

Japes and jacksonapes: on being a junior hospital doctor in the 1970s

It is all such a long time ago. In two twinkles of time, 30 years have gone by. And it was such fun. I went to medical school at 17 years of age and, after going to a number of parties, reading a few novels, learning to play the mouth organ badly, and participating in some desultory training, I was released. But this liberation coincided with a prison sentence which confined my freedom to one night in two for a whole year, and two nights in three until I was a consultant. Time off was so special that I would work hard to fill it with the glitter of entertainment, and this set in stone sleeping habits for a lifetime, where I always get up early to enjoy, or try to enjoy, the day.

One in two – that really was a tricky one. Hard to believe now, that it was perfectly acceptable for a doctor to go to work on a Friday morning and then be on call on Friday night, Saturday daytime, Saturday night, Sunday daytime and Sunday night, and then continue working bleary and blasted through Monday until freedom time dawned at 5, 6, or 7 pm.

Our current juniors say: 'Ah, one in two – but you really didn't have to work too hard in the hospital, did you? We all know that there was so little you could do then'. The juniors, they are always right. Certainly, medical interventions are now far more extraordinary than anything we ever managed, when night calls would be mainly about nurses complaining to us that their patients were having difficulty sleeping, and could we prescribe a sleeping tablet, doctor? Oh, sorry doctor, did I wake you? Or, that there were problems with a patient's bowels, so could laxatives be written up for the morning 'run'? I remember speaking to the consultants – and yes, we did sometimes have conversa-

tions with our bosses – about the prison sentence that we'd been given, and they would say to us: 'Ah, my boy, you're having it good, you're having a wonderful time. In our time, we did one night in one for the whole of our houseman's year.' They would then add that they were fed like turkey cocks – there didn't seem to be turkey hens to feed in those days – and also, young man, treated to various other delights that this article really can't go into in much detail other than to mention that it involved physical contact.

There was camaraderie within our house officer fraternity. The mess was lively and full of beans. Dawn would be broken by a domestic jumping through our bedroom doorway without knocking, hoping to surprise us with a close friend, asking whether we would be requiring two or three cups of tea today, doctor.

Was it really work?

Our friendships were strong and, such was the mutual feeling of high jinks, it would seem that most of us were being employed by the NHS not to work, but to carry out more and more outrageous japes. One of my colleagues, who pursued a very active social life, would wake his patients between 4 and 5 am in order to clerk them for the morning's theatre list.

We encouraged each other to do the silliest things that caricatured the stereotype of medical pranks. We were the toast of all the medical staff for removing all the administrators' desks from their offices in the dead of night and replacing them with beds.

At UCH on Christmas Day it was the duty of the most senior senior house officer to become a Christmas fairy. In this case it was Radford in a silver tutu and stockings, carrying a wand and wearing a crown, who toured the wards blessing the patients. At one stop for benediction, the cardiac arrest bleep went and Radford, at the foot of the bed, conducted the arrest with deft waves of his wand. The patient was resuscitated effectively, woke up and,

seeing the bearded fairy at the bottom of his bed, exclaimed: 'God, I'm in heaven!', and collapsed.

On that same Christmas Day Bob Steele, dressed as Father Christmas, failed in his duty to kiss all the patients on ward 3.2 because one old goat had tertiary syphilis.

Our stories would be listened to with amusement by the consultants, who took vicarious pleasure in our pranks. There were of course occasional ward rounds, where registrars would descend from various clinics to issue laconic warnings and predictions about the demise of our various careers. These warnings all came true.

So that was how our days passed until evening. And then every evening at 11pm we would tiptoe back to the doctors' mess from the local pub. The doctor's mess had been blessed by a kind bequest from a patient, and at 11.10 pm cook would arrive in chef's uniform with a plate of sandwiches and a tray of bottled brown beer for the house staff. He'd deliver the treats with a flourish and then plonk himself down at the piano and play us a tune!

Life on call wasn't too stressful during my houseman's year. Surgical on call at UCH used to lead to three or five admissions over a long weekend. The pace of medical on call at Addenbrooke's Hospital was even more genteel. This was because the professor's reputation had spread to the GPs, who would postpone admissions to days when the professor's team was not on call, fearful that their patients with heart failure would be treated with naloxone infusions rather than diuretics.

My memories of my time as a junior doctor are overwhelmed with the oppression of having to be in the hospital, and not being allowed to escape, but these reminiscences are touched by gratitude for the amazing education that I received in diagnosis and treatment, and the opportunities that I had to learn from great men and women. But it was the fun that was so strong, and the friendships that were to remain a lifetime, all punctuated by the most marvellous, marvellous times. **BJHM**

Professor Jonathan Waxman is Professor of Oncology, Department of Oncology, Division of Surgery, Oncology, Reproductive Medicine and Anaesthetics (SORA), Imperial College London, Hammersmith Hospital, London W12 0NN