to Haslemere, and Lilian entered Nigel in the Baby Show. The judges asked each mother what the child was fed on and were astonished to learn that Nigel could not eat anything solid and at 16 months was still on fluids and yet he was so fit. Lilian did not mention the diet of snails and bus tickets and the judges were so impressed that he was awarded Second Prize. That was on the
August Bank Holiday which in those days was the first Monday in August. The date was 6 August, and not only was it Lilian’s birthday but also the day that the atomic bomb was dropped on Hiroshima. Within a few days the Japanese surrendered and the Second World War came to an abrupt end. Critics of the Americans for dropping the bomb on a city suggest that if it had been dropped on an uninhabited place where the Japanese could see the dreadful results they would have surrendered. I do not believe that that theory is valid, as even after losing 100,000 people at Hiroshima, they still refused to surrender and were only induced to stop the war after a second bomb had been dropped on Nagasaki with the further loss of 36,000 lives.

Now that petrol rationing had been abolished and there was no longer a moral restraint against using larger cars, I took the Oldsmobile off its blocks and started to use it again. Unfortunately after a short time it started to leak water from the water pump and on a journey from Hampstead to the Middlesex, about five miles, I had to carry a large jug of water and stop about half way and fill up the radiator. It appeared to be a very minor fault requiring only a spare part of a ‘gland’. However as it was an American car and the part could not be obtained except from the makers in America and this was impossible because of the demand for freight space for bringing essential commodities to Britain. Two local mechanics offered to make a new gland and each of the improvised replacements only worked for about a week, and finally I had it done once more by a third.

I was now convinced that this replacement would probably also fail so I decided to sell the car and revert to using the smaller one I had patriotically acquired during the hostilities. I was pleased to be able to sell it for £500, more than I had paid for it eight years before. A year later I was walking in the street and I saw the old car and wondered whether I dared to approach the buyer who was sitting in the car as I feared that the newly repaired water pump gland might have collapsed in the same way as its predecessors. I nervously approached the car and said to the driver ‘Do you remember me? I’m Dr Roberts who sold you this car’ ‘Oh yes’ he replied, ‘Of course I remember you. I’ve always wondered why you sold me this wonderful car so cheaply!’

Shortly after the end of hostilities both Bernard Johnson and ‘Little Mac’ (Dr W.S. McConnell) returned to the Mayfair Gas Company, and in time the practice was back to peacetime strength with all our chauffeurs back again. I was very pleased that Patterson returned to ask for his old job back. Those doctors who had not been able to enlist in the armed forces because they were in essential occupations were told that their time in the Army would come. All those who had served in the R.A.M.C. during the war and were not regular soldiers were demobilized but the Army still needed doctors especially specialists to serve in the army of occupation, the British Army of the Rhine, as it was called.

I was told that I would be called up in due course as a Major giving anaesthetics in military hospitals in Germany, on a short service commission of 18 months. I was very pleased at the news because, after six years of blackout, bombing and rationing, I was tired of London life and badly needed a break.

That winter of 1945-46 I was only on duty for the practice one weekend in four, so Lilian and I were able to go skiing at Col de Voza.
Bobby and Lilian skiing near Chamonix in early 1946.

I was also able to go fox-hunting with the Cowdray Hunt much more frequently. I became a full subscribing member of the Hunt, at, I think, an annual fee of only £10. Lloyd Veysey always had hunters that needed exercising and he and I usually rode together. Lloyd was a real madcap and daredevil, far too impatient to wait while the field of riders slowly went through a gate if there was the slightest chance of getting ahead by jumping a hedge. I had learnt my riding on Exmoor where there are very few hedges and hunting there involves no jumping at all, so I was a complete novice at the art of jumping. I usually followed Lloyd wherever he went in the hunting field and so I took many jumps, and fell off several times but I always managed somehow to avoid injury, more by good luck than horsemanship.

After the hunting season finished at the end of March many of the hunts had point-to-point races. Lloyd’s wife, Algar, was an excellent horsewoman and they had a horse which had been trained and fed on all the right things, such as oats, to give it energy and so they entered Algar in a point-to-point somewhere near Southampton and they invited me to go with them on the Saturday.

We were, as a family, all down at the cottage at Henley for the weekend, Lilian, Anthony, Nigel and Lilian’s youngest sister, Gladys, was staying with us. I went with Lloyd and Algar towing the steeplechaser in a horse-box. When it came to the race for which Algar was entered she somehow turned up too late for the weighing in and was disqualified, much to their sorrow and annoyance, so we drove back with the horse in tow to Midhurst. Lloyd said to me that I had been very lucky in the previous hunting season, taking all those jumps and falling off several times and not being hurt and suggested that on the next morning, 7 April, I should go with him and have a jumping lesson while Anthony had his ordinary riding lesson given by the groom. Algar invited us all for the Sunday lunch, so Lilian dropped Anthony and me at Midhurst and then returned home to the cottage to join Gladys and Nigel, now nearly two years old. Lilian
was expecting our next child due in June. I had received my calling-up papers and was due to go to the R.A.M.C. Headquarters at Millbank Hospital on the Monday morning for my medical.

Anthony went off with the groom for his lesson and Lloyd produced the oat-fed steeplechaser for me to ride, saying, when I protested, that he had specially chosen that horse because he knew that being so keyed up to go it would not refuse a jump. So off we went, Lloyd on foot and I on the feisty horse, up a hill to a field where Lloyd had some jumps arranged. On the way up the hill, the horse, satiated no doubt with oats, tried several times to eat the lush young grass that was growing in a fine warm spring. I had to pull continually on the reins to keep his head looking where we were meant to be going rather than at the delicious new grass.

When we arrived at the jumping ground I was wearing a heavy black hunting jacket, riding breeches, knee high riding boots and a velvet cap that is really a camouflaged safety helmet. The day was a superb warm spring day and I decided to ride without the jacket, but kept on the cap.

The first jump over which I had to ride was only about two feet or 60cm., just enough to make the horse pick up its feet and jump. I went over this jump about five times but Lloyd was still not happy about my position for the take-off and asked me to dismount and let him demonstrate what he wanted. This I did and when I remounted the poor horse, longing for a nibble of the succulent April grass, was bored with the whole procedure, going over this piddling little jump again and again.

So the next time I attempted the jump, as we approached it, the horse put down its head and started to graze the tasty herbage and, contrary to all it was supposed to do, refused the jump. It was a clear case of misunderstanding: the horse knew we were not going over the jump; I thought we were. The result was that we each did what we thought was going to happen, the horse stayed on the near side of the jump and I went over. I did a neat dive between the horse’s ears and my first thought was that the horse was coming over and would kick me, so I put both my hands in front of my face. I landed on the crown of my riding cap, felt and heard a crack and rolled over onto my back with my arms flung out at right angles to my body.

I did not lose consciousness, but I felt as if I were lying in a warm bath, from the neck down all the body was warm and tingling, but I could not move at all. Lloyd came up to me and said ‘Come on, get up, Bobby.’ I replied that I couldn’t as I was paralysed from the neck down. He then told me to put my head down and relax. I said ‘Does that mean that my head is up in the air?’ and he said it was, so I begged him to get my jacket which I had discarded and fold it so that it would fit under my head to keep it in the same position.

Having been medically qualified for the last 13 years I realised that this was a serious state of affairs and began to think about all sorts of problems. I thought I had broken my neck and that as a quadriplegic my life span would be very limited. My first worry was for Lilian and I wondered if I had left her enough life insurance to see her through. I was sad to think that I probably would not survive long enough to see the child that Lilian was carrying, as she was nearly seven months pregnant. But in retrospect the amazing thing is that I was not really afraid, only resigned and worried about the
family. Lloyd said he would help me get up and would carry me back down to the farm, but I managed to dissuade him. As it was a nice warm day and I was comfortable he went off to get what help he could and returned with one member of the local first aid people who wanted to lift me, with Lloyd’s help, on to a gate to carry me down to the farm.

About ten minutes after the fall I tried very hard to move my arms and to my delight I could bring my hands over on to my chest, but that was all. No fine movements of even the wrist, let alone the fingers, were possible. After about half-an-hour I tried to move my feet and heard my riding boots creak, so I knew that there was still a track down the spinal cord from the brain to my feet and that there was a chance of recovery. Now I really was afraid that some well-meaning helper would alter the position of my head in relation to the rest of the body and completely sever the spinal cord. Therefore I refused the good offices of this man and decided that I would wait where I was until the regular local ambulance men could be gathered together and have enough people to lift me with five people, one for each leg, one for each arm and one for my head onto a proper ambulance stretcher. This meant a delay of some three hours as, being a Sunday, they were either at church or at Sunday lunch.

Meanwhile Lilian and Gladys had arrived with Nigel and Lloyd told them that one of their menfolk had had an accident. Lilian immediately assumed that Anthony had fallen but then Lloyd brought her up to the field and she sat next to me until the ambulance people arrived. Lloyd had telephoned the Middlesex Hospital and they were ready to receive me when we arrived. I did not know until many days later that outside the door of my room stood an ‘iron lung’ in case my respiration failed completely. I was finding it hard to breathe because the damage that had been done had paralysed all the intercostal muscles that lift the chest when one takes a breath and I was only able to breathe by virtue of the fact that my diaphragm was still working. As I described the symptoms on arrival at the hospital it felt as if an elephant were sitting on my chest.

Of course someone had to phone Millbank and tell them that I would not be able to attend for my medical examination on the next day. They postponed the interview for six months. I was in the hospital for six weeks and then allowed to recuperate for another six weeks. I made a steady improvement and gradually acquired the finer movements of hands and fingers. I had to relearn to write, do up and undo buttons and tie shoelaces etc.

When I left hospital Lilian and I went to Barnstaple to stay with Harry and Dora, and Dora’s cousin Alice Hamlin suggested that if I were to do some weaving it would be good occupational therapy. She and Dorothy Crosskey had a large loom set up in an outside room and there I struggled with some red and white wool making various patterns in what turned out to be a scarf about eight feet long by eight inches wide. I am sure that the manual dexterity gained by this exercise was most beneficial and we were able later to cut up the result and make some dinner mats.

One other incident in that stay in North Devon was a visit to Clovelly, a quaint seaside village perched precariously on a steep slope down to a small harbour on the Bristol Channel. The main street of the village itself was, like part of the road through Henley-in-Arden, in steps and the main transport system, maintained now merely for the news value of the quaintness, was by donkey. Donkeys with saddle bags carried goods
between the cliff-top and the wharf, and tourists could ride on a donkey, at a good tourist price, up and down the main street. I think that, even in those days, the only trade carried on in Clovelly was tourism. Seeing that I was still only able to walk with the aid of two sticks, and had developed a sudden (temporary) aversion to riding, all I did was to struggle a few steps down the High Street and back again.

Shortly after our return to London, Stuart Alden Roberts was born, also in the Middlesex Hospital. Stuart was a very healthy baby without any of the complications that had beset Nigel’s early years.

During 1946 both Peter Dinnick and Brian Sellick were appointed as Honorary Anaesthetists at the Middlesex. This was a cause of great satisfaction to me because they had been of the utmost help to me during the war as Senior Resident Anaesthetist, first Peter and then, when he joined the R.A.F., Brian followed him. Both were not only colleagues during very stressful times but also very good friends, and still are, and I feel very proud of the fact that I had started both of them off in their career as anaesthetists. The only other Senior Resident I had during the war years was Jan Hewer and in March 1947 just before I went to Holland he was appointed to a newly created post of Research Anaesthetist and after holding that for one year he was appointed to the Honorary staff of the Hospital. Thus all three of ‘my trainees’ very quickly got on to the Honorary staff.

In July I started practice again with the Mayfair Gas Company and shortly after I was again summoned to Millbank for my army medical. The doctor who examined me said that although he could find no neurological abnormalities, as by now the demand for doctors in the army was no longer so intense, the army would not be prepared to take the risk of employing me in case anything should happen to me later and they would find themselves having to pay me a pension for the rest of my life. Bang went my chance of 18 months of respite, at the government’s expense, from the stress of London and so I started looking in the medical journals for some other means of escape. I found a job advertised as an Honorary Anaesthetist to the Devon and Exeter Hospital and applied for it.

I was short-listed and eventually presented myself before the selection committee. I was, by far, the best qualified for the job. The other two short-listed finalists were a young man with a little experience in the army of anaesthetics and a local general practitioner who was currently doing the work that the position demanded. I was interviewed and told that as an expert from London, without general practice to support me, I could not possibly make a living. I said that I had confidence that I could and was prepared to take the risk. So confident was I that with my qualifications I must be offered the position, that Lilian and I had looked at various houses for sale or to let in the surrounding neighbourhood, including a cross between a castle and a manor house on the banks of the Exe at Bickleigh, but had delayed signing any commitment until after the result of the selection committee’s decision was made known. In the event the job was given to the young man, whose father just happened to be a peer of the realm and chairman of the Conservative Party.26

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26 The ‘young man’ (in fact, he was only a year younger than Bobby) was Dr the Hon Edgar Bolton Hacking. His father was Douglas Hewitt Hacking, who had been MP for Chorley and was created the 1st Baron Hacking of Chorley in 1945.
I returned both sadder and wiser about the really important qualifications for a provincial hospital appointment, but my hopes were raised again when the newly appointed anaesthetist resigned without ever going to take up the position and went to South Africa. Now, I thought, they must either appoint me or re-advertise the position. Not so, the committee appointed the general practitioner, with little if any qualifications for the job other than living and being already in practice in the city. Even sadder and even wiser than before, I returned both to practise in London and search for some other escape from the ‘Great Wen’.27

In about October, there was an advertisement in the medical journals for someone willing to go and teach anaesthetics in Holland. This had come about after a visit sponsored by the Dutch Government of about 40 senior medical practitioners of all types in Holland to England to find out where the Dutch had fallen behind in medicine as the result of the German occupation from 1940 to 1945. The absence of penicillin, known only to the allies, was a glaring example of the deficiencies in the medical knowledge of the Germans and the countries they had occupied during the war.

These investigators had all reported back about the state of things in their own field, but there was a consensus that one thing was very obvious, namely that anaesthesia was very much more advanced than they had imagined, and that they recommended that immediate steps be taken to remedy the situation. The Dutch government decided that, of all the options open to them, the best solution was to invite some specialist over there for a period of up to two years to teach selected postgraduate students, rather than to spend money sending these trainees over to England to learn and then to return and slowly spread the gospel. Not only could several trainees be trained at the same time but the Dutch would be able to use the services of the teacher in Holland during the training period.

I applied for the job and, in December, was asked to go over to Holland with Lilian to spend a weekend in Utrecht and have an interview with the most pressing advocate of the scheme, Professor J.F. Nuboer, the head of the surgical department of surgery in the University there. We were put up in the five star Hotel des Pays Bas and were invited to dine at the professor’s home on the Saturday evening. Until the time that he arranged for us to be picked up we wandered round the streets and were amazed at the plight of the inhabitants, some of whom were riding on bicycles without any tyres on the bare metal rims of the wheels over cobbled streets.

The professor was an excellent host and I am sure we committed a number of faux pas contrary to the very strict code of manners observed by the educated upper-class Dutch. For instance we were offered a pre-prandial drink and I thought I would like to try jenever, the Dutch gin often referred to loosely in England as Bols, or Hollands Gin. Bols is the name of a widely known firm that produces the spirit, but is often used in a generic sense in the same way that in England all petroleum jelly is called Vaseline, which is a patented trade name. Lilian asked for the same and was given it. Only later did we find that, in polite society, ladies did not drink jenever. Sherry was about the strongest drink that they were expected to imbibe. After the meal we were given coffee and a small saucer with one chocolate on it. We both ate the chocolate and imagined

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27 The Great Wen is a disparaging nickname for London and is a phrase William Cobbett used Rural Rides, which was published in 1830.
that the saucer was a miniature ash-tray. However such solecisms did not obviously count against us as, after a truly magnificent dinner such as we could not have had in England and a long and earnest interview between the Professor and me, I was offered the job. The professor and his wife and two teenage children all spoke very good English, and I found out that all educated Hollanders were multi-lingual, speaking as well as Dutch, English, French and German. I imagine that that is attributable to the fact that Holland lies at the mouth of both the two great rivers of Europe that flow into the English Channel, the Rhine and the Meuse (Maas in Dutch), in fact the two rivers meet just before they form a delta at their mouths and it is difficult to know which is which especially as different bits of the rivers are given different names, and all the merchandise for export all over the world conveyed on these rivers to the sea has to pass through Holland.

The Dutch are very good businessmen and the population is small and their language is not spoken anywhere else, so for business reasons the Dutch have to be able to speak the languages of the various countries to which the goods are being exported. On that very first evening Nuboer quoted to me the couplet:

‘In matters of commerce the fault of the Dutch
Is giving too little and asking too much.’

Lilian and I returned to England to make up our minds, whether to stay on in London or to take this chance of up to two years of a completely new environment and opportunity. To get leave from the Middlesex Hospital for two years was not at all difficult, but my partners in the Mayfair Gas Company were not so accommodating. All I asked for was two years unpaid leave, in the same way that both McConnell and Johnson had had for the last four years at least, but they were adamant that they had had to go according to the call of duty for patriotic reasons and that the same leave would have been granted to me if I had been called up into the R.A.M.C. as they had been. But, they said, this was entirely my own choice and if I wished to leave the practice I would have to do so for good. Nor would they either allow me to sell my share to anyone or buy me out. This decision I found very unfair, especially when I found that they had already sold, before I left England to go to Holland, a share in the practice to a Dr Roche. What they sold was, in my opinion, my share and I should have received the money from the transaction.

I decided to leave the Mayfair Gas Company after working for them and with them for 11 years and gave in my notice to leave at the end of February 1947. I attended a refresher course in anaesthetics, not as a teacher as many of my contemporaries were, but as a student, in order to be sure that I was au fait with the present ‘State of the Arts’ in anaesthesia so that I could spread the gospel with confidence. I also took the opportunity of attending operating sessions in various hospitals where thoracic surgery was practised. We had no thoracic surgical unit at that time in the Middlesex, so I attended the Brompton and other hospitals where I had invaluable advice from Ruth Mansfield and other specialists in that branch of anaesthetics. I knew that this side of the specialty was most important because Nuboer had intimated that one of his reasons for wanting to be the front runner in the users of ‘modern anaesthesia’ was that he was desperately keen to start doing thoracic surgery.
I should perhaps here explain that opening the chest to do surgery is not as simple as opening the abdomen. As long as the patient is breathing spontaneously he sucks gases, generally air, into his lungs by increasing the volume of his chest and air rushes in to fill the vacuum by the only way in, via the respiratory tract. If, however, there is a hole in the chest wall, air can rush in that way outside the lung into the pleural cavity. The lung on that side, hitherto kept fully expanded to fill that half of the thorax by the negative pressure in the pleural cavity, will now collapse leaving the patient breathing only with one lung on the other side. To overcome this, ‘modern anaesthetists’ stop the patient breathing by paralysing the muscles of respiration and force gases, mainly the oxygen essential to maintain life but also any anaesthetic agents deemed necessary, into the lungs by positive pressure. In this way both lungs are inflated and the gaseous exchanges affected by normal respiration are maintained. At the end of the operation the paralysis is reversed, and the patient is allowed to breathe once again spontaneously. Without this ‘know how’ on the part of the anaesthetist the mortality of attempted thoracic surgery approaches the unacceptable 100 per cent.

Another problem facing me in Holland was the provision of the necessary equipment. I had outlined to Professor Nuboer what I thought would be necessary and had the authority to order that to be delivered to the ‘Stads en Academisch Ziekenhuis’ in Utrecht. That means the Municipal and University Hospital. My contract was with a joint board from both the hospital and the University.

Immediately after the war Britain was in an ‘Export Drive’ and I fondly imagined that an order to supply the surgical department of a teaching hospital in the newly liberated country of Holland would be fulfilled immediately if not sooner, so I hoped that when I arrived I would be able to walk straight in and carry on as if I had gone from one operating theatre to another in the same hospital. However, I did think that I would need help so I asked Patterson if he would consider coming to Holland with me to get things started. At first he was unwilling but he eventually consented to come with me and I agreed to pay him more than he could expect to earn in England and also to give him accommodation if he would come, just for a month, to see me started. I have rarely made a better deal in my life.

We had moved from the house in Meadway that we had originally taken when we got married because the owner, who had been overseas in the army, had come back to England and although the regulations at the time meant that no-one could evict tenants from rented property, we felt that we could not keep him and his wife from living in their own home and luckily a house just round the corner in Meadway Gate became vacant and for lease at the same rental (£100 per annum). Not quite as grand or imposing as the one in Meadway, it was still a spacious home. It was as I said literally just round the corner and when the removal van came and loaded up our furniture, all it had to do was to take off the brake and coast round the corner as it was downhill all the way. We actually moved some of the smaller household items by passing them over the backyard fence.

The house in Meadway Gate had belonged to Barney Barnato, the South African multi-millionaire, rival and later partner of Cecil Rhodes, and now belonged to his heirs who wanted to sell the house.
Seeing that I was the sitting tenant and could not under the current regulations be evicted I made an offer on the house below its real market value in the hope that the owners would be pleased to get rid of it. Alas the Barnato family were much too shrewd to accept my offer. As an anti-climax I relinquished the lease just before we went to Holland.

Without the money I had expected to get from the practice I could not afford to transport my family and household goods to Holland, so I had to sell the cottage at Henley, and in a hurry. If I had been able to buy the house in Hampstead Garden Suburb all would have been well, but that had fallen through. The only purchasers for the house at Henley were an Australian dentist and his wife and the best price I could get in the short time available was £2,000 for the house fully furnished. This was ridiculous because we had bought it for £1,175 and had spent a lot of money as well as time and labour improving it, but ‘Needs must when the Devil drives’, so we accepted the offer.

We took all our furniture, including the carpets, gas stove, gas refrigerator etc., to Holland and towards the end of April 1947 we went over on the boat from Harwich to the Hook of Holland. We took Nigel, aged just three and Stuart, ten months, but we left Anthony for the time being at his boarding school in Teignmouth in South Devon. Anthony at this time was nearly 11 and was doing quite well at the school, the ‘Beacon’, and his headmaster thought that it would be better to leave him there until the end of the school year at the end of July.
Chapter 10: De Narcoseleer

Professor Nuboer was away in the United States, no doubt learning all he could about opening the chest (Thoracotomy), and his absence was a blessing as quite a lot of the essential apparatus had not arrived from England, despite the so called export drive, so we were met at Hoek van Holland, which does not really mean The Hook of Holland but more appropriately the Corner of Holland, by Cuni de Haas, the attractive and very efficient secretary to Nuboer.

She drove us to Utrecht and took us to the apartment that had been found for us in a quaint curved street alongside one of the two main canals in the city, the Nieuwe Gracht, or New Canal. The houses along one side were across the canal, with access by a series of small footbridges. Our address was ‘Kromme Nieuwegracht 41bis’, which translates as ‘41 A on the curve of the New Canal’ and was reached by a small concrete bridge which we shared with the inhabitants of the ground floor of 41 and those in 39. Once on the far side of the canal we came to the front door that led immediately to a steep narrow concrete staircase with a right angle turn near the top. The accommodation consisted of two living rooms and a kitchen and toilet on the first floor and three bedrooms and a shower room on the second with a further attic type of room above. It was very convenient for our family including Patterson, and later Anthony had his own room. It was very central almost in the shadow of the great Domtoren, the tower of the cathedral, with shops nearby and all for the sum of 650 Guilders a year, about the equivalent at that time of £65, a guilder being the same as the English florin, or two shillings. In fact the symbol for a guilder is Fl., meaning florin.

To quote Bobby, Kromme Nieuwegracht 41 is ‘very central almost in the shadow of the great Domtoren’. 
Our furniture was due to arrive the same day but had not as yet turned up. Cuni spent as much time with us as her other duties would allow and the furniture arrived in the afternoon.

There was no way that our furniture could be taken up the narrow stairway, so the removers came in and removed the whole window frame from the front living room, set up a block and tackle and we watched with trepidation as each article was lifted from the van, swung over the canal and in through the gaping hole where the window had been. We nominated the front room as the lounge and the back room the dining room. The removers put each piece of furniture in the appropriate area and just got everything in before darkness fell and they had to depart, after replacing the window. I cannot remember how, where or what we ate that night, probably Cuni sent in some food for us.

She also arranged for the various workmen to arrive next morning to lay the carpets, join up the fridge and stove to the gas supply, etc. We had not the energy to make proper beds but we found some blankets and slept in the lounge on mattresses on the floor. What we were not prepared for, after knowing only British workmen, was that they arrived at 7.00 a.m. while we were still unready for them. They worked prodigiously and by nightfall the whole place was in full working order.

There remained one thing which had to be rectified as soon as possible. The sash windows of the lounge, overlooking the canal and street, were low down on the wall and outside them was a vertical drop straight into the canal and thus a real hazard with young children in the apartment so we had to arrange for a builder to come and fit iron bars across the window, not to stop burglars getting in but to stop Nigel and Stuart from falling out.
Cuni had also arranged for me to get a car, as that would be essential. There was very strict rationing in force in Holland and that included motor vehicles, a much better system than that appertaining in the U.K. where it was ‘First come, first serve’, which meant that in the order in which you had applied for a new car, so your request would be dealt with. All the entrepreneurial types had applied for at least one new car. My recently ex-partner, Vernon Morgan, had applied ages ago to several manufacturers and soon after the production of new cars started again in England he took delivery of a small car, a Hillman I think, after a month or so his request for an Armstrong Siddeley came through and such was the demand for cars in England after non-production for six years, he was able to sell the Hillman for much more that he paid for it and the Armstrong Siddeley cost him nothing more. After that the British Government stepped in and made it illegal to sell a new car in less than 12 months, which meant that Morgan had to wait for a whole year before he could take delivery of his next car, a Rolls Royce, again at no extra cost because of the market value of used cars.

To return to Holland, I was only able to obtain a car because I was working for the Government, in the Department of ‘O.K.W’, standing for ‘Onderwijs, Kunst en Wetenschap’ or ‘Education, Art and Science’, as a member of the Faculty of Medicine at the University of Utrecht. All the formalities Cuni de Haas had taken care of and after two or three days I was presented with a large American Ford sedan. I was not allowed to drive it straight away because of a regulation that all cars must be fitted with traffic indicators, not those blinking lights we have now but little illuminated arms that swung out from the side of the vehicle. Next day the improvements had been fitted and I was able to drive to Hoek van Holland to meet Patterson.

The terms under which I had been able to acquire the car were that if, when I left the country, car rationing was still in force, I would have to hand back the car to the Dutch Government for the current official market price.

Then followed a few days settling in period during which we got to know the geography of the city and surrounding district and Patterson and I were involved in a lot of hustling up the necessary anaesthetic apparatus, a process which required a lot of telephone conversations between Utrecht and London and visiting the agents in Utrecht, both the Loos and Lameris firms.

I was put in touch with another British anaesthetist, Doreen Vermeulen-Cranch who had married an executive of a Dutch Shipping line, George Vermeulen who had, luckily for him, happened to be on business in England when the Germans had invaded Holland in 1940 and stayed there. She was employed at University College Hospital as an anaesthetist. When the war was over George had returned to his old job in Amsterdam and Doreen, of course, accompanied him and she set about trying to put her skills to good use. The professor of surgery in Amsterdam was Noordenbos who had met Doreen at work in U.C.H. on the visit of the cream of the Dutch medical profession in January 1946, and had invited her to visit his clinic when she was next in Holland. In June 1946 Doreen started teaching anaesthetics at the Wilhelmina Gasthuis. Doreen was a great help because she was already fairly fluent in Dutch and knew the technical terms for the goods I was seeking, and also we both had the same object, to improve the standard of anaesthesia in Holland.
Medical education in Holland was based on the German pattern. This system was rigidly hierarchical and each branch of medicine had a pyramid of power with a Professor at the apex. His word was law, he could hardly do any wrong and his power came mainly from tradition and the system by which he obtained his assistants. There was no recognised examination, passing which would demonstrate that any person was a surgeon for instance, but the Specialists Registration Board would accept anybody who could come with a ‘briefje’ (a little note) from an already acknowledged surgeon showing that that person had attended more or less as an apprentice for a minimum of two years. This would suffice for a surgeon to practice in the country towns but to get an appointment to a good hospital one needed a briefje from one of the professors of surgery at one of the Universities. The professors would have the pick of the applicants and made it quite clear that they would not give a briefje after only two years but demanded six years service. Each professor would take on about two assistants each year so there we have the hierarchy. After six years the professor could invite a select few to remain on salary in a senior position on the hospital staff, thus ensuring for himself a well skilled team who could if necessary run the surgical clinic in the professor’s absence. As there was always a waiting list of young newly qualified doctors all wanting to become surgeons any vacancies in the team of assistants could be instantly filled. Any trainee, at any stage of his six years, could suffer instant dismissal if he failed to please the professor so the whole outfit became a group of ‘Yes men’. Any professor under this system was under great temptation to regard himself as an infallible god and manage the unit despotically.

As Professor Nuboer was abroad when I arrived, I started to work with the assistants, with a Dr van der Vuurst de Vries temporarily in charge. He had more or less specialised in Urology and another senior was George Chapchal who was an orthopaedic surgeon. With these two, and in fact, with all the assistants I got on very well. I had been allotted two young doctors as the nucleus of my training group, Dr H.H.F. Hobbel and Dr Jan van ’t Oever. Hobbel had been a popular sporting figure as a student at Utrecht, but an attack of Polio left him severely paralysed in the legs. He had to walk with two walking sticks everywhere but he was always cheerful and a willing trainee. What a cruel fate landed someone with a name like Hobbel with such a disability!

Jan van ‘t Oever was a graduate from Rotterdam and the municipality of that city sent him for training on the understanding that he would return and work in the municipal hospitals there.

A short time later two more would-be anaesthetists came into my group, Drs Gunsberg and Bosman. The latter, older than any of the other trainees and much older than I was, came after several years as a general practitioner. Later still an English woman, Julia Gibbs, who was engaged to a Hollander, Wim Tiggeloven, brought the number of post-graduate students attached to me to five.

During that month of May before Nuboer returned from his overseas trip, Cuni de Haas came to me one day and announced that I had been requested to give an anaesthetic to the youngest member of the Dutch royal family, the princess Marijke, who had bilateral congenital cataracts.
Her mother, the heir apparent, Princess Juliana had suffered from German measles (rubella) during the early pregnancy and this infection had recently been shown to be the likely cause of various congenital abnormalities in the foetus. The scientific evidence was very strong but the theory had not been universally accepted in medical circles. The more modern physicians in Holland at the time urged that pregnancy should be terminated, but the older more conservative doctors who had the final say had not wished to undertake such a step, and the pregnancy had gone to full term with the resultant cataracts. This was Juliana’s fourth child; all the three elder children had been girls. If this child had been a boy he would have been in the direct line to the throne. As in Britain the crown passes to the eldest male child of the reigning monarch and daughters only come into the line if there are no male heirs. I wonder how long that tradition will survive in view of the onslaught of Women’s Lib. for equal rights? But for one missing gene the present monarch in Holland would be a very visually impaired king.

In the autocratic way in which continental surgeons decided things in those days the operation had already been fixed for the following morning. I presented myself at the Ooglijders Ziekenhuis, (Eye Hospital), and requested to be allowed to examine the infant, intending to assess the general health and know the weight of the baby in order to determine the dosage of any premedication and anaesthetic agents. I was not allowed to see the child as they said it was inconvenient as Princess Juliana was feeding her and would I please defer my preoperative examination until the following morning immediately before the operation?

When the child was brought to the operating theatre, in Holland known as the Operatie Kamer or colloquially ‘O K.’, I found to my dismay that she was suffering from a head cold and in no fit state for a general anaesthetic for an eye operation. I had a great deal of difficulty in persuading the doctors and staff that this was the proper course, but I
stuck to my ground and explained to the Professor that I would not give an anaesthetic to any other baby in such a state, that if it were my infant I would not allow her to be anaesthetised until the cold had cleared up and so the operation was reluctantly postponed.

A few days later the first of three operations went ahead, three because each eye was done separately and then a final review of one side was deemed necessary. The local newspaper, the *Utrechtsch Nieuwsblad*, made a feature of the news and included a photograph of the professor and his assistants and me with the erroneous caption to the effect that I had come over especially for this operation. Even the London *Evening Standard* carried a small paragraph in the gossip column ‘Day by Day’ saying that an eminent young British specialist had been called to anaesthetise the infant princess.

When Nuboer returned we settled in to a routine. Patterson and I went to the hospital to the surgical department which was housed in a separate pavilion in the quite extensive grounds at 7.30 in the morning and changed into white trousers and shirt and over that the traditional garb of the doctor on the continent, the long white coat buttoned up high in the neck. Then we went to the operating suite. There was one large ‘O.K.’ with two operating tables, an arrangement I had only seen before in the emergency operating theatres we used at the Middlesex during the war. Here the reason was so that the professor, while operating at the major table could supervise what one of the assistants was doing on the other.

At the Middlesex we had always worn canvas overboots to prevent us bringing in dirt from the outside world, but that did not happen in Utrecht, or indeed, at any hospital in Holland. All the assistants, both the professor’s and mine were present similarly attired. I was indeed lucky that Nuboer had been away for the first month, in that, not only had we got all the apparatus ready and working with a lot of help from the director of the surgical instrument firm that bore his name Willem Loos, but also I was able to instruct my trainees in at atmosphere of calm. Nuboer was very demanding and critical of
everything so that everybody was under considerable stress. By the time he came, both Hobbel and Jan van ‘t Oever were able to give a reasonable anaesthetic without undue intervention on my part. Patterson, from his long association with me, was able to instruct and help the assistants with various manoeuvres such as laryngoscopy and endotracheal intubation. He was also expert at lifting and positioning the patients on the table. He also checked the nitrous oxide and oxygen cylinders before each operating session.

Patterson had only contracted with me to stay one month but at the end of that time he did not suggest that he ought to be returning and I was very grateful. After a few weeks Professor Nuboer realised what a valuable job he was doing in the operating theatres and offered to contribute towards his wages, paying a reasonable amount for work at the hospital during the mornings. I had the right to private practice, between the hours of 1.00 p.m. and 7.30 a.m. next morning, and for any such work I would need the help of Patterson as in London, and so in addition to his hospital salary, I promise to give him a small percentage of my private earnings, thus anticipating by many decades the idea of employee participation which is becoming advocated in modern industrial relations.

Urbane and charming socially as Nuboer was, in the operating theatre he was an intolerant, impatient, hectoring tyrant. Any difficulties he encountered during operating he always attributed to the incompetence of his assistants. He usually had three assistants scrubbed up to assist with any operation and if he found fault with any one of them he would send that man away into the anteroom where were, always waiting already scrubbed up, replacements ready to enter the fray, just like players being sent off in an ice hockey match. At times he would become so infuriated with the assistants that he would send all three off at once, screaming at them ‘De bedoeling van de Assistenten is de operatie gemakkelijk te maken, julle maak dit moeilijker! Weg!’ (‘The reason for having assistants is to make the operation easier, you make it more difficult. Get out!’), and all three would troop out to the Koffiekamer and the replacements would move into the front line and try to avoid a similar fate.

If he thought that one of the assistants was not pulling hard enough on a retractor to give him access to the operation site he would grab the handle of the retractor from the assistant and give it a violent tug in the required direction and shout ‘Trek!’ (‘Pull’). However much they were bullied the assistants did not dare to protest for fear of being dismissed before they had the desired ‘briefje’.

In the Koffiekamer there was a running buffet of coffee, buttermilk, and a fruit-flavoured drink such as lemonade and a few sandwiches were served about 10 a.m. At the end of the morning operating session lunch was available in the hospital staff dining room. The sight of my assistants, with Patterson and me arriving en bloc for lunch brought anaesthetics to the notice of the other specialties, such as Gynaecology, Ear, Nose and Throat surgery and also the physicians. One of the latter group, on learning who we were, made a rather profound if rather cynical remark that anaesthetics must be a pleasant specialty to work in if only one did not, of necessity, have to associate so much with surgeons!

Eventually I was invited by the professor of E.N.T. to help him with an operation to remove post-nasal fibromata. These are non-malignant tumours at the back of the nose
in the naso-pharynx above the soft palate that cause obstruction to nasal breathing. They are very vascular and friable and during their removal bleed profusely.

I agreed to help and at my pre-operative visit I found a healthy young man, not anaemic and posing no difficulty for the anaesthetist. I ordered two pints of blood to be available for transfusion during the operation to counteract the expected inevitable blood loss and took with me Patterson, van ’t Oever and Hobbel. Before the operation started I put up a drip infusion and had the matched blood at hand. After anaesthetising the patient I paralysed him with an injection of curare, a muscle relaxant derived from the South American plant chondrodendron tomentosum, from which the natives in the region of the upper reaches of the Amazon obtained the poison that rendered their arrowheads deadly. The flaccidity of the jaw muscles allows the anaesthetist to visualise the larynx and pass an endotracheal tube. A small balloon cuff near the lower end of the tube in the trachea stops any gaseous leaks round the tube and prevents the entry of blood or other foreign matter into the lungs. Until the paralysis wears off the anaesthetist has to inflate the lungs rhythmically through the tube with the required mixture of anaesthetic gases and oxygen. The operation went ahead, a lot of blood was spilled but was instantly replaced by the transfusion and all was successfully completed. The professor was delighted with the result (as no doubt also was the patient), and congratulated me with the remark that the last three patients he had had with that complaint had all died on the operating table. When one considers that up till then the only type of anaesthetic that had been available was open chloroform on a lint mask administered by a nurse or student with no training such an outcome is not really surprising!

Little wonder that the Dutch were anxious to embrace the ‘Modern Anaesthesia’

The introduction of the muscle relaxants in the 1940s in Canada, the United States, Britain and Scandinavia was a real milestone in the history of anaesthesia. At first curare was the only available agent but as supplies depended on the market from the Amazon and importation from there during the war was chancy, the research chemists were working hard on the problem and during 1947, the year we were talking about, a synthetic substance called gallamine was discovered but did not become available until 1948. The use of curare was not as dangerous as might be thought because there was a simple antidote, neostigmine which on intravenous injection cut short the paralysis.

Muscle relaxants provided a safe way of opening the thoracic cavity and operating on the contents, lungs, oesophagus and the heart and blood vessels. Without their use and the artificial respiration it entails, known as ‘controlled respiration’ when performed after deliberately paralysing spontaneous respiration, when the chest is opened the lung on that side collapses and the patient is left struggling on only one lung and even the respiration on the unopened side is diminished. With controlled respiration, or Intermittent positive pressure respiration (I.P.P.R.) as it is now called both lungs are equally inflated by the anaesthetist via the endotracheal tube, and both sides of the chest can be opened simultaneously if necessary, as is the case today with some major cardiac surgery.

The standard of general anaesthesia in Holland, as all over Europe except Scandinavia, was abysmal. This was attributable mainly to the dominance of German surgery and the belief currently held in such circles that general anaesthesia was dangerous and local analgesia infinitely preferable. Also on the Continent Anaesthetics was not recognised
as a specialty so nobody became skilled in the art and when general anaesthesia was deemed necessary it was entrusted to untrained medical students, nurses or even hospital porters or ‘attendants’ as they are called today. The consequence was that the morbidity and mortality were appalling and this only strengthened the notion that all general anaesthesia was dangerous.

The governmentally inspired visit of the senior members of the medical profession to England in 1946 to see where ‘Holland had fallen behind in medical knowledge as the result of the German occupation during the war’ was an eye-opener, and the burgeoning interest in thoracic surgery led the surgeons on that visit to do something about it. Various factors such as the quiet induction of anaesthesia by intravenous injection, unaccompanied by any struggling, the use of endotracheal intubation, the adoption of muscle relaxants as a safe technique, and I.P.P.R. when indicated, all helped to convince the medical profession of the advantages of the methods used in the English speaking countries and Scandinavia.

Progress was slow at first, but general acceptance increased exponentially. After the successful outcome of the operation for the removal of the postnasal fibromata, the E.N.T. surgeons expressed more and more interest in our techniques and I attempted to demonstrate to advantages in simple operations like Tonsils and Adenoids (Ts & As).

I had watched with horror the technique that was used to take out Ts and As in children. (Obviously such an operation does not lend itself to local anaesthesia.) An assistant held the child sitting sideways on his knee, restrained the legs between his thighs and the arms with one arm round the child’s body, another assistant held the child’s head. The surgeon sat opposite the child and asked him to open his mouth. If he did so then the surgeon quickly put in a gag to hold it open and then without any anaesthesia would remove both tonsils with the Sluder guillotine and hastily scrape the post nasal roof with an adenoid curette. The screaming child would then be placed lying on his side on a bed, coughing and spitting out blood under the supervision of a nurse until the bleeding stopped and then would be sent home. To deal with a non-cooperative child the surgeon would hold a mask on its face from a nitrous oxide-oxygen analgesia machine, designed to deliver an adequate supply of oxygen in the mixture inhaled. This would not ensure that the jaw was relaxed so the surgeon would turn off the oxygen at the cylinder thus giving the child pure nitrous oxide. The resultant asphyxia from oxygen deprivation would cause spasmodic opening and closing the jaw in a convulsive attack known as jactitation. While the mouth was open the gag would be inserted and when the child recovered consciousness the operation would proceed. The psychological trauma of such an assault can be readily imagined. Indeed the little son of the tenants in the flat below us, i.e. in No.41 underwent such an ordeal and refused to speak to anybody for about three weeks afterwards.

I arranged with C.P. Wilson, the senior E.N.T. surgeon at the Middlesex, who had been with me at the Middlesex all through the war, to come over to demonstrate the technique of tonsillectomy by dissection as opposed to the guillotine method and I gave the children general anaesthetics. The surgeons were quite impressed but the technique did not find favour with the nursing staff who did not appreciate having to supervise the children after the operation until the anaesthetic wore off, and were so uncooperative that the method was not adopted in the hospital in Utrecht immediately. There was however an ex-Utrecht graduate who was a practising E.N.T. surgeon in the
neighbouring town of Amersfoort, who had been present at C.P. Wilson’s demonstration, Dr ‘Hermie’ Overbosch, who had been very impressed and asked me to give his anaesthetics on a regular weekly basis during an afternoon session.

My private practice grew rapidly, which was just as well as my salary from the appointment as ‘Conservator in de Narcoseleer’ at the Stads en Academisch Ziekenhuis in Utrecht was only Fl.8,000 (£800) a year. I could not complain about that as it was equivalent to the salary paid to any professor, including Nuboer, who were expected to take advantage of their position to charge more than the average fees in their private practice.

I was soon working several mornings at other hospitals in Utrecht starting at 6.30 a.m. so as to be at the university hospital to work with Nuboer at 7.30 a.m. In the afternoons I was free to accept private work and the practice was not confined to Utrecht. Surgeons in other towns, especially those who were keen to do thoracic surgery, asked me to go and help them. I went as far afield as Roermond in the south-east near the German frontier, Middleburg in Zeeland, Zwolle in Overijssel and Sneek in Friesland.

Normally a surgeon decides when he wants to operate and then arranges for an anaesthetist to attend at that time. If the surgeon’s first choice of anaesthetist is busy at that time, the surgeon will try to find another anaesthetist. In my case in Holland it was the reverse. I kept an appointment book and when a surgeon rang me up and ask me to help him I could almost dictate the time when I would be available. Such luxury had never happened to me before and it has never happened since!

Of course I always took Patterson with me and when we went to some of the places far away from Utrecht it meant that we had to stay the night, and these excursions had to be arranged at the weekend so that I did not miss my early morning attendance on Professor Nuboer. Some of the cases I did with Nuboer were private patients and I was entitled to charge a fee for those, as was Nuboer, of course. Nuboer agreed that I should charge 20 per cent of his fee and he or Cuni de Haas used to tell me how much I should ask for.

Another surgeon in Utrecht, Klinkenbergh, who worked at the Roman Catholic St. Antonius Hospital, also employed me occasionally when his usual anaesthetist, Dr de Zwaan, for some reason could not help him. Klinkenbergh was so honest about the fee he was charging that he used to send me his own account to the patient in an open stamped, addressed envelope and ask me, after seeing the amount and so calculating my fee, to seal the envelope and post it.

It was the custom to have one’s account forms printed showing the Giro number. The Giro was a Post Office Savings bank and patients could deposit the amount of the fee at any post office to the credit of that number. The Post Office used to send regular monthly statements to all Giro customers, and so one could see who had paid and who had not paid. One day I answered a phone call and a man’s voice asked if I was Dr Roberts and I assured him that I was. Then he said ‘Do you have any outstanding accounts from patients who should have paid you some time ago?’

I said that that was unfortunately the case and then the stranger said ‘Well! I think I may have some of your money! I am also Dr Roberts and I am an eye surgeon in Sneek
and I have had amounts paid into my Giro that I have been unable to account for. I
think they must be from your patients who had gone to the post office to pay you and
found that they had not brought the account with them and did not know the Giro
Number and had looked up the Giro Register and found only one Dr Roberts and
assumed that that was the one they ought to pay! The Giro Register was only brought
up to date possibly only once a year like a telephone directory, so my number was not
yet included. The other Dr Roberts then said that if I would tell him my Giro number he
would transfer those amounts to me, and then went on to ask who I was and what sort
of a doctor was I and when he heard that I was a specialist anaesthetist who had come
over from England to teach modern anaesthesia, he asked me if I would be willing to go
to Sneek for a weekend and address the local branch of the Dutch Medical Association
of which he was currently the President. He asked if I was married and when I told him
that the whole family was living in Utrecht he invited Lilian as well. I accepted his kind
invitation and Lilian and I went to Sneek on a Friday afternoon and after dinner Lilian
stayed with his wife and I went to the meeting of the ‘Kring’ (literally a circle).

As all educated Hollanders have a very good knowledge of English as well as German
and French I was able to give that and other talks in English. Dr Roberts and his wife
both spoke excellent English and they took us on the Saturday for a tour of the northern
provinces of Friesland and Groningen finishing up at a restaurant in the remote
countryside that would certainly have merited inclusion in the Guide Michelin with
three stars (vaut le voyage). They invited us for another weekend during the following
summer and we spent the day on board his yacht on the local lake ‘Sneekermear’ on the
annual regatta day. It was a glorious summer day and I remember the picnic lunch they
provided included a complete duckling per person!

We had been very fortunate to obtain the services of an excellent Nanny for the
children. Lilian put an advertisement in the paper and chose a small dark Jewish girl
called Kitty Modijefsky who had had an amazing life during the war. When the
Germans occupied Holland they systematically tried to get rid of all the Jews. Kitty was
given shelter by a gentile family and had to peroxide her hair to escape detection. Only
one brother and Kitty survived the war. Her father and mother and other siblings were
all exterminated in concentration camps. Kitty was an absolute treasure, she loved the
children and they loved her and she lived with us for over a year until she married Auke
Kransen, a tall blond school teacher who was sent to a little country school in Abbenes
between Leiden and Amsterdam. We went to their wedding, and later when Lilian and I
went out of the country on a holiday they looked after Nigel and Stuart.

Both Lilian and I smoked cigarettes in those days and unlike the situation in England
tobacco was rationed with coupons. The method of rationing was very sexist and would
have caused a riot from the feminists nowadays. Men were allowed to be full smokers,
half-smokers or non-smokers, women could be either half-smokers or non-smokers,
and children, I think up to the age of 21, had to be non-smokers. Non-smokers were
rewarded by being given extra sugar coupons and half-smokers half as many extra.
Chocolates and other sweets were only obtainable by surrendering sugar coupons. In
England there was no official rationing and cigarettes were in short supply and to
obtain any one had to be a regular customer of a certain tobacconist. This made it
difficult for smokers who had to travel about the country and for people who moved
home. The ration was very meagre, as far as I remember a full smoker only got 40
cigarettes a week and half-smokers one packet of 20. That meant that Lilian, who had
been smoking 20 cigarettes a day in England, now had to limit herself to three a day and, I am sorry to say she resorted to petty larceny! She stole my cigarettes while I was at work and I had to hide my ration. That ruse did not stop her for long, she searched the house as soon as my back was turned and usually managed to steal the lot. For some reason that I have never been able to understand, Belgium, which had also been occupied and ravaged by the Germans, had no post-war rationing, possibly because her colonies in Africa were very rich and untroubled as yet by the struggle for independence that beset the Dutch East Indies. Holland is only a small country and one weekend we decided to go to Belgium and there we bought a large stock of cigarettes. I had always liked the dark tobacco such as the French used in their ‘Gauloises’ cigarettes, but Lilian couldn’t stand them so I bought a lot of their brand of the dark cigarettes, called ‘Belga’, and fondly thought that that would allow me to smoke my own cigarettes. It did not take Lilian long to acquire the taste for them and they too disappeared during my absence at work.

When Kitty came to live in the house, she told us she was a non-smoker, but we persuaded her to say she was a half-smoker and so we obtained extra coupons in the household. She did not go deprived of sweets or sugar because the authorities, on the strength of a medical certificate disclosing Nigel’s inability to take any solid food, had given him a large increase in his sugar ration, more than enough for his needs so we could give the extra to Kitty! Although the rationing of everything was much stricter in Holland when we first arrived there, every fortnight the value of each coupon was revised and gradually but steadily the allowances of most goods increased. After several months, rationing of cigars was abolished to ease the financial plight of the numerous cigar manufacturers in the country but the sale of cigars was restricted to whatever the tobacconist decided he could spare to a full smoking customer at the time that he took his cigarette allowance for the fortnight. When this happened I gave up smoking cigarettes and smoked only cigars. This decision, helped by the fact that Jan van ‘t Oever’s father had a cigar factory at Kampen and he gave Jan cigars to give to me, saved Lilian from a decline into a life of crime.

Jan’s parents invited Lilian and me to go and stay with them at Kampen for a weekend and Jan’s brother, Henk, took me duck shooting on the Zuider Zee. This outing involved getting up at 2 a.m., going a few kilometres in a car and then a fairly good walk in the pitch dark to the waters edge where there was a flat-bottomed boat. The water was very shallow for a 100 metres or so and the boat would not float if both we both sat in it so I was the privileged one and Henk had some tall gum boots and so he pushed the punt until the water was deep enough for him to jump aboard. We then paddled out to a clump of reeds and threw out an anchor. We also threw out about four tame ducks also anchored by a brick tied by a length of rope to one leg. In the boat we kept a retriever, as well as thermos flasks of coffee, a half bottle of Jenever, cigars and a drake, trussed under one of the thwarts so that he could not escape.

Then we waited quietly until dawn began to break when small parties of wild duck appeared on the horizon over the water coming in to feed on land during the day. When he judged that they were near enough Henk gave the drake a little kick causing a protesting squawk. The thought that their boy friend was being ill-treated was too much for the anchored ducks placidly swimming around. The uproar was enough to attract the wild ducks that came to investigate and when they were within range we fired our shotguns, and the retriever lived up to his name. When the sun was fully up and we
thought no more skeins of duck were likely to appear we went home and ate a heartier breakfast than most condemned prisoners.

That part of the Zuider Zee is now dry land following the reclamation of East Flevoland. The remaining water of the old Zuider Zee is now known as Ijsselmeer, and has become fresh water since the building of the enclosing dam across the northern end, shutting it off from the North Sea.

Another weekend when I had been asked to give an anaesthetic for a surgeon in Middelburg in Zeeland, Lilian came with us and we arranged to stay in the nearby village of Veere, because I had been fascinated by a book by Hendrik van Loon entitled *Van Loon’s Lives* in which the author and a friend arranged a series of dinner parties entertaining the ghosts of a number of great men and women of the past including Confucius, Plato, Queen Elizabeth I, Voltaire, Shakespeare and Leonardo da Vinci. We tried to identify the actual house where van Loon had lived and written about these people in such an interesting manner.

One day at the Stads en Academisch Ziekenhuis, the Municipal and University Hospital in Utrecht where I worked daily with Professor Nuboer, I inadvertently left my wallet in the pocket of a pair of white trousers that I had worn in the operating theatre and they went to the steam laundry. It was returned to me afterwards but it had shrunk to less than half the original size and so had the banknotes it contained. I took the notes to the bank and they were amazed to see the Lilliputian Dutch currency but they exchanged them for new normal sized notes. I wonder if they thought it worthwhile to keep them as a curiosity.

The summer of 1947 was very hot and sunny and we were able to spend a lot of time with the children in the open-air swimming baths. Anthony left his boarding school in Teignmouth at the end of the summer term and we enrolled him as a day-boy at a school in Utrecht. The Headmaster interviewed him and ascertained his scholastic level and decided that as he did not speak any Dutch he would have to be placed in a form one above his true level because the master of that form spoke excellent English. Anthony soon learnt Dutch from his schoolmates especially in the playground and on the football field and at the end of the first term the Headmaster decided that he could now be put down a form!

In order to attract the right sort of people to take up the specialty of Anaesthetics it was necessary to have the need for such a discipline recognised. This could only be done if all those interested in anaesthetics in Holland could form some sort of professional association. Apart from Doreen Vermeulen and myself, who were the only ones who had had more than a few months training, there was already a nucleus of Dutch doctors who had decided to devote themselves entirely to the practice of anaesthetics. Dr Klein, who had been a surgeon in The Hague, had had some anaesthetic experience in England including a short time at Oxford with Macintosh, Dr van Nouhuys was a general practitioner in The Hague who gave anaesthetics at the Red Cross Hospital there and decided to go to England in 1946 to study under Rowbotham. Dr Ritsema van Eck was a surgeon who had worked in the Dutch East Indies (now Indonesia) and after the war decided to take up anaesthetics. He too was for a time with Macintosh at Oxford and in October 1947 was appointed to be an anaesthetist with Professor Eerland at Groningen. Dr de Zwaan was in the Dutch army medical corps and had been seconded to the
hospital at East Grinstead where Sir Archie McIndoe was doing such wonderful plastic surgery on the R.A.F. war injured to learn anaesthetics. He came back to his practice in Bilthoven just outside Utrecht and was appointed as a part-time anaesthetist at Sint Antonius Ziekenhuis with Klinkenbergh. Doreen had two assistants in training at the Wilhelmina Gasthuis in Amsterdam Dr Mauve and Dr Boere, and my two senior assistants were Hobbel and van ’t Oever.

We had several meetings in the homes of some of the members in the Amsterdam-Utrecht area. We did not go all the way to Groningen because it would have meant too much travelling for all except Ritsema van Eck. On one occasion, while I was holding a meeting in our home in Utrecht, Kitty took Nigel and Stuart for a walk to give us a little peace. She took them into the churchyard of the Dom and Stuart was a little too adventurous and fell in the little ornamental pond surrounding the fountain and Kitty had to bring him back, crying and dripping, destroying what peace we had temporarily achieved.28

![The fountain and its ‘little ornamental pond’](image)

The Dom or Cathedral in Utrecht had been built with a huge covered entrance hall between the tower at one end and the body of the church, but in a severe storm in, I think, the seventeenth century the roofed forecourt was blown down and it was never replaced so that the church and the bell tower are separated by what latterly was used as a car park. The Dom Tower is the highest building for miles around, and for those who are fit and keen enough to climb all the steps, the view from the top is very rewarding.

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28 Stuart, crying, dripping, and wearing a yellow camel hair coat while being led home through the streets of Utrecht by Kitty is one of Nigel Roberts’ earliest memories.
By the end of 1947 most of the groundwork had been done and we decided to call a meeting of all interested parties early in the New Year. In January 1948 the Nederlandse Anaesthesisten Vereniging was officially founded at a meeting in the W.G. (Wilhelmina Gasthuis) where Doreen worked with Professor Boerema. In the chapter Doreen wrote in the book Van Aether naar Beter, she records that when she started in 1945 to give anaesthetics for the previous professor of surgery, Noordenbos, she was paid the normal salary for a newly qualified doctor at the rate of £2.50 an hour! She says that she realised that anaesthetics was not recognised as a specialty and she did not wish to make a fuss about money when she was married to a director of a shipping firm and Holland was so poverty stricken immediately after the war. That book was written in 1988 as part of the celebration of 40 years existence of the Society although its name was changed in 1978 to ‘Nederlandse Vereniging voor Anaesthesiologie’. The Specialists Registration Committee formally recognised anaesthesia as a specialty in July 1948.

In February 1953, Bobby was awarded honorary life membership of the Dutch Society of Anaesthetists for his role in the development of anaesthesia in the Netherlands.
My ex-partner in London who had worked there with me all through the war, Vernon Morgan was a bit of a gourmet and must have heard rumours that the food rationing in Holland was by now very relaxed compared with the situation in England and he rang me up and suggested that he should come out to Utrecht one weekend with his wife Phyllis and asked me to recommend a hotel for him to stay at and to take them to what I considered to be one of the best restaurants in Holland for a slap-up dinner.

After delaying his visit from the first weekend he proposed because unexpectedly some friend of his had given them a hare and they decided to do justice to that at home before the gaminess had passed its best, they eventually turned up and stayed at the Hotel des Pays Bas, where Lilian and I had stayed on our reconnaissance weekend in late 1946.

On the Saturday night I took them to Amsterdam and we went to the Lido Hotel which had the reputation for having the best table. The hotel is magnificently situated on a bend of the river Amstel with the windows of the dining room looking out on the impressive river scenery in the centre of the city. We all decided to have hors d’oeuvres before the main course and a large trolley was wheeled up to our table with a large variety of dishes laid out on about six trays which rotated up and down around a horizontal axis bringing each tray in turn to be appraised and offering a very wide choice. I remember Vernon taking quite a good selection of the dishes offered and in good sized helpings and while we were eating them he remarked that he was surprised that there seemed to be very little variety in that all the dishes were fishy. No sooner had we finished those another similar trolley was wheeled up and there were all the meaty appetisers.

There were, in fact, mini-courses within the courses. For the main dish both Vernon and I had ordered a steak. When they arrived luckily the one that was given to Vernon was absolutely delicious but mine, alas, was so tough that I had no option but to send it back. This meant that the chef took particular pains to ensure that my second replacement steak would be beyond criticism but by the time it arrived not only had Phyl, Lilian and Vernon all finished their meal but the effects of the enormous helpings of hors d’oeuvre made me no longer hungry but, of course, having sent the first steak back I simply had to eat the second and I know of few more difficult things to do than to have to eat with obvious relish food when one is already sated. However the main object of the exercise had been achieved, Vernon Morgan had had an excellent meal and would return to strictly rationed Britain replete and happy.

A famous British thoracic surgeon, Sir Clement Price-Thomas came to Utrecht, I suppose on Nuboer’s invitation, and Lilian and I were invited to dinner at Nuboer’s house to meet him. As I have said before, Nuboer was an excellent host and the evening was a great success. During the after dinner conversation I told him about Nigel’s disability and he was amazed that he had not been operated upon before this as Nigel was nearly four years old. I explained that I had been told that it would be preferable to postpone the operation until he was older, but Price-Thomas said he would talk to an E.N.T. colleague of his and get his advice. About a week later we had a letter from Sir Victor Negus saying he would like to see Nigel in London, and that we should be prepared to let him keep him in King’s College Hospital for a week to do a couple of dilatations of the oesophagus. This we agreed to do and waited for Sir Victor to let us know when it would be convenient for him.
Sir Victor Negus who did the dilatations of Nigel's oesophagus.

My practice continued to flourish and Nuboer began to extend his domineering habits towards me. This did not suit me at all and as I was not in the precarious position of his assistants who dared not disagree with anything he said, I stood up to him. One particular event sticks vividly in my memory. A French professor of surgery was coming to visit him (the news about being able to perform thoracotomies was beginning to permeate throughout Europe) to watch him operate. Nuboer was particularly keen to demonstrate his thoracic surgical prowess by performing a partial removal of a lung. He had a patient in his ward who was being prepared for such an operation for bronchiectasis. Such patients have a lot of purulent sputum and before they are fit for surgery need intensive medical treatment to dry out their lungs to the opposite lung. This man was not ready and I refused to give him an anaesthetic on the day the French professor came to visit just to glorify Nuboer. I stood my ground and Nuboer had to perform some relatively minor operation on another patient. Nuboer never really forgave me and relations became somewhat strained.

A truce was declared when in April Nuboer wanted to go to Stockholm to visit one of the pioneers of thoracic Surgery, Clarence Crafoord, and wanted me to accompany him. I was only too willing to do so because I had never been to Scandinavia and the anaesthetist at the Karolinskasjukuset, the hospital where Crafoord worked was world famous Torsten Gordh. The week he had arranged to go coincided with the week that Lilian was due to take Nigel over to London, so we went our two ways. Nuboer and I flew from Schiphol to Stockholm putting down at Copenhagen on the way. I had met a Dr Secher when he was doing some course in London and while at the airport in
Copenhagen I telephoned him at his home but he was out and his wife answered the phone and asked where I would be staying in Stockholm and said her husband would contact me there. In Stockholm we were made very welcome and taken to lunch at the first class restaurant in the basement of the Town Hall by Crafoord.

We spent most of our time in Stockholm watching Crafoord operating and I was very impressed by the efficient way in which Gordh ran his theatres. Crafoord had two theatres with interleading doors and each theatre had an anaesthetic anteroom, and both theatres and anterooms had an operating table. Gordh induced anaesthesia on the operating table in the anteroom and supervised the positioning of the patient for the operation and then the table with patient was pushed into the theatre in exchange for the empty table. Crafoord had assistants in each theatre who started each case on their own and when the vital part of the operation was reached Crafoord walked in and took over. Having finished the delicate part he would hand over to the assistants to do the tedious part of sewing up and walk through into the other theatre where by this time the assistants in that theatre would have the next patient ready for the coup de grace. Gordh also had assistants who looked after the anaesthetic while he did the induction for the next case in the other theatre. It was reminiscent of the way I ran two theatres during the war at the Middlesex. In this way the team was able to do five or six major cases in a half-day session.

Gordh asked me to dinner one evening and when he heard that that was the day that Nigel was to have his first oesophageal dilatation he insisted on ringing up London and got through to Lilian for me.

One day we were being driven by Crafoord to an outlying hospital where he was to operate and he started to question Nuboer about the system of paying for operations in Holland. The conversation was all in English which was the only lingua franca for the three of us, and Nuboer was momentarily unable to remember the English for ‘versekering’ and asked me and when I said ‘insurance’ Crafoord said ‘Do you know what the Swedish for insurance is? It is forsakering’ pronounced almost exactly as the Dutch word.

One evening Nuboer had some engagement and I decided to try my luck going about the city and having a meal on my own. I was amazed to learn that, as in Sweden at that time the government was very worried about the excessive amount of alcohol that was being consumed, the Swedes having the largest per capita ingestion, they had closed all bars. The only way one could get an alcoholic drink was to order a sandwich in a licensed restaurant and then one was allowed to drink. The sandwich was served up wrapped in a transparent plastic cover and there was no compunction on the customer even to unwrap it let alone eat it. A pile of wrapped sandwiches beside a thirsty man was quite a common sight. I gathered that one could not buy alcohol freely for home consumption, one had to produce coupons, issued in an apparently extremely undemocratic manner. It appeared that the number of coupons a person was issued varied directly with the amount of Income Tax he paid. The reason for this, I understood, was that whereas all Swedes drank heavily, the poorest such as the waterside worked spent a larger proportion of their income on booze than the more affluent who could afford it. By limiting the amount the poor could spend on alcohol it was hoped that a more equitable balance could be struck. I think that the result was that the poor spent all their coupons on the cheaper beverages such as South African sherry.
while the richer could afford vintage wines and spirits. I don’t think the regulations achieved the desired results as all classes of society continued to drink too much but the workmen drank more of the cheaper and possibly more toxic brands while the better off could afford to drink less of the safer potions.

Dr Ole Secher rang me from Copenhagen and invited me to break my return journey on the way back and spend the weekend with him. He and his wife were wonderful hosts and, apart from home hospitality showed me round the town including the Tivoli Gardens. I returned to Utrecht laden with presents for Lilian and the children, mostly chosen by Mrs Secher.

When I returned to Utrecht I learnt that Nigel’s oesophageal dilatation had been successful but that he had to return to London in about two months time for further treatment. This he did but he had only one more dilatation and then we were told that he need not come again unless he had any further trouble.

In May 1948 I was asked by Dr Brom to go to the Sint Antonius Hospital and give an anaesthetic to a five-day-old baby who had a congenital abnormality incompatible with life. This was a oesophago-tracheal fistula, a communication between the oesophagus and the trachea and in most cases the oesophagus is in two separate parts, the top half just a blind pouch and the lower half with the opening into the trachea and leading down into the stomach. Thus when the infant takes any food by mouth it cannot get down to the stomach and eventually spills over into the larynx and causes at best a fit of choking and more likely inhalation, pneumonia and death. That is why the condition is incompatible with normal life. Moreover the fistula between the lower part of the gullet and the trachea makes it likely that acid gastric juice if regurgitated into the oesophagus will contaminate the lower air passages.

I had never seen a case of this condition before and indeed it was not very much reported in the medical press, because most cases would be diagnosed as infantile pneumonia, quite correctly but the cause of the pneumonia had not been recognised.

The operation to care the condition involves opening the infant’s chest and had almost always before been attempted under local anaesthetic and the struggling, only to be expected during a major surgical operation on a conscious baby, together with the collapsed lung and the frantically moving chest with the efforts at respiration would make the procedure extremely difficult on such a tiny subject. Although I had often given neonates an anaesthetic for other forms of surgery I had not before been faced with the problem of anaesthetising one for thoracic surgery so I gave an anaesthetic but refrained from using a muscle relaxant, curare, in so small a patient and allowed the baby to breathe spontaneously. There was a considerable amount of paradoxical respiration, which means that there was a lot of movement with each breath. Dr Brom had a struggle to complete the operation on a moving target but completed the operation but the baby died the next day. The news spread that it was possible to diagnose and treat this comparatively rare condition and soon general practitioners and paediatricians were on the look out for it and it so happened that two more cases were referred to Brom during the ensuing month.

When I was asked to help with the next neonate I decided to use the same principles as I would far an adult thoracotomy and so I calculated that if the normal adult dose of
curare was between 20 and 30 mg to produce temporary respiratory paralysis. I should try the effect of a minute dose such as 0.5 mg. To my joy and relief it worked and I was able to perform controlled respiration on the infant and give the surgeon a completely still field of operation. I repeated the curare after the effect of the first dose wore off after about 20 minutes and the operation was successfully completed. In spite of this the baby died three days later, but with the second of the two further infants I used the same technique, giving, in fact three doses of curare and to our great satisfaction the little girl survived and made a complete recovery and grew into a healthy child eating and behaving normally.

The following year in South Africa David Adler, a thoracic surgeon had three such cases referred to him and I applied the same technique. The first two died out the third survived and as far as I know is still alive.

This method of anaesthesia for infants for thoracic surgery was quite unprecedented and so I read a paper on the subject at a Congress of the Medical Association of South Africa in Cape Town in December 1949, which was printed in the South African Medical Journal in March 1950, entitled ‘Anaesthesia for the Repair of Congenital Atresia of the Oesophagus’. I checked the proofs, which had the correct title, and received my reprints also correctly titled, but when the Journal appeared the printer had missed out the first three words so that no notice of the article was taken by anaesthetists or by compilers of indexed anaesthetic literature and years afterwards other people got the credit for first using curare and controlled respiration in neonates for such operations. I found it irritating that I did not get the kudos for my pioneer work because of a printer’s error. The editor of the Journal admitted the error but all that happened was the publication of an apology in an insignificant two or three line statement some weeks later.

**REPAIR OF CONGENITAL ATRESIA OF THE OESOPHAGUS**


Principal Anaesthetist, Johannesburg Hospital

The condition of Congenital Atresia of the Oesophagus was first described by W. Henry Williams in 1864 and has since been made an important part of the medical curriculum.

Franklin says that the incidence used to be given as one in 20,000 births, but he was able to collect four cases in 16,543 births at the British Postgraduate Medical School, and in the British Medical Journal there were 24 cases, with another six almost certain cases during the same period that did not come to autopsy.

No doubt many cases are not diagnosed and the infants are said to have died from pneumonia or from asphyxia. It is not known whether the condition is incompatible with life. In many cases death occurs from sepsis and asphyxia. Where the cause of death is pneumonia, the condition is compatible with life. In many cases death occurs from sepsis and asphyxia. Where the cause of death is pneumonia, the condition is compatible with life.

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Bobby did not get the kudos he felt he deserved for his pioneer work as a result of a printer’s error in the title of this article.
Although my appointment in Utrecht was only initially a temporary one, I was given to understand that it could be extended if I wished. I was not happy in the stressful circumstances of constant friction with Nuboer so I had to decide what to do in the future. I was still on the staff of the Middlesex but according to my original contract with the Mayfair Gas Company if I left the practice I would not be able to practise within a prescribed area around the West End. I was advised that this clause was not enforceable, but I would be fighting an uphill battle in competition with my ex-partners. I saw an advertisement in the Lancet and the B.M.J. for several positions as full time anaesthetists at the Johannesburg General Hospital in South Africa and decided to apply for one.

Testimonials were required and I decided to ask Sir Alfred Webb-Johnson for one, as I knew him pretty well from our association at the Middlesex and he was by then the President of the Royal College of Surgeons of England, and I hoped this would impress the South African authorities. His personal signature was necessary and, as time was short before the closing date for applications, Lilian flew over to London to ask for it. I managed to get the application ready with all the necessary testimonials by the last day for posting air-mail to South Africa that could be expected to reach there before the closing date. That day happened to be a public holiday in Holland but the G.P.O. in Utrecht was apparently open so I took the parcel and asked what the airmail postage would be. They weighed it and told me but then said that on a public holiday they were not allowed to sell stamps. Postage stamps were commonly sold in tobacconists so I went to try and buy some but they only had the low value stamps for internal letters. To make up the amount of the airmail postage for a parcel overseas I had to buy an enormous number of stamps and I had difficulty finding space on the parcel for the stamps, which meant that I had to visit several tobacconists. However I managed to get them all on and the took the parcel to the post office which curiously enough was able to deal with accepting articles for posting even if they could not sell postage stamps!

The next morning I received a parcel in the post and it was my application to Johannesburg returned because the postage paid was inadequate. Apparently the weight of the extraordinary number of stamps was enough to exceed the rate I had been quoted! I put on the extra stamps and then had to drive furiously to the airport to deliver the parcel to the airline personally for transport to South Africa.

One day Patterson and I were driving back home from the hospital after the morning’s work along the Nieuwe Gracht. This street has the canal running up the middle of it dividing the two lanes of traffic so we were running with the canal on our left side. There were numerous narrow side streets crossing the Nieuwe Gracht by bridges. The traffic rules were that one had to give way to traffic coming from the right. As I approached one of these cross roads a man on a light motor cycle came charging out of the side street on my right at about 70 km.p.h. and crashed into the front passenger’s door on the right of my car. Patterson was sitting there and fortunately he was not hurt, but the rider came off his bike, which nearly finished up in the canal. We got out and found the man unconscious and bleeding from the nose so we realised that he probably had a fractured skull. Quite illegally but in the victim’s best interests we did not wait for the police to summon an ambulance but Patterson and I put him in our car and took him to the hospital where he underwent immediate emergency surgery. The man recovered but when he was discharged the police brought a charge against me for careless driving. When the case was held the victim said that he had four motor bikes
and was a very careful driver and that the bike he had been riding was not capable of more than 25 km.p.h., a statement that the magistrate obviously did not believe because a keen motorcyclist who owned four machines was unlikely to be interested in such a like. Because I was legally in the wrong, not giving way to a vehicle coming from the right, I was found guilty but the fine was only Fl 15, the equivalent of 30 shillings, a sentence similar to awarding a farthing damages. About three years later when I was in South Africa the victim brought a civil action against me for damages stating that he was a butcher and as a result of the accident no had lost his sense of smell and could no longer detect when his meat was going bad. The summons only reached me well after the action had been heard in court, and because I had not obeyed the summons the man was granted damages to the equivalent of £7,000. Luckily the company with which I had been insured in Holland paid the damages and I heard no more about it.

Eventually I received a telegram from South Africa saying that I had been appointed as Principal Anaesthetist to the Johannesburg General Hospital. A confirmatory letter followed explaining that the appointment was partly by the Transvaal Provincial Administration and partly by the University of the Witwatersrand. One might be excused for imagining from the title of the appointment that this was the top job. Not so, the top job was called the Chief Anaesthetist, Principal denoted the second in command of the anesthetic department and third in the hierarchy was the Senior Anaesthetist. I was expected to take up the position within three months.

I enquired from the Utrecht University how much notice I would be required to give and was told that as I was paid monthly a month’s notice was expected. I went to see Professor Nuboer and told him of my decision to leave and he was furious, but I pointed out that in Holland as things were I had no security of tenure. Had I been made a Professor that would have been different because then my position would be quite secure and I could have stayed in Holland without having to kowtow every morning to Nuboer. I liked Holland and the life there. The rationing was getting less and less stringent and although when I arrived in April 1947 it was much stricter than in England by now it was much easier. I gave in my notice and shortly afterwards the blow fell.

I got another telegram from Johannesburg saying that my appointment had been annulled because the South African Medical Council would not recognise me as a specialist on the grounds that I had never done any general practice. The regulations for being put on the Specialist Register were that one must do at least two years in general practice. In England there was no specialist register and the method of training there would preclude an aspirant anaesthetist spending two years away from hospital. When he came back he would have lost all chances of getting hospital appointments as a Resident or Registrar and from the ranks of senior full time hospital anaesthetists were chosen the Honorary Anaesthetists. Joan Nicholson who had been appointed to the Chief Anaesthetist position also had never done general practice but he had been in the army which the medical council regarded as the equivalent.

I had also written to the Middlesex hospital giving my notice to retire from the Honorary Staff, but I rang the Secretary-Superintendent and learnt to my relief that as it was August, a commonly accepted holiday month, there had been no meeting of the Board to consider my resignation and so he could withdraw my letter. In view of the
strained relations with Nuboer I could not bring myself to go to him, cap in hand, and withdraw by resignation.

So we began to make plans for returning to England. I decided that my best plan was to go back to London and see what work I could still do at the Middlesex. During my sojourn in Holland the National Health system had been introduced in Britain, and the Honoraries were now paid for their sessions which they had previously done ‘pro deo’, as they say in South Africa, meaning for no monetary reward. That, at least, would be a start because it would take some time to build up a private practice.

Patterson, whose wife had joined him in Utrecht, lived in a small rented house and was offered a permanent job as operating theatre technician and he decided to stay on in Holland.

I wrote a strongly protesting latter to the Johannesburg Hospital authorities pointing out the position they had put me in by sending not only a telegram out also a confirmatory letter telling me I had a job to go to there and I threatened to sue them for damages.

To add to my woes at this time I suddenly developed a Bell’s Palsy, a facial paralysis. I woke up one morning and found I could not move the left side of my face properly while shaving. Lilian tended to think I was making a fuss about nothing and packed me of to work. There I found I could not look down a bronchoscope, because I could not close my left eye. I was sent back home and Nuboer despatched the Professor of Neurology to see me who chose to treat it with ‘masterly inactivity’. I had to avoid draughts, wear a pad over the left eye to keep it closed, and take ten days off. We decided to take the car over on the ferry to England and Lilian and I went looking for a job and a house. This quest took us as far as the Lake District where a vacancy was advertised for an anaesthetist at Whitehaven, not exactly typical Lake District country being a coal mining town, but sufficiently near to the western side of the Fells to contemplate the possibility of commuting. We decided against the idea and returned to Holland, to get ready to move the family and our belongings back to London.

I was still not sure that there was no chance of us going eventually to South Africa so I arranged with an international removal firm to collect our household goods and store them in a container until I knew where we were going to live. Even if we did not manage to get to South Africa, we had no address in the U.K. to give them. With Anthony and the two small children aged only four-and-a-half and two years we had an enormous amount of things that we would have to have with us so we decided that Patterson and I should take the bulk of personal belongings over to England and then return so that I could take Lilian and the children with the rest of the intimate personal belongings with us.

We took the back seat out of the car and we packed in everything that we could, leaving Lilian with only the bare minimum to cope with the children, and we took advantage of excursion fares available provided we took the Hoek van Holland-Harwich ferry during the daylight hours which was not as popular as the night trip. Currency regulations were very strict and we were only allowed to take with us the equivalent of £3 each. The petrol tanks of all vehicles on the ferry and to be emptied before going aboard, leaving as only enough to drive on and drive off at the other side.
With our limited financial resources we decided that we could afford to buy between us a half bottle of Jenever and still have enough, on arrival in Harwich, to buy petrol for the journey to London and some food for the journey as we expected to be pretty hungry by the time we arrived in England. In Harwich we had to go through the customs, but seeing that we only had used clothing and ordinary household goods we did not expect any trouble. Each passenger was supposed to be allowed to bring in half a litre of spirits duty free so we had nothing to hide or to fear. However the customs people were very suspicious about a car arriving with two young men and the car stacked from floor to roof and door to door as well as the boot crammed full, so they kept us waiting until all the other cars had been cleared and the demanded that we took everything out of the car for inspection and presented me with a form which asked for the date of purchase, price paid, and place of purchase of everything we had bought in Holland. I suppose I was stupid to do so but I was so incensed as well as tired and hungry that I wrote across the form ‘All these goods are the belongings of a family that has lived in Holland for the last 18 months, with the expectation of possibly staying there for good. We have three children and we have not kept any bills or receipts and cannot answer any of these questions.’ This must have infuriated them because they demanded that every trunk or suitcase be emptied in front of them and they searched the lot thoroughly. I suppose the fact that they found nothing, which is all there was to find, infuriated them more so they then said ‘Now you will pay the duty on the half bottle of Jenever.’

I replied that that was only half of the amount we two men were entitled to bring into the country. ‘That is at the discretion of His majesty’s Customs, and in this case His Majesty’s Customs do not wish to exercise that discretion.’ So Patterson and I were forced to hand over nearly all the money we had and we had no idea how we were going to buy petrol for the journey to London and food to sustain us on the way. I was a member of the A.A. and the A.A. agent was waiting for us anxious to close up and go home. He could not understand why we had been kept till last and then subjected to the long ordeal, the customs officials had left us to replace everything into the cases and pack them back in the car of course, but when he heard our story he said ‘I will lend you £5 and you can pay me back on your return.’ He knew that we intended to return to Holland in three days’ time. We accepted his offer thankfully and to celebrate our relief we shared with him the half bottle of gin and drank it then and there in his office!

Back in Holland I had applied to be allowed to export the car I had bought although car rationing was still in force because there were very strong rumours that it was soon to be abolished. I had to go to The Hague for an interview and I thought the official was beginning to relent but he finally decided that we must sell it back to the Ministry of O.K.W. (Onderwijs, Kunst en Wetenschap) or Education, Art and Science according to the original arrangement. This meant that I must sell it at the recognised second-hand value, which they placed at about £180. By this time Nuboer had organised a replacement for me to come from England but he could not come for another two weeks or so and he would be allowed to buy the car from me. We arranged that I should hand it over to him in England. Thus I was able to load up Lilian and the boys and the remaining personal luggage and make the crossing three times in about ten days. This time we had no problem with His Majesty’s Customs.