



CHANCE AND CHOICE

MEMOIRS of a SURGEON

Copyright © Martin Nelson 2025

This book is copyrighted under the Berne Convention

No reproduction without permission

Manuscript Publishing

LONDON SW7

Martin Nelson

Prologue

In his novel 'The Blue Afternoon' William Boyd describes a scene in which a son asks his father what it is like to cut into living human flesh. It made me think about my own first experience, a watershed moment in the life of every surgeon.

Society has given the surgeon the awesome responsibility for deciding whether to operate or not, whether to cut into another human being's body or not and the right to do so.

I have realised, time and again over the course of my own career, that often he or she should not.

The history of surgery is a fascinating story of human progress, a procession of successes and failures.

It can be traced from the earliest operations when alcohol was the only anaesthetic and amputation the only procedure, to the present where less aggressive surgery is practiced thanks to advances in anaesthetics, better diagnostic tools and improved materials and instrumentation.

Today the catchwords are 'minimally invasive,' where the natural portals of entry of the body are used rather than the injurious ones made by a scalpel.

A time will come when the scalpel will be consigned to history. A diagnostic tool will be swept over the body identifying the malady and by means of an electrical current, the diseased part will be removed and the patient restored to health.

The Beginning

Looking back, I am searching to uncover the influences and decisions that determined the paths I have taken. One thing is clear: the role of serendipity in my life has been a strong force throughout. I may have believed that I made the choices that determined what happened but in reality it was chance and others who decided these as much as myself.

From an early age, I was fascinated by Star Trek; Dr McCoy Scott (Scotty) was one of my hero's. I loved to watch him pass his diagnostic probe over the patient, identify the problem and then carry out bloodless treatment.

One day in the not too distant future, I believe doctors will have such an instrument and surgery, as we know it today, will be a thing of the past.

I was reminded recently that, but for the courage and single-minded conviction of my grandparents and my maternal grandfather in particular, my story may never have been written. It was he who in the late nineteenth century refused to accept the tyrannical regime of the Russian occupation of his country Poland, and alone made the dangerous journey to freedom.

Most of his compatriots chose Germany as it was nearest, only to be caught up years later in the Nazi Holocaust. Instead he made the more arduous journey to London, England where he learned his trade as a cabinetmaker. Then in 1904, he brought over his wife, his son and his small daughter Sophia, my mother - then four years old - to safety.

My life began on the 15th November 1932. I was born the middle son to Sophia and John Nelson in the Hackney Hospital, Mare Street, Hackney, in the East End of London.

We lived in a detached house nearby in Downs Park Road, which was built in the grounds of my mother's parent's house.

My mother had always been known as Sophie but recently we found a photo of her on the reverse of which was the name Sophia. As she got older she answered to the name Sue.

She went to school in London, trained as a secretary and worked for her father in his furniture factory. In the 1920's she met my father who at the time was a taxi driver. He was one of eight children, four boys and four girls. He was said to be a smart dresser who loved the good things of life.

Their first son Geoffrey was born in 1930, I followed two years later, and Donald their third son in 1935.



I was born during the great depression of the 1930's that had started in the USA and then spread to Europe. The severe collapse that Germany experienced after the devastating First World War, was thought to have given Hitler the opportunity to gain support from the downtrodden German Public still smarting from their defeat, and sowed the seeds for World War Two.

In Britain, the public seemed to be unaware of what was brewing in Europe. Although there were sporadic reports of anti-Semitic activities from as early as 1933, it was not until 1937 that the major newspapers regularly reported accounts of the persecution of Jews in Germany and Austria.

My earliest memories are patchy and incomplete - driving down the Strand in Dad's open topped car; a row between my Mum and Dad; me holding a ladder while grandpa climbed it and picked apples from a large apple tree in their garden; my grandmother looking on from the top of some stone steps leading from her kitchen to the garden, calling out, 'Tzade, be careful'.

What else does a four year-old remember?
Concave-sided transparent boiled sweets covered in icing sugar, two brothers who ganged up against him and in so doing giving him a thick skin for which he is eternally thankful.

The glass shards cemented into the top of the wall that surrounded our house - and later his first pair of long trousers at eight years old - snatches of memories too vague to be certain.

What was later to happen has almost erased those preceding memories.

The War

I vividly remember sitting with my family in front of the wireless, a large rectangular wooden box, listening in silence to history being made as Churchill spoke to the nation.

I was conscious that something momentous was happening at the time but was unaware that I would be one of the millions of Britons whose lives would never be the same again.

Although war was declared in 1939, it had no effect on our lives until a year later when the bombing of London began. At some stage during that year we moved from Hackney to Wealdstone in North London, thought to be safer. There we lived in an apartment overlooking a car park under which an air raid shelter had been built.

I remember, our window panes were criss-crossed with white sticky tape to minimize the distance the glass would be propelled in the event it was shattered by the blast of a bomb. They had thick black curtains drawn tightly at night to blanket out any light that the German pilots could see as they flew overhead.

I was frightened of the shelter even before I knew what it was for. Its entrance was reached by walking in the open across the tarmacked car park.

We would then descend a set of steep slippery stone stairs into a dark, damp and cramped, concrete-lined room. It was without windows and lit only by a small single light bulb suspended from the ceiling.

Together with our neighbours, our family would spend many uncomfortable nights there.

I recall on many occasions being woken by a siren - that alternating rising and falling wail, which penetrated everywhere, signalling that an air raid was happening. Years later, long after the war had ended, my heart would still jump whenever I heard a similar alarm call, then coming from a building site.

On hearing the siren, we had to stop what we were doing, leave the house and rush across the car park to the shelter.

On one occasion, just before descending into that dark hole, I remember looking up and seeing barrage balloons drifting on their tethers and the criss-crossed lines of the searchlights piercing the dark night searching to illuminate the enemy airplanes.

My father was about forty at the time, too old to be called up for the army but able enough to be enrolled in the Home Guard. Amongst his many duties were fire watching and enemy watching, that involved observing the skies at night for firebombs and any German parachutists.

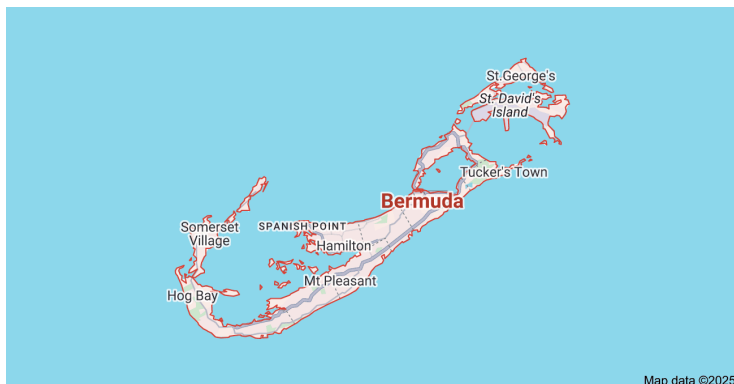
Although only formally educated until sixteen, he was a self taught man who kept himself abreast of the news.

Bermuda



While WWII was being waged in Europe, my mother, my two brothers and myself were safe in Bermuda. With its semi-tropical vegetation and mile's of long unbroken beaches of fine pink sand, it was a paradise. I was to spend five years of my childhood there.

Looking back, it seemed unreal. Protected from the extremes of weather by the Gulf Stream in which it lay, Bermuda enjoyed a mild climate, with warm winters and cool summers.



Shaped like a banana and about twenty miles long and one mile wide, it was the exposed rim of a long dormant volcanic caldera.

Why we left England to go to Bermuda is a question that remains unanswered. Ostensibly we left because as Jews, my parents were of the opinion that we would not have survived the German occupation. They were expected to invade and successfully conquer England.

But there may have been another reason. My father, I later learned, was having an affair with the wife of a family friend. This came to light when we returned to England in 1945 just after V-E day.

Maybe that played a part in his decision. I know my mother didn't want to leave her elderly parents and was devastated when she heard that they had both died while we were away.

The journey to Bermuda remains clear in my memory. My mother, my two brothers and myself boarded the boat train at Liverpool Street Station, bidding a tearful farewell to Dad.

We travelled to the port at Liverpool where we embarked on a passenger ship, one of many, which were scheduled to cross the Atlantic.

Now at war, we were fleeing England. Clasp my hand luggage, I felt lost in that unreal world, desperately alone, having left behind all my possessions and my father.

On board, confused and frightened, we were escorted to our cabin deep in the bowels of the ship; a small claustrophobic room with limited natural light from one small porthole.

It had four bunks, two on either side of a central space.

I have vivid memories of that first night on board ship. The city of Liverpool had an air raid. I was in the bath when the alarm went.

I dressed hurriedly and joined my mother and my brothers Geoffrey and Donald on the deck at our lifeboat station.

Standing in the dark, I watched in disbelief as the sea around us was churned into rising funnels of water from the impact of German bombs landing heavily, narrowly missing us.

Then silence as the sea calmed as if nothing had happened. Fortunately, all was well and after a short while we returned to our cabin.

The following morning after a strangely confusing night in which I woke up in the darkened cabin, frightened and unable to recognise where I was, I went on deck.

The land had disappeared and now all I could see was the horizon, a curved line separating the grey overcast sky from the blue-black sea, on which vague shadows of the convoy of ships accompanying us were visible.

The scene was hypnotic - white capped waves sending spray into the air that became drops on my face and salty on my lips. I was aware of the slow roll and tip of the ship as it ploughed through the thick almost oily ocean and I could hear and feel the throbbing of the engine vibrating through the deck beneath my feet.

Most of the journey remains vague but certain things stand out. Our cabin was impossibly cramped. During the day our bunk beds were raised and clipped to the walls of the room. At night when they were lowered, the narrow space remaining meant that only one person at a time could reach the bathroom.

A small porthole almost at the water's edge provided the only natural light. We boys used to sit watching the waves as they rose against the ship's side, sometimes swamping our vision.

Dining was communal. The noise was thunderous; everyone had to speak louder to be heard. The food was simple, basic but adequate.

We could sit where we wanted. That gave us the opportunity to meet new people every day, families like ourselves, elderly couples and young people travelling on their own, all escaping from the maelstrom of Europe.

Arriving at Bermuda

After about ten days, the ship slowly steamed into the naval port at Hamilton, the capital of Bermuda, where we disembarked. I learned later that several of our accompanying ships had been torpedoed.

At the time, I didn't question why we had to leave England and our father. I was only grateful for the freedom of warm weather, unhurried days and feeling safe, no longer in danger from the sirens and the bombs.

On the ship, my mother had met a divorced woman called Fay and her son David. Perhaps because of these extraordinary circumstances, our two families were drawn together and decided to share a home.

The six of us settled down in a cottage in Paget just outside Hamilton the capital.

Some time later Fay met an American serviceman called Mr Gussack and they married. She and David her son accompanied him when he returned to America.

Our main form of transport was a bicycle. There was only one car on the island and the Governor, the Rt. Hon Lord Burghley, Marquess of Exeter, KCMG, owned it.

Christmas 1940

I have happy memories of a holiday spent with another family. My mother, with her warmth and ability to form close bonds, became friendly with a family who lived in Paget. They had two boys of our age so she arranged for us to stay with them over Christmas. We five all slept in one room so I don't think we got much sleep.

During the night someone, I think it must have been the boy's father, crept in with some bulging stockings and hung them at the ends of our beds.

We kept very quiet until he had gone out and then pounced upon the goodies. It was still dark so it must have been very early in the morning.

There were a number of small toys but I particularly remember the tangerines, I can almost smell that strong citric aroma to this day.

Westmeath Cottage

A short while later, we moved to Westmeath Cottage, a small bungalow set in a large private estate. An elderly couple, Mr and Mrs Conyers lived on the same estate in a house nearby.

After school we were often invited to sit with them on their outside steps in the cool of the evening. They would ask us about our day. Mrs Conyers was particularly kind and regularly gave us home made ice cream.

The estate included a banana plantation and many fruit trees including loquats. One day I found a whole bunch of green bananas hanging in the small space under the stairs. I was puzzled and asked my mother where they came from. She put her finger to her mouth 'shush', she said. It was the first indication I had that my mother could be human and not an angel.

My Surprise Birthday Party

So many images of that sublime time crowd my memory. It was my birthday and unknown to me, my mother had arranged a surprise party.

As I cycled home from school, up the drive, my friends were there sitting on the wall waiting. I had seen them from afar and was completely confused as to why they were there. I remember feeling very self-conscious and shouted that there must have been a mistake.

My mother came out of the house with a big smile on her face and everyone crowded around me shouting 'Happy birthday.' Even as I recount the story years later, I can sense the embarrassment and confusion I felt at that time.

I lost a pound note

There was an occasion when I lost a pound note. Mum sent me to the local bakery to buy some bread and was cycling waving the money in my hand when somewhere along the way it escaped my grasp. When I got to the bakery and was asked to pay, I was horrified to discover that I had lost the note. I returned home crestfallen but my mother was very forgiving.

I remember her as a wonderful woman, patient and kind, rarely getting angry but a strong disciplinarian. Her way of punishing us was to send us to bed without supper. She never raised a hand or lost her temper.

Bermuda was blessed with long stretches of stunningly pink sand. When examined closely it was made up of millions of very small shells.

After school we would walk down to the beach and explore the sand dunes at the sea edge. We found all sorts of things washed up, exquisite shaped shells and beautifully carved pieces of flotsam, wood shaped by the sea, smooth and tactile. Those trips were always an adventure.

Once I found a half-full packet of Philip Morris cigarettes and tried my first puff. Needless to say it made me feel very sick but sadly it didn't deter me from smoking when I got older like everyone else at the time. The beach was always our escape with its tantalizing sounds and smells, always changing, always surprising.

Warwick Academy School

Initially we three brothers went to Warwick Academy, the oldest school in Bermuda, established in 1662. It was located in Warwick Parish and was named after the English colonial administrator Robert Rich, 2nd Earl of Warwick, who gave the original land.

Saltus Grammar School

Later we attended Saltus Grammar School, founded in 1888 by a descendant of Samuel Saltus who first surveyed the Islands in 1622.

The headmaster was Mr John Whale, a tall asthenic-looking man, a stern disciplinarian with a penetrating gaze. He prided himself on his appearance, always wearing a dark suit with a white shirt and a school tie.

The day would begin with assembly held by the head who never seemed to smile or laugh. Announcements concerning competitions and games were followed by a scramble to get to our classes, then a roll call and the lesson would begin.

Mr Whale introduced his students to the mysteries of classical Greek architecture, the Doric, Ionic and Corinthian columns with their individual capitals.

We also learned about the arrangement of the traditional orchestra with the violins to the left, violas to the front and the cellos and double basses to the right. Behind were the woodwind and the brass and at the back the percussion, drums, cymbals and triangles.

That knowledge has remained with me ever since and whenever I attend a concert, I find myself checking the positions of the various instruments.

Cycling was our way of getting about and the open road was our escape to the natural world that surrounded us. It allowed us to appreciate the lush natural fruits and plants of the tropics; bananas, sweet potatoes, date palms, coconut trees and

inspiring flowers, oleander bushes, birds of paradise, bougainvillea and so much more.

Geoffrey's Barmitzvah

One event that stands out in my memory was the Batmitzvah of my older brother Geoffrey- said to be the first ever conducted in Bermuda. The chaplain from the American Naval Base officiated.



It was held in a small hall in Hamilton, the capital . A group of neighbours and onlookers attended. It was conducted in a quiet solemn manner, conscious of the absence of Dad and so many other family members and friends still back home in England

1945 Belsen Freed

It was a Saturday morning at the Playhouse Cinema in Hamilton that the photographs from Belsen were first shown to the public by Pathe News. I can still feel the shock and horror at seeing them. It was the first time that the true extent of the Nazi evil was publically seen. It had a devastating effect on me.

Special pair of hands

I spent five idyllic years in Bermuda, time which passed too briefly, not knowing of the turmoil that was occurring back home. Never more than a mile from the shore and the warm sea, my spare time was spent rummaging through the sand, swimming or learning to sail.

As I look back, I wonder whether it was in Bermuda that I first became aware that I had been born with a special pair of hands and natural eye-to-hand coordination. I was good at making things and loved to do so.

I had set up a small home-based business making cycle handle baskets. They were constructed from local wood and chicken wire and were sold to my friends. Little did I know then that it would be those skills that would determine my future career.

England

Our return journey was quite eventful. We flew with about thirty other passengers to New York on a BOAC Catalina seaplane. They were the original Sunderland seaplanes converted to serve the people of Bermuda. We arrived in the middle of a heavy rainstorm and much of our luggage carried on the roof of a taxi was ruined. My mother successfully claimed compensation from the insurance company.

We stayed for a few days in New York with some family members before taking a passenger ship to England. I have little recollection of that journey but recall arriving at Southampton and taking the boat train to London.

Meeting Dad

One of my first and abiding memories on my return home was the sight of my father. I was sitting next to my mother on the train as it slowly pulled into Liverpool Station. She suddenly shouted and pointed through the window.

'Look that's your Dad!'

I saw a diminutive figure with ginger hair, wearing a heavy overcoat and standing on a wicker basket, waving frantically.

I alighted from the train and walked towards him. It was as if I was meeting a complete stranger, I couldn't remember anything about him.

He tendered his hand and I hesitated but shook it. I had never greeted anyone so formally. It felt like I was in a dream.

We followed him with our luggage to his car, a black limousine, and he got into the driver's seat, we in the back and set off.

Forty-five minutes later, we pulled up outside a white fronted building behind the Cumberland Hotel near Marble Arch. A lift took us up to the third floor and we followed him into his apartment. Everything was a blur. Later we all sat down for a cup of tea.

I was thirteen years old and had just returned from five years abroad. It was a very disorienting time and my memory of it is confused and vague to this day.

London 1945



Returning to London after Bermuda was a difficult and traumatic experience and it took me a long time to adjust.

I had come from a small island community with mild weather to a noisy, busy, dirty city with grey clouds and cold wet days. The evidence of the blitz was everywhere.

53 Gunnersbury Avenue, Ealing - Acton Grammar School

After a few weeks living cramped in my father's small flat, mother found a house in a leafy suburb in Ealing in Gunnersbury Avenue. Life then improved.

I was sharing a bedroom but otherwise we had a garden and lots of space. We three boys began attending Acton Grammar School and life seemed to be settling onto an even keel.

Grandpa Harry

At the time, my mother was working as a milliner and had a shop in South Kensington. Grandpa Harry, Dad's father came to live with us and took over some of the domestic duties including cooking meals. He also entertained us, teaching us how to play Gin Rummy.

I remember him as a stocky, grey haired, warm affectionate man always ready to help us but he was a strict teacher and would loudly shout 'slicked' or (played) if one of us tried to change a card already on the table.

Unknown to my mother, my father was continuing to see Marie, someone she had known before the war - I believe they were actually friends.

Things must have come to a head because my parents were always arguing. My father would come home late claiming he was working at the office. Mum became suspicious and a shouting match would ensue.

I got caught in the crossfire one evening when I answered the telephone and picked up the receiver.

It was Marie. I shouted at her to leave my Dad alone. Dad overheard my conversation and lost his temper. He pulled me into the bathroom and set about me with a wooden hairbrush. The memory is still vivid to this day.

Dad moves out

Things couldn't go on as they were and soon my father moved out and life settled back into some sort of harmony.

In 1947 with uncertainty hanging over the family, my mother persuaded my father to send the three of us to boarding school.

1947-51 Mill Hill School



Founded in 1807 in North London, to educate the sons of English Clergy, Mill Hill School was a highly regarded boarding school set in 160 acres with four playing fields, a quadrangle, an indoor and outdoor swimming pool, a large well stocked library and a Chapel.

Bedales School



When applying my parents were told that there was a quota on the numbers of Jewish boys they could accept. Geoff and I got in but Donald was rejected and instead went to Bedales, a co-ed school.

Boarding at Mill Mill

At the time, I attended there were 6 separate residential Houses. I was in Scrutton House; Geoff was in Ridgeway.

I started school in January 1946, one term after the school had returned at the beginning of the New Year.

Although now thirteen, I was still required to wear short trousers. I slept in a dormitory with about 12 others on beds that were no more than two feet . apart.

My father insisted that I take combinations - underwear that consisted of a one-piece garment and as a result I was the laughing stock of my fellow students who came from far and wide to jeer and hoot.

Fagging

The school still had a 'fagging system'. First year boys would be 'employed' by a senior to do menial tasks such as cleaning his shoes, making his bed, tidying his study, making toast on Sundays in his study and so on. For this they were paid the princely sum of ten shillings.

The tradition of being a fag for one's first year meant that as I had arrived one term after the beginning of the year, I was still a fag when my contemporaries were in their second year.

They took the opportunity of bullying me mercilessly, constantly reminding me of my lowly status. Of course it all changed when I entered my second year. I would then join the others to torment the fags.

It was a difficult time. I had moments of happiness but much of the time, I felt alone and abandoned.

Chapel was particularly difficult. We had to attend every Sunday but happily most of the services were based on familiar Jewish psalms and readings.

One particular monitor used to pick me out for beatings because either I wasn't singing or I was talking or both. He would wait for me after the service was finished and mete out the punishment, usually three wacks on my behind!!

Meals were held in the large Main Hall, an enormous room with a high ceiling. Long tables lined up side by side were set out across the room.

The seniors sat at the top and we 'fags' at the bottom. Food trolleys arrived from the kitchen and

were taken to the top of the table. T was then served onto plates by the seniors and passed down to the fags.

Seconds officially started at the bottom but we were forbidden to touch them and they were rapidly taken back up to the seniors. As a result, at breakfast, we regularly went without milk and sugar for our cereal.

The pupils enjoyed a series of privileges dependent on the year they were in. Fags had no privileges and were not allowed to put their hands in their pockets or have their jackets undone.

All wore short trousers until they were sixteen years old. Members of the first XV Rugby side could walk across Top Field, the others had to go around the edge.

When I entered the second year, I could put my hands in my pockets and in the third year I could walk with my jacket undone.

For some while, I was adrift and disoriented and it took me a long time to make friends. Even at that age, I rejected the officiousness of the daily regimen.

Colours Testing

Fags were expected to know the names of the team members and the colours they wore. There were three terms and during each a different sport was played, Rugby in the winter, Cricket in the summer and Hockey, Tennis and Swimming in the summer.

Each main sport had three teams, a first, second and third and each team had shirts with their own distinct combination of chocolate and white stripes; of different widths and positions. We were expected to memorise the names of all the members of the teams together with the individual team colours

On Sunday evening, we fags would line up outside the senior boy's study and be called in one at a time. Two or three seniors would be present, one of whom asked the question. If you got it wrong, you received a beating with the underside of a leather slipper with a solid heel. We were struck with the heel part and could receive up to six strokes. I was often left with a raised wheal and a tingling on my backside but woe betide if you cried.

The quadrangle, a squarish area of tarmac between the Library, the Science block and the Chapel was used as the main playground during the morning and lunch break. A vicious game called 'sticks' was played with what looked like an upside down walking stick and a small very hard ball.

It was like hockey but had none of the rules so that the stick could be raised above the shoulder without penalty. There was no referee so it was a free for all.

The Library

A detached single story building near the Chapel was a place of calm and order to which I could retreat.

A large open fire was always burning in the hearth at one end of the room. It became my regular retreat from the cold outside and the day to day tensions.

Detention

I always seemed to get into trouble so I often spent the morning break in detention under the instruction of a Prefect; doing press ups, running on the spot or any number of other cruel exercises.

The Prefect would stand with his hands in his pockets shouting instructions to the unfortunates like myself who had detention.

'Come on boy, get your knees up, again you slacker!,' he would scream out.

I found the whole system of restrictions, privileges and punishment by older boys totally unacceptable and never missed an opportunity to say so.

Thirty years later I met the man who had tormented me in chapel. I still felt a deep animosity against him. He wanted to shake my hand and let bygones be bygones but I couldn't, the scars were still raw despite the passage of so many years. Looking back, it was a difficult time.

The School Dance

Once a term we had a dance with a neighbouring girl's school. As the day approached, there was a palpable excitement.

On the day our female guests would arrive in a coach. We boys would stand watching as they alighted and would point out the pretty ones with hooting and laughing. The senior boys would then greet the visitors escorting them to the Gymnasium where a buffet tea had been laid out.

Then the serious business began. The boys stood on one side of the room and the girls on the other side. Then the school orchestra, supplemented by some local musicians, struck up a lively tune.

No one moved, each side eyeing the other suspiciously as if there was a deep ravine containing wild animals separating them.

Eventually one or two of the senior boys made a move and as they began to dance, more and more took to the floor. It was a slow and painful process.

I remember standing paralysed, unable to move as if a canyon had opened up; certainly not able to cross that open space.

Then we had a number of excuse-me dances, which meant the girls could invite the boys but they were almost as shy.

The teachers stood by chatting to their opposite numbers, frustrated by the behaviour of their charges and watching us like hawks guarding all the doors so that no couple could creep out for a snog.

The dress code in 1946 for girls was long frilly dresses and for boys, a grey shirt and tie, grey flannels and a school blazer. Only soft drinks were served and the buffet was finger food.

The Science Block



Donald Hall

The highlight of my time at Mill Hill was being taught by Donald Hall, master of the Science V1 form. Our classes were held in the Science Block. It has recently been renamed the Crick Block.

Donald Hall was on the staff from 1938 until 1974 and housemaster of Collinson House from 1945 to his retirement in 1969. He died on 28th October 2010.

He was a far reaching thinker, a teacher who changed my life. He established a Medical sixth form and taught the University of London's curriculum.

It was my contact with him that directed me into Science and had a major influence in my decision to become a doctor. I remember him as tall and slim with a warm smile and a quiet friendly manner.

Neither of my parents were academic or had been to University so it was he who guided my career.

He had noticed my interest in the Sciences and particularly in Biology. He found out that the University of London required passes in four subjects at 'A' level for a student to be eligible to apply for a place at St Mary's Hospital Medical School.

So he arranged that I replace Biology with Botany and Zoology and continue with Chemistry and Physics. He then taught another boy and me these four subjects and this allowed me to achieve the four 'A' levels, required for entry.

In 1951, thanks to the efforts of this inspiring teacher, I was accepted as a medical student with 1st MB year exemption.

I entered the 2nd MB year, a two-year programme comprising Anatomy, Physiology, Bacteriology, Pathology and Pharmacology.

Field Trips

The Sixth form class went on a number of field trips. One I remember was to a Marine Centre on the Isle of Wight. I travelled to Yarmouth planning to meet Donald Hall and the rest of the group. But I arrived late and missed them. Finding myself on my own, I had to arrange my own overnight accommodation.

A local policeman directed me to a nearby Doss house. The accommodation was primitive, each person sleeping in small units separated by wooden walls no higher than 5 ft. but it was clean and cheap.

The night was punctuated by groans, snoring and coughing but I was young and tired. The primitive sleeping arrangements were compensated for by a sumptuous breakfast.

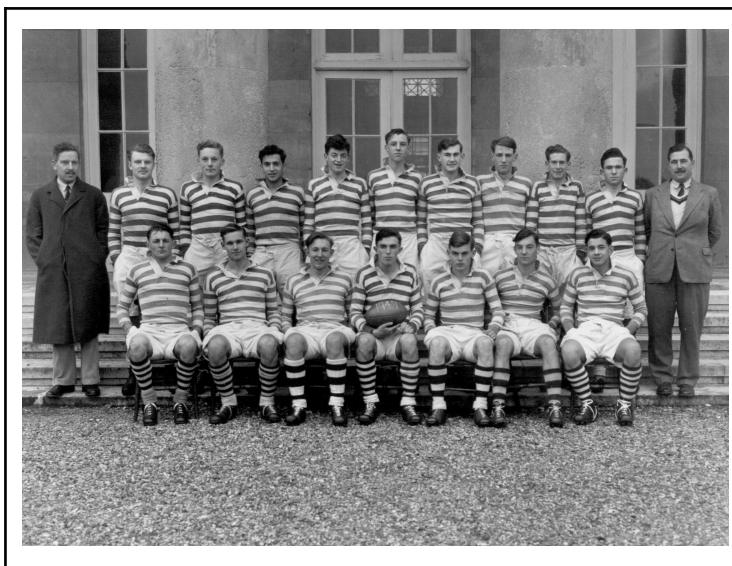
The following day, I joined the group and we took the ferry to the island where we lived in a Field centre. The course taught us how to explore the seashore and document the different animals and plants that lived there. It opened my eyes to the multitude of life existing by the sea. The vegetation was in many ways not dissimilar to that found in a garden, plants of different sizes, colours and smells.

The Sunday Lecture

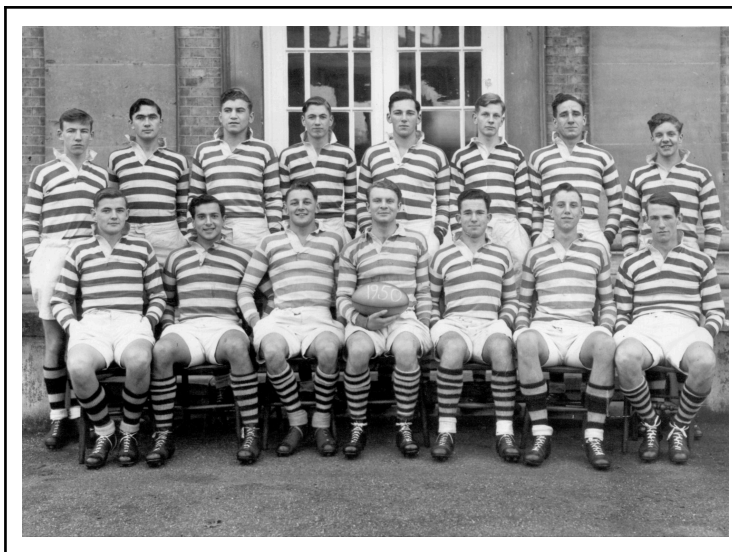
A highlight of the school week was the Sunday Lecture held in the Main hall. Speakers from all walks of life were invited, luminaries such as Richard Dimbleby, the well-known radio announcer.

Rugby Team

1949-50



1949-50



1950-51

Despite my small build, I was quick-footed on the playing field and soon began to excel at rugby. I was delighted when I was selected as hooker and later secretary of the School's First Rugby XV team.

We were a particularly successful side, winning almost all our matches for the three consecutive years 1949-50-51

Games were played on consecutive Saturdays both at home and away. The Away matches often involved a long coach ride to the venue. Once there we were greeted by the opposing committee and shown to the changing rooms to prepare for the match. After the game and a shower, we were invited to partake of a sumptuous tea before making our way back to school.

My job as secretary was to meet my opposite number and arrange the fixture for the following year. In this way I became friendly with a number of boys from other schools.

I was always very nervous before a game. It was an unpleasant sensation and I never learned how to overcome it. Once underway that feeling quickly disappeared.

I didn't get away scott-free however suffering a broken rib on one occasion when the scrum collapsed on me. On another occasion I broke my ankle and was in a long leg plaster for six weeks. I remember how depressed I was struggling with a heavy weight on my leg.

In my last year, I shared a study with Eric Samuels (later Eric Harvey.) We became close friends and after we left school, shared a flat in Fortess Road near Camden Town. We were joined there by Arther Whitaker., another Mill Hill Student

Years later, I attended a 45-year reunion of that successful Rugby team in honour of our coach, at Brown's Hotel in the West End of London. I recall entering the room where the celebration was to be held and seeing all these 'old' men.

I didn't feel I belonged there although the mirror said otherwise. More recently we celebrated the 60-years reunion of the team. We met in the National Liberal Club near Trafalgar Square. There were about ten of us, sadly some of the team had died, others were infirm and some lived so far away that they couldn't get there. I suspect that will be our last meeting.

Diana and I Visit Donald Hall

It was many years later that Diana and I, while holidaying in Devon called upon my teacher Donald Hall who by then had retired. We had been to a National Heritage House in Devon to see the copy of Velazquez's Las Meninas. He lived nearby.

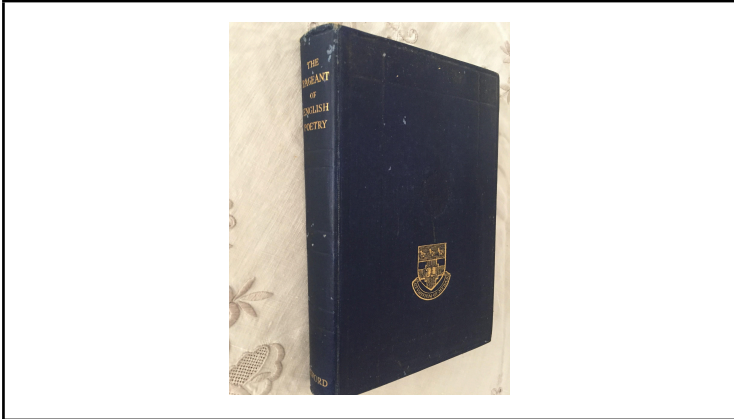
He was lively and talkative and was pleased to see us. He invited us in for tea and showed us his drawings of local bridges for a book that he was producing. He was interested in my career and wanted to know what my future plans were. I was one of the many whose lives he had touched.

Later at a reunion on his 80th Birthday, over thirty of his past students came to pay him homage; Professors, Consultants, Research experts and many more, all in the field of Medicine and Biology.

Why have I recalled him after so many years? Because I have always been conscious of the debt I owed him for my career choice and have often spoken about my inspired teacher to friends when discussing school and education. I wonder what I would have done if he hadn't been there to advise me.

Life is so finely balanced on 'chance and choice'. There is no second path once we have set our sights. Even now, many years later I think about my choices and wonder what I would have been had he not entered my life.

Thanks to his efforts, I was accepted as a medical student and the school awarded me a John Palmer scholarship on my A level results. The headmaster at Mill Hill School presented me with a book, the Pageant of English Poetry, which I have to this day.



A label inside the front cover is inscribed :

MILL HILL SCHOOL
(Shield)

John Palmer Scholarship to St Mary's Hospital
Presented to M A Nelson on Foundation day 1951
Roy Moore
Headmaster

*JC Palmer endowed the Frederick John Palmer
Scholarship in 1911, in memory of his son Frederick
John Palmer who lost his life in a railway accident.
It was awarded every two years*

St Mary's Hospital Medical School

After leaving Mill Hill, I lived with my mother in a flat in Ivor Court near Regents Park in central London. She was heartbroken from the break up of her marriage to Dad and it took her a long time to recover.

We later moved to Hanover Gate Mansions just up the road from Lord's Cricket Ground. From there, I began attending Medical school. It was a fifteen minute bus ride from Marylebone road at the north end of Gloucester Place to the Medical School in Praed Street.

This was a period of great change in my life. I was an unsophisticated 19-year old. Everything was new and exciting.

Having obtained exemption from the 1st MB, I went straight into the 2nd MB programme. The course will have changed considerably since then but in those days it was a two-year programme covering Anatomy, Physiology, Pharmacology and Bacteriology.

Dissecting the cadaver

One of the first challenges at St Mary's was Anatomy. It was one of the few remaining Medical Schools that still expected students to undertake anatomical dissection of the cadaver. Today it is only required if the student is planning to become a surgeon.

The Anatomy Room was situated on the top floor of the main building. It was entered through an opaque double door. On the door handle was a sign, No Entry unless authorised.

Three times a week the class assembled breathless outside at 2 pm having climbed the seven floors as the lift was out of bounds. We stood in several small groups, about 20 of us looking uncertain and insecure.

At five past two, the Anatomy Demonstrator appeared, pushed his way through the crowd and opened the doors. He was tall and thin with a pallid complexion, unkempt hair and a five o'clock shadow and as one of the students would quip later, *'I thought he was one of the cadavers'*.

We were immediately aware of a strong smell of formaldehyde, which emanated from the room. It irritated our eyes causing them to smart and water. We found ourselves blinking to ease the discomfort.

'You'll get used to it,' he barked. *'Follow me.'*

We filed into the room and stood aimlessly looking around. It was a long room with a high ceiling and windows along one side overlooking Praed street

Placed along the length of the room were ten trestle tables, two rows of five.

Each was draped with a sheet outlining the shape of the human body beneath.

The Demonstrator began calling out our names and allocating four students to each table.

We stood two on either side waiting for instructions.

I knew that this was it, the real thing; dead bodies. It would be the first time that most of us would have seen one and the memory would remain with us for life.

Suddenly, the Demonstrator was speaking:

'Pay attention please, I have something very important to tell you. Under these sheets lay the earthly remains of your fellow human beings. They have loved and worked, struggled and achieved. In short they are you and me and one day we also will be like them. Never forget that they deserve your respect at all times. You are privileged to dissect their bodies. They would have left them for this purpose, giving you the opportunity which now presents itself, for you to learn human anatomy by dissection, a long standing tradition in medical teaching.'

As I listened I could feel the significance of what was about to happen and sensed a surge of elation as I realized that this is what I wanted to do.

Each student had come prepared with a copy of a Anatomy Dissecting Manual to which we would refer for instructions

The Demonstrator's voice interrupted my thoughts.

'On each table choose one person to read from the manual and another to dissect, the others can watch and then take turns.'

I was selected to read. I turned to the section on the upper limb and began reading:

Make a 5-inch incision through the skin from the outer point of the clavicle. Do not incise too deeply, only through the skin and subcutaneous tissue.

I watched as the scalpel cut through the dry and stiff skin with difficulty. More pressure and it would have gone too deep.

Undermine the skin by dissection between it and the underlying fatty layer until an opening, 5 inches wide has been developed.

We could now see the muscle and some of the nerves and blood vessels, as there was very little fat. The dissection proceeded slowly with exposed structure being identified from the text and drawings.

Time seemed to stand still and then it was four o'clock and we were tidying up. I felt very subdued. I had never seen a dead body before and it had given me quite a shock. Even now as I recall the scene so many years ago I can still see the dried shrivelled skin and tissues of the cadavers.

Professor George Pickering

I travelled to the Medical school in Praed Street on the 27 bus and used to sit upstairs in the front seat whenever it was free, watching the traffic and the people walking along the pavement.

Often I would find myself sitting next to the same middle-aged man. He had a friendly round face with unruly white hair. One thing I particularly noticed about him was that his shirt collar was wrinkled and un-ironed.

One day we fell into conversation and he asked me where I was going. Proudly and I suspect rather pompously, I explained that I was a medical student at St Mary's and told him about the course and how much I was enjoying it. He listened without commenting.

I didn't see him again until I started my Clinical studies some time later. I had passed the 2nd MB exams and moved on to the Final MB comprising clinical subjects such as Medicine, Surgery and Obstetrics.

By then we had begun to be taught on real patients, both in the outpatient clinics at St Mary's, the wards and the theatre.

Before the start of the course the students assembled to hear the Introductory Lectures that outlined the forthcoming programme. They were held in a large Lecture theatre with banked seats.

The hall was full. Everyone was leaning forwards expectantly, waiting for the lecture to begin. Footsteps could be heard and the class went silent as a small man wearing a white coat walked to the

centre of the stage. He turned to face us and I recognized his wrinkled shirt.

To my surprise it was my bus companion. He was George Pickering, Professor of Medicine, a highly respected and talented doctor. Fortunately, he didn't recognise me or if he did he didn't show it.

I have so many jumbled memories of Medical school from those early days. Inevitably my recall is not chronological, some things have had a greater impact than others. I recollect that I went in for a number of end-of-year prizes and was successful in Preventive Medicine, Cardiology and Bacteriology.

I had the good fortune to receive one of the prizes from Sir Alexander Fleming, the discoverer of Penicillin, who by that time was retired.

I remember him as a small dapper man dressed in a smart grey suit with a warm smiling face beneath a mop of light grey hair.

Post Mortems

In those days it was the usual practice for senior medical students to attend Post Mortems. These were held just before lunch in the mortuary room in the basement of the hospital opposite the medical school.

I recall attending one particular session when about ten students and two professors had assembled to discuss the cause of death of a sixty-year old man who had been found lying dead in a nearby park. He was a known alcoholic as the history presented by one of the students revealed and had been in and out of hospital with what was thought to be alcohol related problems.

The Professor of Surgery, whose patient he was, took a bet with the Professor of Pathology that they would find all the signs of chronic alcoholism, including enlargement of the liver, free fluid in the abdomen, distension of the blood vessels, etc etc

When the examination had been completed and despite the man's previous history, no cause of death was found and in particular there were no signs of alcohol related disease such as an enlarged liver, ulceration of the stomach etc. It was a salutary lesson about the limits of Post Mortems.

Obstetric and Gynaecology

For the Obstetric part of my Obstetrics and Gynaecology attachment, I went to Dublin to assist the delivery of babies in the district.

Antony Verity, a fellow medical student and I, had been selected to service Ballyfermot, a very rundown part of the city.

We were based at the Coombe lying-hospital, next to a glue factory, the smell from which regularly pervaded the wards. We were advised to carry a small handkerchief soaked in perfume when the smell became too disagreeable. II

Our patients, mothers to be, had had many children and often their daughters also. They were so experienced in giving birth that they became in effect our teachers.

They often ran out of names and would ask us our name and name their child accordingly.

I recall one night, Tony and I were returning from a delivery in the early hours when we were stopped by a policeman who demanded to know what was in the leather bag we were carrying and what we were doing out at that time.

When we said we were delivering babies he laughed and asked to see inside our bag. I think to his disappointment, it only contained basic Obstetric instruments .

To be at the birth of a baby is one of the most miraculous experiences. The realisation that every human being has grown in and been delivered from a woman's womb is a very sobering thought.

When first considered, it seems to be a very dangerous and arduous journey that the newborn undertakes and that nature might have chosen an easier route. But it's remarkably efficient and most babies are born alive and healthy.

The mothers we were attending were very experienced in childbirth, having had many children so they were able to show us what to do.

Our main job seemed to be to catch the baby, as it was delivered (before she/he fell on the floor), tie off the cord, bathe the child and put the little one in a nappy and clean clothes.

Throughout, the mother would look on and correct us if we were doing anything wrong. It was great training for my own children in later years.

I then completed my Obstetric training at West Middlesex Hospital notching up a total of twenty five deliveries in all.

One delivery was quite unexpected. A woman in her early forties presented in the A and E department with recurrent abdominal pain and to her surprise learned that she was in labour.

Gynaecology

Gynaecology was a real challenge. Taught in a basement clinic in Marylebone Road during a particularly warm summer, it was a salutary experience for a young naïve doctor, to face a row of women lying on their backs with their legs wide apart covered by sheets, prepared to be examined.

It took me a long time to recover from that view of life. It was a period of slow maturation for a fledgling doctor.

Medicine and Surgery

The main teaching of Medicine and Surgery is carried out in the Outpatient clinics and wards of the hospital. Each student is allocated one or more patients to clerk i.e. to take a history and carry out an examination.

It was an exciting and stimulating experience, facing a real patient for the first time, conscious of how little I knew. I often fumbled over questions and was corrected by a helpful patient who had agreed beforehand to be seen by a student.

These big-hearted people made it possible for us to learn and without their patience and tolerance, we would have struggled to train.

Out-patient Clinics

Having 'clerked' the patient, the student would then present her/his findings to the Chief for his assessment.

Similarly, on the wards, each student was allocated one or two patients whom she/he would clerk. The student would then present the findings to the chief and senior doctors on the ward round. It was a nerve-racking experience but one that was very rewarding and which laid the foundations for our subsequent clinical practice.

I learned that accurate history taking and examination were the basis for a correct diagnosis. The essential information gleaned helped to select the most useful investigations to confirm the initial clinical impression.

With the advent of Ultrasound, CT, and MRI, many doctors began to bypass the basics and simply requested an investigation without taking a thorough history. They did so at the risk of making an incorrect diagnosis.

Ferydoon Batmanghelidj and Water

In my last year, I became friendly with a fellow student from Persia now Iran, called Ferydoon Batmanghelidj. He had become very interested in the role of water in health. One day he handed me a hand-written thesis on this subject. I read it but wasn't very impressed by it.

We lost touch until recently when I decided to look him up on the Internet. I found that he had become a world expert on water and had written widely

about its role in maintaining good health. Sadly, he has recently died.

Rugger

I thought I had made a diplomatic mistake when I chose to continue to play rugby for the Old Millhillians (OM's) rather than for St Mary's. I made the choice because I was able to play for the OM 1st team on a regular basis whereas St Mary's was only able to field me occasionally.

Looking back now, I think that choice may have influenced their decision not to give me a house job when I qualified. At the time I was very disappointed as I thought, wrongly as it turned out, that it would prejudice my subsequent progress in Surgery.

There was a widely held belief that if a student did not get a house job at his or her own hospital, she/he would be considered to be second class and not good enough to become a consultant. Fortunately, this did not prove to be so in my case.

I get drunk

My years at St Mary's seemed to pass in a blur. Then I qualified and got drunk for the first and only time. To celebrate, our year had assembled in the Fountain's, a pub opposite the medical school and I had too many beers. I managed to stumble home and promptly vomited in my mother's lap. She took it in her stride and never referred to it again.

The Future

As I look back to those early days at Medical School, it was as if I was in a dream, so many new experiences, so much to learn. Yet it was only after I left and began my house jobs that I really became a doctor, someone who could attempt to unravel the mysteries of disease and who could in some cases alleviate symptoms. More often than not the doctor's job was to support and to reassure, allowing the patient to come to terms with his or her condition and accept it.

The National Health Service

The NHS was established in 1948 to provide a high quality of healthcare to all citizens at the point of need irrespective of their ability to pay. It was a revolutionary concept that had both powerful supporters and detractors.

In an ideal world, no-one would argue that good health care should be the right of all citizens, but it comes at a cost.

That cost has mounted year on year until in 2024 it represented 15% of GDP from a low of 3.5% increasing at a rate of 4.5% per year.

Meanwhile the over 65 year old population is expected to increase each year by 1.8%.

Antibiotics

In 1956 when I began my medical practice, antibiotics were just starting to change the prognosis of infectious diseases. Sulphonamides were still in use but Penicillin was beginning to dominate the doctor's therapeutic arsenal. New derivatives were expanding their clinical indications, dealing with both Gram negative (bowel and bladder infections) and Gram-positive organisms (skin and bone infections).

The blood-borne bone infections of Staph. and TB. were becoming increasingly uncommon.

Vaccination

Widespread vaccination against Smallpox, Measles, TB, Polio etc, was making great inroads in reducing the incidence of these diseases.

Trauma

As these infections were being controlled, the increasing number of automobile accidents on our roads led to an epidemic of trauma keeping the A & E Departments busy.

The introduction in 1958 of AO (Arbeitsgemeinschaft für Osteosynthesefragen)-internal fixation developed by Swiss Surgeons, saw dramatic improvements in the management of upper and lower limb fractures saw

The trauma surgeon now had at his disposal an arsenal of finely machined tools, plates and screws and later compression plates to accelerate bone healing.

Fewer and fewer patients were being treated in hospital on traction for weeks on end. Now with stable fixation of the fractured bones, the patient could be mobilized and be home in days with or without a plaster cast.

Southend General Hospital (1957-58)

General Medicine

So began my career as a doctor - entering a vast untapped world of opportunity. I still had the spectre of two year's National Service hanging over me, postponed until I was registered. To register I needed to do one year of house jobs, one in Surgery and the other in Medicine.

Unsuccessful in getting a job at my own hospital, I looked outside London and applied and was accepted at Southend General Hospital, a middle-sized General Hospital on the east coast by the sea. I was to be a resident doctor and lived in a small detached house in the hospital grounds. My first six months were spent in General Medicine, working with a registrar and the Chief.

I had not been there very long before a young woman with terminal Breast cancer was admitted. She was in extremis and I had to watch her die. It was the first of many occasions when I was powerless to do anything. This was even more apparent during my second six months.

I was maturing, no longer seeing death as a failure. My job was to support a patient's experience of disease and where possible help to alleviate their symptoms. 'Cure' became a word that disappeared increasingly from my vocabulary.

Surgery

For the second six months, I worked with two General Surgeons, one of whom was also attached to a London Teaching Hospital. He came to Southend every Friday when he did a ward round and a theatre session. He was a very skilled and fast surgeon and could operate on 4-5 patients in the time other surgeons had managed two, but he had a weakness.

Because he had had surgery himself and had not needed any postoperative fluid by IV drip, he disapproved of the use of IV fluid on his patients even though some needed them.

In order to ensure that these patients were not at risk, we would wait until he had left the hospital and then if necessary put up the drip. We would then remove it before he returned two days later to review the situation.

If he knew what we were doing, he never let on and all his patients did very well. Today that action would be seriously frowned upon but things were different then.

I grew up, medically speaking, during my year at Southend. I realised like so many other new doctors how little I knew about medicine when I qualified. In particular, learning to live with inoperable disease and death. It was a time when Radiotherapy and Chemotherapy were still in their infancy.

Late presentation of cancer of the stomach and breast was commonplace. MRI was not yet available so that 'look and see' was the only way to assess a cancer but that often meant that it was inoperable and we could do nothing but close up.

I think it was this baptism of fire that led me away from General Surgery to the more constructive fields of Orthopaedics. Today with earlier diagnosis and modern advances in therapy, the picture is very different.

National Service

Southend was a watershed in another way. By 1957, I had completed my twelve-month's post-qualification training at Southend General Hospital.

At that time, two years' National Service was still compulsory but I had been given exemption in order to complete my medical studies.

Soon after I was asked to attend the local Army Recruitment Centre in Southend. There I was to be 'processed' prior to being enlisted.

After completing a detailed questionnaire, a number of us were examined, standing nude in a line while the medic walked along inspecting us, an embarrassing but hilarious experience.

Then one by one, we were interviewed. I was asked about any past illnesses and I mentioned my Asthma and Eczema. I had suffered from them, on and off since birth although as I got older, it had improved greatly so that I was by then rarely troubled by them.

Nevertheless, to the doctor assessing me it was very significant. He made a great play of telling me that he didn't think I could cope with the dust and heat of the Middle East to where I was destined to be sent.

Unknown to me, the Government, at that time was slowly reducing the armed forces with a view to abolishing National Service altogether.

The Medical Officers had been instructed to reject as many men as possible. At my interview, I was turned down on medical grounds. The Officer apologised and wished me well in my medical career.

I felt a surge of relief, as I really didn't want to spend two years in the services, I had too much to do.

Choice

Medicine offers the young doctor a wide choice of careers. She/he can choose General Practice, dealing with a range of common conditions and knowing the patients for a long period, often over their lifetime, or she/he may choose hospital medicine or surgery of which there are many specialities. Some involve minimal patient contact such as Pathology and Microbiology and others involve looking at shadows such as Radiology.

I was now at a loose end. I had completed my pre-registration year and knew I wanted to specialise in Surgery but wasn't clear which branch and how to proceed.

General Practice

Fortunately, I heard that a local GP was taking a Sabbatical with his family and needed a locum for three months. It was the ideal way for me to tread water and consider my future. We met and an agreement was confirmed over a handshake. I was to start the following week.

I moved into his house and took over his car and his shared practice. He had two rather elderly practice nurses who had been given a lot of responsibility so that I was only expected to sign where they wanted me to and all would go swimmingly.

But I soon came upon a procedure with which I disagreed. The good doctor was prescribing Vitamin B12 for elderly patients to pep them up a bit. It did work but it was not designed for that purpose.

Cyanocobalamin is a specific treatment for Vitamin B12 deficiency causing Megaloblastic Anaemia and that is what it should be used for.

But in the case of these older patients it was being given as a Pep Up placebo as they did not have anaemia. That is OK but it is very expensive and I thought it was being wasted.

I decided to approach the nurses and discuss it. Looking back now I should have gone along with what the practice did but I was young and a bit of a perfectionist. I have learned a lot since.

Peninsular & Oriental Line

By 1957, I was registered, having completed my twelve-month's post Medical qualification at Southend General Hospital and done a locum as a GP but I was still uncertain which way to go with my career.

I took advantage of the unique opportunities that a medical training gave and decided to become a ship's surgeon.

I was told that the company to join was the Peninsular and Oriental Steamship Company.

I duly made my way to their offices in Threadneedle Street in the City of London. I remember walking through an impressive entrance then up some winding stairs to their main office.

I had previously made an appointment and was seen promptly by a very helpful member of staff. It was a very relaxed and easy interview. I had brought all my documentation and I was immediately accepted.

At the time, they had no vacancies on a passenger ship so I was seconded to their cargo fleet based in the Port of London. I lived on board one of their ships and did my medical rounds visiting the rest of their fleet. I dealt with numerous minor ailments during that time, mainly coughs and colds.

Three months had passed and I was getting a bit bored. I wondered if I had made a mistake when I was called back to their office and was appointed to the SS Himalaya as assistant ship's surgeon with duties concerned with looking after the crew.

I was given the address of a tailor in Saville Row and was duly fitted out with all my gear. It was very impressive, dark blues for the winter and whites for the summer.



A few days later I journeyed to Southampton to meet my ship, moored alongside the jetty. I clearly remember standing and marvelling at the sheer size of the vessel towering above me, 29,000 tons which would be considered small by today's standards.

I mounted the gangplank and after being registered, was introduced to the man who was going to be my valet. His name was Jose and he came from Goa on the West coast of India.

The Goanese had by tradition been the stewards of all the P&O ships since the company was formed. He was a man of few words but knew exactly what was required of him. I don't recall ever having to ask him for anything as it was always at hand.

Later that day, I was shown to my cabin, a long narrow space, illuminated by one small porthole. A bunk, a side table and a cupboard were the only furniture. When not in use the bunk folded up against the wall increasing the room size significantly.

On the side table was a lamp, and on the wall nearby, a small pendulum was attached, with a note beside it, which read,

'if this moves out more than 3 inches, take a sea sickness tablet.'

I shared a toilet and shower unit with the cabin next door.

Jose would appear every morning at about 6am when I was still asleep and put out my clothes for the day. He would then return about an hour later with a cup of tea and wake me. I wasn't used to such service and at first found it a bit intrusive but soon got used to it.

The following day, the S. S. Himalaya, the pride of the P & O Fleet eased slowly away from the crowded quayside. A band played a bright, happy tune while bunting and balloons were released.

On deck the travellers craned their necks to get a last glimpse of their loved ones. People waved and blew each other kisses. We were all about to begin an adventure of discovery. I was on my first voyage and felt very alone.

As the huge ship steamed slowly up the estuary towards the open sea, I returned to my cabin and read the day's orders, a daily document, which would be placed on the floor inside my door every morning.

I meet the Dispenser

I had several hours before dinner and decided to go down to the Dispensary and meet the Dispenser. I made my way along the narrow corridor, already beginning to feel the sway of the ship.

The Dispensary was on the F deck next to the hospital deep in the bowels of the ship.

I found the door, knocked and entered.

'You must be the new doctor, welcome, I'm Bill, the Dispenser. I will try to help you with whatever you need.'

We spent the next hour or so going over the drugs and equipment.

My attention was drawn to bottles of aspirin, coloured red, green and yellow.

'Why different colours for the same medicine?' I asked him rather puzzled.

'Because,' said Bill with a smile, *'if one colour doesn't work another may, you would be surprised.'*

I returned to my cabin to find my evening clothes laid out on the bed; a starched winged white shirt, a black bow tie, dark blue trousers, a navy blue silk waistcoat and a short naval jacket with red epaulettes.

I struggled with the bow tie, assisted by a diagram attached to the package. I tried to follow the instructions in a small mirror and had several unsuccessful attempts before I was able to produce a passable effort. By the end of the trip I could put the bow tie on in the dark with my eyes shut.

What was it that from childhood had drawn me to the sea and the need for adventure? Perhaps it was

my early experience of life in Bermuda during the Second World War. I loved the excitement and anticipation of the trip and the smells and sounds of the ocean.

Standing on the deck looking out to the horizon, I wondered what ships had passed by on that wide expanse of ocean.

From the earliest Galleons to the present liners, the battleships and submarines, so many people had made that journey and many had been lost beneath those waves, their bodies never to be recovered. The sadness of it all moved me greatly.

Ship's Dining room

On that first day, feeling very nervous and somewhat self conscious, I made my way to the Dining Room, a large sumptuously decorated room with heavily encrusted chandeliers suspended from the carved ceiling.

I was greeted by the Maitre d'hotel, 'Good Evening Doctor,' I was still not used to the title. He directed me to a table at the far side. Glancing around I found myself admiring the mahogany panelling, the oak flooring and heavy curtains. Built in 1935, only the finest materials were used to decorate the reception rooms giving the travellers a sense of opulence and wealth.

I sat down at the table where eight travellers, four men and four women were already seated and introduced myself explaining that I was the new ship's surgeon.

As I spoke my attention was drawn to a young fair-haired woman in her early twenties seated on my right. She had long flaxen hair, which framed a

gentle soft beautiful face, deep blue eyes and a smile, which lit up her face to reveal a perfect set of white teeth. I was immediately captivated but knew that fraternising with passengers was strictly forbidden.

A Rogue Wave

An unexpected and frightening event occurred one night soon after we left England. The ship was crossing the Bay of Biscay off the coast of France when I was awoken by an enormous crash. I was thrown bodily out of my bed breaking the bed lamp and cutting my foot on the glass.

Suddenly my telephone rang. Several passengers had had the same experience and needed help. I dressed rapidly and went to their cabins.

Fortunately, no one was seriously hurt, just minor cuts and bruises. I learned later that it was a freak wave that had hit the boat possibly due to an underwater seismic event.

The days seem to fly by. I rose early and did a few turns around the deck before returning to my room, to shower and dress, then breakfast and the morning clinic.

My patients were members of the crew with minor ailments, cuts, sore throats, diarrhoea etc. Very occasionally I had to do some basic dentistry.

Bill had shown me a set of dental forceps for carrying out extractions. They came in use on one occasion when a member of the crew accompanied by his senior presented with toothache.

After a series of signs, I understood that I was required to extract the offending tooth without anaesthetic.

I read that before pulling a tooth, it should be rotated to loosen it from the gum. I stood over the man, my feet firmly planted on the floor, clamped the forceps onto the painful tooth, twisted and pulled. It came out with a scream from the man who disappeared out of my door. I never saw him again.

Gibraltar

The weather was still cold as the ship passed out of the Bay of Biscay and through the straits of Gibraltar. There was a stir of excitement when the Rock came into view. The day was clear enough to make out the famous Barbary Macaque monkeys that run free on the Island. Day by day the climate began to improve as the ship steamed through the Mediterranean.

Two days later, a knocking on my porthole awakened me. Overnight, the ship had docked at Port Said at the entrance to the Suez Canal. I looked down to see a small fleet of boats tied up against the ship's side, crammed with artefacts to tempt the travellers.

After some haggling in pigeon English I settled for a small camel seat and a padded leather puff. These were drawn up to my room in a basket. I put some money into the basket, which was then lowered to the eager hands of the waiting tradesmen.

The Suez Canal

I had read extensively about the canal. It was 100 miles long and extended from Port Said in Egypt to Port Tawfiq, providing a waterway from the Mediterranean to the Gulf of Suez.

Commenced in 1858 and completed in 1869, it consisted of a single lane, with a large 'lake' where ships going to the Middle East waited for about twelve hours until the South–North traffic had passed before they could enter the canal.

By the following day, we had crossed the Red Sea and docked at Aden in Southern Yemen, a teeming

Arab port. It was my first experience of the noise and bustle of an Arab town.

Aden

I had invited the blonde young woman to accompany me. She was travelling with her parents to start a new life in Australia on the £20 assisted passage scheme—a project funded by the Australian Government to attract European families to come to Australia with a view to emigration.

We spent about four hours on shore visiting the many shops including a souk where we had Turkish coffee and sweet biscuits.

The Commander invites me to his cabin

Back on board, I found a note in my cabin from the Staff Commander, inviting me to his cabin. I was uncertain what he wanted. I duly arrived outside and knocked.

I heard a deep throated,

'Come in.'

I entered a largish cabin with a desk to one side, behind which was seated the Commander.

I had seen him before, a man in his early 40s still well-built but beginning to go to fat. He had a good head of hair with slight greying at the temple. He was smoking a small cigar.

'Doctor,' he began, *'I don't know whether you are deliberately trying to annoy me but I think you know that I fancy the young woman that you are trying to get off with. You do know that it is against ship's orders to fraternise with the passengers. What have you to say for yourself?'*

For a moment I thought he was joking and I was lost for words. Feigning ignorance, I said in a quietly measured voice that I was unaware of his interest but that in any case, surely it was up to her.

He stood up, towering over me shouted,
'No, I don't want you to have anything further to do with her. Do you understand?'

Without replying I turned and left the room.

Outside, I was aware of my heart thumping in my chest and made my way to the deck to get some fresh air. It was my first contact with naval authority and I found it quite disconcerting.

Although I knew that the ship's officers had no jurisdiction over the medical staff, this confrontation rather shook me for a while.

A surgical emergency

It was while we were steaming through the Mediterranean that I dealt with my first emergency. A seaman had slipped down a gangway and sustained a serious injury to his hand. He had sustained a compound fracture of his hand that required surgery for which he would need to be anaesthetized.

The senior surgeon, a dour Irishman, planned to set the fractured bones and sew up the wounds.

'Dr Nelson,' he demanded, 'I want you to give the man some Pentothal to put him to sleep while I operate.'

I checked the Anaesthetic machine and realised that it was not suitable for Pentothal, a drug which

could paralyse respiration and for which suction and Oxygen was needed. Neither was available, *'Sorry Sir, I can't give Pentothal with this apparatus, it's not safe.'*

'It's safe,' he insisted, *'do as I ask.'*

I said nothing but instead prepared to give open Ether, a safer anaesthetic because its effects could be easily controlled.

Eventually he agreed and he began the procedure. Happily, all went well.

The ship left Aden that evening and steamed south. There was a light breeze and a full moon. I stood at the stern looking down at the two streams of turbulence caused by the double turbine engines.

Light music could be heard from the lounge. The water sparkled and gurgled. Life was good and I felt that there was nowhere I would rather be.

The following morning, I awoke to find my Goanese steward had put out my whites as the ship was entering the warm southern climes, freshened by the cool north-easterly trade winds.

Bombay

Bombay was our next port of call where a number of passengers disembarked. I said farewell to a beautiful Eurasian girl who was going to Bombay to marry someone chosen for her by her family.

The city was the first actual opportunity for most of the passengers, including myself, to see what real grinding poverty looked like: whole families living on the street, and beggars appearing from nowhere whenever a visitor stopped.

I walked from Bazaar to Bazaar amazed at the richness of the colours of the fabrics on sale. Everywhere the diverse smells of spices followed me. After a four hour stop, the ship continued south along the West coast of India to Ceylon.

Ceylon

Still a British Colony, Ceylon was later to become independent and renamed Sri Lanka. Refuelling and taking on supplies, the ship stayed for a few hours at Colombo, the capital, just enough time for the passengers to visit a large supermarket.

The Pour-out

A tradition about which I soon learned was the pre-dinner 'pour out'- an occasion for the Officers to meet. Most were educated in public or major grammar schools and were career men intending to stay in the merchant navy for the long term.

It was held about half an hour before dinner in rotation in an officer's cabin. I obtained several bottles of Gin, Angostura bitters and Whisky. Pink Gin was the favourite tippie amongst the staff including the women.

At seven o'clock precisely, dinner was served. Arriving late was not acceptable to the captain and resulted in an immediate summons to his cabin and a strong ticking off.

The 'Crossing' ceremony

Two days later, the ship was due to cross the equator. An announcement on the ship's tannoy invited all passengers who wished to take part in the 'crossing' ceremony to meet by the pool.

On arrival we found the ship's company assembled with several officers in the swimming pool dressed up as Mermaids and one as King Neptune holding his trident. Those of us who had not previously crossed the equator were invited to join him in the pool when they would be ceremoniously ducked.

The whole ritual was conducted with much laughter and jollity.

Australia



Now began the long journey across the Indian Ocean to Australia and the New World, the ship stopping first at Perth and then Melbourne and Sydney. For two days we sailed steadily southeast over the open sea with no land in sight.

The constant changing shape and colour of the water continued to enthral me; every form, hue and interplay of light fascinated me. I could see why it was a subject chosen by so many artists.

My early morning walks around the deck had become a routine. I frequently met the same people, an elderly Australian couple returning home after visiting their children. Both were retired, he was a lawyer and she a nurse. I also met a woman on her own who was on her way to take up a teaching post in Melbourne. Over coffee she told me how her husband had been killed in an accident, he was a foreman on a building site. I watched her face as she recalled the time. Her grey green eyes stared out across the water; they were sad eyes, full of memories.

'I decided to make a new start,' she said. 'There were too many ghosts back home. I got to the point where I was frightened to return to my own house.' And then as if I wasn't there, she said in a sad voice,

'It was such an unnecessary death, we had so many plans.'

Sea voyages are a great time for reflection. The ship with its small gathering of humanity seems to be moving timelessly in an immense uninhabited universe. It is an opportunity to ask, who am I? What do I want? What is my life for?

The sea is a good listener; it is used to keeping secrets. It allows the onlooker to let his thoughts free to roam with no fear of contradiction.

Sydney

Several days after leaving Perth, we arrived in Sydney. At the pharmacy, I was met by a line of sailors waiting for an injection of penicillin.

Unknown to me, a number of young ladies had got on at Perth and had given the men an unexpected gift.

There we had a three-day stop to refuel and replenish supplies.

I wasn't prepared for Sydney. It was so like an American city with its loud, brash city centre and noisy ill-behaved citizens.

I took the opportunity to look around and hailed a taxi. I was preparing to get into the rear seat when the driver in broad aussie, said,

'I ain't taking some toff, you'll sit in the front with me.'

After I had paid him the fare, I offered a tip. He rejected it with disdain.

'Look matey! I ain't your slave, good day,' and he drove off.

I did the sights and ended up at the world famous Bondi beach watching the surfers competing.

Blue Mountains

I had been invited to a family barbecue in the Blue Mountains, a hilly region about 50 miles west of the capital. I was the guest of the young woman who I had met on board and who was returning home after “doing Europe”.

It was held in the grounds of her colonial home. The food was cooked on homemade grills constructed from the halves of oil drums. Huge chunks of beef and lamb were being spit roasted.

There were about twenty people of all ages, some family and others friends. We drank cocktails in the clear light that remained well into the night.

It reminded me of the North of England in the summer. The sound and smell lingers still in my memory and every time I have attended an open air barbecue since; I am reminded of that memorable evening watching the sunset over Sydney’s blue mountains.

Homeward bound

I left Sydney on our homeward journey revitalized and ready to proceed with my career.

I have since asked myself why I didn't sign on for a second trip. I thought about it seriously at the time but realised that life on board a passenger ship was unreal. It was as far removed from normal life as possible, unlimited social contacts, cheap cigarettes and booze, enough to make a very dissolute life.

I saw and got to know some of the officers and full time ship's doctors and was not impressed with them. Their lives seemed very shallow and without purpose.

Arriving back in England, I took a few weeks off, spending the time at home with my mother who was just beginning to emerge from her divorce.

She had met Sydney, a widower who later became her second husband. Together they had a very long and happy marriage.

Having returned from my trip to Australia, I was now ready to apply for Senior House Officer posts.

Royal National Orthopaedic Hospital, Stanmore



I didn't really know where to begin my Surgical career but by chance, a one-year SHO (Senior House Officer) job was advertised at the RNOH (Royal National Orthopaedic Hospital) in Stanmore. I applied and was successful.

It was to be a pivotal moment in my life. I would be working with some of the best Orthopaedic Surgeons in the country; initially with Ginger Wilson doing Trauma in the A&E Department for the first six months and then with David Trevor, John Cholmely and Campbell Connolly, Neurosurgeon.

The hospital dealt with a wide range of chronic Orthopaedic conditions including TB, Polio, Cerebral Palsy, and a number of childhood ailments such as CDH, Perthes and Slipped Femoral Epiphysis.

Many of these conditions are now happily no longer a danger. Polio vaccination, BCG for TB and improved neonatal maternal care has seen the

incidence of Polio, TB and Cerebral Palsy reduced in the Western world.

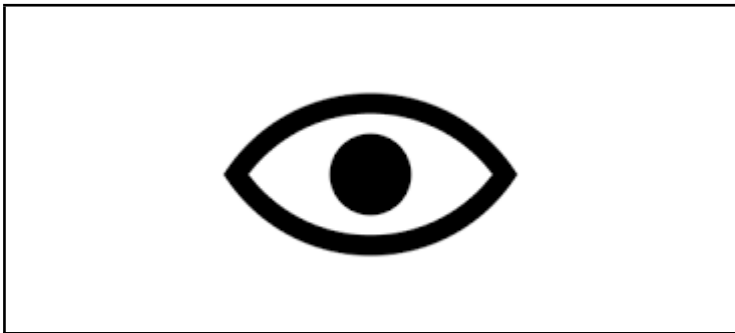
The Stanmore hospital was the country branch of the RNOH in London. It was an old converted TB hospital and consisted of a number of single storey units surrounded by large open-air gardens.

As a resident, I would be living in the doctor's accommodation.

As usual the first few weeks were spent finding my way around. A new doctor was always thrown in at the deep end and was expected to sort himself out. In this respect the nurses were always very helpful.

Plaster room

I remember the plaster room where we doctors were taught plastering under the watchful eye of the Plaster Sister. We signed each plaster that we applied with a logo so that if any problem arose later such as a plaster sore or a broken plaster, the responsible doctor could be readily identified. I designed a simple logo based on the sightless eye of Admiral Horatio Nelson.



The wards were organized according to age and gender, mixed children's ward, separate adolescent girl's and boy's wards and separate adult wards.

The prevalence of TB of the knee and hip and the relative basic chemotherapy at that time meant that patients often spent many months in plaster beds, shells or Spica's.

For some reason, I was particularly popular on the big girl's ward and received many Valentine cards and other signs of affection.

Theatre

Because of the layout of the wards, patients for theatre had to be wheeled across open spaces and up a ramp. In winter the trolleys were fitted with waterproof covers to keep the patients dry and warm when being transported. It was a little primitive to say the least.

Working with David Trevor was a delight. He was a jovial warm friendly Welshman and we got on well together.

In the early years of a doctor's career, there is always some doubt as to whether an individual would be successful as a Consultant with he/his own unit. It seemed to me that it would be useful to know early on whether one was just not up to the mark so I put that question to Mr Trevor.

He gave me a typical Trevor reply, namely that no one knows what will happen in the future and that each individual will determine by his or her own efforts what that future will hold and it's not the right of another to decide. It seemed like good advice to me.

Mr. Campbell Connolly, a Neurosurgeon, was a great inspiration. A meticulous surgeon, he was very gentle and very precise. He taught me the importance of respecting the tissues and handling them as if the patient under anaesthetic was awake and could feel. Years later in my own unit in Leeds, I specialised in Spinal surgery using the same techniques I had learnt from him.

Trauma surgery is very different from Elective surgery. In the former time is vital and it frequently involves life and death decisions. It is often

performed during anti-social hours and tests the commitment of the staff.

Elective surgery on the other hand, is as its name implies, surgery that is carried out as a choice. It involves a dialogue between the patient and the surgeon during which the procedure being planned is discussed in detail. Each patient needs to be treated individually as each has different objectives. What one patient expects is not the same as another. Their choice is based on their lifestyle, hopes and trust.

I decide to specialise in Trauma and Orthopaedics

My experience at the RNOH convinced me that Orthopaedics was the branch of surgery that I wanted to pursue. I liked the drama of Trauma but also the challenge of Elective Surgery. I was attracted to both for different reasons.

Treating patients with trauma was very rewarding. Broken bones needed to be straightened and then held in the anatomical position until healed. They are very forgiving and heal naturally. The patients were usually young and fit and most recovered fully from their injuries returning to a full function.

Elective surgery was more of a challenge because it required judgement, and patience but also had a mechanical aspect to it.

I never forgot a lesson I learned from one of my teachers that a good surgeon is one who knows when NOT to operate. I always tried to keep that advice in mind.

Surgical Training- Royal College of Surgeons



The Fellow of the Royal College of England (FRCS Eng.) is the English entry qualification to train to be a surgeon.

The English college has a long history dating back to the 18th Century when the then Company of Barber Surgeons split into two bodies, the Company of Barbers and the Company of Surgeons.

The latter occupied a new building near Newgate Prison where they had ready access to bodies.

In 1813, they received a Royal charter and moved into their new building (the Royal College of Surgeons) in Lincoln's' Inn Fields where it has remained since.

FRCS

Having completed a year at the Royal National Orthopaedic Hospital at Stanmore as a Senior House Officer, I prepared for the Primary, the first part of the FRCS.

It was a rite of passage, an indicator that the possessor was ready to pursue further education in some branch of surgery. It allowed the graduate to continue to enlarge his or her knowledge and experience of surgery.

It does not mean that the holder was a surgeon. In practice a further ten or more years is needed before she/he is deemed to be a surgeon. It is a demanding hurdle to cross with a failure rate of first time sitters of 30 – 50 %.

Much has changed since I sat the examination in 1960. Then it consisted of two parts, the first, the Primary was a test of basic knowledge and the second the Final, a clinically based test.

The college ran a part time and full time teaching course for both parts. I was able to take four months off and attend the College Part-time Primary course.

I had bought an old motorbike and used it to get to and fro. It had an unfortunate defect of having a badly smoking engine but otherwise served me well.

At the same time, I attended a five nights a week Anatomy crammer run by an eccentric anatomy lecturer from his home in High Street Kensington.

About thirty hopefuls would sit jammed in his small front room absorbing his teaching. For me, his

secret was the drawings which he made and which we copied. Having a visual memory, they were an ideal aide-memoire for the written exam to come.

It was during this time that my Eczema flared up and I was hospitalised. It was so extensive that I thought that my career as a surgeon was doomed. Those were the days before steroids transformed the management and the prognosis.

After a period of sick leave, I was allowed to re-enrol without paying a further fee. As luck would have it, I passed first time and then returned to clinical work to prepare for Part Two.

Accident & Emergency (Casualty)

I completed two Casualty posts, now called A&E (Accident and Emergency.) These were a requirement for training as a surgeon. The first was at the Leicester Royal Infirmary.

My memory of my stay there is vague apart from one weekend when my two colleagues were sick and I covered them continuously for two days. I managed by taking naps between cases but it was a very demanding time. Today that would not have been allowed and back up staff would have been found or the Department closed.

West London Hospital, Hammersmith

The hospital was situated very close to the Hammersmith roundabout, a very busy area. The clinics were held in a large open room with the doctor seated at a table in front of the rows of patients waiting to be seen who would keenly watch what was going on.

I remember dealing with a man with a crushed thumb. I needed to release the blood from under the nail and used a heated paper clip for the purpose. I learned an important lesson. Always have a man supine before doing any potentially painful procedure. On that occasion, as I approached his thumb with the heated paper clip, he fainted and slid gracefully to the floor to the amusement of the on-looking public.

On another occasion, I had a sneezing fit and had to leave the department as secretions poured out of my nose punctuated by loud sneezes.

I will never forget the mother who was brought in, having tumbled downstairs carrying her recently born child. She was in a state of shock, as she believed she had killed her child. Apart from the shock, she was unhurt. The child was gurgling and also unhurt despite presumably having bounced down the stairs.

It was a time when the treatment of gastric stomach ulcers was undergoing a dramatic change. The operation, a partial gastrectomy, previously in common use, to remove part of the stomach had become unnecessary due to a new procedure in which certain nerves controlling acid production were cut. Today medical treatment that reduces

acid production and also treats any bacterial infection has replaced surgery altogether.

I didn't know that I didn't know

I made a particularly embarrassing mistake. *I didn't know that I didn't know.* I thought I knew the problem so I went ahead confidently. Many mistakes are made unknowingly. This is one of the most intractable problems in all areas of medicine in which decisions based on experience rather than evidence are required.

I was called to see a man who was involved in a road traffic accident. He had had a head injury and was unconscious. He appeared to have no other external injuries. However, I noticed one thing that puzzled me. During my examination I became aware that he had very loud bowel sounds called borborygmi. I recorded the finding but thought nothing of it and arranged for him to be sent to IT (Intensive Care) for observation.

I went to see him the following day and to my horror was told that he had a broken neck with a spinal cord injury. I had completely missed it.

'What made you suspect it?' I asked the doctor, *'after all he was unconscious and you couldn't tell that he was paralysed, could you?'*

'We suspected that he had injured his spine because his bowel sounds were very loud?' replied the House Officer patiently.

'I don't understand,' I said, appalled at my error.

'Messages from the brain conducted along the spinal cord regulate the activity of the bowel. When the cord is damaged that control ceases and the bowel resumes a basic activity which is faster and that is associated with increased bowel sounds.'

I returned to my room to read up on what he had said. I had never heard of this and in retrospect should have gone to the books and looked up 'Causes of Increased Bowel sounds.'

I had fallen prey to that trap in which, I thought I knew so I didn't ask the question. That was a salutary lesson. I was to have many more in my career.

Going to a Dance- Hammersmith Palais



The West London Hospital was near to the Hammersmith roundabout where the Hammersmith Palais, a dance hall, was situated. One evening I was at a loose end and decided to venture into the Palace of Pleasure. The entrance was in subdued lighting with large posters depicting a well-known entertainer. After paying what seemed at the time an exorbitant entrance fee I went into the ballroom.

A large coloured multi faceted glass globe was rotating in the ceiling casting beams of changing coloured light onto the dancers. At the far end there was a raised dais on which was a small orchestra playing contemporary music.

I stood for a while surveying the scene. Young women dressed in many different styles were standing around the edge of the dance floor while others were dancing with young men dressed in jeans and T-shirts. I was wearing a blazer, tie and grey trousers.

I couldn't have been more inappropriately dressed and the young women told me so by refusing to dance with me.

At the time, I remember becoming more and more embarrassed by each refusal, my confidence sinking deeper and deeper into my shiny leather shoes. I stayed for about an hour without one dance and left with the concierge saying,

'I hope you had a good evening Sir, come again' but I never did.

Preparation for the Final FRCS

I was now ready to prepare for the Final FRCS. Although the qualification was an essential requisite to train as a surgeon, it was only a small step towards my goal; there was still a long journey ahead.

The examination consisted of a written paper, a long case and a series of short cases for diagnosis and treatment. To train for the short cases, I attended a course at the Whittington Hospital in North London. There we were shown patients with a wide range of clinical conditions that could be diagnosed virtually on sight. We were required to describe them and discuss the management.

The Final Examination

The Final written test was held in the Great Hall at the college, an impressive high ceilinged room on the walls of which hung portraits of the past Presidents of the college.

Looking at them, I was mindful of the extraordinary talented men and women who had passed through those halls.

The Final viva was a test of nerves but I had a stroke of luck.

After I had been asked a few questions, the examiner stood up and walked about ten metres to stand and look out of one of the windows. I sat puzzled by what he was doing. Then he returned and sat down.

Without looking at me, he asked me about Dislocation of the hip and in particular the complications of the injury.

I mentioned Osteo-Arthritis. He paused and then innocently asked,

'Do all patients get osteo-arthritis?'

Remembering his normal walk to the window, I had a flash.

'No,' I said, *'some recover completely.'*

'Quite right,' he said, patting his left thigh. *'I dislocated this hip when I was 18 and have had no trouble since.'*

Final FRCS results are announced

It was now 1960 and I was standing in the foyer of the Royal College of Surgeons of England in Lincoln's Inn Fields waiting for the results of the final FRCS surgical examination. It was a moment for reflection and a chance to review the journey that had brought me to that moment.

The assembled young men and women all aspiring to be surgeons stood silently as the Royal College of Surgeons' Officer, like a Moses descending from Mount Sinai with the Ten Commandments, slowly walked down the spiral staircase carrying the day's Examination results.

He was re-enacting a tradition that had begun in the late nineteenth century. If successful, the young doctors would trade their title 'Dr' for the more prestigious title of 'Mr' or 'Miss'.

Without any introduction and in a monotonous intoning, the college officer began to call out the numbers (not the names) of the successful candidates in order. It was easy to miss one's own.

As my number approached, I could feel fear rising in my throat, my pulse was racing and the tension was unimaginable. When I did hear my number called out, it didn't register at first and I thought I had failed but then my mind focused, yes it was my number and I had passed. It was a glorious moment.

The greatly relieved successful fellows spontaneously turned and shook hands with each other while the unsuccessful ones simply walked away.

We were then lined up in groups of four, like lambs to the slaughter, to sign the register and to promise to pay the yearly subscription to the college.

Becoming a Mr.

Many have asked how did this unusual tradition arise, one, which has never been adopted in the USA or Canada but which is practiced in Australia and New Zealand?

History has it that it dates back to the time when there was a Guild of Barber Surgeons. Earlier, the Guild of Physicians had received its Royal Charter, becoming a college and its members given the title of Dr.

But it was some years later that the Guild of the Barber Surgeons received their Royal charter.

During the interval they retained the title of the common man, 'Mr.' and to commemorate this interval, the title has been retained and established as an honorary designation.

My joy was short lived however when I considered its implications. I had only achieved the right to train as a surgeon; there was still a long journey ahead.

But life was too exciting to think about all that now. All I could feel was a mixture of joy and relief. It was a time when I was being propelled by the opportunities opening up to me. At no time did I have any doubts that I would eventually succeed but to pass the first time was far beyond my dreams.

United Sheffield's Hospitals, Royal Hospital, Sheffield



I was now ready for the next stage, a registrar post. This was a two-year post during which time the trainee surgeon gained surgical experience and confidence. He or she will be given increasing responsibility, gradually undertaking more and more unsupervised surgery.

Hospitals in the UK are designated by the title Teaching or General. I had always wanted a post in a teaching hospital. Maybe it was to show my teachers at St Mary's that they had misjudged me and so I scoured the journals until a job at a teaching Hospital was advertised.

Sheffield was advertising a two-year rotating registrar in General Surgery. I had never been as far north, certainly not crossed the mystical Watford gap but I was not daunted by the move.

At that time, it was expected that all trainees planning to be Orthopaedic consultants should do at least two years in General Surgery. So the Sheffield job was an ideal one at my stage of training. Today this is no longer a requirement.

Looking back, I think it was a good basis for specialization and I never regretted it, but it did prolong my training programme, something which today's young men and women don't want.

Sheffield was known for its International Steel Industry, coal mining, cold damp winters, a place of 'Dark Satanic Mills'. I knew nothing about its reputation so I approached the job like any other.

At that time the Sheffield Teaching Hospitals included the Infirmary, the Royal, the Children's and Fulwood Grange Plastic Unit. Some of these units are no longer in existence today.

Initially I lived in a bedsit in Ecclesfield road, a main arterial road going north out of the city. I was living on two floors with the bedroom and bathroom on the second floor and the living and kitchen on the first.

It was my first experience of complete independence and after a short while I came to like it very much.

I never cease thanking my mother for teaching me to live self-sufficiently; to cook, to shop, to sew, to do all the little things that help to make living easier.

Her stock phrase was, *there is no such thing as women's work, just work.*

I lived there for about a year and then moved to a flat shared with a non-medical colleague whom I had met through a Jewish club. He was tall with a shock of dark hair and we got on very well. His father was a butcher in London and would send him meat by rail weekly.

Emergencies

It was a very cold winter that year and I was often called out to emergencies at night arriving back in the small hours. My saviour was a hot water bottle, which I put in my bed before departing for a long night's surgery.

I can still remember the sheer pleasure of getting back into bed and putting my feet on the hot bottle. Somehow, if my feet were warm, so was I.

Although my appointment was as a Rotating Registrar in Surgery at the Royal Sheffield Hospitals, I actually began the job as a supernumerary registrar at the Royal Infirmary working with Professor Andrew Kay, later Sir Andrew Kay.

His special interest was the treatment of Peptic Ulcers. He wrote extensively on the subject. He always referred to me as Martin although in many ways it was a more formal title than my surname. I remember him as a quietly spoken, warm and generous man with a soft Scottish brogue.

Paediatric Surgery

I then moved to the Children's Hospital and worked with Dr Robert Zachary, a Paediatric Surgeon. He had enormous energy and enthusiasm despite a severe spinal deformity.

We sometimes had to work well into the early hours as children requiring his expertise were often transferred at that time from other units.

After a long operating session, out would come the Horlicks, a drink I never managed to like. A devout Roman Catholic, he never declined to treat a sick child no matter how severe the disease or deformity.

I recall one night, we spent six hours operating on a new-born child with severe Exomphalos, a condition in which the abdominal wall fails to close allowing the small intestine to spew out into the exterior. In this case the whole gut was gangrenous and had to be excised, which meant that there was insufficient remaining bowel to sustain life.

Most surgeons would have let the child die without surgery but that did not seem an option for Dr Robert, he never admitted defeat. Sadly, the child did die. He seemed to be conducting a battle between himself and his God.

Dr Zachary had an illustrious career but his 'fanaticism' had another outlet in the treatment of the condition of Spina Bifida, a congenital abnormality of the spine usually associated with severe neurological loss and paralysis.

Dr. John Lorber, a Paediatrician colleague, had followed up a large number of these children to adolescence.

His study showed that despite all attempts of early surgery to help these children walk, most when attaining their teens, opted for a wheel chair existence, in which they were more comfortable and less conspicuous, rather than struggle in callipers and crutches.

John Lorber's study concluded that because of the very poor quality of life for many of these older children, severe Spina bifida should not be treated surgically at all.

Mr Zachary did not accept this finding and continued to strive to get the affected children to walk arguing that each child should be offered a chance even if at a later date, the surgery did not benefit them.

A discussion article by Barron H Lerner, dated 14 June 2005 in the New York Times reviewed these two opposing views.

I learned a lot from Mr Zachary although at that time I had not formulated my own views as to the role of surgery in congenital conditions. As an aside, I note that there is now a new non-surgical treatment for exomphalos provided the sac is intact.

I froze

As I look back, I recall one patient who made a very strong impression on me. She was a twelve-year-old with Spina Bifida. She was incontinent and I was planning to provide her with an ileal conduit that is an artificial bladder made from a small part of the bowel into which the ureters from each kidney would drain. This would open onto the abdominal wall.

It sounds awful but it can be a life-saving procedure as it prevents repeated urinary infections that would eventually lead to kidney failure and death.

I was waiting in the Operating Theatre when she was brought in anaesthetized. I looked up and saw her small familiar face before the gowns covered her.

I remember experiencing complete paralysis. I froze, unable to move. Suddenly I had become acutely aware of what I was about to do, to cut into another human being. It seemed such a terrible assault and at the same time represented an act of faith that she had in me.

In that moment which I shall never forget, I became conscious of the privilege that each patient bestows upon a surgeon, to allow another human being to operate on you, to hold your life in his or her hands.

It may seem trite to some but to me at that moment the feeling was palpably real. As the gowns covered up her face and only the operating site remained visible, I reverted to being the surgeon.

Children's Surgery

Neonatal Paediatrics is a particularly demanding specialty as the staff are dealing with very small children often within hours of birth. The importance of ensuring adequate hydration by an intravenous line in these frail often severely ill children cannot be over-emphasized.

The ability to insert one quickly and safely is essential and life saving but it is a steep learning curve and when the new registrar begins, she or he takes a while to become proficient.

A study carried out by one of the senior nursing staff showed that there was a significant increase in child mortality when the new doctor intake first started on the unit.

As a result, a new policy was introduced whereby a more experienced member of staff shadowed the new doctor until she/he had gained the necessary skill. Once this regime was instituted, there was a dramatic reduction in mortality.

Plastic Surgery

My next six months were spent in the Plastic Unit at Fulford Grange, a small self-contained unit on the outskirts of the city. Mr Wilfred Hynes was its head.

He had written extensively on a wide range of topics in Plastic Surgery including flap vasculature, cleft palate, speech and pharyngoplasty.

The latter was his operation. He gave a Hunterian Lecture in 1953 on his Hynes' pharyngoplasty, which is still practised to this day.

It was an operation to repair cleft lip and palate. His studies had shown that despite the severe deformity seen in this congenital condition, there was actually no loss of tissue. The severe deformity was due to the failure of the two halves of the face to fuse in the midline, as they should.

He showed that by careful dissection and freeing of the abnormally displaced tissue, the surgeon could realign them and repair the apparent defects without the need for further tissue in the form of a skin graft. The resultant scarring was minimal and in many cases almost invisible. He presented his results to the college as an Hunterian Lecture in 1953.

It was a most rewarding time and I think laid the foundation for my subsequent surgical career.

Wilfred Hynes was an avuncular man, softly spoken, kind and generous. We had met initially in the operating theatre when he asked me to scrub with him.

I became aware that he was watching me closely and I asked him why. He replied that he could tell a surgeon by the way he scrubbed. I must have passed the test because I continued to work with him.

He taught me a great deal. I learned how to take free-hand skin grafts with the Braithwaite knife, how to raise skin flaps and make skin tubes, all procedures needed to treat the soft tissue injuries associated with severe trauma.

Most surgeons call upon the plastic surgeons for their help, but because of my training, I was able to do most myself.

Mr Hynes taught me a lesson I never forgot. He edited my first clinical paper (which incidentally never got published) on the treatment of Malar (cheek bone) fractures. He read the first draft and tore it to pieces. He taught me the importance of saying what you mean in the most precise and accurate manner. He died in 1991 aged 88

Genito-urinary surgery

My next attachment was with Mr John (Jock) Anderson, a tall, dour, heavily built Scotsman, a Genito-urinary surgeon who I first met in his outpatient's department at the Royal Hospital.

I was the new registrar on my first day, nervous and a bit shy. I always become shy when I am in the presence of someone important in my life.

He ignored me for the first few clinics and then one day asked who I was. I explained that I was his new registrar and from then on he couldn't have been more supportive.

He was an excellent clinician but sadly in the OR his big clumsy hands just weren't made for surgery.

His patients did well though because despite his rough technique, he undertook the correct operation and the human body being forgiving, did the rest.

He and Mr Hynes had developed the Hynes-Anderson uroplasty, an operation for urinary incontinence still in use today.

General Surgery

My last attachment in Sheffield was with Mr J Robertson, a tall upright Saville Row dressed General Surgeon who I think saw himself as a Country Gentleman.

He spoke with a precise University accent and I had the feeling that he looked down on the local Yorkshire people. I didn't really take to him but a job is a job.

There was an occasion that stands out in my memory. We were operating on a man with an aortic aneurysm, a serious life threatening condition.

The aorta, the largest blood vessel in the body had become distended and was about to rupture with dire consequences.

The operation consisted of replacing the damaged artery with a Dacron prosthesis shaped like a tube matching the segment of the Aorta.

The prosthesis is laid in a bed made out of the laid opened artery and sutured at both ends.

The operation was proceeding normally. He had defined what he thought was the aorta above and below the distension and began to free the tissue.

But he was not in the right plane. Instead of being in the diseased Aorta he was in the healthy Inferior Vena Cava lying alongside. It is a large thin-walled vein bringing blood from the lower trunk and legs.

Unknown to him he was splitting the healthy vein wide open. Blood began pouring out, filling the

open abdomen. It was a disaster. He tried to staunch the bleeding by packing the open abdomen.

With hindsight, he should have reached into the abdomen and manually compressed the lower end of the bleeding vessel, which would have controlled further bleeding. The blood in the abdomen could have then been sucked out to enable him to assess the situation.

As it was, the bleeding was out of control and despite 10 - 12 pints of blood, the man later died. It was a terrible experience and remains vividly in my memory to this day.

Lost Swab

I was now experienced enough to carry out routine surgery and be on duty at night for surgical emergencies.

In the early hours of one morning, a rather overweight young woman was admitted with a ruptured appendix requiring surgery.

The operation was going well and I had successfully removed the diseased appendix and had begun to close up the wound. Before doing so it was routine to ask for a swab count.

The used swabs had been neatly hung on a rack in bundles of ten. But no matter how many times sister counted them, one was missing.

She announced this with confidence.

'Mr Nelson, one swab is missing,' she said.

I checked the wound but couldn't find it.

'You must have made a mistake,' I said. *'It's not in the wound.'*

'We haven't made a mistake,' she repeated, *'It's in the wound.'*

I searched again but couldn't find it. It was now a battle of wills and in the end I decided to ask for an x-ray (the swab has a radio-opaque strip in it for identification).

That is when a new problem arose. As hard as we tried we could not locate the radiographer on duty.

It was the normal practice to have a radiographer living in the hospital available at short notice, which meant that the duty person lives in a room specifically allocated for the purpose, and has a dedicated telephone.

As she was not responding to her telephone, and after repeated calls, we reluctantly had to notify her superintendent.

He duly came in from home and took the x-ray. About fifteen minutes later he appeared with the films.

Sister was right, the swab was still in the patient hidden deeply behind fatty tissue.

After another long search, I found it and closed the wound. The patient made an uneventful recovery.

The following day we heard that the on-duty radiographer was in a doctor's room. Sadly, she was later sacked. It was the days before mobile phones.

The three years I spent in Sheffield were my most formative years as an active surgeon. I had now performed a lot of surgery and gained a great deal of experience and confidence.

But if I was to become an Orthopaedic Surgeon, I needed to begin my Orthopaedic training.

My initial applications for an Orthopaedic Registrar post at a teaching hospital were unsuccessful so I settled for another A & E post but at a teaching hospital.

Guy's Hospital



I was still in Sheffield when the Accident & Emergency Registrar post at Guys Hospital was advertised. I thought that I was unlikely to get it as it would probably go to a Guy's man but on the day I was successful.

I was really delighted to get this prestigious job at one of the finest Hospitals in the world. Founded in 1721 by Thomas Guy, a publisher of Bibles and a man who made a fortune out of the South Sea Bubble, it was originally a hospital for incurables.

At the time, Guy was a Governor of St Thomas' Hospital situated nearby but fell out with the board.

He decided to found his own hospital. He went south and built it in 1744. Its tower block at that time was the tallest in any hospital in the world.

In charge of the new A & E block was Patrick Clarkson, a Plastic Surgeon who also supervised the Burn's Unit. It was not a very busy department as the population living in that area had slowly diminished over the years.

After I had completed six months, the Registrar post became available and I was appointed.

CDH (Congenital Dysplasia of the Hip)

While I was at Guy's Hospital, I became interested in the condition of CDH (Congenital Dysplasia of the Hip), a serious disorder of the hip in the newborn. If undetected, the hip dislocates when the child walks and this leads to malformation and permanent disability.

What we needed was a reliable hip examination technique for the newborn.

I learned some interesting facts namely: the condition is almost unheard of in African children, thought to be because of the tradition of carrying the new-born straddled across the mother's back, that keeps the hips apart in a stable position.

By contrast, it is very common in children of the Navajo Indian people who traditionally carry their newborn in a papoose that holds the hips extended and the legs held close together.

Routine examination of the newborn child's hips

I arranged with the Obstetric unit, to examine all children soon after birth to establish how many were dislocatable. Then all children were nursed in double nappies so as to keep their hips abducted.

The study was reported in 1966 in the Guys Hospital Reports volume 115 p 423.

Senior Registrar post in Orthopaedics

I had been in the job for six months when the Senior Registrar post in Orthopaedics became vacant. I applied and was successful. It was a four-year post, two years at Guy's in London and two years at St Bartholomew's Hospital, Rochester in the Medway Towns.

At Guys I worked with the three consultants, TT Stamm, J S Batchelor and WA Crabbe.

St Bartholomew's Hospital



St Bartholomew's Hospital, Rochester was founded in 1078 and was the oldest active hospital in England.

Although I was initially based at Guys, I was on call to the Medway town's Hospitals. This meant a long car journey on the A2 and often meant an overnight stay in one of the side wards.

It was during this time that my surgical experience broadened, so much that I was able to stand in and run the Guy's department in the absence of Jack Batchelor when he was appointed President of the British Orthopaedic Association, a year later.

Moving to the Medway towns was a great change from London. I was still single at the time and initially lived in the hospital accommodation, a three-storey house near the hospital, converted into four individual units, one on each floor.

No sooner had I settled in, when I was appalled to find that there were no individual telephones to each resident on duty, so that if one was called at night, all the others were woken up, not knowing who was required.

I tolerated it for about a week and then went to see the Hospital Secretary, a youngish man with a very superior attitude.

'I am sorry Doctor, but there is nothing I can do about it, no one else has complained,' he added.

Not satisfied with his reply, I found out his home phone number and every time our phone was called, I called him.

Individual phones are installed

He was indignant at being woken up and threatened all sorts of punishment but in practice, he had no power over clinical staff. Within a short while, individual phones were installed.

I continued to live in hospital accommodation for several months more before moving into my own rented house in Gillingham, a nearby town.

At St Bartholomew' Hospital In Rochester Kent, I worked with Phil Epps, an Orthopaedic Surgeon and Oliver Vaughan Jackson, a Plastic Surgeon who was also on the staff at The London Hospital.

It was a two-year post and initially I assisted the surgeons but as I gained experience and the chiefs gained confidence in me, I was allowed to do more and more of the acute and elective surgery.

Mr Vaughan Jackson was a meticulous surgeon, a big burly man who had the delicate touch of a musician.

He had pioneered surgery of the hand in Rheumatoid Arthritis. In that disease, the small joints of the fingers become swollen and stiff due to the thickening of the lining called the synovium, so that the grip becomes very restricted.

He had shown that excision of this thickened synovium would allow a return to good function.

The operation has since become much less practiced since Steroids became available.

It was in Rochester that I gained enormous experience and confidence under the tutelage of the two surgeons.

Mr and Mrs Epps are involved in a Road traffic accident

Apart from the incident of the telephones another unexpected event occurred. Mr Vaughan Jackson was on leave and Phil Epps was the surgeon on duty when I got a call to say that he and his wife had been involved in a road traffic accident.

He had a broken hip and she a fracture of her elbow as well as other minor injuries.

I, as the senior surgeon on duty, albeit a senior registrar, had to take over. I operated on both of them. Fortunately, all went well and both of my medical patients returned to full vigour in a very short time.

I meet Diana

Up to this moment, I had not thought about marriage. I was too busy carving out a career but Cupid stepped in and changed all that.

My older brother Geoffrey had married Barbara. Her best friend was Diana and so it was inevitable that we would meet.

Diana was only seventeen at the time and was going to Paris for a year to study Art. On her return we began to date. She was very shy but I found her gentle and very intelligent. We had some wonderful conversations about her love of art and her wish to pursue it as soon as possible.



At the time I was based in Sheffield and she lived in London. When off duty, I used to drive my Triumph Herald down to London on the A5 before the M1 was built, a journey of seven hours.

Although I was getting very fond of her, I was very unsure of my future and was not ready to settle down and marry, so we parted.

'The Origin of Species by Charles Darwin'

Diana had given me a copy of 'The Origin of Species by Charles Darwin.' I remembered coming upon it and being reminded of our friendship.

I was now much more settled in my career so I sent it back to her thanking her for the loan.

She told me later that her mother told her that she thought that I had wanted an excuse to meet up with her again. She was correct.

We met again and after a rocky courtship mainly due to my indecision, we became engaged in 1965 on her 21st birthday.

After our marriage, we set up home in my flat in No 1 First Avenue Gillingham about a 15-minute drive from St Bartholomew's Hospital. It was a quiet leafy road and suited us well.

Diana was not very domesticated at that time and found married life very difficult. We had a lot of tearful nights until she gained experience and with it confidence.

I later learned that her mother had forbidden her to go into their kitchen at home. But she was a quick learner and soon became a very confident cook and housewife.

Initially very shy, she was soon confidently running our small home. She was also beginning to think about her own career. But subsequent events delayed it until some years later

Guy's Lambrinudi scholarship

My Neonatal hip work was rewarded with a Guy's Lambrinudi Scholarship. I went with Diana to Sweden to present our results.

It was in Malmo that Dr Ottolani had originally suggested neonatal examination of the hip to identify early dislocation and I was keen to meet him.

During the trip, we were invited to visit Professor Hirsch in Gothenburg. It was there that we learned of the Swedish tradition of *Skol*.

At dinner, the host would take wine with each of his guests in turn wishing each '*Skol*'. Then each guest did the same to the other guests . By the end of the evening, we were all very merry.

While we were in Sweden, Diana began to experience morning sickness and we realised that she was carrying our first child Sarah, who was born later that year.

Sarah is Born

It was not an easy pregnancy and Diana required forceps to deliver her.

I was present when our daughter, who we named Sarah Jane, entered the world.

Standing helplessly in the theatre watching the birth made me aware once again of what an extraordinary event it is.

Sarah arrived, very cyanosed and needed immediate support. I looked on helplessly as the nurses expertly assisted her.

Suddenly she began to cry and her blue-tinged skin miraculously turned pink and I knew the danger was over.

I felt a great wave of relief but was still stunned by the miracle of it all. I think I went out and got a drink to steady my nerves

Blackheath

It was soon after that we moved into a first floor apartment overlooking Blackheath. It was ideally placed both for Guys and the Medway towns.

Having completed a year at Guy's Hospital and a second year at St Bartholomew's, I was due to return to London but something exciting and unexpected happened.

BTA-Been to America

It was in 1967 that Jack Batchelor, my chief and the Senior Orthopaedic Surgeon at Guy's Hospital suggested that I would benefit from a year in the USA acquiring a new surgical perspective, sometimes called a BTA (Been to America).

It was a sort of extra qualification needed to get ahead of the competition in the rat race for a Permanent job.

Unknown to me, he had contacted a friend, Robbie Robinson, Professor of Orthopaedics at Johns Hopkins Hospital, a prestigious Institute with a worldwide reputation and had suggested that he should take me on.

Between them, they sorted out an extranumerary post which they entitled *Instructor in Orthopaedics*.

It was a unique opportunity and I jumped at it. It was to be a life changing experience.

Our daughter Sarah was two at the time so it was in many respects, a perfect time to make the trip and our flat in Blackheath was ideal for letting.

In retrospect, I don't think I really appreciated what a wonderful opportunity I was being given until I got there.

Johns Hopkins Hospital, Baltimore



The John Hopkins' Hospital opened in Baltimore in 1889. Founded by Johns Hopkins, a wealthy banker and Quaker merchant, it was one of the first teaching hospitals to combine patient care, re-search and education.

The weeks preceding our move were hectic. Diana and I had different views as to what we should take. I have always been inclined to take everything; she liked to travel light. We eventually compromised and only took household items that held a special significance for us.

Despite that we still ended up with a large amount of luggage and opted for a sea crossing. We boarded the SS Bremen at Southampton. It brought back memories of my trip to Bermuda many years earlier.

The details of the trip are vague but I remember we arrived in New York during a Longshoreman's strike.

With other passengers, our luggage and wooden crates were unceremoniously dumped onto the concrete pier awaiting custom clearance.

Sitting together uncertain what was going to happen, we waited patiently. No one appeared to want to check our luggage and as time went by, Sarah began to cry.

This attracted the attention of one of the customs officers who came out of his office to see what the commotion was.

When he saw our small party, I think he felt sorry for us so he came over and began to ask us a few questions about our purpose in coming to the States.

As he was bending over examining one of our crates, I saw him wince. Without thinking twice, I asked him if he was OK.

'Sure it's just my back, it catches me sometimes,' he said.

So began an informal medical consultation including a limited examination on the New York pier in front of our pile of belongings.

I asked him to describe his symptoms and then carried out a limited examination. He seemed pleased with what I advised because, without further questioning, he put chalk ticks on all our belongings and we were free to go.

He also directed me to a trolley on which we piled everything and pushing it, made our way to the nearby train station.

I needed to buy tickets so I sent the family ahead to the train platform to wait for me.

At the same time, I asked about delivering the luggage. This involved a visit to a carrier who counted up the pieces and asked for our address in Baltimore. I gave him the address of an apartment, which had been arranged by the hospital secretary.

The carrier arranged for the luggage to be put on the train and taken off at our destination.

Meanwhile Diana and Sarah were waiting for me on the platform and were becoming increasingly anxious as the minutes ticked by.

Sprinting along the platform, I found them and after checking our personal luggage on board, we finally got to our seats.

I recall It was a very long train with high steps to reach the coaches.

We didn't know how long the journey would take but a helpful conductor while checking our tickets told us that it would be about five hours to Baltimore.

It was a strange experience sitting on a train bound for a place that neither of us knew anything about. Everything had happened so quickly that we didn't really have time to take it all in.

Sarah found the journey to her liking and quickly made friends with some of our fellow travellers.

At that age she was full of fun rushing about looking into everything and often seeming to disappear on one of her many forays. We were constantly anxious, keeping tabs on her during the journey.

After a while she became bored with it all and to our relief fell asleep.

Baltimore

On our arrival, we alighted to find that there was a taxi strike. At first we were utterly confused not knowing what to do. Fortunately, that turned out not to matter because some friends who lived in Baltimore soon found us looking lost.

They were the De Bruins; the wife was a distant relative who had married an American and now lived in Baltimore. They greeted us warmly and made us feel welcome something, that we would meet time and again, often from apparent strangers.

We set off

Having given our friends the address of the apartment where we were to live, we set off.

I noticed that on hearing it they looked at each other strangely but I thought nothing of it at the time.

We left the station and drove through the commercial centre. As we proceeded, the buildings became increasingly dilapidated.

We continued along streets full of rubbish and houses looking neglected until we stopped outside a tenement building with broken windows.

I checked the address it was the one given to us by the secretary at Johns Hopkins. It was where we were to live.

The apartment was in the basement. I got out and looked around the area. It was awful with rubbish strewn everywhere. I walked up to the front door and looked through the broken glass pane. All I could see was rubbish.

Then I made one of those few decisions of which, looking back I am very proud. I returned to the car and announced to one and all that we were not staying there.

Diana looked aghast but our friends smiled and said that they were so glad because the place was really a neglected slum and they couldn't understand how we could have been recommended it.

I later learned that the Hospital secretary who clearly didn't know the area, had arranged it.

The Family Room

Our friends, without a moment's hesitation, offered us their family room. Most American homes have a large playroom, which corresponds to our basement. It is usually well decorated and is used to keep toys, games etc.

We were offered complete use of this room. Two beds and a cot were moved in and within a short while we felt at home. We couldn't have received more kindly attention.

I meet Professor Robinson

The following day, I was given a lift to the Orthopaedic Department at the hospital and met the Professor.

I was shown into his office. He was seated at his desk, a big man, about fifty with a mop of white hair and an infectious smile. He received me warmly and throughout the year, he was always good-natured and friendly toward me.

He often talked about his friendship with Jack Batchelor from Guys. They had met at a medical meeting and had become close colleagues.

Park Heights Avenue

A few days later, after finishing my day at the hospital, I was informed by Diana to go to an address on Park Heights Avenue. Our friends had found us a first floor flat, which provided everything we needed.

Meanwhile, I had bought a second hand VW Beetle from one of the doctors. What we lacked however were the usual household items found in a home.

Furnished apartments in the US do not include cutlery, china, cleaning utensils etc.

But the word went round and our neighbours responded. Within a few days, we found, piled high outside our front door, all sorts of domestic items ranging from china, cutlery to a toaster, a microwave, a kettle etc. We were overwhelmed by everyone's kindness.

My initial week was marred by a bout of severe diarrhoea, which confined me to the house. One of the hospital doctors came to see me and prescribed some very effective medicine so that within a week I was back to normal.

My Hospital programme

My hospital programme was very similar to that back home and consisted of ward rounds, clinics and theatre sessions. The hospital catered for a large number of local people, most of whom had no medical insurance.

The resident doctors supported by the attending Clinicians (senior doctors in private practice) , treated them.

Gun shot wounds were common; up to half the in-patients were recovering from such injuries, most having arisen from domestic conflicts.

My First Ward Round

On my first ward round, I was asked how I dealt with the exit wound of a gunshot injury.

The residents looked surprised when I confessed that I had never dealt with such an injury. I wouldn't have known how to begin.

In fact, throughout the whole of the thirty plus years of my career as a Consultant, I had never had to treat a gunshot injury.

My First Operation

After I had been on the unit for some weeks, I was invited to carry out a number of operations. These were performed under conditions that were very different from those back home.

One that comes to mind was an anterior cervical fusion, an operation performed through the front of the neck, to fuse two vertebrae together with a bone block taken from the pelvis.

The operating room was booked from 8.30 a.m. and I arrived a little earlier, changed and checked the patient. It was then that I realised that the anaesthetic was to be given by a nurse assistant under the supervision of a Consultant.

He was planning to overlook up to four cases at a time moving from one to the other. As a result, getting my patient asleep was a very slow process.

It would take well over an hour before the patient was wheeled into the OR ready for surgery: the equivalent in my hospital back home would have been 15-20 minutes. The result was that only one or two operations could be done before lunch.

I found the whole procedure very frustrating and tiresome but had no choice but to accept it.

Ward Rounds

Ward rounds were particularly challenging. The residents performed all of the acute surgical treatment for the non-insured patients and were virtually given a free hand. The round therefore consisted of them presenting the patients they had already treated.

I had hoped to be involved in the decision-making process but in practice, I was rarely asked my advice prior to surgery.

Like many young keen surgeons, they tended to be knife happy, operating on many fractures, which I felt could have been better treated conservatively with external immobilization in plaster rather than surgery.

They loved to show me an X-ray with a complicated array of internal fixation, plates and screws and wait for me to admire their handiwork.

Often these open operations were unnecessary and I would say as much to their disapproval.

In trauma, there is usually a choice of treatments - the safest is always to be preferred against virtuosity.

Maryland Medical Certification

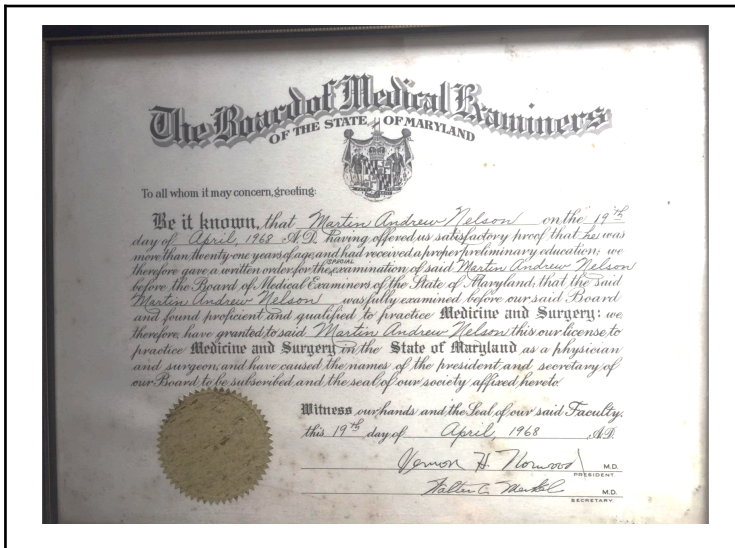
I had been on the staff for about three months when I received a message that I needed to be certified in order to continue to practice as an Orthopaedist in Maryland. Because of my previous training, I was excused from the qualifying examination but was required to pass a special interview conducted by a senior Physician.

He was the Professor of Pathology, a world authority on Amyloidosis, a rare storage disease in which Amyloid, an abnormal protein builds up in the organs of the body, especially the brain.

I had done my homework so that after he had questioned me about my career and the scientific papers I had written, I managed to squeeze in the subject of Amyloidosis.

A smile appeared on his face and he began to give me a history of the disease and his role in understanding it. Finally, he shook my hand and told me I had passed.

Some weeks later I received a padded envelope containing my diploma. I had it framed and it has been with me ever since.



On a political note, two prominent political figures were assassinated during our time in Baltimore. Martin Luther King was shot while on a visit to Tennessee and Robert Kennedy was killed while speaking to a crowd of his supporters in Los Angeles. The killings brought a very sombre note to the city.

We were not used to such violence in our midst and both Diana and I were very depressed by the whole incident particularly so because it was normal for everyone to carry guns; killings were almost commonplace; all the residents kept guns in their cars.

It was a difficult subject to discuss particularly in a southern city such as Baltimore with its long history of racial prejudice.

Baltimore in Flames

The newspapers depicted the city in flames with rioting everywhere but in fact the unrest was confined to one or two streets only and if these

were avoided, everything else seemed to carry on as normal. The only limitation to our lives at that time was an after dark curfew.

Diana and I enjoyed walking and would regularly push Sarah in her pushchair into the park, which to our surprise was usually empty. We learned that no one walked in the park for fear of violence.

Research

One of the more exciting parts of my visit was the opportunity to carry out some basic research.

The project that I undertook was to test the effect of Growth Hormone on an established non-union fracture of the tibia in a dog. The hope was that the hormone would cause the non-union to heal.

The first part of the project was to produce the non-union. This involved anesthetizing a dog and removing a segment of the fibula leaving a permanent gap, which it was hoped would become an established non-union.

The second part of the project was to give the animal's growth hormone by injection four times a day.

I planned my day to be available at 6 hourly intervals to give the injection. Unfortunately, I didn't stay long enough to complete the project that was continued by my successor. As I write, I realise that I never found out the result of the experiment.

I am offered a partnership

An unexpected event occurred after I had been in Baltimore for about six months. Dr Filtzer, one of the attending surgeons, approached me with a proposal. He was in an Orthopaedic practice with several other surgeons and was seeking another partner. He asked me whether I would be interested in joining them. It was a wonderful opportunity.

That evening after dinner, I mentioned it to Diana. I saw her face drop. She said nothing for a while and then very quietly as if i wasn't there, said,

'Sarah will grow up to be American. We won't see our parents very often?'

I reached for her hand.

'Let's think about it.' I was aware that she was very undecided.

A few days later, just before we went to sleep, she raised the subject.

'I have been thinking about that offer, what do you feel?'

'I think we should say no,' I said.

'I agree,' she said.

LPA- Little People of America



The second and perhaps the most memorable experience was the opportunity I had to attend the Annual Convention of the LPA (Little People of America). Billy Barty, a well-known short-statured actor had had the idea of setting up a self-help group and had founded the Association.

It soon attracted support from all over the States and became an enormous success. Much of that success arising from the fact that it was a social group. At that time, it had more than 5000 members.

The convention was held at one of the larger hotels in Baltimore. I shall never forget the sight that met me when I went into the foyer. I may have seen the occasional small person less than 3 ft. 6 in height but now I was seeing hundreds as there were over three hundred members attending.

The meeting lasted for five days during which time there were numerous workshops ranging from purely medical discussions to travel, education, clothing etc.

Travels with Charley

In 1960, John Steinbeck wrote a book called *'Travels with Charley, in Search of America,'* an account of his trip across the States. Charley was a French Poodle and together they travelled in a Camper called 'Rocinante' named after Don Quixote's horse. It is believed that Steinbeck took the trip knowing that he was dying.

Diana and I had heard about his epic trip and decided to make a similar journey, travelling across the USA from Baltimore in the East to San Francisco and Los Angeles on the West coast.

Our stay in Baltimore had been memorable for a number of reasons, not least the political turmoil occasioned by the assassinations of Martin Luther King and Robert Kennedy. We had been caught up in the riots that rocked the city so we were pleased to be leaving for a vacation.

We planned to travel in our old Ford Fairlane. Before leaving I took it for a service at a local garage.

'What's wrong with it?' asked the garage mechanic when I drew up at the Service bay.

'Nothing,' I said, *'just a service please?'*

'So what do you want me to do?' He replied surprised.

It was a time when a routine car service in the States wasn't the norm and you only took the car to the garage when there was a problem.

I thought for a moment.

'Please change the oil, the spark plugs and check the battery.'

The following day I picked up the car and paid the \$30.

We join the AAA

We had a rough idea where we wanted to go. I planned to make some medical visits but the rest of the trip would be sightseeing. In preparation we had joined the AAA, the American equivalent of our AA and were sent a large package of maps and guides.

It was necessary to be equipped with these because of the many states we would pass through and the long distances involved.

Diana then took control and had a simple idea. We would map out the various places we wished to visit and then break up the journey into approximately 6 hour drives. Then stop, rest, have a swim and then visit the local sights, stay overnight and set off the next day.

Americans travel so much that there are frequent motels on the main routes, which are clean and moderately priced and most have vacant rooms.

Farewell Party

Before setting off, we had to do a number of chores, including packing up all our possessions and storing them with friends. Then a farewell party for all the staff and friends we had made; paying off the rent, closing down the apartment etc. That took about a week and then we were ready.

We left early as planned and made good time to the outskirts of Baltimore when steam began to be emitted from the bonnet. Stopping in a lay by. I opened it to find the radiator almost on fire. Some old rubber tubing had ruptured and water was pouring onto the red-hot engine.

We were horrified and for a moment thought of giving up but good sense prevailed and after a tow by the AAA to a nearby garage, we had the tubing replaced, the radiator repaired and we were on our way.

They did a good job because we had no further trouble for the next 1500 miles.

Then followed an uneventful six hour's drive. We stopped only once at one of those amazing breakfast rooms where we had a full American Breakfast. It was like a full English breakfast but twice as large.

Then we booked into a Motel called "Stay Inn". After a few hours rest we found the swimming pool and relaxed. Later that evening we had a meal at a nearby road inn.

Early next morning, we set off for Iowa City. We were traveling west on US Route 14, which went

from Chicago in the East to Yellowstone in the West.

Dr Ponsetti

Our first visit was to meet Dr Ponsetti, a highly regarded Orthopaedic Surgeon. Born in Spain in 1919, he had fled to the USA during the Spanish Civil War.

In Iowa City, he had joined the faculty of the Iowa University. He was a tall, impressive man with jet-black hair and piercing deep dark eyes.

Club Foot

In the 1950's, he developed a special interest in Clubfoot, a common non-fatal but very disabling birth deformity of the foot, in which the sole is twisted inwards making walking almost impossible.

The accepted treatment at that time was surgery, a meticulous dissection of the soft tissues to allow the foot to assume a normal shape.

But he took a different approach and developed a non-surgical treatment consisting of corrective serial plasters, changed weekly from birth. At each change the foot would be gently moulded into a more normal position.

In recent years, his method has become more widely adopted particularly in developing countries such as Africa thus avoiding the need for surgery and the risks associated with it.

Mayo Clinic

Our next visit was to the Mayo Clinic in Rochester Minnesota. A world acclaimed institution, it comprised the Mayo Clinic, St Mary's Hospital and the Rochester Methodist Hospital. Together these formed the largest integrated medical centre in the world, providing comprehensive diagnosis and treatment in virtually all medical and surgical specialties. More than 350,000 patients from all parts of the world sought medical help there each year.

I was giving a talk to the residents on my research into the early diagnosis of hip disorders in childhood.

We were shown into the office of the Professor of Mineral Metabolism who had 3 days earlier given birth to her first child, a girl who was sleeping peacefully in her cot.

The doctor was continuing her work as if nothing had happened. We spent an interesting and very impressive day being shown around the faculty.

My talk was well received by a large audience who challenged me with many difficult questions. That evening we were guests at the Professor's home, a single storey open plan house with a wide view of the prairie and the distant hills.

Looking out across the unspoiled terrain, we could have been on a film set.

We stayed overnight in her visitor's suite. She was an early riser and bid us farewell at 6 am the following morning.

Mount Rushmore



We now had a few days on the road until we reached The Black Hills of South Dakota, the site of Mount Rushmore and the huge carvings of four American Presidents, George Washington, Thomas Jefferson, Theodore Roosevelt and Abraham Lincoln, carved by Gutzon Borglum and later his son Lincoln. The project was begun in 1927 and completed in 1939.

We stopped overnight at a local motel and in the morning took the train through the Black hills. The views of the towering rock columns created by erosion over millions of years were striking. Then returning to our car, we travelled onwards to Logan in South Dakota.

Logan

Driving into the small single-track town was like being in a western movie. There was a row of one-storey wooden houses on either side of the sandy road each with a rail to tie up one's horse.

We booked in at a nearby motel and were greeted by a buxom woman in her fifties. In a southern drawl she asked whether we were going to the Rodeo.

We had arrived just as the yearly rodeo hit town so it was something we couldn't miss. Sarah and the owner hit it off so we left her to baby-sit while we went out.

Looking back now I can't believe that we were so trusting but we were young and inexperienced.

We didn't need to ask where the action was, we could hear it from miles away. A loud honky-tonk band showed us the way to a large circular corral surrounded by tiers of noisy fans.

They knew the riders well and gave each on entry a loud welcome and a cheer even if they were thrown off on the first round.



There were several different competitions according to age and weight. The female riders were particularly colourful in their cowgirl outfits. At the end there was a grand finale when the winner of each grade was crowned.

Yellowstone Park

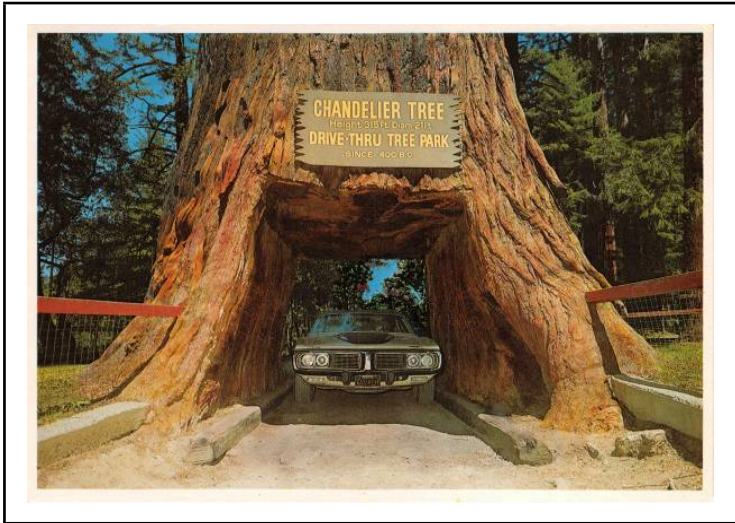


Our next stop was Yellowstone Park in Wyoming, one of the most remarkable natural habitats in the world. Occupying part of it, is a large area of unstable terrain punctuated by hot springs, bubbling lakes and geysers.

These are apparently all indicators of the giant sleeping underground, an enormous pool of magma that while out of sight is tossing and turning until one day it will throw off the overlying thin mantle of the earth's crust and blow magma thousands of feet into the air.

Until that day, visitors flock in their thousands to stand, stare and time the intervals between the erupting geysers.

Redwoods



There were many other delights, not least the Redwoods. We drove through Old Faithful, a two-thousand-year old tree through which a road wide enough for two vehicles to pass had been cut. Sadly, it has since fallen over.

Salt Lake City

On our way to the Grand Canyon and Boulder Dam, we stayed in Salt Lake City, the capital of Oregon. Originally the home of the Mormons, a gentle peace loving religious movement, they now number less than 50% of the population.

We went on a sightseeing trip, visiting the various churches and sacred places and stayed at a small private hotel. Once again it was possible to have a crib in our room for our daughter Sarah who was now walking and beginning to talk.

The Grand Canyon



We weren't prepared for the grandeur and size of the Grand Canyon, not the largest or deepest in the world but still extremely impressive - one-mile-deep, 277 miles long, 18 miles wide at its widest and with a height of 2300 ft. above sea level on its North rim.

Our eating pattern was simple; breakfast on the road at about 7 am, lunch usually sitting in a park or shady place having bought provisions from a supermarket and an evening meal in the region where we stayed the night.

We often bought food that could be barbecued and that was our plan at the Canyon. We were therefore surprised when because of the altitude, our water boiled at so low a temperature that cooking was impossible.

Visitor's Centre

There was a very comprehensive Visitors centre with various talks to attend. We decided to go to one on the building of the Boulder Dam, which we later visited.

The Ranger completed his talk by reminding his audience that no matter how inspiring the dam may appear today, nature will eventually reclaim the Colorado River in its entirety.

Yosemite



Then onto Yosemite, a world Heritage site, internationally recognized for its spectacular granite cliffs, waterfalls, clear streams, giant Sequoia groves and amazing biodiversity.

We arrived in the early evening having booked a wooden cabin deep inside the park. It had a large picture window through which wild life could be viewed. That evening as dusk fell we had a visitor. A red deer with huge antlers came up to our log cabin and looked in the window.

It was an idyllic place with Half Dome Mountain standing out in the distance. We stayed two nights and spent the day walking in the park and visiting the animal Sanctuary.

Las Vegas

We couldn't leave the region without visiting the famous Las Vegas (Spanish for meadows), a man-made town in the middle of the Mojave Desert, an arid basin surrounded by high mountains.

There was something almost magical about driving through a dust bowl and arriving to see lush-green grass lawns fronting well-kept houses.

In 1905 it was just a railway town, which grew with the Hoover Dam project in the 1930s until now it boasts itself, the Entertainment Centre of the world.

We arrived in the mid afternoon and then rested until the heat of the day had subsided.

As we entered a large sign 'Babysitting 24 hours' met us. This was one of the many surprises we would come across.

We stayed at a small family hotel where the 16-year-old daughter kindly babysat while we 'did' the town.

First stop 'the Vegas strip' a mile-long road of hotels, gambling houses, theatre etc. Many of the world's wonders had been reproduced there such as the Great Pyramid, the Hanging Gardens of Babylon and many more.

We entered one of the bigger gambling houses and waded through what seemed like miles of one-armed bandits with people of all ages pulling levers and inserting their coins from plastic coffee cups. Every now and again, there would be the loud

clatter of coins erupting from a winning line and a cheer would go up.

We ate at the restaurant that boasted 'high chairs for children at any time' and then took the plunge and entered the gaming room.

We had seen many movies about Las Vegas and knew what the gaming room looked like but being there was a totally different experience.

The size, the colours, and above all the noise, a cacophony of sounds, a heady mixture of voices, fans humming, high pitched calls and shout and cheers,

it was as if the whole of humanity had collected in that room. We had decided how much we would gamble and tried the roulette wheel. Initially we won a small amount, had one full number come up but then we began to lose and in all lost £20 which seemed good value for a great evening.

We returned to our hotel to find Sarah had not even missed us!

The rest of the trip passed like a dream. By now I was a confident driver managing to navigate the 6-8 lane freeways and understanding the road signs perched high above our heads as we raced along.

An advert in the local paper in Los Angeles brought a buyer for our car which had served us so well. We flew back to Baltimore, hired a U-Haul, a small self-drive van and loaded it with the luggage we had stored in a friend's garage.

Then we drove the two hundred miles to the Dockside in New York where after a bit of haggling, we got all our cases and boxes on board the liner 'La France'. It was to be her last voyage as a

passenger ship, before being sold and converted into a floating hotel.

LPA (Little People of America)

My experience in Baltimore was life-changing. The meeting of the LPA (Little People of America) opened my eyes to the dilemma faced by short-statured people, both adults and children.

Genetically inherited Disorders

At the same time at Johns Hopkins, Dr Victor McKusick, an internationally renowned expert in Genetically inherited disorders was carrying out an in-patient review of the medical and psychological problems faced by people of short stature. I was invited to carry out an Orthopaedic assessment.

My study, evaluating the disability of over 150 affected patients, became a unique record, the results of which I subsequently presented as a Hunterian Professorship lecture at the Royal College of Surgeons in 1970 and published in the Proceedings of the Royal College of Surgeons in the same year.

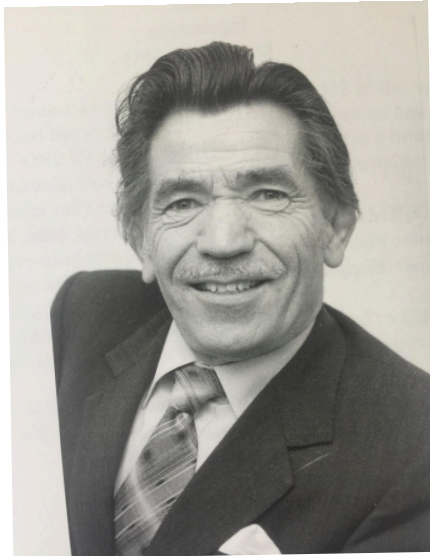
I also studied one of the most serious complications of Achondroplasia, namely spinal narrowing and paralysis. My paper was selected as the Robert Jones Prize Essay for 1971 and I was awarded the college Robert Jones Medal.

Restricted Growth Association (RGA)



On my return to England, I began to enquire whether an organisation such as LPA existed there.

I contacted the Council for Social Services and met Mac, Miss McCarthy, everyone called her by that name. She was looking at the same problem. I then contacted a number of organisations for the disabled and one day found myself in the office of the secretary of the Disabled Drivers Association, a fiery Welshman called Charles Pocock.



Charles Pocock MBE

I clearly recall the meeting. His office was a big airy room with a large desk behind which Charles was seated. He came forwards to greet me and to my surprise he stepped down from his chair.

He was short statured, no taller than 3ft 6". After I had introduced myself and explained why I was there, he told me that he had Achondroplasia and proudly showed me a photograph of his two normal sized daughters.

By this time, I had become quite knowledgeable about the different forms of short stature and immediately realised that he had been misinformed about his diagnosis.

What he had was another form of short stature, a condition called Diastrophic Dwarfism, a recessive condition, which explained why he had been able to have two children of average stature.

Initially he was against the idea of an Association saying that he felt it would isolate people affected by Short Stature but when I pointed out that someone like him, who had overcome prejudices and challenges, would be a wonderful role model for others who were less confident, he became very enthusiastic.

We arranged a steering committee meeting and Charles was appointed our first chairman, later to be our President. I believed that if the organisation was to be a success, it had to be run by and involve people with short stature.

It was initially called ARRG the Association for Research into Restricted Growth but the name was later changed to its present title RGA- Restricted Growth Association.

It became a registered Charity in 1970.

Other people whom I recall include Mary Lindley (after whom the RGA library was named) and Sir William Shakespeare, a GP with Achondroplasia.

His son Tom is now a Professor of Disability Research in the medical faculty at the University of East Anglia. He is passionately involved with improving the conditions for the disabled, a term he dislikes.

The General Infirmary at Leeds



My appointment and Surgical practice in Leeds, that was to last almost 25 years, was not without its drama. I was ready for a Consultant post and had applied to a number of units without success.

While I was in Toronto attending a meeting of the International Society of the Study of the Lumbar Spine, the closing date for the Leed's job approached. I had completed an application form, which was sitting on the sideboard at home.

As usual, that evening, I rang home and spoke to Diana. In the course of our conversation she reminded me that my application to Leeds was still laying on the hall table and did I still want to apply.

Without stopping to think too much about it, I said, 'I suppose so,' and unknown to me at the time, our fate was sealed.

The General Infirmary at Leeds (to use its formal title), is by far the longest established of the city's

hospitals. It dates back to June 1767 when an Infirmary “for the relief of the sick and hurt poor within this parish” was set up in a private house in Kirkgate.

The hospital’s first purpose-built home opened in 1771 close to City Square. From that small building began a process of almost continual expansion to try and keep pace with the growth of the township of Leeds during the Industrial Revolution.

This culminated in a move to an impressive new site on Great George Street in 1868.

The present building designed by Sir George Gilbert Scott (of St Pancras Station fame), remains one of the great Victorian icons of Leeds. Over the years it has burst out of its original boundaries with the addition of a multitude of new wings in often wildly divergent architectural styles.

The most modern wing called ‘Jubilee’, opened in 1998, and took its name from celebrations for the 60th Anniversary of the National Health Service.

I Visit the Hospital

It was the usual practice to go and visit a hospital unit before applying for a post. I was working in London at the time and we were very short staffed due to holidays, so I was very stretched. I could only arrange to visit the unit on the morning of the appointment day; have a look around the department and meet my potential colleagues and then if I was impressed, I would attend the interview in the afternoon.

My plans however went badly wrong. As the plane from London approached Leeds Airport, the pilot announced that the fog was too thick to land and that he would have to divert to Newcastle, a hundred miles further north.

I had come unprepared even forgetting my wallet. A kind fellow passenger lent me some money to enable me to complete the journey by coach, getting me into Leeds at about 1pm just in time for the interview at 2pm.

Consultant appointments

Consultant Appointment Committees are rather formal affairs. An official letter invites the short listed candidates usually four to five in number to attend on a certain day at a certain time.

On arrival they are conducted to a waiting room. There dressed in their best suits, white shirts and subdued coloured ties, they wait to be called in.

Still rather hustled from my journey I looked around and found I knew most of the other candidates having met them before in similar circumstances or at medical school.

We greeted each other in a friendly manner despite the fact that we were in competition. We were all appropriately trained with the correct number of publications to our names.

In practice, a Consultant appointment tended to be a bit of a lottery with the local man having a slight advantage provided he hadn't upset anyone.

On this occasion, I was the odd man out as I had come from a southern Hospital whereas the others were all northern trained. That may not seem to be important to the uninitiated but in practice it is very significant.

'We don't want one of those Southern toffs up here,' they would whisper under their breath.

The committee, about 4 - 6 in number, consisted of a chairman, usually an administrator, two or more Consultants in the specialty, a general Physician and Surgeon and one or two others. Each would question the candidate in turn.

Candidates were called in alphabetically. I was the third to go into the lion's den.

The committee was seated along the far side of a long table in front of which was a solitary chair. I stood waiting to be greeted and then was directed to sit in the 'hot' seat.

Although I had attended many interviews in the past, this one was of particular significance. If successful it would completely change my life.

I was very uneasy and decidedly lacking in confidence. I felt very alone; all eyes were upon me when the chairman began to speak.

'Good Afternoon Mr Nelson, let me introduce the panel,'

and he proceeded to name the members one by one. I knew most of them having been in front of them on one or more occasions.

Then the questions began - they were familiar to me.

'Tell us about your training? What papers have you written? What are your interests?' Then occasionally a clinical question - a man aged 65 presents with etc. etc. Finally, a management question, 'you are in charge of the A&E department, how would you prevent unnecessary attenders?'

Then it was all over and I was asked to wait outside when the committee would make their decision.

Outside in the waiting room, the applicants would eye each other, not saying a word. After what seemed an eternity the committee room door opened and a secretary appeared. All eyes were on

her. She looked around the room and then called out my name.

I avoided eye contact with the other candidates, stood up and followed the secretary into the room

The others got up, said goodbye to the room and made their way home.

The whole procedure had an air of drama about it but each unsuccessful candidate knew that it was only a matter of time before their name would eventually be called and she/he would enter the hallowed room and become a consultant.

My appointment, I later learned, was as a result of a tie between two applicants. The committee was unable to agree and as it was getting late the Chairman suggested that the third choice 'me', should be appointed.

John Fitton, an Orthopaedic Surgeon, a rather dour Yorkshireman voted for me and I was in. He remained a staunch supporter throughout my tenure.

I was to be the fourth Consultant in the department, which included Professor Clark, Pip Silk and Eddie Longton.

Years later I would recall that interview when I was a member of an appointing committee and would cringe at the thought of what the candidates must be feeling.

In 1969 my fledgling family including Diana and our two children Sarah aged 3 and Paul aged one, set off on our new adventure.

Finding a home in Leeds

After a few aborted attempts including being gazumped, we settled for renting a semi-detached house to give us time to decide where we wanted to live.

A wonderful Indian family occupied the other half of the semi with two children of similar ages to ours. The connecting door between the two homes was always left open so that the children could run in and out.

We developed a close friendship, which continued long after we moved into our permanent home in Leeds. One of their sons became a Urological Surgeon in London.

Gazumped again

An estate agent had told us about a house which was situated on the northern edge of the city. It seemed ideal and we went to see it, liked it and made an offer but we were again *gazumped* by another buyer.

Despite our disappointment, the buyer became a friend and in time told us about another house that he knew was shortly to become vacant.

No 1 Sandmoor Avenue



A family who lived in Switzerland owned it. Their two grown up children occupied it. We went to see it and loved it from the start although it was somewhat neglected. It had large spacious rooms with high ceilings, five bedrooms and a large garden.

When it became vacant, we were able to purchase it. I remember the delight we felt that we had found the perfect house. It needed some tender loving care but we could see that it would provide everything we needed in a home.

We struggled through a very cold winter on bare boards but as the spring came we began to renovate it. As we bought or moved in our possessions the house gradually came to life.

When the snowdrops arrived, followed by the daffodils and the tulips, lighting up the garden, we knew we were at last home.

When complete, it was the perfect house and I have wonderful memories of the happy years spent there. We had enough room for our two children to have bedrooms of their own and Diana to have her own room also.

I was drawn to the garden and as soon as I could, I had a greenhouse built and within a short while became a very keen gardener, never losing the thrill of seeing plants growing from seeds or cuttings.

Antisemitism

My first and only direct experience of Anti-Semitism was in relation to a conversation I had with one of my Medical colleagues.

I have been in post for about a month and we were in Sister's office during a mid-morning break, having a cup of coffee when he asked if I had found somewhere to live.

I replied that my wife and I were looking at some houses in Alwoodley, an area on the North side of the city, which I later learned was known to be a 'Jewish' area.

He turned to me and said in a serious voice,
'I wouldn't live there if I were you, your neighbours might be Jews.'

I said nothing and he thought for a minute that I might have misheard him so he repeated it.

I paused and then replied
'I don't think that would be a problem as I am Jewish.'

You could have heard the proverbial pin drop.

Then collecting his thoughts, he stuttered,
'Yes of course, it's a very nice area, some of my best friends live there.'

Despite that rather unfortunate beginning, we became good friends and I grew to respect him and his wife.

Leeds was considered to have a large Jewish population. For reasons that are unclear, the LGI had never previously appointed a Jewish Consultant and the word got round that it was Anti-Semitic.

I, coming from the South, was completely unaware of its reputation and had applied in good faith.

When the community learned that a Jew had been appointed as a Consultant at the LGI, stranger after stranger would stop me and congratulate me. This went on for many years after.

The Orthopaedic Department at the LGI was a bit of a hotchpot, situated on the fourth floor (D) of the outpatient building.

It could be reached by three flights of stairs and a rather tired old-fashioned lift. This wasn't ideal since many of our patients had difficulty in walking or were in a wheelchair but that was the way it was.

The clinics were arranged along a central corridor, off which were consulting rooms, sister office, an X-ray suite, a plaster room, a waiting room and a recovery area.

Fracture Clinics were held in the mornings during which time, roughly eighty to one hundred patients would be seen. Two to three doctors would be in attendance. It could be very hectic and tempers were sometimes frayed, especially when X-rays were delayed and patients seemed to be waiting with nothing happening.

Orthopaedic Clinics were held in the afternoon. Each Consultant had two, one for new patients and the other for return patients.

Low Back Pain

My interest in Back pain was stimulated during the time I worked with Jack S Batchelor at Guys

Hospital. There we held a routine Back Pain Clinic to which patients with a wide variety of back pain problems were evaluated.

Guy's systematic approach to Back Pain diagnosis encouraged me to do the same when I became a Consultant in Leeds.

What we learned was that Back Pain was a Cinderella subject. No one liked treating Back pain patients, as there were so many conflicting influences and management was fraught with disappointment. Labels of *malingering* and *work-shy* individuals added to the confusion

Investigations often failed to reveal any abnormality but the patient was often still disabled with pain.

It soon became apparent that the history and the examination were the clue to diagnosis. With the help of the Leeds Computer Unit, we designed a detailed back pain protocol and undertook a large prospective study.

The results were presented to the Society of Back Pain Research and published in *Rheumatology and Rehabilitation* in 1975.

Day-case Patients

The Department had two Out-patient Wards of ten beds each, a male and female, situated off the main hospital corridor. These were used for Day-case surgery

Main Wards

All main wards were numbered rather than named, (as is the practice in many hospitals) and ours were Male-16 and Female -3 during my time.

They were originally what have been described as Nightingale wards, that is large open rooms with very high ceilings and without divisions between the beds.

Privacy was achieved by curtains that could be drawn around a bed to isolate it from its neighbour.

This plan was introduced during the 18th Century to increase ventilation and to allow for the dilution of the smells that emanated from patients with gangrene etc. It also allowed the nurses to keep an eye on a number of patients at the same time.

The recent conversions into four-bedded and even two-bedded units may have improved privacy but at the same time has significantly increased the nurse's workload and has made it much more difficult to ensure adequate supervision.

Clinical Duties

The week's work was divided into eleven half-day sessions

Consultants worked full time or part time the latter undertaking private work on two half days a week.

1987 Spinal Surgery Course at Harlow Wood Hospital

Surgeons attending a Spinal Surgeon Course



Medico-legal Practice

A significant part of an Orthopaedic Surgeon's practice consisted of dealing with the results of accidents etc.

In many of these cases, the victim had not caused the accident. It had occurred as a result of someone else's negligence and compensation is sought.

Medical Defence Union (MDU)

is one of three major medical defence organisations in the United Kingdom, offering professional medical indemnity for clinical negligence claims and advice provided by medico-legal experts for its members. It is a mutual not for profit organisation.

It wasn't long before I was being approached by lawyers to advise on the cause and responsibility of an accident to their client.

Having interviewed the client, I would produce a Medical Report detailing the injuries sustained, the continuing disability and the prognosis for full recovery.

My report would be used by the lawyer to argue the case for appropriate monetary compensation, that would include loss of earnings and degree of disability.

In those rare cases where disagreement persisted, settlement in court was the next step. As I became more experienced, I began to receive instructions to appear in court as an expert witness.

Most cases were heard locally in Leeds but I also received instructions to appear elsewhere including Belfast.

One such case indicates the difficulty that might arise.

A six year old boy fell and sustained a fracture of his elbow. The fracture was reduced by manipulation and a plaster was applied. The fracture healed but as he grew his elbow began to deform.

The family sought the advice of a lawyer who obtained a medical report. It concluded that the surgeon was negligent in not operating on the elbow.

The case ended up on my desk. At first glance it seemed to be cut and dried. The surgeon should have operated on the displaced fracture.

But as I reviewed the literature, I found that the first report of surgery for that fracture was published long after the date of the accident..

So the treating surgeon was applying the accepted treatment for that time. He could not know then what was to be shown to be the treatment of choice years later. So the claim failed!

Reflections

It is difficult to compress into a short account almost thirty years of surgical experience but some things stand out. Far and away above the others, was the dedication of the medical and nursing staff, often working under very difficult and demanding conditions.

Staff shortages were a constant challenge and doctors and nurses often stayed on duty far beyond their contracted hours to cover for shortfalls in staffing.

The Acute departments were the hardest hit. The constant and steady stream of patients made the job in A & E particularly challenging.

A multiple accident might bring 4-8 seriously injured patients into the department at the same time, tying up most of the staff for hours.

Under these circumstances the patients already waiting usually understood and accepted the situation with equanimity.

The Operating Suites

The engine rooms of the hospital's surgical department are the operating suites, comprising anaesthetic, changing rooms and rest areas.

It's a world of its own with a team of dedicated Doctors, Nursing staff and Theatre orderlies working around the clock.

The value of a trained surgical team cannot in my opinion be overemphasized yet as time has gone on and with the increasing demands on the Health Service, the rationing of surgical teams has gradually eroded them to the point where in my specialty, it has been assumed that any trained theatre nurse can assist any Trauma or Orthopaedic procedure: whether it be a simple fracture plating or a more complicated spinal operation.

The result is that the theatre nurses have been relegated to being waitresses, handing out the instruments on demand without any knowledge of what they are for.

In the past, the trained theatre nurse would take an active part in the operation anticipating the surgeon's needs and in some cases make suggestions; she was an expert in her field.

Some specialties such as Neurosurgery and Cardiac surgery still enjoy such staff but for the remainder of the surgical specialties, any trained nurse is assumed to be able to take the case.

The effect is that the surgeon no longer has a partner working with him, someone who is familiar

with the procedure, but in effect a waitress who has to be told what he needs throughout the operation.

In a specialty such as Orthopaedics, in which there are a large number of special instruments for specific procedures such as hip and knee replacements. This can pose a problem.

Fortunately, the difficulty has to some extent been resolved as a result of another seemingly unrelated development.

CSSD

In the past instruments were sterilized in the theatre and those needed for an operation were laid out by the theatre staff.

Since the advent of CSSD-Central Sterile Services Department, surgical instruments were now packaged according to need. For example, if the surgeon is doing a total knee replacement CSSD, the assisting nurse will assemble one or more packages, containing all the instruments needed.

Then all the theatre sister had to do was read the label, select the correct package, open it and set it out. She or he no longer needed to remember what instruments were required since it was all there in the pack.

Infection

Infection continues to be a major complication of bone and joint surgery and can jeopardise the result of the most skilful procedure.

In 1847, Ignaz Semmelweiss (1818-1865) identified the surgeon's hands as the commonest route of spread of puerperal fever in pregnancy and as a result in 1889, latex disposable gloves were introduced.

Non -Touch technique

Sir William Arbuthnot Lane (1856-1943) a surgeon at Guy's Hospital in the first half of the twentieth Century introduced the Non -Touch Technique in the open reduction and fixation of long bone fractures. By keeping the surgeon's hands out of the wound, he reduced the infection rate substantially.

It was inevitable that as I trained at Guy's Hospital, I would have been aware of his Non -Touch technique and it was not long before I was attracted to it because of the frequent tearing of gloves that occurred during an operation.

It also appealed to my aesthetic taste allowing a gentler handling of tissues. When I moved to Leeds, I introduced it there and continued to use it throughout my career.

Antibiotics- Penicillin



In 1928, Sir Alexander Fleming working on Oposonins noticed that the mould *Penicillium Notatum* was contaminating plates of bacteria that he was growing.

He described the effect in a medical paper but it was not until 1939 that two scientists, Howard Florey, Ernst Chain and their colleagues working at the Sir William Dunn School of Pathology at Oxford University isolated the active ingredient, Penicillin which was then developed for clinical use in the USA.

It took some years before its full benefits were fully appreciated and for it to be in regular use.

Once the chemical formula of the active ingredient had been identified, scientists were able to develop new products with even greater antibacterial action and a whole new field of antibacterial drugs rapidly

evolved.

As Orthopaedics developed, more and more non-reactive metallic and non-metallic materials were implanted into the human body to replace or help to repair damaged and worn out bones and joints.

It soon became apparent that infection was a major complication in such surgery and surgeons began to give their patients prophylactic antibiotics with the intention of sterilising the surgical wound.

Bacteria are very clever at adapting to new drugs and drug resistance increasingly becomes a problem.

Recent studies have shown that many wound infections actually arise from the patient her/himself harbouring them on the skin and in the nose.

It is now the practice to swab the skin and nose of the patient some days before surgery and destroy any commensals particularly *Staphylococcus Aureus* before surgery is undertaken.

Technology

My Private Practice was growing slowly and together with my NHS practice, kept me fully occupied. It was a time of great change. The increasing application of technology was altering the face of Surgery. It was an exciting time to be a surgeon.

Many Orthopaedic surgeons today will be unaware of the time before joint replacement when we struggled to help those with crippling Arthritis.

Our choices then were to stiffen the joint (Arthrodesis), realign the bones (Osteotomy) or excise the head and neck (Arthroplasty)

Joint replacement came as a miracle and transformed so many lives. Now the Orthopaedic Surgeon could actually return a patient to near normal, painless mobility.

Travel

Medicine offers the practitioner, particularly the specialist enormous opportunity for travel. There are many specialist groups that have international membership and meet in different countries.

My own memberships included the: British Orthopaedic Association, The Back Pain Research Society and the International Society for the Study of the Lumbar Spine (ISSLS).

I manage to attend at least one to two meetings abroad each year and visit countries as wide apart as Canada, Japan, Sweden, Portugal, and South Africa. It was usually to present a paper, and to learn about recent advances.

On many occasions, I was accompanied by my wife. She came with me when I went to the ISSLS's meeting in Kyoto Japan to present a paper. It was a memorable visit to a country so different from the West.

At that time there was little English spoken and no English signs so that when we left our hotel we needed to carry a piece of paper with its name otherwise we would have never found our way back.

Surgeons unfortunately make mistakes. They are human and with the best will in the world make the wrong decision or fail to recognise what could turn out to be a problem.

Some examples of my mishaps

A man in his early sixties was undergoing a total hip replacement. I had dislocated the hip and was preparing the acetabulum to receive the new cup when a clear pale yellow liquid poured into the wound. My assistant reassured me that it was only fat but I was not convinced. I realised it was urine.

The point of my instrument had inadvertently pierced a full bladder inside the pelvis. (The bladder should always be emptied before surgery but it was forgotten in this case and I didn't notice it.)

Recognising the problem, I alerted the Genito-Urinary surgeon who told me to complete the operation and he would come in and repair the bladder through an abdominal incision. Having closed up the hip wound, the bladder repair operation was then performed.

Later that day I went to see the patient to explain why he had two wounds instead of one. After I had explained the problem he shook me by the hand and thanked me, saying that he was grateful that I had recognised the complication and dealt with it. I walked away feeling greatly relieved and thankful that he was so understanding.

A sixteen-year old girl had fallen from her cycle and sustained a closed fracture of her femur (thigh bone). It was ideal for a rod, which would pass inside the marrow cavity locking the two fragments together.

The operation was proceeding well. I had reamed out the bony cavity prior to inserting the rod. I used the diameter of the reamer to tell me which diameter rod to insert.

I was tapping in the rod when it stuck and no matter how hard I tried, I couldn't advance it or remove it. I was confused and alarmed. I checked the reamer My heart sank.

'Sister,' I asked, 'Is this a new reamer?'

'No, it's an old one that we have had sharpened,' she replied, unaware of the significance of what she was saying.

What that meant was that the diameter of the reamer was now less than the size marked on it. I had tried to insert a nail that was in fact too big for the canal and it had jammed.

I did not know that at that time, in order to save money, reamers were being sharpened.

If I had realised it, I would have measured the diameter of the canal directly with an accurate guide and not relied on the diameter written on the instrument.

Fortunately, there was a happy ending to the story. We eventually managed to withdraw the jammed rod and replace it with the correct sized one. The young lady went on to make a full recovery never knowing about the drama in the theatre.

Another incident occurred when I was carrying out a bunion correction. The operation involved removing the protruding bone, fashioning a wedge shaped piece from it and inserting it so as to correct the alignment of the big toe.

All was going well but as I passed the wedge to the assisting nurse it fell onto the theatre floor. There was an intake of breath as the onlookers gasped. What was I going to do?

Someone leant forward to pick it up but I beckoned to him or her to stop. I took a pair of forceps, picked up the piece of bone, washed it in some alcohol and proceeded with the operation. I am pleased to say that this patient also made an uneventful recovery.

Visit to Israel

Modern Surgery is international and the techniques performed in one country are very quickly mirrored by those carried out in another.

I had been on the staff at the LGI for some years when I decided I would like to spend some time abroad.

I had heard that the medical services in Israel were some of the best in the world so I decided to apply for a surgical attachment in an Israeli hospital.

I had managed to save up some holiday and wrote to the Israel Medical Association. I received two replies.

One was from the Chief of surgery at Tel Hashomer, a major hospital in Tel Aviv inviting me to join one of the major units in Israel.

The other was from Dr Art Abelson, an Orthopaedic surgeon originally from Connecticut.

He was a shy man with an infectious smile and a soft American drawl who had settled in Israel with his family, his wife and two daughters.

He invited me to join him in Afula, a pioneer hospital on the border with Jordan. He said I would be dealing with many of the basic bone and joint problems most of which had disappeared in the Western World. The tenure of his letter was so appealing that I chose that unit.



Art, Ruth, their daughter, Diana and myself

My wife, our two children and myself found ourselves based at Afula, a small town in the northeast of Israel near the border with Jordan.

Art Abelson and his wife Ruth received us with great warmth. We were provided with a small apartment within the walled hospital compound

There was a central public building with a restaurant on the first floor where meals were available on the presentation of coupons. Most evenings our family ate together in the centre.

The Clinical Day

The clinical day began early at about 6 am in the cool of the morning soon after daybreak with a quick ward round to check the patients from the previous day's surgery and then into the clinic.

There was no control of numbers; we just continued until everyone had been seen. Most of our patients came from the small neighbouring Arab settlements. Few could speak Hebrew and none English.

My lack of Hebrew meant that the patient's history was taken in Arabic, translated into Hebrew and then into English. It was a less than ideal arrangement but the best we could do, I likened it to veterinary surgery.

The patients had a wide range of complaints but infection was one of our most common clinical problems.



After some weeks, I was invited to visit the Hadassah Medical Centre in Jerusalem, one of the foremost hospitals in Israel.

I arrived at about 8.30 am and was directed to the operating room where my host was about to carry out a total hip replacement.

He saw me enter and beckoned to me to scrub. Once by his side he asked me what type of hip replacement I did, when I replied 'Charnley' he handed me the scalpel and said please carry on.

Happily, the operation went without a hitch. Later that day I gave a talk to the residents about my work on 'the early diagnosis of Hip dysplasia' I recall that it was well received and I had a lot of questions.

Sciatica

After I had been working in Afula for several weeks, a youngish man was admitted with severe sciatica that had failed to settle on bed rest.

Art, who had no spinal surgical experience wanted to transfer him to a hospital in Tel Aviv but I persuaded him to let me operate on the man.

We needed a myelogram to localize the disc lesion and I proceeded to the X-ray department to request one. I arrived during a coffee break and stood waiting for attention. They were talking and laughing. I got impatient and barged in and asked for some help.

I was soon made aware that the chief radiologist was offended by my 'rudeness'; and wasn't prepared to agree to my request.

Fortunately, Art intervened and the myelogram was arranged. It confirmed the diagnosis and the operation was scheduled.

Thanks to my training with Mr Campbell Connolly, the neurosurgeon with whom I worked while an SHO at the RNOH in Stanmore, the operation was a success.

The experience in Afula was invaluable. We were mainly treating the local Arab population. I was seeing conditions that had virtually disappeared from the west, in particular limb paralysis an aftermath of Polio. Bone infection was also a common problem as many of the children were sadly malnourished.

The Sinai Desert



While in Israel, Diana and I had an opportunity to make a trip into the Sinai Peninsula that, at that time, was part of Israel. It has since become part of Egypt following a peace treaty. We joined a group of about ten people and met in Jerusalem.

Our transport was an open truck with a canvas awning to keep off the sun.

Together with about twenty others, we travelled south along the shore of the Gulf of Aqaba stopping overnight at Nuweiba, Dahab and Sharm-el-Sheikh, usually sleeping in wicker huts on the beach.

We then drove inland stopping at the Church of Santa Katherina, a first Century Christian church where we were shown the 'Room of the Skulls'.

Throughout the trip we had to manage with minimal washing but at the church there was an apartment where we were able to have a welcome shower.

The Oases

The extraordinary features of this barren dry land were the oases that we came upon. They could be recognised from far off by the presence of vegetation and Palm trees.

In the shade under the trees would be a pond of clear fresh water, which had seeped up from an underground spring.

Coming upon one was like a miracle; they seemed to be so out of place in that barren alien landscape.

Another extraordinary sight were the ancient graffiti drawings on the group of rocks found in the centre of the Sinai desert. They had been extensively researched but no one knows for certain who drew them.

After a memorable trip we returned to Afula but the children wouldn't greet me. They were frightened until I had removed a six-day beard. After a further few weeks working in the hospital I returned to Leeds and normality.

International Society for the Study of the Lumbar Spine- ISSLS

I continued my interest in Spinal surgery and was beginning to get referrals from my colleagues.

My membership of ISSLS kept me in touch with all the latest developments. Established in 1974 by Harry Farfan, a Canadian surgeon, ISSLS membership grew rapidly as spinal surgery was carried out more frequently. I applied for membership soon after I was appointed in Leeds. The Society met once a year in different countries.

In 1985 I submitted a paper on the 'clinical diagnosis of Low Back Pain'. It was selected to be read at the Kyoto meeting in Japan. Travelling to meetings can have its funny side.

I recall meeting a Japanese colleague at an earlier ISSLS meeting in Toronto. We became friends and as the next meeting of the society was in Kyoto the following year, we arranged to meet there. We exchanged details and promised to keep in touch.

Time passed and I heard nothing so I contacted him or so I thought.

Diana and I had decided to do a 'round the world' trip. It was actually cheaper than travelling there and back and seemed a unique opportunity to visit Hong Kong, Japan, USA and home.

We planned to be away for about 3 weeks, travelling with Cathay Pacific, which proved to be a most efficient and comfortable carrier.

The first leg of the journey took us to Hong Kong where we stayed at the International Hotel, a

modern skyscraper on the mainland. It had both European and Chinese restaurants.

I remember a ferry trip across the bay at night with thousands of twinkling lights looking down on us.

Beggar's Chicken

We ate Beggar's chicken at a well-known restaurant having seen it delivered to a table nearby.

The story goes that a beggar stole and killed a chicken and wrapped it in Lotus leaves and buried it in the ground. He then made a fire over it and some hours later returned and dug up the chicken. It was caked in a layer of mud which he cracked off, peeled off the lotus leaves and behold a delicious cooked chicken.

In the restaurant the dish arrived in a covered bowl. It was dramatically unveiled and then the waiter ceremoniously cracked open the layer of mud, peeled off the lotus leaves and served the steaming meat. The whole event was dramatic and exciting and was associated with a round of clapping from the other diners.

We stay at a Traditional Japanese Hotel

We learned that our evening meal in the hotel would be served in our room at a very low table at which we were expected to kneel. Before the meal we were directed to undress, put on a brightly decorated Kimono dressing gown and go to a communal pool, one for each sex, where we were shown how to undress and wash ourselves seated on small stools from taps situated around the wall.

Having washed, we were then invited to enter the pool. The idea was to sit quietly meditating and reading wise sayings from boards placed around the pool.

Returning to our room we waited for the meal. The food was brought by a Geisha girl who bowed deeply as she laid it out on a small lacquer table. It consisted of small portions of unidentifiable dishes, possibly snails, prawns and chicken, which we ate, in the order we were instructed. This all occurred without a sound from the young woman. We soon got into the pattern and began to speak in whispers. It was surreal as if we had entered a parallel world.

The following morning, we went to the restaurant for breakfast and we were back to reality with a western style meal.

The mystery didn't end there. After breakfast we were taken to the train station and boarded the bullet train for Tokyo. Arriving at our destination we were met by another young man. He apparently had no difficulty recognising us on the platform as there were very few westerners at that time.

He accompanied us to the hospital to meet my Japanese Colleague. We were taken to a taxi and

the driver was given directions. At last we were going to meet our host. But it turned out differently.

The man who came to greet us was not the friend I had made in Canada. Somehow, somewhere, names had become mixed up and both he and I thought we were in touch with a colleague we had previously met due to the unfamiliarity of names.

It all ended happily however. We shook hands and continued to enjoy his hospitality. It included a trip to a Japanese restaurant where the guests sat cross-legged at low tables.

Neither Diana nor I was able to sit with our legs crossed for very long but they had thought of that and there was a space beneath the table that allowed us to extend them into it.

We stayed in Tokyo for a further two days before returning to Kyoto and continuing on our journey.

My Fine Art Career- BA

It was not such a long time ago that life expectancy was much shorter than it is today. A man retiring at 65 could be dead within 5 years so that the thought of planning for one's retirement then was of theoretical consideration only.

But today with the unexpected increase in longevity, with both men and women living well into their eighties, planning makes sense.

The process should begin well before one leaves work and ideally one should move seamlessly from one to the other.

I was fortunate enough to be able to do just that. I was inspired by my late wife Diana who since her teens had been devoted to art and very proficient in drawing and painting. So whenever we could we went to Exhibitions and Art Galleries.

I had no instinctive interest in any specific field of art but my career in Orthopaedics, which is a constructive mechanical discipline and a very physical one, drew me inexorably to sculpture.

Sculpture Course

My own art journey began about two years before I retired. We in the UK are blessed with an almost unlimited choice of retirement courses. I was able to attend a series of night classes, once a week. I chose drawing, painting, life class, and clay modelling with Sheila Gaffney, a local artist with whom I was learning to do a bust in clay.

She had emphasized the importance of getting the armature as accurate as possible. Each of the courses lasted about 3 months.

By the time I retired in 1992 I had a smattering of knowledge and skill in many aspects of art in the broadest sense.

In discussion with one of my course lecturers, the question of doing a University degree was raised.

My initial response was no, I had had enough book learning and writing. But as I thought more about it, I realised she was right. It could be the most suitable way of commencing my art career.

Not far from where I lived in Leeds were a number of medium sized towns most of which had colleges or universities teaching Fine Art.

Sitting in the library one day, I drew an imaginary circle on a local map outlining roughly one hour's drive from my home and wrote down the names of the Art Teaching centres within that circle.

I then wrote to five of them asking for their prospectuses.

Within a few weeks a number of heavy envelopes fell through my post box. Most were unsuitable, requiring an A level in Art, or a university year in Art.

But there was one, which caught my eye. Sheffield Hallam University, previously a Polytechnic, was offering a five-year part-time BA Fine Art Degree for people with unusual CVs.

My ears pricked up. Would a career as a surgeon qualify for an unusual CV?

I applied, completing the two-page Application form.

From the blurb that accompanied the application, there was a request that they would want to see some of my work so I began to assemble a portfolio.

I collected the Artwork that I had done on the various courses as well as photos of constructions I had welded while attached part time to an Engineering company.

I was due to attend an interview at 2 pm in Sheffield. By chance that morning I was on the panel of my hospital committee to appoint a senior doctor.

The two Appointment Committees could not have been more different.

Medical Appointment committee

In the morning, there were five candidates each with the necessary qualifications. There were six of us on the appointment panel. Each candidate was questioned in detail and finally a decision was made.

Art Committee

In the afternoon I was the only candidate. I was shown into a room and sat at a long table behind which were seated six youngish men and women, students I assumed.

At the head of the table sat an older man, a lecturer I supposed. He welcomed me and then invited me to talk about my work. I was asked no questions until the end and then only one. Then it was over and I was on my way driving home, it seemed like a dream, an unreal fantasy.

I was informed a week later that I had been offered a place beginning in September. I was delighted but also apprehensive. I was entering a new world, one in which I would feel lost and uncertain and that is exactly how it was when I arrived at college.

BA course

Unlike most University subjects, Art is loosely structured and the student is left more or less in charge of his own work. But there was an advantage, students readily interact and show their work to each other, which provided a springboard for one's own ideas.

At the same time as I began the BA course, I rented a half stake in a barn at a nearby garden centre, sharing the space with a caravan repairer.

When I took possession, half of the barn was empty apart from a pile of bamboo sticks up to 6ft tall propped up against a wall. They became the inspiration for my first foray into sculpture.

The first thing I bought was a second hand 20ft container in which to store my tools and materials - there being no other security.

I vividly remember it arriving on a trailer pulled by a tractor. We had great fun manoeuvring it into position against the back wall. Inside I made some shelves and soon it became a very well organised store.

I managed to wire up a mains socket so that I had light and power.

Next I needed to set myself up with some heavy-duty machinery suitable for working in wood. I purchased them from an Auction. They included a vertical drill, a lathe and a bench.

My week was now divided between my days at college and my time in the workshop. It was a very

happy time bringing me back to my childhood love of making things.

The children had left home so Diana and I had more time together. She was pursuing her art course at Jacob Kramer later to be renamed Leeds College of Art.

I had joined the Yorkshire Sculpture Group and was beginning to exhibit with them.

It was about this time that I met Gerrit, a Stone Carver from Holland.

He lived in a farm cottage in Long Marston just outside Wetherby and worked from home in an outside studio. I visited him many times and we became good friends.

Medical Totem Pole

About two years after I started in Sheffield I entered a competition to provide a piece of artwork for the Rotherham General Hospital.

It was a totem pole carved from a 3' x 3' x 3 ft. piece of soft wood with the images of a doctor, a nurse, syringes etc.

It was then cast in metal and placed outside the day-case surgical building. I think it is still there to this day.

The Final Show

The years passed quickly and then it was time for the final show on which my degree would be judged. Looking back, I think my work was a bit of a hotchpotch, a number of different pieces, which didn't present a coherent story.

Each in its way was interesting but I don't think they worked well together. But I got 2.2, which I was very pleased with. The framed diploma dated 30th May 1997 is now proudly displayed on my wall.

Somehow it seemed natural to go on and get an MA so I applied to Bretton College affiliated to the University of Leeds for a place. Happily, I was accepted and was allocated a studio in the sculpture workshop.

M A Sheffield- Seven Days in September 1999

It is difficult to appreciate that during the two years I spent on this journey, I was always hesitant and uncertain. I had completed the BA in July but still felt that I really didn't understand what the whole Art thing was all about. I was just beginning to be able to ask some simple questions but I was a long way from answering them.

I was acutely aware of the enormous heritage of Art and Creativity that we had inherited from the past but was also conscious that it had less and less relevance to our present time. So much so that for me to work in clay, metal bronze and stone seemed impertinent. How could I begin to be able to follow in the footsteps of the giants of the past?

Chance

I was vividly aware of the role of chance in one's life - the unexpected event, a meeting, a book any of which could have such an enormous influence on one's thinking. I knew that to explore areas outside my experience was to open myself up to the possibility of a new and exciting understanding. So it was on this journey.

The inspiration for my final degree show was a tree that I had seen in an arboretum on the Canary Islands during a holiday.



BANYAN TREE

It had an enormous spread of branches with thickened air roots descending from the branches to the ground to become what looked like many trunks. These enabled the visitor to literally 'walk' inside the heart of the tree.

For my Final show I decided to make a sculpture enclosing an open space into which the viewer was invited to walk.

With that in mind I began to build the final piece. I have always been drawn to wood, a living material and settled for a construction made of ash, a long grained hardwood that became very flexible when cut into thin strips.

Having passed my BA, I was expected to understand something about Art but the more I proceeded the more unsure I was.

I had a week to set up my final show. I had begun to build the structure in my barn. It had grown like topsy. Each step was one of uncertainty - should it be this way or that? I had no guidelines, nothing to refer to.

It was a journey into the unknown. I wasn't certain when it was finished. A work of Art is never finished. It can always be added to or changed, but time was running out so I had to stop fiddling and get it finished.

Having done so my next task was to transport the structure all 39 ft. of it from the barn in North Yorkshire to Longside the sculpture studios of Bretton.

Distillation

With the help of a fellow student Gary I separated it into four sections and loaded them onto Gary's truck. I named it 'Distillation,' the blending together of several ideas.

It was installed in a long gallery. It worked better than I had thought it would in the space provided and the colour and texture of the ash blended well with the grey of the floor.

The next few days were spent setting up some of the material that inspired it, including photographs and three- dimensional plastic structures.

Diana came to look at the main work " Distillation". She immediately questioned the relevance of some of the parts occupying the second segment. In particular, the flat wooden pieces were originally shaped to reflect the shape of the adjacent curved member.

She suggested and I agreed that I should reconsider their contribution to the piece and their existence in the work.

What is Art?

I continued to struggle with the question, what is Art? This was perhaps more of a challenge to me who had come from a well-structured discipline. In surgery, you knew what the problem was, you had an idea what you would find and you usually knew what to do. What a contrast to Art and sculpture in particular.

The Final Show

I woke to a wonderfully sunny day; we were enjoying an Indian summer that year but I couldn't think of anything other than the show. I was impatient for Monday to see whether the photographs I had put on the wall had been concealed by another artist's work in the foyer. Had they been? I resolved to move them to another wall.

Diana was correct in her observation that I needed to revamp this section and add one or more sweeping forms.

The Assessment

At last the day for the assessment arrived. I woke early both excited and anxious, arrived at college and went to my workplace. It was due to be assessed at 2 pm. The examiner arrived, a short stocky man who said very little. He walked around my work peering into it, saying nothing

Gerrit



At sixty, Gerrit is a tall powerful man whose physique is well suited to his chosen career as a stonemason.

He insists that he is not a sculptor, a term he limits to those who don't know what they are going to produce. He has a clear idea of the final product be it a garden ornament, a house name, a memorial stone or a decorative piece.

He begins with a drawing, which he then carves accurately.

We met as members of the Yorkshire Sculptor's Group, which was founded in about 2000 by like-minded sculptors mainly based in Yorkshire who wished to exhibit together.

Born in Holland he came to England for personal reasons and has remained since. He lives in a small cottage attached to a farm in Long Marston, a small village close to Wetherby in North Yorkshire.

A row of tall trees that give it a special shade and privacy surround his semi circular garden, which is abundant with many of his works. Since meeting him, he has placed some of mine in the garden. He has built an open-air studio consisting of two workstations both of which are protected from the rain.

I have worked with him on many occasions for up to a week staying at a local B & B. Although he makes and sells his carvings, his main source of income is his other occupation namely a book collector and seller.

One of the tasks he set me on was to carve a bust of an Egyptian pharaoh in Yorkshire Limestone. It was a very enjoyable experience. I usually worked in the open on a banker, which he built up from heavy stone, he worked nearby undercover. It has been a very congenial relationship.

He is always willing to help me out to give advice about my work. I have learnt a great deal from him, particularly with regard to accurately copying from another piece. This has been a good discipline for me, since most of my work is free and if I make a mistake, I merely change the form, or the idea. The need to observe closely and to measure carefully has been very good for me.

Diana



“The only true quality of true love is immortality”.
Gallman 1991

Diana Rosemary Nelson (nee Freedman) was born on the 22 January 1944, towards the end of the Second World War. The daughter of Cyril and Vera Freedman, she died on the 13th February 2005 after a long and courageous battle against Cancer.

Vera her mother was a housewife and supported her husband who was a Furrier and a businessman with an Exhibition construction company and a Clothing factory, making high-class coats and dresses.

Vera suffered from repeated episodes of depression, which had affected Diana deeply growing up.



Paul, Mercedes Diana, me and David, Cyril with Oliver L, Vera with Oliver F, Sarah, Nigel and Hannah Layton

Diana was brought up in London and educated at the North Collegiate School in North London. From our talks together about her childhood, she was a shy, quietly spoken young woman who preferred the privacy of a book rather than the rough and tumble of the playing field.

When old enough she was an active member of a local Tennis club. She left school at 16 with an 'A' level in Art. She then spent a year in Paris at an Art school returning with fluent French, which she retained throughout her life.

She moved to Leeds with me in 1969 where she trained as a teacher receiving her Certificate in Education in 1974. She had two children Sarah and Paul. For the next seventeen years she taught at both school and adult level.

I can only now, many years after her death, begin to remember my life with Diana without being reduced to a speechless and tearful state. So many experiences that we shared over the forty years we were married. Little did I know how privileged I was.

The days and weeks passed so quickly without either of us realising that the hourglass was running out.

It is summer and the raspberry canes are heavy with fruit. Diana loved to pick the ripe fruit. I would look up from the kitchen table and see her standing by the canes, her hands stained with purple juice. I dreamt I was doing the same. For a moment I thought I saw her standing there and then she was gone. It is so tempting to believe that she is there looking down but logic tells me it can't be so.

I vividly remember the first time we met when she was 17. I had just been appointed Surgical Registrar in Sheffield. I had come home for the weekend - It was the time before the M1 existed. It was a seven-hour drive on the then A5.

Geoffrey, my older brother and his wife Barbara invited me to their home in Hampstead on a Sunday. Diana, Barbara's best friend was also invited and we all went for a walk on Hampstead Heath.

I was introduced to a slim long-haired blonde young woman. We returned to Barbara's house for afternoon tea.

Diana was only 17 and I was 28. It seemed an unlikely match but we had a lot in common and we began to see each other. Diana was just getting over a broken relationship and maybe that is how I was accepted.

I later met her parents Cyril and Vera. Cyril and I got on well but I think Vera took an instant dislike to me, I think she thought I was too old for Diana. We never resolved our differences for the rest of her life.

Initially all went well and Diana and I got on well. But she was very shy with company. I remember an evening out at the Palladium with Eric and Sandra, his girlfriend. Diana hardly said a word and I began to wonder if our friendship could last.

I got cold feet and disappeared for almost two years. I suppose I wasn't ready for marriage and I walked out of her life. We lost touch and both got on with our lives.

Sometime later for reasons I will never know I remembered a book she lent me 'The Origins of Species' by Charles Darwin. It was a small hardback book with her name written in the front. I decided to return it to her. She told me later that her mother had said that when she saw it she knew I wanted to marry her. I didn't realise it at the time but she was correct.

I remember planning a surprise twenty-first birthday party for Diana. It was so secret that subsequently she always thought that I might deceive her and

she would never know. It was then that her father made me understand that I either proposed or walked out of her life.

I proposed and we became engaged. We were married soon after her 21st birthday. At the time she was working as a personal secretary to a politician.

Marble Arch Synagogue



Rabbi Unterman married us on the 2nd May 1965 at the Marble Arch Synagogue in London. The reception was held at the Dorchester Hotel on Park Lane. It was a grand affair. Diana was wearing a simple white wedding dress, which is now in the possession of Sarah, our daughter. Sadly, I can't remember too much more about the ceremony.

What I do recall was the wonderful breakfast served the following day in bed from a large trolley, which rolled over the bed allowing us to sit up and eat from it. I recall the brilliant white starched linen covering and the sumptuous meal.

Spetzia and our Honeymoon

We had decided to honeymoon in Greece and after much research settled on the Xenia Hotel in Spetzia a small island about 5 hours' ferry ride from Athens.

We chose it because it boasted a sandy beach but to our disappointment when we arrived we found it was rocky like all others in the archipelago.

We flew from London to Athens and stayed there several nights before taking the ferry from Piraeus. I am ashamed to say that I found the whole ceremony and event overwhelming so when we got to the hotel in Athens I said that I needed to go for a walk on my own.

Diana found my action difficult to understand so we started our marriage on a rather sour note. We had a couple of days in Athens giving us an opportunity to visit The Acropolis and Coliseum and the Plaka. I remember the long walk up to the Acropolis and the fantastic view. Unknown to us our photos had been taken and we were offered the developed pictures on the way back.

Lefteris and Carriage



The island of Spetzia was approached from the sea. After a smooth sea journey from the port of Piraeus, we disembarked at the quayside and were immediately offered transport in a horse drawn highly decorated carriage driven by a young smiling dark haired brown eyed Greek called Lefteris.

We asked for the Hotel Xenia and were whisked off through the narrow streets and out of the small port to a promontory on which the hotel, a modern two storey building was situated. We had a large room with a balcony overlooking the sea. We settled in as we were both tired but after a rest, we explored the nearby beach prepared to swim.

Diana was first in but when I put my toe in the water I froze and much to my shame wouldn't go in despite her entreaties.

That evening Lefteris and his friends, sitting outside in his carriage, serenaded us. We agreed to go to a local Taverna where we ate and then danced to

Zorba, the Greek music. It was a magical evening with the locals offering us drinks and serenading us. We experienced at first hand the saying *everyone loves a lover*.

There were no cars on the island and we soon got ourselves bicycles, which were our main means of transport. No one seemed to own their bikes which were left and picked up by the next person. We cycled everywhere, following the main road that circled the island.

There was one popular restaurant in the small town, which we soon got to know well. We would go there in the morning and order our meal for the evening, usually fresh fish which would be caught during the day and ready for us that evening. They got to know that I was a doctor and I would be cheerily greeted with Good Morning Doctore.

Spetzia was a wonderful start to our marriage and I remember it with great warmth. It was an idyllic place. We had landed in a time warp, a simple, unspoiled and friendly place where time seemed to stand still.

Sarah, our daughter, was conceived on our honeymoon and she was born nine months later in 1966 followed by our son Paul in 1968. Diana was not a natural mother and she was unprepared for the challenges of motherhood.

I think she could have suffered from postpartum depression for a while after the birth of Sarah but sadly at the time people were unfamiliar with this common condition.

We initially lived in Blackheath and then in 1967 moved to Baltimore USA when Sarah was aged two

years. Returning to England one year later we set up home in Gillingham, Kent staying until 1969. That year, Diana and I moved to Leeds with our two children.

Leeds College of Art



At the age of 44, Diana was ready to pursue her love of drawing and painting at a professional level enrolling at Leeds College of Art where she completed a foundation course.

Soon after in 1993 she attended the Metropolitan University obtaining a BA (Hons). She went on to do an MA in Art and Design also at the Metropolitan.

Diana's involvement with the Leeds College of Art & Design was retained after her graduation when she joined its Board of Governors. She eventually served as Chair of the Academic Standards & Quality Assurance Sub-committee.

Ever restive Diana spent the next years experimenting with different ways of producing images. Not satisfied with simply drawing or painting, she gradually incorporated photography and copies of material (newspaper cuttings, documents, maps) into her work.

This flexible technique was particularly important in the development of an extensive series of small works exploring her Jewish Heritage and the experience of duality in being both Jewish and English.

Diana was fascinated too by paper, using it not only as a surface on which to draw or paint but also as an important element in the images she made.

When she began to make her own paper, she realised that it could become a work of art in its own right. She produced a wide range of textures by incorporating natural materials -seeds, fragments, plants, feathers petals and leaves-into the fabric of her hand-made paper.



This led her to consider the sculptural possibilities of using wet paper to mould objects, including her own hands.

As an artist Diana worked from a studio at home but this was no ivory tower. She believed passionately that everyone should have the chance to express him or herself creatively.

Using her skills and understanding of art she worked as a freelance workshop leader in a number of venues including Leeds Art Gallery, The West Yorkshire Playhouse, The Mercer Gallery Harrogate and the Manchester Jewish Museum. In them all she left a lasting impression on whoever she encountered.

Happily working with children or adults from 9 to 80 years old, Diana's enthusiasm for drawing, paper making, lino and mono printing and art appreciation, was contagious.

Diana Dies

In 2005, five years after her cancer was diagnosed, Diana died in a hospice in Leeds with me by her side. I can remember it as if it happened yesterday.

I had sat with her all day and we talked about this and that. Then she said she was tired and wanted to sleep, we kissed and she slowly fell into a deep sleep.

As I sat by her side I could hear her breathing slowing, I knew the signs as a doctor.

Gradually it became slower and slower with deep sighs and periods of silence. Then one of the silences didn't end and I knew she had died. There was a strange calm in the room, an unreal sense of timelessness.

Her body was still warm but her being had departed, she as a person was no longer there. The reality of the situation then struck me and I moved from doctor to grieving husband. I can think and write about it now but at the time I was broken.

According to Jewish tradition her body was cleansed, dressed in a white cotton gown and blessed (Chesed Shel Emet-a true act of Kindness) by a group of unnamed women (Chevra Kadisha) who perform this task with love and reverence.

The process is called Tahara and is a simple yet dignified ritual that prepares the person to meet her maker, beseeching God to lift her soul into heaven and eternal peace.

It was some months later that I was invited to dinner with some dear friends with whom we had

played bridge and socialized. The wife let slip that she was one of the women who had prepared my wife's body – it was an unforgettable act of kindness.

Recognising her teaching skills and acknowledging her legacy, I made several endowments in her name including an annual Art award at the Jewish centre in Leeds and support for the Print room at the Leeds College of art. Also a writing competition for young members of the Restricted Growth Association.

My Mother



Like most sons, my mother played a unique role in my life. Although she was born abroad in Lithuania/Poland - the boundaries were very fluid at the time, she was very much an English woman having come to England at the age of 4 with her mother and brother.

Her father had arrived earlier, forced out by the pogroms which were sweeping through their homeland. The only remnant of her earlier life was the retention of Yiddish, which she and my father used when they didn't want us kids to understand. Having had their first boy, they naturally wanted a girl but two boys later they settled for three sons.

My early reflections of my mother are vague until the war and our evacuation to Bermuda where she acted as both mother and father. In Bermuda she accepted the role and guided us. Firstly, sending us to good schools and then encouraging us to enjoy the outdoor life that Bermuda offered with its mild weather and proximity to the sea.

Having some free time and I think to retain some financial independence, she took on a part-time position as a censor of the mail, but otherwise ran the home. I remember she had a nasty accident when coming down a steep hill. She lost control and veered into a wall at the side, badly grazing her arms and legs.

Life in Bermuda was idyllic and far removed from the eruptions in Europe. Mum was completely unprepared on her return to find Dad had been unfaithful. She was terribly broken by the news.

After an acrimonious divorce she struggled to rebuild her life. Happily, she met Sydney, an antique dealer whose wife had died. They became close and I had the unusual pleasure of attending my mother's wedding, a very happy occasion.

He had a grown up daughter, Rosalind and a son Richard who was our age and came to live with us. Richard eventually went into his father's business and became very successful.

My Father



It was many years after my father's death that I was able to forgive him and begin to understand and appreciate the hardship of his life.

It all happened by chance when Diana and I were in the USA and we went to see Michael, my cousin, a psychiatrist who was living in Boston. I remember as the evening drew on and I had had a few drinks, talking to him about my father and my feelings about him.

After thinking for a few minutes he said something, which surprised me.

‘Write him a letter,’

‘He’s dead! What good would that do?’

‘Do it,’ he said. ‘Do it as if he was still alive and tell him how you feel. Don’t spare the details. Let all your deepest feelings pour out. Try it, you’ll be surprised what comes from it.’

‘What do I do with the letter?’

‘Keep it; you may want to read it at a later date. Wait and see.’

So I did it. It wasn’t easy. I was not used to writing the word ‘hate’ but I did. Strangely it helped and slowly as time passed, I began to understand how difficult his life must have been in the early days and even later working in a cold damp garage for years. Despite this he continued to employ his brother Sam, support his sisters, Queenie and Sadie and look after his own father.

I understood why he took up with Marie during the war years when at any time he may have been killed by German bombs. Gradually I began to shed the hate and the anger and replace it with understanding and sympathy.

My father was born in the East end of London at the turn of the twentieth century. He was one of eight children, four girls and four boys. He was the eldest boy. His older sister Bertha was the eldest girl. His mother kept a stall in the market and later a shop. His father Harry was born in Russia and came to England during a pogrom.

As I understand it he was weak and depended greatly on his wife who sadly died quite young leaving my father to support the family. Dad left

school at sixteen and worked initially in a coal depot.

Soon after he began to drive a taxi and became very successful eventually buying his own cab. But he always resented the fact that his Sister Bertha went to University. No other child went as the family didn't have the money. In time he purchased many other taxis so by the time the war came he was one of the larger taxi Proprietors with a fleet of up to one hundred or more cabs.

After the divorce, I used to visit him on The Bishops Avenue, one of the premier areas in London where he was living with Marie, his second wife and her daughter Ruth. I went there every Sunday to collect my £6 pocket money.

This kept me going while I was attending the course at the Royal College of Surgeons. It was always a painful visit. He couldn't resist making fun of my premature balding and when I introduced him to Diana, his retort was to say to her that 'she was going to spoil my career.' This and many other criticisms increasingly alienated me towards him.

I was in Leeds when his health began to deteriorate. Marie had died and he was living with Pamela, his housemaid in the London house.

My father dies

I came to London to visit him and found him in his bedroom, a shell of his former self, crouching in a corner mumbling to himself now badly afflicted by Alzheimer's. Soon after he was admitted to a nursing home.

One evening, I had a phone call from the Hospital Doctor. He told me that my father was very anaemic. He wanted permission to give him a blood transfusion. He added that he had an inoperable cancer of the stomach.

I realised that nothing could be gained by doing that and asked him to let Dad die in dignity. He died soon after.

As I write this I recall my father greeting me in his garden at Bishops Avenue wearing his dressing gown and Wellington boots. It's a memory that I shall always cherish.

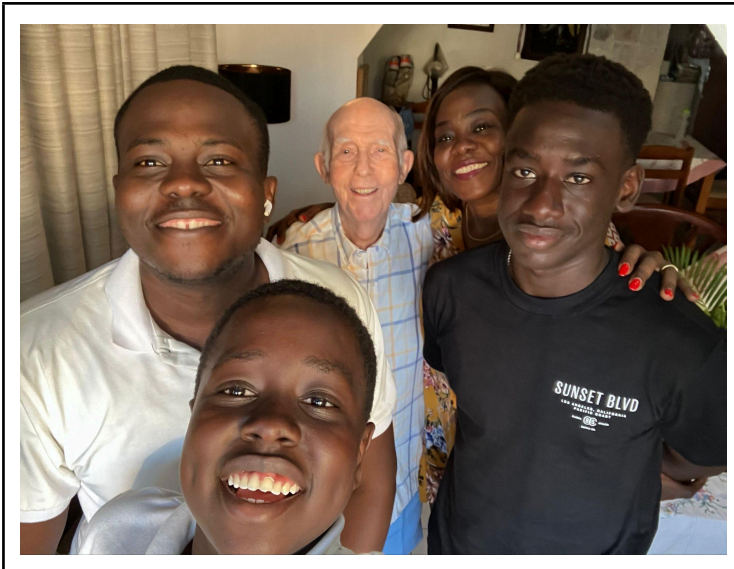
Kenya- I meet Celina

I am interrupted by my mobile phone, a magical invention without which life would be so much more difficult yet it only became routine less than 5 years ago.

It was a call from Celina. We met by chance, after I had recovered from the shock of Diana's death.

Geoffrey, my older brother, lived in Kenya and had invited me to visit him. I stayed in a local hotel but an apartment became vacant in his block and I took it. I began to visit more frequently and was introduced to Celina, a young African woman who has become my rock.

A bright, happy uncomplicated person so different to me, she tolerates my idiosyncrasies with a smile. She has added to my life priceless gifts, Eric her nephew, Andrew and Sean her sons.



To have a young family again, to have a second chance to be a father is indeed precious.

My life in Mombasa is simple. I live on my own in a two-bedroom apartment in Nyali, a suburb of Mombasa. Celina and the children live nearby and visit me . Sometimes we stay and talk, occasionally we go to the beach or out for a meal. Several times a year we go on Safari to a different wildlife Lodge.

I do my own shopping and cooking. Geoffrey, my brother lives in the apartment across the stairway from me so we greet each other every morning. He and I are very different but more of that later. My interests have changed over the years.

In the early years I spent all my spare time sculpting the local Soapstone but latterly I am writing more, poems, short stories etc. I have become very involved with the local sailing club.

Mombasa is on the Indian Ocean and the Commercial centre is an island surrounded by water. The club is over 100 years old.

Friends of Fort Jesus

I am also a member of the Friends of Fort Jesus, a cultural group. I was on the committee but am now only a member.

One of the many exciting things that the Group does is to entertain children from nearby schools, children who have never visited Mombasa and know little about their extraordinary heritage.

After a breakfast of Mahambri and Mbaazi (a hollow triangular sweet pastry with cooked chickpeas in coconut) and a cup of sweet tea, they are given a bottle of water.

Taibali, a local Architect with a special interest in local history takes them like the pied piper, on a conducted walk into the Old Town containing the original Port of Mombasa to which the Dhows from Asia and Arabia used to come and go.

They follow him in a crowd as he wends his way through the narrow bustling streets with its tall buildings and overhanging elaborately carved balconies. Many are still in ruins but others are being refurbished as the town undergoes a modern facelift.

A unique feature is the many intricately carved wooden doors, which adorn the houses, all hand carved, that have become an important hallmark of the town. We eventually reach the old port, a simple concrete frontage with one metal pier to which the boats are tied.

One is moored when we arrive, a Traditional Dhow, a rough wooden vessel about 20 metres long with a single mast and a lateen sail, a triangular shaped

sail set on a long boom mounted at an angle on the mast. There is a small covered cabin at the stern. Today most have motors but in the past they relied on the wind and travelled to and fro as the wind shifted from north to south.

We continued onto Leven House, a recently restored 19th Century house overlooking the old harbour, named after the arrival of the HMS Leven, a British naval ship that visited Mombasa in 1824. It was a centre for anti-slavery activity.

Later used by the British Vice Consul and a German Shipping Company it was established as a national Monument in 1997. It housed a Swahili restaurant opened by a local woman, which has recently closed.

Mombasa

Mombasa city is an island set in a lagoon continuous with the Indian Ocean. It overflows into Nyali, the coastal region, which is the main residential area. It abuts the sea with miles of unspoiled fine white sand fringed by palm trees.

Over the years hotels and mansions have begun to crowd the coast and in time it could become like the Spanish Riviera. But now it is virtually deserted for most of the week except Sundays when the local families crowd onto the beach and frolic in the warm Indian ocean.

Towards the end

As I stand by my large picture window with the sun almost overhead, here in Nyali, Mombasa, I wonder as many have before me where the time has gone.

Now approaching my ninety-third birthday, I look back on a life of great luck, opportunity, variety and excitement and to have...

- been born into a family that valued education and a father who had the wherewithal to support me;
- lived at a time during a major war but was sent to a place of safety until peace was declared;
- enjoyed good health which has allowed me independence of action and spirit;
- had a wonderful Mother whose understanding gave me a firm moral and spiritual foundation;
had a father who was able to support my education and thereafter, I found a calling which stimulated and challenged me;
- met and married a wonderful woman, my late wife, Diana whose love, selflessness and loyalty knew no bounds;
- had with her two wonderfully understanding children, Sarah and Paul, and through them wonderful grandchildren and recently a great grandson.
- two loyal and supportive brothers, Geoffrey and Donald whose generosity both practical and emotional has been a great strength to me;
- a new life when I met Celina with her strength, optimism and love and to have had a second chance as a father to Eric, Andrew and Sean.