

in the B.H.T. and came across Resident Surgical Officer Bolingbroke Hospital Wandsworth Common S.W. 11. I applied and appeared before the Medical Committee at Mr. Edward Muir's Consulting room in Harley Street. Having had my say I was asked to wait whilst the other candidates were interviewed. In due course I was asked back. Mr. Muir said "Well Bain we would like to have you but you don't seem to have had much experience of operative surgery and the consultant surgeons (all teaching hospitals) are too busy to deal with emergencies at the Bolingbroke and you would be expected to do these all. By this time I hunkered after the job and seeing my chances slip away I boldly said "Perhaps you can tell me what I should do as before obtaining the fellowship no one lets you perform operations and when you've got it no one will have you because you have not done ~~enough~~ enough operating". All right said Mr. Muir I will hold your hand for the first week and then you are on your own.

The medical committee only made the recommendation and then one had to appear before the lay committee for ratification.

The Bolingbroke was a splendid little hospital, of about 90 beds with a most impressive Consultant Staff and superb nursing - the Sisters were quite outstanding. If it hadn't been for the Theatre Sister I might indeed have had to summon Mr. Muir - as it turned out he was soon allowing me to

do all manner of major surgery at first under his supervision and then on my own. I became so absorbed with surgery that in my year at the Bolingbroke I took one week end off. The general surgeons were Norman Lake (Charing Cross), Edward Muir (Kings) and Howard Handley (Middlesex). In addition I looked after Charles Reed (Gynaecologist). Reed was a large overweight specimen of 50 or so and most beautiful operator who never spent more than 20 mins. on the most complicated operation. I later learnt that his

hyperextension limited him. He used a Reverdin needle that had to be threaded by the assistant at each stitch. If I was a split second late it evoked the comment - "Bain is dreaming of some girl he met in Rio." Charles Reed used to arrive at 9 am precisely on Wednesday mornings - stepping out of his chauffeur driven Bentley to be met on the steps by the M.S.O. I would then conduct him round the wards by the shortest possible route (or there would be hell to pay) and then to the Out patient Clinic - after which there was a pause for coffee and then to the operating theatre. The list had of course been arranged and reported to him the night before. He left the hospital at mid-day without appearing to hurry. On one occasion he said to Bain we are going to have lunch at the Savoy now. I asked if it was his birthday or something. No but it is the first time I have earned £1000 Guineas before 9 am (this was in 1948 and just after the AHS had begun). Charles Reed tried to persuade me to take up his specialty and sought the help of Douglas Mackend at Mary's in his efforts. To no avail.

Edward Klein was a less flamboyant character but an operator of great ability mainly abdominal. He subsequently became Surgeon to H.M. the Queen and President of the Royal College of Surgeons (he died in this last office at the age of 64 from a cerebral haemorrhage) and his delightful Dutch wife who on the telephone referred to him as 'Edward' was ~~for~~ distraught. He performed a very successful colectomy for carcinoma on Queen Elizabeth (she is now 90). He had a Rolls Royce and went to E. Grinstead on Friday pm and Monday am - sometimes I deputised for him at these sessions. Early on he took me there in his Rolls to show me the ropes. As we came to a hill through a bit of woodland he slowed down and whispered "This is where

Another Boilingbrook surgeon was Richard Handley of the Middlesex Hospital. He was the son of the famous Sampson Handley and really preferred pathology to surgery however he followed in his father's footsteps and made his main interest radical mastectomies. He had an ancient Aston Martin that frequently needed a push-start. On one occasion he was slumped in an armchair after lunch in the mess when I came in rather hot and red in the face after a game of squash. He inquired what I had been doing and then quoted Oscar Wilde. "Sometimes the urge to take violent exercise comes over me - but I just lie down until it passes off." Although perhaps only 40 or so he had an appalling posture and was rather weedy.

the badgers' live". It appeared that these animals fascinated him and indeed he looked rather like one with his dark hair and white plume at the side.

Norman Lake was a doctor of medicine: a master of surgery: and a ^{master doctor} doctor of Science (M.D. M.S. D.Sc.) He arrived after lunch on Thursdays in his Rolls Royce from Charing Cross. His out-patient clinic was long and rather tedious as he insisted on getting to the bottom of every thing. After a cup of tea we went to the operating theatre where most of his list was carried out under spinal anaesthetic (administered by himself). He rarely finished before 10 or 11 o'clock at night and then drove home to Beckenhamstead. Despite his triple qualification he was taken aback when his R.R. only 3 years old seized up. He did not have it serviced and never added any oil or even bothered to check the level.

A very happy year ended at Bolingbroke and I went on to St. Paul's Hospital, Endell Street R.C.P. This was part of the Institute of Urology (St. Peter's, St. Paul's, and St. Phillips) and I thought that perhaps a foray into urology would be an advantage. The post was graded Senior Registrar and there were two of us (resident alternate nights). My bedroom was at street level and rather noisy - revellers until about mid. night. Odorous press despatching early editions to main line stations in fast moving vans; Covent Garden market began to open when the newspapers quietened down.

There was a practical joker in the vicinity who placed a perforated balloon with containing a few pounces of water beneath the bed sheets. It only leaked when laid upon.

He did not have any other resident medical staff and thus had to carry out H.S. duties as well. A chap called Jones was my fellow incumbent. He was

a date hand at the recently introduced trans. urethral prostatectomy and was engaged by the younger consultants as an instructor (David Innes Williams and Howard Hanley. Semple and J.D. Ferguson were content to carry on in the established way).

The hospital was of about 30 beds and converted from two or three town houses. The operating theatre was a sort of box room in the attic but a replacement in a more strategic position was under way.

Cystoscopies were frequently carried out in the Out-patient clinics (after all they were the equivalents of stethoscopes to the physicians). The cystoscopes were stored in large glass jars ostensibly filled with antiseptic fluid. In a mischievous mood I sent some of this murky solution for bacteriological assay. The result was interesting in that it was found to grow most of the virulent organisms then available.

I left St Pauls mainly because they wouldn't or couldn't do anything about the 'poo'. On reflection rather a poor excuse - but one had one's principles.

My next appointment was as Senior Registrar to the Canadian Red Cross Memorial Hospital at Taplow. This had been built for our Canadian allies during the war on the Cistercian ground at Cliveden. Apart from the impressive colonnaded entrance block it was a hutted encampment, but much more modern and efficient than anything I was accustomed to. It was also sited in inaccessible but pleasing countryside. A car was essential and there were many good eating places in Cookham.

At the interview I was told to prevent the Resident Medical Staff placing chamber pots atop the flag pole.

During my two years at Taplow (1950-52) I shared my flat with a succession of lady house physicians including Liz Hoff and Peggy Sheldon.

My surgical chiefs were:-

Sir Ralph Harbham who came in his Lagonda on Wednesday mornings and was based at St. George's hospital Hyde Park Corner. He was a formidable diagnostician and a first class opinion. His operative technique was painful to watch and he was always in a desperate hurry. For some unaccountable reason the post operative course of his cases was extremely smooth.

Richard Vaughan Payne was the archetype surgeon elegant at work and play. He was probably technically the best surgeon I ever came across. He had a charming wife and family; shot and fished and enjoyed his claret. Unfortunately he developed a sarcoma of his right lower radius which killed him eventually though he had to endure a pre. quarter amputation and multiple spinal metastases at 44 years.

James Brown was another excellent surgeon with a classical training and a good brain. Unfortunately he had a problem with alcohol and died from an overdose of "antabuse" while taking "the am" at the early age of 52.

The day-to-day pressed pleasantly and the big house Clevedon was an added bonus.

Nancy Astor was the mistress and the master (seldom seen) was in a wheel chair and I think died in 1952. Nancy was a spiritualist and didn't believe much in doctors. However it came about that one of her house guests got a foreign body in his eye which no amount of the available remedies seemed able to shift. Rather reluctantly I was summoned

At Royal Ascot Nancy Astor complained
to Lord Roxburgh that he never left the
Royal Box and might as well be the resident
dentist. The noble lord replied that if ever
he was called upon to extract the King's
teeth he would require N.A. to provide
the gas.

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and did he need it. This rather simple act paid rich dividends and I was frequently summoned to parties lunches and dinners.

Nancy Astor was a rabid teetotaler and only supplied soft drinks for her guests who made good the deficiency at the Feathers opposite the main gate. I certainly got the sharp edge of her tongue when I pointed this out. He sometimes sat down to lunch with visitors passing through the dining room roped off. NA had two awkward habits - impatience so that she fell upon food as it reached her plate, and using her fingers to dislodge a bolus that had got stuck amongst her teeth.

It was at Easter 1952 that my brother Keith fell some 4-500 ft from a cliff at Hartland Point N. Devon. I was with him at the time and saw the look of grim determination on his face as he hurled past me to his death on the rocks below.

One day in the summer a letter arrived to tell me that the post I held at the Canadian was to be downgraded from Senior to "Middle" Surgical Registrar and that I would be eligible to re-apply. Whilst I was considering what to do another letter arrived from R.H. Handfield-Jones at St Mary's inviting me to return to Mary's as Senior Surgical Registrar to himself and Arthur Porritt. I accepted this most fortuitous suggestion with alacrity.

Of course I was sorry to leave Tipton but it was obviously going to be easier to get a consultant appointment from a Teaching Hospital and with Arthur Porritt's support I thought I might achieve my ambition to become a consultant South of St. Albans. Ralph Mainwaring had already proposed to foster an application for the Isle of Wight - I rejected this as too insular.

Back at St. Mary's and non-resident. I lived in Ladbroke with my parents and door to door was 15-20 mins. I had inherited my brother (Keith's) yellow H.G. 16 called Chromophari and this plus the courting of Chromophari.

a dancer in Paris (Tania) gave me, I suspect, a rather raffish air.

In 1946 when I did my resident jobs at St. Mary's there was one Surgical Registrar to look after the whole of the Surgical side (Sergeant O'Connell who subsequently became a professor in the Caribbean (Barbados I think). Now there were three of us and the HHS was four years old. One for the Unit, one for Dickson Wright and one for H.S. and Popitt. At one stage the last had a H.S. by the name of Lord Suddale and the firm was known as Sir Arthur Popitt, Dr Jones, Mr Bain and Lord Suddale Very unkind. At the time Professor Roberts was leading the way in Vascular Surgery and was snapped up by the Americans. My particular job was a rotational one with the Peter Bent Brigham Hospital in Boston - 2 ~~months~~ ^{years} at St Mary's and one year in Boston. By the time I went back to St. Mary's I was ready to adopt consultant status. When the Boston exchange was nearly due a consultant job came up with three sessions at Upston Hospital Slough and two at the Canadian Tapslow. Prompted by Popitt who I applied and was short listed and so was Raymond Ramsay. The selection committee deliberated between us and one of them James Brown from Tapslow days argued for me saying "Is it more meritorious to have been a Japanese POW or to have served on Russian convoys?" The POW camp ^{won} and Raymond was appointed. A little later when I had decided not to go researching in the States another appointment was advertised 3 sessions at KEMH Windsor and 2 at St. Lukes Haidenhead. This time Popitt saw to it that the competition was eliminated and Julia and I (for I was now married 20/02/54) came to Windsor. This was a relief as I had to resign from St. Mary's and find on locums at Teddington kindly provided by my friend Lance Bromley (Thoracic Surgeon at St. M.).