Life as a house surgeon in the first year of the NHS

In the summer of 1948, I qualified BM BCh in the University of Oxford, the very month that the NHS was born. So what was it like to be a house surgeon at the old Radcliffe Infirmary 66 years ago?

We knew how fortunate we were. Millions of young men and women of our age had been killed or maimed, on one or other side in the World War (which had ended just 3 years earlier), either serving in the armed forces, in the air raids or in the prison camps. All of us had lost family members or good friends and among our returning medical students were a number bearing the scars of war.

Our surgical 'firm' consisted of our chief, Arthur Elliot-Smith, who had served in the Middle East as a brigadier, the registrar, Neil Ward-McQuaid, who had also spent the war operating in the same war zone with the Trans-Jordanian Frontier Force, myself and half a dozen first year clinical students (or 'surgical dressers', as they were called). We looked after about 40 adult beds as well as the surgical cases on the paediatric ward, as my chief did the bulk of the children's general surgery. We had a one-in-three rota for emergencies, but jealously looked after our own patients, so house officers rarely left the hospital.

In 1948, 'general surgery' meant exactly that. We dealt with a wide range of pathologies – hernias and piles, retention of urine, gall-stones and all the abdominal cancers. Duodenal ulcers were common, as were their complications of perforation, stenosis and haemorrhage. We amputated gangrenous legs and dealt with infantile pyloric stenosis and intussusception. Many of today's routine procedures were not even dreamed about – vascular reconstructive surgery, open heart operations, joint replacements, minimal access procedures and organ transplantations were all just pipe dreams.

Many of the diseases we encountered commonly in the wards and clinics are rarities today. The orthopaedic wards were filled with children with the wasted limbs and deformities of poliomyelitis and tuberculosis of bone and joints. Indeed, we saw tuberculosis in all its manifestations – patients with renal tract disease, involved glands of neck and tuberculous peritonitis in the general wards and, of course, pulmonary disease. We expected at least one of us each year, and probably a couple of nurses, to be transported to the tuberculosis sanatorium with an apical lung focus or pleural effusion.

We obtained a wonderfully wide clinical experience. The house surgeon clerked all the routine and emergency admissions and worked in the outpatient clinics; he did rounds with his registrar and his chief and did a full night round each evening (reinforced with cups of coffee in the ward kitchen). He assisted his chief in one theatre, while the students assisted the registrar in the other.

If you were keen on surgery there were excellent opportunities to gain practical experience. I kept a note of all my cases, a habit I started then and maintained over the next 40 years. I recommend this practice to every young surgeon – it induces a sense of humility. When a surgeon says that he or she has done 'dozens' of a certain procedure, I tell him/her to check through his/her records. In my experience, the dozens often shrink to one or two!

In my 6 months my records show that I carried out 26 appendicectomies, nine varicose vein operations, repaired three inguinal and one umbilical hernia, performed two suprapubic cystotomies and three haemorrhoidectomies, and repaired a perforated duodenal ulcer (then a very common emergency, especially in young men). The highlight, on my last day on the firm, was to perform an ileo-transverse anastomosis on a patient with an obstructing carcinoma of the ascending colon.

On my next 6-month appointment, as one of three house surgeons on the accident service, I reduced 62 fractures and dislocations. It is interesting, in the context of the current debate on surgical training in this country, that a house surgeon, providing he was keen, probably gained more experience in his first 6 months after qualification than the present day candidate for the MRCS.

We worked hard, the hours were long and a free weekend did not exist, but I do not think that any of us would have changed places with today's first year doctors. BJHM

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