Short excerpts from ***While You Sleep***

Just another evening on call

..... And so our surgical education continued, on the third floor of the Royal instead of the fifth and with Wednesdays on call rather than Tuesdays. And if a carrot had been a Tuesday highlight in our first year of surgery, it might be appropriate to say that this was topped in the succeeding year by the events of one particular Wednesday. I cannot possibly imagine that any other operating room in the world, before or since, has witnessed such a scene.

Urgent emergencies, such as a not uncommon ruptured ectopic pregnancy or perforated ulcer, went quickly to the operating theatre, while run of the mill cases were admitted to the ward. By nine or ten in the evening two or three of these would usually be lined up and the emergency list begin. The Royal's surgical wards opened onto a central stairwell area, each floor having its own operating suite off to the north side of the building. This particular evening Jim and I observed the uncomplicated induction of anaesthesia for the first patient, a young man with acute appendicitis, and then helped to wheel the stretcher into the main operating room. Inside, Pop[1] was busy 'scrubbing up' at one of the two large porcelain sinks, his senior assistant surgeon Mr Murray similarly occupied at the other. It was unusual for a senior surgeon to be the assistant on a relatively minor case such as this, but Pop had his own set of rules. In contrast to the wards, where even as Professor of Surgery he often played second fiddle to the dictates of his senior Ward Sister, the operating room remained his exclusive domain.

Each sink was equipped with two elbow taps, one for hot and one for cold water. Hand and arm washing complete, Pop attempted to turn both taps off before donning his sterile gown and gloves. One seemed stuck in the full on position and he directed us to finish the task for him. We found it jammed solidly. With the water still running at full strength, it also became apparent that something had blocked the drain. The sink quickly filled to the brim, then began to overflow onto the floor. Since he was no slouch as a surgeon, Pop had already opened the abdominal cavity. He glanced over his shoulder.

"What on earth is going on? Get that damn tap off!"

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[1] JG (Pop) Burton, Professor of Surgery, Glasgow Royal Infirmary

“It won’t budge”, we replied, “ and the drain seems to be blocked.”

We redoubled our efforts as the water began to flow across the room. The theatre porter had a go at the lever, applying all his power at arm’s length. Nothing happened. It had stuck, just as completely as the drain had ceased to function. The entire room was soon awash, with the Sister-in-charge beginning to lose the place and the appendectomy quickly fading in terms of relative importance. Opening the double doors, we got to work with brushes, sweeping the water out as best we could towards the outside corridor. As the flow continued, it proved a losing battle.

Pop could take it no longer. Ripping off his gloves, he rolled up his sleeves and strode over to tackle the offending tap. He had no more luck than the rest of us. By now the patient was completely forgotten, except perhaps by the anaesthetist, with the operation at a total standstill.

The story continues.....

A question of lifestyle

..... My mixed racial practice still reflected the fading days of colonialism, for I normally saw any African patients between 7.30 and 8am prior to the morning's work giving anaesthetics at the 80 bed European only Nakuru War Memorial Hospital. Asian and Caucasian patients had joint use of a single waiting room at other times. Our nurse-receptionist Mrs Wilkinson was very house proud, usually finding an excuse to perform something of a spring-clean after anyone had been in that room whom she judged less than desirable. She came to the door of my examining room late one afternoon, extremely flustered, whilst I was talking to the first of three maternity patients.

"Some kind of chief has been brought in", she whispered, "and he doesn't have much on in the way of clothes. Can you come out and see him straight away?"

A very large African was seated between the two ladies. His body odour was significant. Apart from several necklaces, his only clothing consisted of a skimpy kilt or skirt. Three henchmen stood behind him, one carrying a cloth bag. Mrs Wilkinson remained agitated, obviously anxious to get him out of her waiting room.

"He can't walk" she said, "they carried him in. Can we get him into the treatment room at the back? Quickly!"

The chief must have weighed 300 lbs. When the three henchmen lifted him up, the major source of the agitation became all too evident. With the skirt barely covering his huge waist, and no clothing underneath, his very considerable masculine charms were now alarmingly displayed for all to see. The two ladies bravely looked away. We got him onto the examining table in the back room. Mrs Wilkinson mopped her brow.

The story continues.....

A hallowed hall

..... Generations of physicians passed through the portals of the old Examination Hall at Queen's Square in central London, a necessary ritual for most of the twentieth century for aspiring specialists seeking the approval of the Royal Colleges. Success at Queen's Square could lead to the opening of many doors, even towards fame and fortune for a few, whilst failure further months of study and return visits, or perhaps a lifetime of disappointment.

I had no great qualms as I arrived there one Saturday morning in 1963. After three months of extra evening classes with Professor R.J. Last I felt I had covered the ground for the anatomy portion of the Primary Fellowship Exam in Anaesthesia several times. Only a third of the candidates normally passed at the first attempt, not an encouraging figure, but everyone knew that Last's students averaged almost double that success rate. With a wife and small baby at home and not much money in the bank, however, it was not an exam I could afford to fail.

The paper containing the essay type questions lay face down on the desk. I glanced around, waiting for the bell to signal the start of the allotted three hours. There were no familiar faces in my immediate vicinity, but I knew that my fellow registrars Jim and Bill must be out there somewhere. 'Go for the easiest question first', I reminded myself, 'rough out the answers first, and divide your time up properly.' Professor Last was a stickler for good exam technique.

The invigilator's hand descended on his bell. An audible rustle followed as the two hundred or so candidates turned over their paper. I looked at the first question with some puzzlement:

Describe the origin, course and distribution of Morrison's nerve.

The exam always contained a question couched in those terms, usually concerning one of the twelve cranial nerves, the nerves which originate inside the skull, but occasionally asking about a peripheral nerve of importance in anaesthesia. But Morrison's nerve? I had never heard of it. The only Morrison I could think of was Andrew Morrison, the ear, nose and throat surgeon at Whipps Cross Hospital, and the name did not appear in

Last's textbook of anatomy, I felt certain of that. Everyone around me appeared to be writing furiously, while I remained paralysed, staring at the paper, mesmerised by that first question. Like those of a drowning man, my thoughts flashed by. Our return from a comparatively comfortable income in East Africa; the plan to go into full time anaesthesia, building on the marvellous practical experience Kenya had given me; our hopes for enlarging our family. Everything was going up in smoke and I could only stare.

'Get on with rest of the exam', I told myself, 'you'll remember in a moment. This is ridiculous. You must know what Morrison's nerve is. You must ….'

But I didn't. And I couldn't function either, looking at my watch for the umpteenth time as the minutes flashed by. Some people had even begun to leave the hall. I hadn't even started writing.

The story continues.....