General

Royal Naval Medical Branch – A Reflection – Continued

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Following the publication of the first of my reflections I was pleasantly surprised and very pleased to be contacted by Medical Branch colleagues past and present who having read the article recalled their own memories of time in the branch. I also stated that it was not until I wrote the article that I began to realise there appeared to be a book waiting in the wings, but that will have to wait until retirement in a year or so.

During the early 1970’s I continued as a Medical Assistant (MA) expanding my working knowledge in operating theatres and anaesthetics. One educational period was transfer to the ‘Octatent’ installed in C5 ward during a period of refurbishment in the main ‘B’ block theatres. This tented theatre was an ingenious affair, no more than a plastic liner that was held up by air pressure fed by a compressor. My height made it difficult for me as I rubbed my head on the ceiling in parts, even more so when the compressor iced up and the tent sagged on top of me.

All the theatre staff of the time will remember the long nights spent in the Sterile Services department, long after surgery finished, packing instruments and bowls, sitting sleepily on the window sill watching the sun rise over Portsmouth.

I remember the time when innovation entered the theatres. As duty operating theatre staff we were required to attend all Cardiac Arrests in the hospital. We had to drop all that we were doing, if safe to do so, and as a group rush to grab the rudimentary kit we required. This was the first crash team and in order to carry the bags of equipment Chief Phil Schofield had been into Gosport and purchased a second hand ‘Silver Cross’ upright Pram, which was duly stripped and all the items we required loaded into it.

The pram stood waiting for use. When the call came the duty team grabbed the pram and set forth. The big challenge was the Sick Officers Block. This required a journey out and across the road to Building 80 and to finding an empty lift to take you to the floor and ward required. A major problem encountered with the pram was that, being so well sprung, the contents required for the arrest bounced out of the pram, requiring those following to stop and pick things up. So this idea soon died.

Recalling such crash calls, the duty operating team was called and we set off in the dead of night to the required ward, again sick officers block. Sleepily we ran down through B61 from our night cabin adjacent to B3 ward and down the back stairs, emerging through the door adjacent to the then victualling office. Now strung out as a group in the dark we could hear a thump, crash and the sound of milk bottles rolling back and forth. On stopping and turning in the gloom we could see Ted Littlewood (POMA) doing a balancing act, arms and legs flying, balancing on top of rolling milk bottles. It was impossible to run on whilst laughing.

During the early seventies the first items of electronic patient support equipment were starting to appear. These were nothing like the advanced systems that are available today. Up

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1. Ward numbers have since changed as the hospital is now alphabetical from the new main gate i.e A-B-C etc and the old B block is now C block – still confusing for all!
until then the von Recklinghausen BP cuff, a BMW of BP cuffs, was still very much in use, as was the Cottle-Keeting pulse monitor. This was nothing more than a flickering needle run on a single one and half volt battery. At this time Hewlett Packard produced a needle pulse monitor with a light that pulsed in time with the pulse of the patient. This was to be followed by the first small screened bouncing ball pulse monitor. In an effort to cut costs the RAF produced a modular ECG and Pulse monitor system that became widely used throughout military hospitals.

At the same time patient safety was being introduced to anaesthetic machines with the Bosun’s Alarm, a small battery device which in the event of oxygen failure screeched. A red light on top lit up if the battery had to be changed. By the late seventies anaesthetic machines with chain link anti-hypoxia devices were fitted, which closed off the nitrous oxide supply in the event of oxygen failure. Patient safety was coming to the fore at last.

One procedure common at the time was for Surgeon Captain Bruce Victor Jones, Orthopaedic Consultant, and Surgeon Commander John Haughton, Consultant Anaesthetist, to undertake spinal manipulations under anaesthetic. The unusual aspect to this was that it was undertaken on a mattress placed onto the floor. No ordinary mattress but a good old fashioned horse-hair ‘pussers’ specially kept in a cupboard for such a procedure. The patient was brought to theatres normally between cases i.e. big case on the table and then send for the MUA (manipulation under anaesthetic).

The patient would be wheeled in, anaesthetised and mask held in place by the anaesthetist. The patient was then lifted by canvass stretcher off the trolley and then lowered onto the mattress – (no Health and Safety in those days!) wherein Bruce Victor Jones, or BVJ as he was affectionately known, would kneel down beside the patient and commence manipulation, twisting shoulders and legs, even turning the patient. On this occasion the patient was much larger than BVJ (he was a slight man and short in stature) and in one manoeuvre the unconscious patient rotated and collapsed on top of him, pinning him to the mattress. John Haughton turned and laid down beside BVJ and started to bang the floor shouting, “A—one, a-two!” as if a wrestling referee. BVJ peered out from under the patient’s arm pit saying “That’s not funny John”. The remaining staff present collapsed in fits of laughter.

Permit me to recall a few more funnies from this era; Saturday’s duty staff deep sea’d the theatres, placing theatre green towels under the doors along the corridor. Once the floors were flooded we played a version of deck hockey, with brooms and pusser’s soap. I also recall the day when the visiting plastic surgeon was undertaking a nasal operation and Sister Nancy Tynan, turned to Eddie Harrison and asked for sterile ice. “Err pardon sister?” Nancy in her Irish brogue repeated, “Sterile ice chief!” In return Eddie wheeled in a bowl of steaming water, “What’s this chief, I asked for ice”. ‘Well it was before it went into the autoclave!’ was the reply. Nancy loved her theatre boys and we always had strawberries and cream delivered to theatres on the day of the QARRNS Tennis Rose Bowl tournament.

At this time staff were actually progressing to being commissioned, save for myself who stayed as a three badge MA. One of our fold left for his officer training and returned one morning some months later to the theatre for coffee, his Sub Lt ring for all to see. A fresh cup was duly placed before him. “What -no saucer?” he rebuked! A swift reply came from the back of the coffee room “Don’t know about you but we drink from the cup” he duly left and we never saw him again, well not in theatres.

Not many of today’s medical branch staff

2. I still retain a collection of early anaesthetic equipment and a year or so ago I powered up the Cottle Keating to show some trainees such equipment it still worked!
3. I have a large collection of anaesthetic and patient equipment dating back decades and this with the demise of Haslar requires a home and I would welcome any suggestions.
will realise that theatre staff of my era not only assisted with patients but prep-shaved the patients the evening before, becoming a deft hand with a cut throat razor. We applied plasters, packed CSSD, maintained and mended equipment, and physically cleaned and autoclaved sets of instruments in large autoclaves within the theatres. One abiding memory is that we were nearly always called to be first and second assistant to many a fine and reputable naval surgeon, spending hours at the table and at times with boots full of various bodily fluids.

By 1974 I had been drafted to Gibraltar, at the time a busy Naval Hospital with two operating theatres and the staff to run them. The theatres then had one of the most commanding views of any hospital - that of looking directly out over the Straits of Gibraltar. For the first few weeks you had ‘new boy syndrome’ and could be found staring out of the window at the splendid view. On one occasion a RNR Surgeon arrived who was a ship spotter. Prior to surgery he placed a telescope on a tripod and requested to be informed when SS Nonsuch went past in order to tick it off in his Lloyds Register.

Theatres were busy and I found myself getting well into my stride running anaesthetic rooms and operating lists, including maternity cases. The technology associate with anaesthetics had come forward by leaps and bounds from my days at M’tarfa and we were now able to cope with neonates and even return them to the UK for ongoing treatment. It was a testing time in that post delivery cannulation of the umbilical cord was not easy. Scalp vein sets were used. The baby was placed in a heated plastic domed egg for transfer. With no neonatal ventilator available it was the anaesthetist who hand ventilated the baby with a Jackson Rees circuit on the flight from Gibraltar to London. One anaesthetist, Surgeon Commander David Lammiman, had his lunch cut up for him by the stewardesses as he continued to hand ventilate the baby.

On another occasion the anaesthetist from St Bernard’s, the Gibraltar local hospital, went AWOL from the ‘Rock’ leaving the hospital in a quandary. I soon found myself being collected by staff car and driven along with David Lammiman to the hospital. For many weeks we undertook morning theatre lists, but not before I had rebuilt most of the equipment, found extra laryngoscopes and sundry support items. It became a busy time in caring for patients on and off the table at St Bernard’s and then undertaking other lists back at RNH.

Gibraltar was a happy time but soon I was back to Haslar for what was a very busy period in the late 1970’s. I took over anaesthetics in number three theatre from Bob ‘Shorty’ Howard from whom I had learnt much. Surgeon Captain Jim Cox was the senior consultant anaesthetist, much loved and greatly respected by all who worked with him. My enduring memory of him was that he had hands like a bunch of bananas and always used the largest ET tube to hand and was an expert at blind intubation, especially in dental cases.

Some years later when I was back in Gibraltar Jim had become Surgeon Rear Admiral SMS and was undertaking an inspection of RNH Gibraltar. I was the right hand marker of a platoon of hospital staff drawn up for inspection. Jim Cox stepped off the reviewing platform, spotted me and let go of his sword hilt and bounded over to me, raised his arms and gave me a huge bear hug, much to the amusement of all on my side but to total amazement on the faces of the MOIC and staff. Sadly he died all too early and was greatly missed by those in the RN Anaesthetic world.

Number three theatre was a special place, very busy with long ENT, Dental and GU lists. It was often the fact that you had a patient on the operating table, one in recovery if not more, and a patient in the anaesthetic room awaiting induction (and by now I was cannulating the patients). The theatre stood on its own on the top floor above the main theatre suite and connected directly with B3 the ENT Ward, with the GU ward on the other side attached to the GU clinic. On hot summer days we opened the doors on the GU side with just a cloth screen for a barrier. One morning Surgeon Commander Bob Morrow was undertaking a dirty surgery list, patient on
the table, staff looking on intently, when a GU outpatient appeared at the table as well, cloth cap and walking stick in hand “Err excuse me but could someone kindly show me the way out?” On other days with ENT lists the ward maid from B3 would stand at the door at lunchtime and ask “who’s for soup?”

Friday morning lists were fun times, especially when the then Surgeon Lieutenant Commander Peter Bull used to undertake Ether lists using an Erno ventilator, which I am sure is still in use in some third world country somewhere. Patients wriggled, we felt sleepy. In fact my wife always knew what I had been doing when I arrived home and kissed her, “Phew you stink of Ether!” It certainly gave you a headache, I know that much, and to think that we also drove home afterwards as well!

Surgeon Lieutenant Commander David Baker was an accomplished flautist, piano player and anaesthetist; imagine today an anaesthetist playing a flute to children as part of their induction prior to having their tonsils removed. One day I made a flute like assembly from Heidbrink valves (part of a patient circuit) and to my surprise he even got a tune out of that! It was a team of lads from theatre who helped moved his grand piano out of his Crescent flat in Alverstoke. Now that was an experience!

On one ENT list we had intubated the patient but the bag was rigid and could not be squeezed, so the tube was instantly removed. On cutting open the red rubber tube there was a chrysalis halfway down the tube causing the blockage.

I collected my Killicks in 1977 thanks to the perseverance of pharmacy colleagues in Gibraltar to get me through my exams. In 1979 I was selected to form a surgical support base onboard RFA Fort Grange in support of FOF2 world deployment. This for me was an ideal opportunity to equip and work onboard a new RFA whilst providing medical care for the whole deployment of 10 ships.

Working from scratch a full operating medical/surgical facility was provided; with Surgeon Captain Mike Mann as Anaesthetist onboard HMS Norfolk and the Surgeon, Surgeon Commander Phil Jones onboard HMS Arrow. We were to come together for any surgical requirement. This included dealing with a strangulated hernia in the Indian Ocean in a howling typhoon. Not much fun having to assist with one foot on the table and the other against the sink for balance, the anaesthetic machine lashed to the bulkhead, with all collapsing around you. Another case involved the transfer of a perforated ulcer from RFA Olmeda to Norfolk Island. We then borrowed a mini-moke for a lightening tour of the island in our flying gear.

The 12 bedded ward was always busy but having no support this became difficult to manage as this was no PCRF which was still years away! Many RFA officers’ wives were onboard accompanying their husbands on the deployment, including Gilly Mann an ex QARNNS. They formed a nursing watch from volunteers, of which there were many, who cared willingly for all the patients. It made for an interesting time of it all. During the 11 month deployment I learnt much - from Helo Transfers to other ships, including an Indian merchantman, which was a difficult transfer and retrieval of the patient, to standing by a pilgrim ship in the Red Sea. The most memorable was being “T” bagged by 846 from a Sea King in the wake of Fort Grange as a payback for managing to inoculate most of the flight one morning by attending shareholders meeting held daily in the hangar crew room and locking the door. Having approached the Grange with me winched down by some twenty feet, the cab went into the hover and all the ships crew appeared on the upper deck. I later found out that a pipe had been made ‘That the Doc was to walk on water!’ I did not quite manage to scramble up the winch wire whilst being immersed in the ship’s wake up to my neck!

The next episode, the 1980’s, will include a busy return to Gibraltar, a pier head jump to a ship in a non operating theatre role, managing

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