

'I WAS THERE ... '

Eye witness accounts from women in medicine during World War II

Anna Seager (graduated 1935)

Ours was a pre-war wedding, on the Glorious First of June 1939. My husband, Tom, had commenced work five months earlier in a general practice which he had bought in Heswall, and the intention was that he would continue to run the practice single-handed and that I would be a housewife and — we hoped — raise a family. That dream vanished with the outbreak of war on 3 September. Tom, being in the Territorial Army, was called up at once and departed for 'somewhere in England' and I had no choice but to take over the practice. On the 29 December Tom was posted abroad (Middle East Force), and I did not see him again for four years and eight days.

So, the 3 September 1939 found me living in a large Victorian house in the middle of Heswall which had a consulting room, waiting room and dispensary built on to the front. With me were my mother-in-law and sister-in-law (just moved in from Crosby, which was considered a danger zone), two small boy evacuees from Wallasey and the maid, Renee, aged fifteen.

I felt reasonably well-qualified to do General Practice, having spent three and a half years in Children's and Maternity Hospitals. I had both panel and private patients and in those early days I did three surgeries a day and an average of 15-20 visits. Thursday was my half day and I hardly ever failed to get off for a few hours — the patients were well trained! — but I would find two or three visits to do whenever I got home in the evening. Having no secretary, all calls were taken by me — except when I was out, when the maid was on phone duty. I also dispensed simple mixtures and pills. But I soon had to give that up.

On 5 July 1940 I had our first baby, a son. When I got home from the Nursing Home after 18 days (14 of them in bed — routine in those days) the household then consisted of my locum and friend, Dr Sheelagh Worrall, her 15 month old daughter, the maid Renee and a delightful nursery nurse called Nora Booth. In May 1940 had occurred the escape of the British Expeditionary Force from Dunkirk. On 14 June came the fall of Paris — for me the lowest point of despair of the whole war — followed by the defeat of France. Air raid warnings were common in July and August 1940 when the Battle of Britain was raging over the south coast.

I had the coal cellar converted into a reassuringly solid air raid shelter and many hours during lovely summer days were spent down there. But the planes heard overhead were mostly our own. When in September the first terrible raids on London began, night

warnings became frequent and it would be three or four in the morning before the 'All Clear' siren let us get back to our beds.

In late November and early December, Liverpool was heavily bombed and I can even now vividly recall that time by reading some of the 800 letters that passed between Tom and me during his four years' absence. On 30 November I wrote,

The raid on Liverpool was worse than any other. It began at 7.30 p.m. and gunfire and the noise of planes coming over was almost continuous until 3 a.m. The All Clear was at 4 a.m. I brought John down to the shelter and at bed-time I went to bed (but not to sleep) on the bunk. I could not resist a look out from time to time, as it was by a long way the most spectacular raid of the war. The sky was lit up in all directions by the flashes of gunfire, especially in the Liverpool direction - all along the horizon, flash after flash, and the drone of masses of planes; and at times I saw as many as six of their flares sitting in the sky over the city. Early in the evening we could see the red glow of fires in the sky, but they died down after a time. It was thrilling to watch, thrilling and heart-rending to know what terror and devastation there must be over there in one's own familiar Liverpool.

On 15 March 1941 I wrote,

The raid began just after 8 p.m. in the brightest moonlight I can remember, and it continued until 4 a.m. I had been on a visit when the alert went, but got back quickly before things got lively. The gunfire was just beginning then and I saw the interesting sight of chandelier flares coming down over Birkenhead and tracer bullets going up to intercept them, a beautiful spectacle. Later, the din of bombs or landmines was terrific, but we were secure in the shelter. Going to bed after the All Clear, we saw the glow of fires in the sky over the city. At 5 a.m. I was called out to see a lorry load of men brought back from Birkenhead to Heswall Hills. They were a rescue squad going in from Heswall but the lorry was blasted by a landmine and the men were suffering from shock and minor injuries, but none of them were major casualties. I tidied them up with the help of a First Aid woman and sent them all home. They were all rather stunned by what they had seen in the city.

I heard that Wallasey had been badly hit, so I drove over there to see my friends (Dr Stewart-Hess, his wife Dorothy and their baby boy) to see how they were fixed and to offer help:

Wallasey was in a terrible state. Half way up Grove Road there was a crater as big as a house and water mains and sewers running through it. I had to leave the car and pick a way through glass and debris to the Stewart-Hess house. The houses opposite them were completely shattered and theirs had all the windows blown out doors off, roof badly

damaged and the upstairs ceilings looked as if they would come down soon. They were busy getting the windows boarded in and the soot — cartloads of soot — removed from their carpets and furniture when I got there. Stewart said he had not been able to do his visiting list since Wednesday as in some cases he could not find the houses, and in some not even the streets but casualties kept turning up at the surgery so he could not leave. Dorothy said she had to stay to look after him - although they had no water or gas or light. Bruce was in his pram in the garden, cheerful but grubby. They agreed to let him come to me and brought him over in the afternoon with his luggage - so now I have twins!

Dorothy Stewart-Hess came to stay with Bruce later when Stewart joined the Air Force. She ran the house for me for some months and entertained all who came, and many did come. It was a meeting place for our many friends on leave or moving about the country.

When I took time off, at most a week twice a year, my friend Sheelaeh Worrall did my locum if she could, but once Dr Mary Barry (later Cuguid) stood in. She had a week to spare while waiting for her call-up. Another locum was Dr Mary Penrice of Bebington. Dr Mary Milne was on call for me one week. When I got measles in May 1943, Dr Enid McCullagh did a fortnight for me.

In 1939 Heswall and District was a small community, about 15 000 but the numbers quickly and greatly increased, first with people prudently moving out of the city for safety, but later with those being forced to come, having been made homeless by the bombs. I wrote,

Heswall is no longer a spectator as the majority of people have relatives in Wallasey and Birkenhead who have been killed, injured or are homeless and we are inundated with evacuees. In many small houses I find people sleeping in the kitchen or sitting room, they are so crowded, and everyone has some horrible story to tell.

My visiting lists were long. My record was 27 visits and two surgeries in one day. Why were there so many calls to be done? Because very few patients had cars, so the acutely ill were always visited and revisited until they were recovering. There was a good deal of infection, including several bad influenza epidemics. Measles and whooping cough came in their seasons and diphtheria was still very much in mind, although I do not remember getting a positive swab (immunisation programmes had been going since 1937) Scarlet fever was serious and patients were usually admitted to hospital. Sepsis was common and abscesses, quinsy and septic fingers frequently seen. Antibiotics were not available, except for the Services, until after the War. Sulphonamides (M and B 693), introduced just before the war, were the wonder drugs. But pneumonia was still a serious illness and time-consuming, requiring twice-daily visits for many days. There were often early morning and nightly visits — the drug round — for terminal illnesses. Tuberculosis occurred and children also had tubercular abdominal glands for which there was no effective drug treatment.

I was often out at night to a maternity case or to some illness. Sometimes a messenger would ring the night bell. This rang under my bed. A grim awakening! There were also the calls of the midwife who was also the district nurse and had her own antenatal patients. If she needed assistance at the confinement, she sent a 'midwife's call'; this meant me seeing the patient probably for the first time in labour. (I do not know why these cases did not worry me more). We seldom had trouble. The midwives were great people and worked very hard, doing their rounds on bicycles.

The Liverpool consultants were always helpful and willing to come out when asked. I was lucky to know many of them, having worked in Liverpool hospitals.

Having private patients, there was always the matter of 'The Books'. This was the dreary part of the practice, usually done after midnight and in desperation. In 1942 a patient noted that her bills were always late and offered to do the books for me as part of her war effort. This changed my life and I was forever grateful to her.

Tom got home from the Middle East on 8 January 1944 and we had some time together before he went abroad once again — this time on D-Day + 6 — to Normandy. It was another five months before he returned home to England, but he was not finally to live at home until the end of 1945, long after the end of the war in Europe.

Our baby daughter, Janet, was born in March 1945. Our second daughter, Anna, was born in peacetime, in 1947. Tom and I continued to practise in partnership for another thirty years.

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Isobel Allardyce (graduated 1937)

I graduated in Glasgow in 1937. After various house jobs and a spell of general practice I went back into paediatrics, first in Glasgow and later at Great Ormond Street Hospital in London.

In 1944, the British Red Cross and the St John's Ambulance Brigade decided to join forces and send a 40-bed mobile hospital into Europe to cope with civilians affected by the war. This was the first of its kind, so new ground was being broken. The unit consisted of a matron, 8 trained sisters, 12 members of Voluntary Aid Detachments, 2 doctors and ambulance drivers who were part of the Friends' Ambulance Unit. I was one of the doctors.

We left England on 1 September, crossing in a hospital carrier and disembarking on the famous Mulberry Dock at Arromanches. We were then taken to a rather decrepit château near Falaise, which was being run by a French medical student under great difficulties — no water supply (all water was brought by a tanker), outside latrines and mines in the grounds. The hospital had two wards of 20 beds with blankets but no sheets or pillows, one bedpan and two bottles! We all soon became good at scavenging and

improvisation. Some members of the unit were seconded to work in civilian hospitals in Caen, and some organised clinics.

At the end of October, we moved to Belgium where we set up our beds, but after a week were ordered to go to Eindhoven in Holland. There we took over the ground floor of a factory for the patients; we ourselves were billeted with the Dutch people. We were in Holland until March and during that time there was obviously not enough work to keep everybody busy. Consequently, some of us worked in the local hospital and some in outlying clinics and refugee centres.

In March 1945, at the time of the Rhine crossing, we were ordered to move our hospital to Kevalaer in Germany. We set about packing our equipment and stowing it in lorries, and in two days were joining the long convoys into Germany. Kevalaer was a very attractive but battered town, well-known for its shrine. In the market place there were a few undamaged buildings and in one of these we were to set up our small hospital. It looked very

unpromising, housing as it did a seven foot high pile of rubble and rubbish. Broken glass was everywhere and we could see large stretches of sky through the roof. Fortunately, the weather was glorious at first, so we set about to clear a space, and with the help of Displaced Persons (DP) and some Russian girls, we managed to clear enough to take in our first patients on the following day. Thereafter, the flow was endless as the DPs were being liberated and the concentration camps uncovered. It was a very busy time, but an unreal atmosphere with, every night, long convoys drawing up and unloading anything from 1,000 - 3,000 people, all chattering in different languages. Those who were thought to be too ill to continue their journey were brought into our care.

My lasting impression of Kevalaer is one of a long, narrow street filled with convoys of our troops passing through, and crowds of ex-prisoners from the concentration camps in their blue and white striped suits wandering aimlessly along, with small bunches of lilac clutched in their hands, enjoying the freedom they had not had for so long.

When the war ended in Europe we were asked to move up to Celle, a lovely old town. Here we set up in barracks, scrubbing and cleaning for two days and then admitting patients. Within hours all 52 beds were filled and stretchers were lying along the corridors. It was soon realised that the problem was much bigger than anticipated, so we were moved to a large hospital which we took over, our nursing sisters taking charge of the wards and the German nurses working under them.

From the chaos, order gradually emerged; patients were repatriated as speedily as possible, but of course there remained a hard core who could not be sent back, either because of illness, or because their part of the country was occupied by Russia. It was decided to move them to a small village for TB patients and deal with their long-term illnesses.

By now we had a self-contained hospital and several large houses and buildings converted to hospital units for the various categories of patients (the male and female TB patients, ex-prisoners of war and children). Towards the end, there was Stork House, which was, as you may guess, our maternity unit. We were kept busy as we admitted patients from the DP camps in the area.

The war was over and the running of the medical side was more or less as it would be in any hospital, but from the administrative point of view it was never dull; there were always things to arrange and problems to sort out.

Finally, in June 1946 I decided to return to the United Kingdom, as by then there was not much medical work to be done.

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Anne E. McCandless (graduated 1939)

Having a history of rheumatic fever and damaged heart, I realised that I would never pass a medical for the forces unless the Medical Officer was deaf. Thus, I worked in hospital for four of the six years in London.

I experienced air raids and V1 and V2 weapons. We had been told one year before the V1 rockets landed that Germany had a secret weapon focused on London. The first one we saw, the hospital mess cheered, thinking we had shot down a German fighting plane. An hour later some 200-300 casualties appeared. The following day I went to visit the area in which it fell and was appalled by the widespread destruction. After months of this, we felt we were living through a nightmare. Patients from the geriatric wards were put on trains and, I gather, taken to Scotland. Many of those old people had never before left their own borough in London. The V2 rockets did not have the same psychological impact. By the time you heard the explosion, you realised you were still alive.

For six years I was on a 70-80 hour week and at the end of the war was totally exhausted. London was particularly short of food and what little we got was ruined by the cooking. As soon as people came out of the forces, I resigned and decided to have three months complete rest. In fact, I used the months to study and sat and passed the membership in medicine.

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Frances Martin (graduated 1939)

I qualified in July 1939. My first job was a locum at Alder Hey Hospital which was surrounded by ten foot high walls of sandbags. The hospital struck me as being wonderfully efficient. New cases were seen in the Admission Room by junior staff and

treatment prescribed. They were seen again on the ward by one of the two deputy Medical Superintendents and treatment (and diagnosis) varied if necessary. There was a meeting at 9 am in the Medical Superintendent's Office, at which he questioned junior Medical Officers (MOs) about various patients.

My first appointment was at Heswall Children's Hospital, the country branch of the Royal Liverpool Children's Hospital. The wards were mainly of the open air type for the treatment of chronic tuberculous hips, knees and spines. There were also cases of chronic osteomyelitis and various chronic surgical and medical conditions. Some acute operations were transferred from Myrtle Street during the early part of the war. Admissions came from a wide area of Lancashire and Yorkshire and beyond, and patients were allowed visits was one half day a month!

One of my predominant memories was of all the windows being painted dark blue and of red light bulbs in the electric sockets to provide black-out, which obscured the lovely view across the River Dee to Wales.

I next spent three months at Liverpool Stanley Hospital doing a House job in Gynaecology with Miss Ruth Nicholson, and some Ophthalmology. Miss Nicholson was a perfectionist and strict disciplinarian. Unfortunate unmarried girls presenting in Outpatients with a pregnancy were given a strict lecture and no sympathy. There was a lot of casualty work and with a shortage of senior resident staff due to call up for the services, a great deal of responsibility was put on inexperienced junior staff. At this time there were not the air raids that there were later on.

I then did nine months as MO at Fazakerley Sanatorium, by then reduced to five wards housing cases of pulmonary tuberculosis receiving purely medical treatment — rest, open air and sometimes gold injections. Cases likely to respond to more active treatment (such as pneumothorax, thoracoplasty, etc.) had been transferred to Cleaves Sanatorium in Heswall. I also relieved occasionally at the Pneumothorax Clinic at the Chest Hospital in Mount Pleasant.

Following this, I worked in the Infectious Diseases section at Fazakerley. There were still numerous admissions of diphtheria, scarlet fever and occasionally anthrax (from Liverpool docks). During 1941 or 1942 there was a very big outbreak of paratyphoid which had been spread in cream cakes from a local bakery. The most modern fever wards had been taken over by the Southern Hospital (from the south dock area of Liverpool) and the Emergency Medical Service and fever cases were mostly housed in wooden wards built in the first World War and known as 'the Annexe'.

During the fifteen months I worked at Fazakerley, there were numerous air raids, with two direct hits on the hospital but only two deaths resulting.

After this, I left Liverpool to do a Diploma in Public Health, spent the rest of the war in Obstetrics in Bradford and South Shields, and was not subject to call-up.

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Mary Evans, nee Jordan (graduated 1941)

In September 1939 I had completed four years of the six-year medical course at Liverpool and was starting the second year of clinical work. The day the war broke out my father lent me the family car (students did not run cars in those days!) and I spent two days ferrying the contents of the Northern Hospital dispensary from its normal site in Leeds Street to its wartime site in St Katherine's Training College in Childwall (now the Liverpool College of Higher Education). Later that week the patients were transferred there too, and only the Out-patient department remained at Leeds Street.

During the next two years, life as a student became increasingly difficult with frequent night air raids, especially after August 1940, and one never knew how one would get to lectures or hospital the following morning. I was living with an aunt at Blundellsands, and we spent many nights under the stairs, which was regarded as the safest place if the house should collapse. Decoy fires were lit in the Ince Blundell woods nearby to try to divert the bombing away from the docks. During this period my friend was bombed out of her digs in Princes Park and my aunt invited her to join us until they were repaired. A student of our year was killed in the theatre at Mill Road Hospital when it received a direct hit in a raid.

Occasionally, when things became too chaotic for clinical studies, I would pack a case of books and catch a train to Hereford to my parents' home and stay for a few days. My father, who was chaplain to Hereford Station, would cycle down to the station to enquire how many hours late the train for Liverpool would be; on one occasion he returned with news that it would be ten minutes ahead of schedule, as it was running almost 24 hours late. Because of the black-out and bombing, social life was almost confined to the middle of the day; the Liverpool Philharmonic Orchestra performed on Saturday afternoons and the first cash I ever earned was selling programmes at concerts.

I qualified in June 1941 and was appointed Casualty Officer and 'Specials' house officer at the Royal Southern Hospital which had been evacuated to Fazakerley and occupied most of the Fever hospital, sharing very extensive grounds with the Fazakerley TB sanatorium. The 'Specials' beds were devoted to Eyes, Ear, Nose and Throat, Skins and Gynaecology patients, and rarely had more than ten patients at any one time. There were six house officers, of whom I was the only female. We were paid £50 per year and were on duty all the time, except for one half-day each week, and a half-day on alternate Sundays. This was great for clinical experience, but limiting on social life! The Out-patient and Casualty Department on the original Southern Hospital site by the docks remained open, and at night was manned by one of the house officers. Although willing, I was not permitted to take my turn, as they required a male to protect the nurses and do any heavy lifting! About this time we were much amused by a hospital which had never employed a woman doctor, but appointed two women to do one job.

The recent women graduates had an arrangement to meet on Thursday afternoons if they were free between three and five at Reece's Cafe in Clayton Square; sometimes there would be six of us, and sometimes only two, but it was a very welcome break; after tea we would go to see a film, and I returned to Fazakerley on a train which left Exchange Station at 9.45 pm to take workers to the Fazakerley munitions factory. Most of the workers were young girls, some of whom I knew because they frequently came into Casualty with injuries from minor explosions at the factory; they had to wear caps and no hair grips as any metal increased the risk of exploding the T.N.T. they were handling. The common injury was peppering of the face and eyes with metal fragments, and it was distressing because it happened so regularly.

After six months as Casualty Officer, I was appointed House Physician to Dr Norman Capon (later Professor of Child Health). The Medical Registrar was Robert Evans (who had qualified in 1939), later to become my husband, and we both went down to out-patient clinics at Caryl Street, where he saw new patients and I saw follow-up patients. Our route to out-patients passed the skating rink, and if the clinic finished in time, we could call there and be within telephone summons of the hospital. We became quite proficient at ice-dancing.

Having completed a year at the Southern, I moved to Walton Hospital, where I had charge of 80 acute medical beds and a ward of children with whooping cough. I really felt my responsibilities (which were recognised by the increased salary of £200 per year). A retired physician came in once a week to help me with 'anyone I was worried about'; there were, of course, no antibiotics, and sulphonamides were the main line of defence against infection. I well remember one morning when I was busy on my female ward and the Sister of the male ward phoned to ask whether I knew that twelve seamen with yellow fever had been admitted to my ward. I was horrified, but later that day the Tropical School were delighted to take the patients over. Here, I must pay a tribute to my ward sisters. I regarded them as 'elderly', but their experience and understanding were wonderful, and we had many fruitful consultations together.

After six months on the medical side, I moved over to the Maternity Department at Walton. All mothers who had been delivered before midnight were transferred to Southport the next morning. Transport was often in canvas-sided converted ambulances on metal stretchers (as used for air-raid casualties), and there was usually a convoy of three or four ambulances, followed by a car carrying a doctor and a tow rope (as we had frequent breakdowns). Usually I would arrive at Southport with one or two babies in my arms because their mothers had panicked. These rather traumatic journeys were followed by a round of the Southport ward to check mothers and babes fit for discharge and to transfer any patients Sister was worried about back to Walton. This trip I did on alternate days with the other resident in the department; the rest of our time we spent in the labour ward or the ante- and post-natal clinics.

Unmarried women doctors were liable to call-up for the Services, but married women were exempt and under the orders of the Medical Director for Merseyside, who used them to maintain the hospital service. I got married in January 1943, about two weeks ahead of the arrival of my call-up papers, so remained in the hospital service. Four months later I was offered a post at Fazakerley Sanatorium; this was very tempting, because the Sanatorium shared both the grounds and a telephone system with the Southern Hospital where Robert was working. We had a flat in the Sanatorium, and ate two meals per day in the Southern and two in the Sanatorium, so that each hospital could hold one ration book! There was great interest and amusement among my ambulant TB patients out in the garden when a double bed arrived at the doctors' quarters!

I remained at Fazakerley for twenty months. Tuberculosis was a daunting disease in those days before the discovery of any effective antibiotic or chemotherapy to combat the infection — fresh air, good food and rest were the main treatment, plus artificial pneumothorax in some suitable patients. I spent most mornings pumping air into pleural cavities in order to collapse and rest the affected lung. I also had a ward of non-pulmonary tuberculous patients, mostly with spinal TB. These patients were nursed in plaster casts to immobilise their spines; in order to minimise the risk of developing renal stones, they had to spend part of each month 'face down', so each patient needed a front and back plaster cast. I well remember the crisis of discovery of bed bugs in some of the casts (introduced via a visitor's wicker basket), which meant the immediate re-making of two casts for every patient.

The Superintendent and I worked very hard clinically, as the other two doctors on the staff were Jewish refugees who had suffered very hard times in Nazi concentration camps. Their previous experience was in research, and a clinical hospital set-up was difficult for them to cope with. They were quite unable to deal with such tasks as setting up a drip, and night staff dared not call them, as in a sleepy state they thought a knock on the door was the Gestapo again. So I got all the night calls (fortunately, not many).

I left the Sanatorium after twenty months, as I was then seven months pregnant. They were anxious for me to return with the baby, but we did not feel it would be a safe environment for a new-born baby. So we had to set up house, not easy in 1945; you had to beg, borrow, or otherwise acquire household furniture and equipment. You received extra clothing coupons for curtain material, but the number was scarcely sufficient to provide for one window.

When our daughter was three months old, I applied to the local Health Department to do ante-natal and baby clinics (which were all held in district clinics). Later on I did Family Planning clinics as well, but soon demobilisation filled the vacancies and reduced the choice of jobs.

Writing these notes has revived happy memories of times of hard, but rewarding, work and of the camaraderie among the whole hospital staff as we made our own

amusements within the hospital. We were fortunate to have lovely grounds at Fazakerley and the Southern — I often enjoyed a game of tennis with the Matron!

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Noel Fenton (graduated 1941)

War clouds were already gathering when we sat Finals Part 1 (Pathology and Pharmacology) in June 1939. Before dispersing for the summer vacation, we were told where to report in the event of hostilities. When war was declared, I went to Broadgreen (then a tuberculosis sanatorium) with, I think, Katie Ainsworth. We were put to work in the sewing room and I had my first experience of an electric sewing machine.

The normal University programme was resumed after a few weeks of the 'phoney war', and it was not until the following June, in 1940, that dramatic events again infringed on us. We tried to write Finals Pan II (Forensic Medicine and Public Health) as news of the German advance towards the Channel coast came through and the retreat from Dunkirk was taking place.

Final Year was punctuated by air raids, culminating in the May 1941 blitz. Firemen from neighbouring towns occupied the Students Union and I remember helping in the canteen there. I was also a fire-watcher in the street at home and at times helped out at Smithdown Road Hospital. I failed Finals in June 1941, but was successful at a September resitting, specially brought forward from the usual six month interval in order to get us qualified as quickly as possible to help with the war effort.

My first house job was at the Women's Hospital in Catherine Street. There were only two residents and we were fairly hard worked, particularly as my colleague had a spell off sick and no locum was even considered.

Next I went to Bootle General Hospital, then operating on two sites. The main hospital near the docks was used for out-patient clinics and casualty, while in-patients and the doctors' residence were at Linacre Lane a couple of miles away. Loading and unloading of ships took place in the black-out and I got quite skilled at manipulating Pott's fractures. It was all closed treatment, no plating then.

After this, I did six months at the Maternity Hospital in Oxford Street. There were two house surgeons and Miss Mayers the registrar, and we were hectically busy. As well as the work in the hospital, we had to go out in the district to do perineal repairs and also sometimes forceps deliveries, as domiciliary midwifery was part of the scene. We went on bikes quite often, but at night you could have a taxi at the hospital's expense.

In July 1943 I was called up to join the Royal Army Medical Corps (RAMC). There was a short period of preliminary training at the RAMC depot at Leeds (during which we were taught how, when and where to salute), followed by a week at the Army School of Hygiene at Mytchet where we were taught all about deep trench latrines.

I was then posted to anti-aircraft command in Scotland. This involved holding sick-parades at gun sites around the coast and running a little reception centre for minor ailments because people could not be treated in a gunsite.

Early in 1944 I was posted to a general hospital unit sited in the Examinations Schools in Oxford. This was part of Montgomery's army preparing for the second front. To begin with, we were dealing with routine medicine and surgery among the masses of troops stationed all around the area. There were three surgeons and only one anaesthetist. One day the anaesthetist asked me if I would be interested in helping him and I readily agreed, because up to then I had mostly been assigned to rather boring Medical Boards. That was how my future specialist career began.

A few days before D-Day, we were told to empty the hospital and in due course we received casualties from both sides of the Channel. About three weeks later we again emptied the hospital; this time I was sent on a hospital train to Glasgow accompanying patients with open gunshot wounds of legs which were being treated with penicillin irrigation at about two-hourly intervals. This was all at an experimental stage and had to be carried out by a medical officer. There were no tablets or injections at that stage.

After this we went to Normandy as a unit, sailing from Southampton, and set up hospital in a tented site on the Bayeux-St Lô road in company with many other similar units. It was a busy time as there was heavy fighting near Falaise where the American and British troops were joining up, 'closing the Falaise gap'. Casualties were evacuated down the road at dusk and we worked during the night. More advanced units took head, chest and abdominal wounds and we mostly had leg and arm injuries. When the German retreat across the Rhine took place, some units went with our advancing army into Germany, but we remained in Normandy until November, returning to England to get rekkitted out for the Far East.

We sailed for India in January 1945 from Liverpool, in convoy as far as Gihatten, and then again in convoy across the Indian Ocean from Aden, having come through the Mediterranean and Suez Canal independently. There were still Japanese submarines about. We landed at Bombay and then went by train to Bangalore where a big hospital set-up had been planned as a base for an advance through Burma. The atom bomb made this unnecessary and medical officers were dispersed to other parts pf India. I got myself sent on an anaesthetics course at Secunderabad and after that worked in various hospitals in Bombay, Deolali and near Madras.

There was still a big army presence and demobilisation was calculated on length of service. I was demobilised in January 1947, and when my leave was up I got a supernumerary anaesthetics registrar job at the David Lewis Northern Hospital. There seemed to be adequate funding for these jobs for ex-service people and it was all well organised and efficient.

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E. Mary Harper (graduated 1942)

I qualified at Liverpool in December 1942, our course having been brought forward six months by cutting out the long summer vacations in 1941 and 1942.

In January 1943 I took up my post as House Surgeon to Miss Ruth Nicholson at the Liverpool Stanley Hospital. The Stanley was the smallest of the Liverpool teaching hospitals, but situated at the northern edge of the city near the Bootle boundary and in close proximity to the main dock area. It was extremely busy.

At this time in the war many of the medics had been called up and senior medical students were taking the place of qualified House Surgeons and Physicians. At the Stanley Hospital we had:

- 1 qualified Senior Surgical Officer (Registrar equivalent)
- 2 qualified House Surgeons
- 1 qualified House Physician

The senior staff consisted of 2 consultant surgeons, 1 consultant physician and 1 consultant gynaecologist. A visiting anaesthetist came in for routine lists, and a visiting pathologist came once weekly to report on 'difficult' slides and specimens.

All casualty work, emergency surgery and anaesthetics was performed by the junior staff and we reported on all routine pathology, performed our own post-mortems and attended the coroner's court when necessary (when patients were brought in dead, for example).

Miss Nicholson was the consultant gynaecologist. She was the only woman consultant in Obstetrics and Gynaecology in Liverpool at that time and was very highly regarded. As a consequence, her clinic was very big (averaging 20-30 new patients every week). All history taking was done by the House Surgeon, and every patient was seen by Miss Nicholson. This was before the days of the National Health Service and there was a great deal of advanced clinical material; the women were often in very poor general condition, as they had no sort of medical insurance cover.

There were no medical secretaries and the doctors' letters were written by the consultant at the time of the consultation. The letter was given to the patient to take to her General Practitioner and a carbon copy remained in the case sheet. Patients to be admitted were listed and taken in rotation, emergency cases taking priority. We had two operating sessions weekly, each session consisting usually of about three major cases and five or six minor. All were written up and examined on admission by the House Surgeon. There was one major ward round each week.

As we only had two qualified residents in the hospital, one of us had to be on duty at all times. We managed to get a half day off duty each weekend, taking turn about as to

which day. I usually had Sunday, as my opposite number was a keen fan of St Helens Rugby Club.

As my six months at the Stanley was coming to a close, Miss Nicholson asked me if I was interested in going to the Liverpool Maternity Hospital (LMH) at Oxford Street as a House Surgeon. I was very pleased to have this opportunity, especially as at this time the LMH was staffed by consultants who were held in very high regard, not only locally, but throughout the country. Such names as Gemmell, Jeffcoate, Marshall and Burns, and the LMH as a whole, were in the forefront of obstetrical practice.

I was fortunate to be able to spend one year at Oxford Street, and so gained a great deal of hands-on experience and the teaching was excellent. We had three residents, a Resident Surgical Officer (Mary Mayeur, followed by Doreen Martin) and two House Surgeons, all women during my residency.

Beside the booked hospital cases, emergencies were admitted from a wide area, quite a few from as far afield as North Wales. The hospital was also responsible for domiciliary deliveries covering the city of Liverpool. The city was divided up into five areas, each with a nurses' home with an experienced district midwife in charge, a staff midwife and two or three pupil midwives in training. Patients booked in with them and they undertook all home deliveries and antenatal and postnatal care. If they were not satisfied, the mother could be sent up to the hospital Outpatient Department for a further opinion.

Trouble arising during labour was dealt with by reference back to the hospital and the House Surgeon went out to deal with the problem. In a case of forceps delivery or whenever an anaesthetic was required, both House Surgeons went out, one to give the anaesthetic, the other to perform the delivery. This was the only occasion when we were allowed to take a taxi, as the instrument bags were so heavy; otherwise we went about on bicycles. It was wartime and blackout, and often quite difficult to locate the street.

The usual conditions requiring call-out were perineal tears, forceps delivery, undiagnosed twins, retained placenta, post-partum haemorrhage and the occasionally undiagnosed breech. We were actively discouraged — in fact, forbidden — to admit a patient in active labour into the hospital. The great fear in these pre-antibiotic years was infection, and it was considered likely that infection would be introduced by admitting from district. We were, therefore, on our own and had to manage, and somehow we did. The sisters were very experienced and a great moral support to both the mothers and ourselves.

It was a great learning experience, not only in midwifery, but also in the social conditions prevailing at the time. There was a lot of poverty and the housing conditions in some areas were dreadful. Anaemia was prevalent so that even a small post-partum haemorrhage could be dangerous. I have put up blood transfusions with bugs walking over the pillow and the bottle tied to a broom handle; delivered babies with the mother on a bed with no mattress, only the wire springs. It was common for there to be no cot and

the baby to be put in an empty drawer or even a tin trunk. Sometimes there were no clothes for the child and a pupil was then despatched to a ladies' charity which made up bundles of baby clothes for such occasions, although I remember having to tear up an old sheet which sister produced and sew it into vests and nappies.

My year at the LMH was the busiest of my life. I hardly remember a full night in bed. If I was not required for a patient on my firm, I had to get up to give an anaesthetic for my colleague who was performing the delivery for the opposite firm. I had one week's holiday in the year and even this was queried by the Professor.

Following this hectic year, I applied for, and obtained, the post of resident medical officer to the Obstetric Unit of Westminster Hospital in London. The unit had been evacuated from London to Weybridge in Surrey, where it occupied a large house in several acres of gardens. What a change from Liverpool! My job here consisted of combined House Surgeon and Senior Registrar, as well as tutor to the students. Groups of six (or possibly eight?) students came down from London and stayed for eight weeks learning their midwifery. The patients were evacuated down from London at 36 weeks and lived in three large houses in the area under the supervision of a matron who was in each case a retired midwife.

Each week we were driven by a Women's Voluntary Service driver to visit these patients and do their antenatal care. The students took turns to come with me and so got to know the patients. Each morning that we did not go on an antenatal visit, we had a tutorial and the consultant came each week for a ward round. X-ray facilities were very basic and done at the local cottage hospital; Caesarean sections were performed on the labour ward bed.

The pace of life was very different from my hectic year at the LMH and we were able to enjoy the gardens and their produce — fresh fruit and vegetables, which were almost unobtainable in the cities. We had the occasional scare from a doodle bug (VI) or heard a V2 rocket explode in the distance, but by this time the tide of war was turning in favour of the Allies and before I left, the war in Europe was over and I was one of those cheering round Buckingham Palace on VE [Victory in Europe] night. I stayed on and after VJ [Victory over Japan] day everyone returned to London and I came up north to learn some more medicine and general surgery.

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Margaret Woolfenden (graduated 1942)

As I had started at Liverpool University Medical School in October 1937 and had taken 1st MB Botany, Zoology, Physics and Chemistry, I was halfway through Anatomy

and Physiology when war was declared in 1939. The curriculum was then condensed by cutting down vacations, so enabling us to qualify six months early in December 1942.

During the blitzes on Liverpool, medical students were on fire-watching rotas at the hospitals, about one week in four. I do not remember actually having to deal with any fires, but saw quite a lot of work in casualty and operating theatres (underground at the Royal Infirmary) when an air raid was on. In 1941 a parachute mine hit the Engineering Building across the quad and we came in to see much damage and shattered glass. I also remember seeing fire engines from many parts of the country parked in the quad when Liverpool had a very bad raid.

When a big Air Raid Shelter was hit in November 1940, I think in Dunning Road, there were about 180 fatalities. Medical students were drafted in to help relatives identify bodies. Transport was always difficult and we had to walk or hitch lifts to get to the makeshift mortuary. The men students removed the clothes from the bodies. The women showed clothes to the relatives to identify and they were shown the corresponding bodies by the men. This was about the only difference made between male and female students that I can remember.

During July and August 1941 I did Midwifery training. At this stage of the war many women were evacuated, so there were few cases on the district. Later, many women returned home and other students got more district cases.

Between July and September 1942, owing to the wartime shortage of qualified staff, I became House Physician (HP) to Dr R. Coope at the Liverpool Royal Infirmary while a Final year student. As a student HP, I was under the supervision of the Resident Medical Officer (equivalent to a present-day Medical Registrar), Dr G. Sanderson, and gained much practical hands-on experience of a medical ward and casualties. The HP on duty did six hour evening shifts twice a week to relieve the Casualty Officer. They were also on duty one weekend in three — how I hated Saturday evenings when the waiting benches always seemed full. The HP on duty also gave the anaesthetics for emergencies — ether by rag and bottle. On the wards we did all the routine — writing up case sheets, taking blood and doing routine blood counts. Only quite abnormal ones could be sent to the Pathology laboratory. The only difference in the treatment of male and female residents was that the women used the Sisters' bathroom facilities on the floor above. For this work we were paid 7s 6d (35 pence) per week and received free board and lodging.

After qualification, I became the Obstetrics and Gynaecology (O & G) House Surgeon to Mr St George Wilson, the senior O & G consultant at the Royal Infirmary, from January to June 1943. Thornton Ward was the maternity department and Larrinager was for gynaecological patients. There were no Registrars at that time and I had to beg one of the two Resident Surgical Officers (Surgical Registrar grade) to stand in for me on call to get any off duty at all. Another result of the absence of an Obstetric Registrar was that I placed much reliance on the senior ward Sisters, all very experienced midwives,

especially Sister Baker the senior in charge. She had much knowledge of both midwifery and neonatal work. I had to ring up Mr Wilson or Mr S. Herd, his assistant, if it was necessary to do a forceps delivery or other manoeuvre. They came in if a Caesarean Section was necessary. Mr Wilson was a forward thinking man; he believed in early ambulation post-operatively (not usual at that time) and was trying to get his Technical Assistant to magnify foetal heart sound. No monitors or foetal heart sounds then.

Husbands were allowed forty-eight hours compassionate leave from the Services to see their new-born babies, but visiting was only for a short time each evening (the ward lights were very dim during that half hour!). We were now paid £60 per annum, plus board.

After six months in a newly qualified job (A grade), war time regulations required a B grade job being obtained on call up into the RAMC. I wished to continue in Obstetrics and Gynaecology, but there were no vacancies at Walton, so I went to Broadgreen (then a Municipal Hospital) where I was given a rather tentative promise that I would get on a midwifery ward later. So, it was back to being a House Physician again, although called an Assistant Resident Medical Officer. Dr Baker Bates was the Physician in Charge and I continued routine medical ward work. Dr Findlay was the Medical Superintendent of the whole hospital and an excellent clinician as well as administrator. He had been transferred from Mill Road Infirmary after this hospital was hit in the Blitz (1941) and had been one of those injured. Two medical students in the year senior to us had been killed in that raid and one other lost an eye.

At Broadgreen the residents were on duty in the Receiving room (equal to Casualty) on alternate afternoons and evenings, usually a busy time. Again, I was responsible for emergency anaesthetics, but here we had a machine to administer a mixture of ether, gas and oxygen. It seemed good to have alternate evenings off to go out or to visit other friends at other hospitals.

I gained more experience here in medical conditions - respiratory, cardiac and neurological conditions, etc. Broadgreen also had two wards for tuberculosis patients (it had been a sanatorium before the War), but I did not have much contact with this department. I tried to keep in touch with midwifery, but there were enough residents for the department, so I continued on medical wards. At Broadgreen we were on the high salary (compared to that at the voluntary hospitals) of £200 per annum and free board. Again, there was no different treatment of male or female doctors.

In January 1944 I was directed to Southport Emergency Hospital by Mr Monserrat, the retired Surgeon in charge of medical personnel allocation for the area (and who was the father of Nicholas Monserrat, the author). The Emergency Medical Services (EMS) were set up early in the war to make the best possible use of hospitals and other resources for treatment of civilians and service patients. Southport was the old Cotton Trades Convalescent Hospital on the Promenade, commandeered for the war and later absorbed into the National Health Service as the Promenade Hospital. I was originally

directed to Ormskirk EMS (the old Workhouse buildings), but managed to get to Southport instead — easier transport home and a better view!

I was the first female resident at Southport and was told that it had been suggested I should sleep in the Nurses Home across the road, but this was vetoed by the other residents. At first there was a Resident Medical Officer who was acting as Medical Superintendent and I was his junior, but after three months he was transferred to Ormskirk EMS. An elderly ex-Indian Medical Service and Colonel Proctor came as administrator and I became the Resident Medical Officer on the princely sum of £500 per annum.

Our patients fell into two groups, the civilian and the military. The former were mainly patients who had been seen at Out-patients at the Liverpool Royal Infirmary (LRI) and were on the waiting list for admission and investigation. A Consultant Physician from LRI, Dr Wallace Jones, was in charge and attended about once a week. Several elderly local general practitioners also looked in and gave advice. Some surgical patients were admitted. The Resident Surgical Officer did the emergency operations and Mr J.T. Morrison came from Liverpool Southern for major surgery. Southport EMS was an A grade Orthopaedic centre and had a large Orthopaedic ward (civilian and service). Mr Norman Roberts was the Orthopaedic Consultant in charge. I gave most of the routine anaesthetics for emergency surgery and here I saw curare administered as a muscle relaxant anaesthetic for the first time by Dr J. Halton, who came from Liverpool for a major abdominal operation performed by Mr Morrison.

Soldiers taken ill while on leave locally were seen in our Casualty Department and admitted if necessary. Royal Air Force (RAF) personnel from RAF Woodvale were also admitted and soldiers with anxiety states and other psychiatric illnesses seen. There were usually four or five resident psychiatrists to assess and treat these last patients. Here I saw early Electro-Convulsive Therapy given (without an anaesthetic). After D-Day, there was a large invasion of Battle Neurosis patients (equivalent to Shell Shock in World War I and which would probably be called Post Traumatic Stress Syndrome now). Many top London psychiatrists were sent from the Maudsley Hospital to treat them. I recall well-known names such as William Sergeant, Eliot Slater, Denis Hill and David Shaw. At one time, there were ten psychiatrists and 'myself' resident in the Doctors' Home, but after a few days they returned the Resident Surgical Officer to deal with surgical emergencies - very necessary I often wonder if this time coloured my view of psychiatrists for many years after. The patients were kept under continuous sedation with barbiturates and given insulin injections to stimulate appetite. Occasionally, they were found to have acute medical conditions.

Some servicemen were repatriated from abroad by hospital ship or train Hospital ships would arrive at Liverpool and patients were then sent to Southport by ambulance and military transport. Some would be stretcher cases maybe from the Middle East or

Italy. Later a few came from the Far East, liberated prisoners of war. We would often receive about 150 cases who needed classifying into medical, surgical, orthopaedic or psychiatric care. Walking cases were accommodated on camp beds in the Floral Hall which was used as the Hospital Annexe.

The patients were given any necessary treatment and then reassessed by Medical Boards for Return to Unit, regrading to a lower category or discharged if unfit for further service. The Medical Boards were conducted by a senior RAMC or RAF Officer, usually a Lieutenant Colonel or equivalent and the Resident in charge of the patient. They often took place weekly. Occasionally there were visits of inspection by the RAMC Brigadier I/L North West area. He was an excellent clinician and often gave me helpful advice.

Military patients required many forms. Luckily, these were attended to by our Military staff - a Major, Captain, a Company Sergeant Major and other ranks, including survival Physical Education (PE) Sergeants, all of whom were not fit for overseas service. Patients wore hospital blue and were subject to military discipline, with sentries on the doors, etc.

A small section of patients were being treated for Effort Syndrome (or Disorder Action of Heart) by Dr Wallace Jones, whose particular interest this was. They had a graduated exercise programme supervised by one of the PE sergeants. There was quite a large physiotherapy section to rehabilitate the military patients and hopefully return them to active service.

In October 1944 we had a large scale emergency when a Liberator bomber crashed at Woodvale. I think it was taking United States personnel back to America. There were several deaths and many casualties were brought to us. We were occupied in the theatre for a long time. Later, US Medical Officers came from Burtonwood and transferred those who were fit back there.

Another casualty I particularly remember was a Home Guard who had held a grenade between his thighs to pull out an awkward pin — it exploded there damaging thigh muscles. I can also remember Penicillin being given for the first time. We were selected to try it and it was given intramuscularly in saline in pint bottles into the lateral aspect of the thigh, making it very 'soggy' and needing a Thomas splint to keep the leg still.

In spite of Southport's being quite a busy emergency hospital, we had some lighter moments. A staff badminton team practised in the Physiotherapy Department, complimentary tickets were obtainable for some entertainments at the Garrick Theatre and there were also some entertainments for the patients in the Floral Hall. We had the hospital Christmas Dance there and I can remember Jessie Matthews singing to the patients.

I cannot remember being treated any differently as a woman Medical Officer, nor were there any fears about walking or train journeys in the blackout. I would not be happy being on the last train at Southport Station today.

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Muriel Andrews (graduated 1943)

Not all of us did spectacular work during World War II. Some of us, and I was one of them, just plodded on doing junior jobs in hospital. Granted, we worked hard, and for long hours, but by the time I qualified in 1943, the bombing had ceased in the area, so we were not contending with air-raid conditions.

Much of what went on in those years is very vague in my geriatric memory, but looking back little snippets come to mind which make one realise how matters, particularly medical, have progressed.

During my first job I developed a severe tonsillitis, and along with two other members of staff, was diagnosed as suffering from diphtheria and was banished to a small isolation hospital out in the wilds. There were no resident medical staff and no equipment ready to cope with emergencies such as tracheotomies, but they treated one kindly and did their best under war-time conditions.

Having missed weeks of experience, owing to the diphtheria episode, I was given a further six months in a hospital post and sent to the Royal Liverpool Children's Hospital at Heswall. Here there were rows of children with TB spines and the like in long wards, one side being completely open to the elements in daylight hours. Many came from isolated areas of North Wales and it was very difficult for parents to reach the Wirral, so visiting only took place once a month. Thankfully, we live in more enlightened days.

Every Monday a rickety 'ambulance' would arrive from Myrtle Street, bearing half a dozen miserable children considered by the Almoner, who picked their names from the waiting list, to be suitable for minor operation two days later. I still remember how I dreaded Monday evenings when it fell to my lot to telephone the surgeon and report on the admissions. Invariably, she was displeased, and of course I got the blame. However, we all look back on this wonderful woman with affection and admiration for the work she did in this city, all her working life, not least for the way she coped with the major part of children's surgery throughout the war.

Sometimes a person crosses ones path fleetingly, but makes such an impression that one never forgets them. Such a man was the Colonel by whom I was interviewed at Chester when I went for medical examination concerning fitness for war service. Being young and naive, I expected to be confronted by a brusque and austere individual; instead, he was the kindest, most sensitive and grandfatherly type that one could wish for. Presumably, the army no longer required medical personnel, since I and a very athletic woman friend were both rejected, despite the fact it was just after D-Day. When asked why we were considered to be unfit, we were informed that it was not the policy of the army to disclose such details.

From then on, I was able to carry on with varied junior hospital posts for a further two years, before joining the Diploma in Public Health course in Manchester.

All active women had compulsorily to do their bit in World War II, but one burden which fell to the lot of some medical women and countless others from all walks of life, was the task of rehabilitation of husbands, who had departed as able healthy men and returned shattered physically and/or emotionally following their war-time experiences. Such was the experience of one medical couple who crossed the paths of many attending this Conference. They fell in love as students, studying in the same year, and immediately on qualification in 1943 they married. They had such plans and hopes for the future. He hoped to become an obstetrician and she talked of producing six children. After six months as a house surgeon, he was called up into the RAMC and after D-Day found himself in France.

Some time elapsed before the wife received the dreaded telegram announcing that he had been killed in action. In fact, this was a mistake, and a further communication said he was seriously wounded and in hospital in the Oxford region. A shell had landed in his path, showering his body with shrapnel. Sadly his skull did not escape injury and he sustained cerebral damage involving his right arm and leg. His wife took over the nursing duties until he was fit to be discharged, when she brought him home to Liverpool. Home consisted of a flat in a large Victorian house, up two flights of steep stairs, hardly ideal for nursing a handicapped man, remembering that in those days we did not have the facilities for everyday living which are considered essential today. She was determined that he should be able to live as normal a life as possible. To this end, she refused to anticipate his needs and encouraged her husband to take his share of all household duties, including such tasks as carrying in the coal. Inevitably there were many accidents when he dropped and broke articles, and he had frequent falls. In the 1950s plastic washing up bowls started to appear and proved a great boon in preventing breakages. As part of the on-going rehabilitation, the wife had to show great patience and toleration and give cheerful and positive support. He, in his turn, trained himself to write with his left hand.

He had to think of a future career, as surgery was now out of the question, and he decided to take up Radiotherapy. He coped well with this and obtained a post in the Midlands, where they were able to reside in the country in a thatched cottage. Despite his marked limp, he even played cricket for the village team, but of course had to have a runner. When he was ready to apply for consultant posts, he never had any luck. He felt, and possibly with justification, that his handicap was preventing promotion. The first question asked was always, 'Where were you wounded?' to which he would reply, 'Near a village in France.' Occasionally he got away with this, but usually the next question was, 'Which part of your anatomy was damaged?' He had to admit to cerebral injury and knew the job would not be his.

Eventually, he became a consultant in Tasmania, where they built up a new life with their four adopted children. One felt it was not the life they envisaged in 1943, and the wife never came to terms with the climate — cold and wet, as in Britain. Physically, life became more difficult in his later working years and he had to take early retirement, when they moved to the warmer climate of Queensland. Ironically, having spent his life in radiotherapy, he developed carcinoma in 1985 and died within a few weeks. His wife would have loved to return to this country, but felt she should remain where her children and their families were domiciled. Sadly, she died in 1994.

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Jean Parry (graduated 1943)

When the Second World War started in 1939 I had just completed two years at Liverpool Medical School. At the beginning of the war there was not much air raid activity, but there was a supposed threat of gas attacks, so everybody had to carry gas masks and even take them into lectures. All buildings, shops, houses, hospitals, etc. had to be blacked out during darkness. There was no street lighting; headlights on cars and buses were covered over, except for an inch strip across the centre through which the light showed. It was very difficult to get around after dark. All signposts were removed. I remember going out one night after dark to a maternity delivery. It was in January and it was snowing; the only way I could see where I was going was to walk along the tram lines till I arrived at the address where I was expected.

As air raids increased, medical students were allocated to sleep in hospitals one week in three for duty. From my bedroom window on the third floor of the Stanley Hospital in Bootle I could not see a complete roof on any house in the neighbouring rows of streets. One evening a bomb went right through the centre of one of the residents beds — the staff were all in Casualty at the time. While I was at Stanley Hospital, a 17 year old girl came into the Casualty Department one evening with shrapnel wounds to her leg. She was in a very angry mood and talked while I was attending to her. She said, 'I am fed up with Hitler, he is disturbing my social life. I can't go out in the evenings without this sort of accident happening.' She worked in the local bomb factory. She said she had chalked Hitler's name on one of the bombs she had filled that night, hoping it would land on him. Later a munitions train leaving the factory by rail was bombed and the driver had the presence of mind to continue driving the train until he had pulled away from the houses close to the railway line. He slowed down in the Newsham Park area with explosions continuing in various parts of the transport train and then jumped clear himself. He was awarded the George Medal for bravery.

During our clinical years we were asked to do three month house jobs. The qualified students had three months' hospital experience and then were called up for the Medical Services, so there was a shortage of hospital doctors. I had a house job in Ear, Nose and Throat at the Royal Infirmary. I attended Outpatient clinics, sent out appointments for the operation lists and assisted the Consultant at his operations. We were also expected to attend our normal lectures and laboratory practicals. In the evenings I did a ward round and dealt with any emergency after the operations.

Air raids were sporadic, but when they were heavy we pushed all the beds from the wards into the long corridors to be away from flying glass from the windows. Then we helped with necessary casualty patients. I remember a crying child of eight years, who my co-student thought had a dislocated shoulder. He said he thought he could deal with it if I gave the anaesthetic. We looked around for a spare couch to lay the child on. I just had a bottle of chloroform and a gauze mask to use. The shoulder was corrected with difficulty and at one point I thought the child had stopped breathing. However, when I visited the ward the next day, all was well.

My midwifery experience at Oxford Street Maternity Hospital was during a period of air raids. A temporary delivery room was set up in the basement. One evening I was helping one young mother about to be delivered. She seemed very quiet and withdrawn. While I was waiting, I looked up at the ceiling and saw many hot water and gas pipes on their way to the wards upstairs. I thought we would be safer upstairs if anything happened. When eventually the baby was born, I took him to his mother and asked what name she was going to give him. She said, 'Hood', and then burst into tears. I said, 'I now realise you must have lost your husband three months ago at Scappa Flow on the Battle Cruiser *Hood*.' No wonder she was so quiet, with so uncertain a future ahead of her.

One week in May 1941 we had an air raid every night with a good deal of bomb damage and disruption. After an early morning lecture by Professor Cohen, policemen walked in and asked for volunteers to help with the emergency. We were divided into groups. I was with five other students and we were taken by van to a school in West Derby. The school had glass partitions between the classrooms. As we entered, we saw piles of dead bodies on the floors of the rooms. The men students were given the job of undressing bodies and putting them in a bag with their head showing; a pillowcase was used for the person's clothes. There were queues of relatives waiting in the school hall and I helped to interview them. We had a form to fill in about people's names, addresses, etc. Classrooms were labelled with the names of streets where the bodies were recovered. One old lady I interviewed was particularly sad. I said to her, "Who have you lost?" She said, 'My husband.' 'Where do you think he was last night?' I asked, but she did not answer. I made a few suggestions, and she still did not want to talk. I then remembered

that Walton Jail had been bombed. I said to her, 'Was he in Walton?' and she wept and said, 'Yes. He was to have come home tomorrow.'

Another three month job I did was at the evacuated gynaecology department at the Robert Davies Nursing Home in Woolton. Nursing home patients were upstairs, and hospital patients downstairs. I was the only medical resident in the building. Sometimes in the night I used to be called upstairs when the staff there could not manage, as well as look after as much as I could of the hospital patients.

Being a student during clinical training in the war meant we participated in house jobs and casualty with our limited experience as best we could. Everybody was very helpful and we all worked together and co-operated in emergencies as they occurred.

After qualifying, I went to work and live in Birmingham and did a part-time job with Birmingham Health Authority. As soon as the war ended, all part-time jobs were stopped so that returning medics from the Army could be employed. I lived near Birmingham Medical School and had a part-time job in the anatomy and histology department there. I also helped in a research project headed by the Professor of Anatomy. New schools had to be built and new furniture had to be ordered and the sizes of the groups of children were wanted in order to provide correct chairs, etc. I visited all the schools in a part of Birmingham examining the children with a team, measuring them, rolling out tissue-covered plasticine and asking the children to sit down on it, and then I measured the distance between their ischial tuberosities, getting information about the children's development.

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Margaret Taylor (graduated 1943)

I was called up into the RAMC in September 1944. My army medical was held at the Military Hospital at Moston, Chester and proved a surprisingly thorough affair done by two Senior Officers. They commented on my good feet and I only realised the significance of this remark later when I discovered 'marching'. I passed A.W.I.

All doctors joined the RAMC as officers, for the first year as Lieutenant and then with automatic promotion to Captain. Women held the same ranks as men, but 'Miss' or 'Mrs' in brackets after the rank indicated a woman. All had the same pay and allowances. Women were not sent as regimental medical officers to front line troops, but were sent to hospitals just behind the line.

I reported for training to RAMC depot at Crookham, near Aldershot, on the appointed day. It was a completely new world. There were 20 women and about 80 men in the contingent. We were housed in huts in the grounds of the RAMC officers' mess. There were 5 of us to a room, 4 rooms to a hut, with a washbasin in each room, a couple

of showers to each hut and hot water twice a week. One saving grace — the food was good.

We marched each day from the mess to the depot where we spent some time on the barrack square being drilled by a long-suffering drill-sergeant. We learned to march, but not very well. We learned the various orders, words of command, and we learned to salute. Well, almost.

We did the same training as the men, intelligence and aptitude tests, map reading by night, delivering short lectures on subjects like scabies and venereal disease and of course, we learned how to fill in forms. (The army had masses of forms, mostly in triplicate. There was even one called 'Army Form Blank', which turned out to be toilet paper). The men of our contingent spent two nights under canvas, the women did not. This was the only difference.

We did a three day gas course. The highlight of this was a sort of assault course through fields and tracks. Water was sprayed to simulate mustard gas, smoke bombs doubled for phosgene and thunderclashes reminded us that we were under fire. We were expected to take appropriate action in response to each hazard. This entailed falling flat on the ground at intervals and this was made even more interesting, for the spectators in particular, because the cows had only left the fields about half an hour before. After three weeks at the depot, we were transferred to the Army School of Hygiene at Mitchett (ASH) where we learned even more exciting things like how to dig latrines and dispose of sewage, how to cook on an oil and water drip fire, and how to assemble and run a delousing unit. This last was important because of the link between lice and typhus. Most of the troops returning from the front line were lousy. After a week at ASH we were considered sufficiently trained to be let loose on the troops and we were posted.

My posting was to Military Hospital Campbell College, Belfast. I travelled on a very crowded troop train and a very uncomfortable troopship. The hospital, as well as being the main one for the troops in Northern Ireland, was also dealing with a large number of returning prisoners of war. They had to be recategorised medically and many were invalided out of the army. Some of the men had interesting stories to tell, but the medical work was boring and I was pleased when after a few weeks I was posted to be Medical Officer attached to the Auxiliary Territorial Service (ATS) Training Unit at Ballymena. There I was Commanding Officer of a 21 bedded camp hospital and also MO to an Infantry Special Training Unit. The work was varied and interesting and the social life was good. I enjoyed my time there and was sorry when eventually the unit closed and I was posted back to England.

I went to the Royal Army Ordnance Depot at Donnington. There I was in medical charge of more than 2,000 ATS and in command of a 40 bedded hospital. It was a very large site and I got round it on an army issue bicycle. It was from Donnington that I was demobilised.

I did not learn much medicine in the army, but I learned a great deal about people and their problems, and about myself and my ability to adapt to different circumstances and to take on new responsibilities. I met my husband during my time in the RAMC and I never regretted that I was called up.

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Freda N. Roberts (graduated 1948)

My father died when I was only six. There were no widow's pensions in those days, except for a very few professions. My mother was fortunate, in that she had trained as a teacher at Warrington Training College (now St Catherine's, Taggart Avenue). Women teachers were dismissed as soon as they married but a few more enlightened Education Committees would employ married women on a 'supply' basis. My father was described variously as cashier, then accountant, and lastly company secretary (I gleaned this from Kelly's directories and his death certificate). He worked for a small chemical company, but in the slump he felt that his job was precarious. It was then that my mother took supply teaching posts for Cheshire Education Committee, so she was already working at the time of my father's sudden death. This made a great impression on me as a child — the importance of education and professional training. My mother had also been brought up by her mother to value education. My grandmother tried to get all her daughters trained, as she had been left a penniless widow herself.

I won a scholarship to the Belvedere School (Girls Public Day School Trust). The Trust schools were all orientated towards an academic education for girls. Several of my friends at school came from medical families. Professor Dilling (Pharmacology) was certainly one positive influence in my choice of career. Another friend's mother was Assistant Medical Officer of Health for Liverpool, Dr Bell. Another school friend was the daughter of Professor Frazer (Public Health).

I was fifteen when war broke out. We had assembled at school, heard the announcement and then departed with our labels and our gas masks to Shrewsbury. This was my School Certificate year. At the end of the first term — the 'phoney' period of the war — school returned to Liverpool, so we were here in time for the blitzes. I was still at school when I was called up to register for War Service.

I had been interviewed and accepted for a place in Medical School, so I had to attend Leece Street Labour Exchange bearing my letter of acceptance which deferred my call up until I had qualified. Imagine the surprise on the faces of the Labour Exchange staff — that at 18 I was still a schoolgirl. Most children in those days left school at fourteen. Even Grammar School children mainly left at 16. Sixth forms were relatively small.

I started at Medical School in October 1942. I had to do the 1st MB because I had Higher School Certificates in Botany, Zoology and Maths and not Physics and Chemistry. We all had to do some National Service and in the first year this comprised following First Aid and Home Nursing courses for the St John's Ambulance Certificate. I also did one afternoon a week helping in a day nursery with babes whose mothers were working, mainly in munitions factories. The men had to join the Student Training Corps.

The war did affect studies, of course, mainly because of the shortage of teaching staff. Other shortages affected one indirectly. Food and clothes were severely rationed, as was fuel (mainly coal at the time). There was no petrol at all except for work of national importance. All public transport was curtailed; trams stopped altogether at about 8 o'clock at night. We walked. There were posters everywhere demanding: 'Is your journey really necessary?' Everyone was encouraged to have 'holidays at home'. If we went away, we cycled or hitch-hiked — in lorries of course, there were no cars. And we walked. After dark we carried a torch everywhere because of the blackout. No lights were allowed anywhere, even trains were blacked out.

The 1st MB course was Physics, Inorganic Chemistry, Botany and Zoology. The Inorganic Chemistry was taught by Professor Nance, who had been brought out of retirement for the purpose. He was a humorist, who demonstrated practical chemistry on the lecturer's bench. The lecture theatre was semicircular with rising seats. He frequently made the experiments not work, or blow up, or used some other spectacular device to fix it in our memory. This was the only course where we were not allowed to do our own experiments. In Physics, Organic and Biochemistry we had to perform them ourselves in practical classes.

There were 'vac terms' in the long vacation for previous years of students, but many of my year started straight into 2nd year, so we did not have a vac term at the end of the 1st year. There was an optional anatomy term that summer, so I started in the dissecting room (DR) dissecting leg. The provision of a fourth term in the long vacation was discontinued later, but a few people in previous years had managed to finish in four years by working this fourth term of the year. In 2nd and 3rd years, from October 1943 to March 1945, we did Anatomy in the DR with only Professor Wood and T. Tudor-Jones, the senior lecturer in Embryology. The war meant there were no demonstrators, so all the teaching and examining was done by those two alone. Other subjects (Physiology, Psychology and Histology) were also short of teaching staff. Organic and Biochemistry were rather better off.

The University quad was very different from pre-war days. Apart from piles of coal, the university buildings (including the Tate Hall) had suffered bomb damage. In those days we sat written exams in the Tate and it was open to the elements all along one side. This was bearable in summer, but our 2nd MB was in March and, of course, the heating was very inadequate because of fuel rationing. I remember students writing their exams wrapped up in rugs.

It was during this second year that the women were also conscripted to be attached to the RAMC to be trained as stretcher bearers. This included the introductory military training — drilling and lectures on the organisation of the RAMC, army hygiene, etc.

The men in the year had already done their training in the Student Training Corps, so it was just the women who were drilled in the quad alongside the piles of coal by a regular RAMC sergeant, to the consternation of the sergeant and the entertainment of the engineering students looking on from their building. The only difference in the treatment meted out to the men and the women was that the men were given uniforms.

After a period of drilling we were instructed in stretcher bearing, four to a stretcher; later we were provided with a webbing which fitted over our shoulders with loops to take the stretcher handles, thus allowing two people to carry a stretcher with the shoulders bearing the weight. It was important that the two or four people carrying a stretcher were approximately the same height in order to keep the stretcher level. Our final training was with 'real' bodies and in the half-built crypt of the Metropolitan Cathedral; it was like an obstacle course. I remember Professor Dilling, who was our 'body', rolline off the stretcher.

Then came D-Day and our work began. We were called by telephone in the early evening and we assembled in the students' union, having managed to catch the last tram into the town. Later we were transported to Broadgreen Station where we waited, usually until the early hours of the morning, for the arrival of the train. The Women's Voluntary Service (WVS) always arrived with their van to sustain us with cups of tea through the night. The wounded were from the Normandy landings. They were treated first in a field hospital and were then transported to Liverpool which was the reception centre. Half of all Liverpool hospital beds were reserved for the wounded including Prisoners of War (POWs). We unloaded the train, carried the men along the platform, through the station gates where the WVS awaited and gave each man a cigarette (lighted, I think). Some of the POWs refused. These trains did not have priority in the transport system, so they often spent much time in sidings and then arrived in the early hours. There were medical attendants on the train.

Sometimes a heavy, six foot guardsman would view us with astonishment. One such remarked that four hefty Canadian soldiers had grumbled at having to carry the wounded at the other end, but here in Liverpool the job was done by two small girls, without a murmur. I think they worried that we might drop them.

Outside in the road the ambulances waited. They were single decker buses convened into ten stretcher ambulances. In those days buses did not have doors, the platform was open. Heavy khaki curtains were hung over the entrances. Once loaded, the ambulances drove to the hospitals (including Alder Hey) and unloaded there. Although the whole operation was secret somehow the local population seemed to get to know, and there was often a small crowd waiting outside the hospital gates and people would throw

presents into the buses as they slowed up to drive in. The buses were camouflaged, of course.

Our work went on all through that summer of 1944, often night after night. The Home Guard took over for one fortnight to give us a rest. Some of the soldiers were more ill than others, and I remember those on Penicillin wore a luggage label on which was written 'PEN' in large letters — they were very unhappy. Penicillin was given then by intra-muscular drip at regular intervals, and it was very painful. The men and women did exactly the same work on these occasions, except that the women were not allowed to travel in the buses which carried POWs!

By the time I qualified in 1948 the war was over so that the gradual change to peacetime had begun. The only direct effect of the war on women's careers that I remember was being told by Professor (later Lord) Henry Cohen when I asked him if I could apply for his house physician post at the Liverpool Royal Infirmary that if an ex-serviceman applied, he was bound to give him priority. In practice, those coming back had had experience and were given more senior jobs. Many supernumerary registrar posts were created to accommodate them.

In general, patient reaction to women doctors was very favourable, especially so in Obstetrics and Gynaecology. Only once did a patient say she wanted her surgery done by a man. Many women were thankful to have a woman. Some colleagues, especially of an older generation, were prejudiced against women and this certainly delayed my career advancement at times. I always found nursing staff very friendly and co-operative.