



Nursing in the London blitz

By Kathleen Birch

I was a nurse in St Bartholomew's Hospital (Barts) in the east of London during World War II. When the blitz came I was on night duty. We had gone to bed as usual, and when we woke up very early in the morning the side of the building was like a big Bunsen burner – a gas main had been hit just outside the hospital. We had to move all the patients to one end of the ward because it got so hot at the other end. Nobody panicked and the fire was soon put out by the Air Raid Prevention (ARP) crew.

When patients came into the hospital they had complete confidence that they were safe. What they didn't know was that there was just one layer of sandbags between them and the "all hell let loose" outside. Of course we didn't tell them. All the children were evacuated out of London, including from the hospitals. But when the blitz started we still had enough children to fill two coaches. We got them all ready and they were rushed out of London the next day.

The people from the East End of London were incredible. The porters were local Cockneys and they were always cheerful and never complained. If you asked them how their night had been they would say, "fine, but we had to go down to the shelters and when we came out there was a bit of a mess". Despite this they often brought us a bit of fruit and they always cheered up the patients. Before we went



Reading the news in hospital

on night duty we had a meal. There was one night when the electricity failed as we were eating baked beans. So as you can imagine the baked beans went all over the place. Afterwards that night was known as the Baked Bean Night.

As student nurses we had to spend three months in the plaster department or three months in theatre – I was lucky to have the experience of doing both. There were two grades of bandages: one for single use and the other we washed and hung out to dry on a sort of clotheshorse. These were then wound up and packed in a drum for sterilisation. There was no plastic of course; everything was steel or enamel. We saw a lot of fractures – mostly broken legs – and spinal injuries.

The hospital's five theatres were moved underground. One theatre was used just for cleaning up and preparing the patients before they were moved on to one of the main theatres. The Superintendent of Theatres was very good. She had worked in the early radiotherapy treatment of lupus vulgaris (tuberculosis of the skin) and was left without hair and with a very scarred face. Everyone said she had been a real 'hot spot' as a stu-

The Write Stuff

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dent – that meant she had been into everything. The treatment for lupus involved the nurse sitting on a stool by the bed where the patient lay with something that looked like a microscope. The nurse had to focus the beam emitted from this apparatus on the area of affected skin on the patient's body. For children there was a big lamp they were encouraged to play around. Of course, we knew very little about the effects of radioactivity then.

There were highly skilled surgeons specialising in facial injuries, and lupus. One was Professor Kilner – watching him operate was like watching someone do fine embroidery. Professor Makindoo advocated that people went out and about in the town during their treatment, so they learnt to deal with their appearance and didn't become reclusive. Sir Henry Gavain was the overall head in London.

At the beginning of the war the nurses had to sleep underground in the basement with all the pipes. We had to leave our mattresses and blankets down there. We had no beds and it was rather claustrophobic. After about 3 months we put our collective foot down and said we couldn't do this anymore so the powers that be gave up and let us sleep in our beds.

In the centre of the hospital there was a courtyard with a fountain in the middle (shown in one of the photographs). During the blitz the male medical staff were issued with tin hats as it could be dangerous crossing the courtyard due to falling masonry and such



Fountain and blitz damage at Barts Hospital

like; however there were not enough hats for the nurses. The men were very annoyed about this and would wait for us to come out of the nursing home and lend us their hats to cross the courtyard. Looking back this really was discrimination against women – it wouldn't happen now.

At the beginning of the war the rules were very strict: no nurses were allowed to visit the medical students or junior doctors in their quarters and they were forbidden to visit the nurses' home. But when the nurses' home was in danger of catching fire

everyone was allowed in to pull down the curtains and extinguish small fires, and no one ever really returned to the rules after that. As nurses we decided they couldn't sack all of us so we just started visiting the doctors' quarters. Sometimes we went across the roofs that were used for fire watch. I can still see the route we had to take. I think the authorities just turned a blind eye. This is how I met John, my husband.

When we both had time off we would meet by the fountain in the courtyard. If there was one of the thick London smogs – a 'peasouper' as we called it – I couldn't see him until I was standing right in front of him. He used to say he could recognise my footsteps before he saw me.

It was still wartime when we married. I applied for permission from the Chief Constable of Worthing, my hometown, for people to visit for the wedding. This was necessary because Worthing is on the south coast, which was a restricted area for security reasons. I was told permission could only be given for my fiancé to visit. So we decided we would be married in London at the church of St Bartholomews the Less in the hospital

grounds. I had seen too many wartime weddings with only one family present. On the morning of the wedding a friend and I got up really early to go to Covent Garden to buy the flowers – they were very reasonably priced early in the morning. My father and I were a little early for the service so we went for a walk in Smithfield's meat market just over the road to pass the time. It was a lovely service but one good friend couldn't come as she was in hospital herself with suspected tuberculosis. When we came out of the church we were delighted to find that the students had pushed her down to the front of the church in her bed. She later went on to become Matron of Leeds Infirmary. We didn't have any air raid warnings that day – it was quiet.

All the men had to do fire watch. We used to go up on the roof when the all clear sounded to see the colours – different factories that were bombed lit up in different colours. We were very lucky in that very few people in Barts were injured or killed. I remember the rockets. Someone was



View of the blitz from Barts Hospital roof

killed by the third lot of rockets – not by the blitz or the flying bombs but by the rockets. We used to watch the bombers coming over but what was the good of worrying – you couldn't neglect life – you just had to get on with it.

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What takes part in a clinical trial - subjects, individuals, controls or even people?

Sometimes it is comforting to read that you are not the only one. I had such an 'ah ha' experience when I read a letter in the correspondence column of *The Lancet* a few years ago and again when I recently edited an article written by a doctor who is herself the editor-in-chief of a medical journal. The author of the letter in *The Lancet* (Vol 358, page 1463) pointed out that many physicians were dismayed by the FDA's suggestion that trial participants be called subjects rather than patients. They considered such a label to be hurtful to the physician-patient relationship. On the same basis I avoid the noun 'individuals' preferring the adjective 'individual'. Thus I changed 'individuals' to 'individual patients' in the editor's article. She objected to this saying that it smacked of medicinalisation (in this particular case not all the people were necessarily already patients).

So just as there are reasons to prefer 'indigenous societies' and 'developing areas' to 'primitive societies' and 'underdeveloped areas', humans should be differentiated from rats – rats on the left, humans on the right:

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| controls | → | control subjects, volunteers |
| subjects | → | participants, patients (if they are) |
| diabetics | → | diabetic patients |
| geriatrics | → | elderly patients |
| individuals | → | people, patients, anyone or use as adjective |
| male/female | → | men/women, boys/girls or use as adjective |

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