

Malcolm House, Walsall

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AN ORAL HISTORY OF GENERAL PRACTICE, c.1936-1952

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Catalogue No. 40

Malcolm House

(b. 7 February 1926, Staffordshire)

MB BCHIR (Cantab. 1951)

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Transcript of an interview conducted by:

Dr M.J. Bevan

Well, perhaps you could start by telling me when and where you were born.

I was born in Walsall, Staffordshire, on 7th February, 1926.

And could you tell me something about your family?

Yes. My father, both my parents were local residents in the part of Walsall, known as "Calmer", spelt "Caldmore", but pronounced "Calmer" by the locals. My father's father was in the wholesale tobacco and general business, in which my father worked. And my mother was a member of a large family, living in the next street, in "Calmer". My father had one brother, who died when I was a baby, and, consequently, all my relatives were on my mother's side. She had three sisters and four brothers, and so I had a lot of cousins and uncles and aunts, all on my mother's side.

Can you describe your father to me?

Yes. Almost the spitting image of me! About my height - 5'8"; balding, fat, in his later years. And I look very much like him, indeed. But you can't see that, *you* can see it, but you won't see it anywhere else! Yes, he, oh, he was a ... a very generous man, from a financial point of view. Money, he was not particularly bothered about. He was never rich, but he, he'd spend that with the greatest of pleasure. But he wasn't too generous with his time, playing. He would much rather spend it in his own way, playing snooker, or staying out late drinking, and so on. But he was always very generous with money, and he funded me very generously through Cambridge and Barts, and even after I was married, you know, he was very helpful. But he died ... 1962. My mother died in 1953, Coronation year.

What was your mother like?

A very strong character. Plumpish woman, knew her own mind, and wasn't very often wrong, you know, in her own mind. And ... very strong ... moral views, in the broad sense of that word, which were instilled into me.

And what sort of views were those?

Oh, that if you made a promise, you must keep it, there was no question of not keeping a promise. And you didn't steal, you didn't take from anybody else. You didn't tell lies. You didn't do this sort of thing at all. It was much better to tell the truth, as she would say, "Tell the truth, and shame the devil". She was an excellent cook, in what we would call the good plain way, although vast quantities of pastry and cake, and suchlike, were made every weekend. And we all had to eat it. "Can't leave that little bit. Just eat it up!" We all looked, fed like, I think, when I watch, *Darling Buds of May*, I think a little bit of the way my mother used to feed us, when I see them sitting down and see the amounts they got through! And she was very kind, very very protective of her children. I had a brother and a sister, but my brother died about three weeks after my sister was born, of pneumonia, consequent upon whooping cough, which I had brought home from school. And then my sister was five years younger than I, and she died in 1947, of cancer, as my mother died ... sorry, when she was 47, just as my mother died of cancer 1953, when she was 53. So I don't come from a particularly long-lived family. I've beaten them all up to now. My father was 62, and I'm now 67, so ... the only difference there is, my father, as it was fashionable, and in the trade, he smoked like a chimney. I hardly ever saw him without a cigarette, but I never took it up, even at school, at all. I never wanted to. I had access to cigarettes, obviously, even throughout the War, but I, equally, had access to sweets and chocolates, which I preferred, and didn't do me any more good!

Was your brother younger than you?

My brother was younger than me. I was number one. Brian was, I was two and a half when he was born, this month, next month, July 14th, 1928, and he died in 1931, in January, just after my sister was born in January, and he died ... she was born on the 7th, he died on the 27th. And I was, of course, just coming up to five. So, for some years now, of course, I was the only one. My sister died intestate, and she was unmarried, lived in London, had a small, freehold piece of property in London, which she had bought with the proceeds of our father's Will, of which she had, quite properly, at that time, the lion's share, I having had a large quantity as a student, and been bought motor cars and things like that, so I was ... it was only fair that she should. But the poor girl died, and the lot fell to me, which was very useful, and it was the real reason why I was able, in part, to retire two years before my pension was due, and live, I couldn't do it earlier than that, but live in comfort, and I'm still doing that.

Did your mother work before she married, do you know?

Yes. She worked for a, for her prospective father-in-law for a while. I know that she used to do the sort of things which, which women did to become housewives. She went to cookery classes. She was very keen on the physical exercise, played tennis, just for pleasure, and ran what they used to call paper chases, which were sort of cross-country runs, and she joined gym clubs, and swimming clubs, and all this sort of thing. She was a strong woman, physically and ... in fact, she was what, I must say, what my father needed to keep him on the straight and narrow a little bit! He succumbed, no, nine years after she died, he really couldn't cope with himself. He drank too much and went very depressed, and then that made things worse.

Do you remember your grandparents?

Oh yes, very well. All four of them. My father's father, Henry House, he was born one of four in Dorset, at a village called Serne Abbess [ph -89], which is renowned for the Serne Chimes, the less said about that the better, at the moment. You know the Serne Chime, do you? Well, he was born in that little village. He made his way up to the Midlands, they had a farm, he made his way up to the Midlands, towards the end of the last century, went to work for a gentleman called Mr. White, as a commercial traveller in tobacco and general goods. And he decided to set up on his own, at the turn of the century, and ... did all the things that were not considered right, and canvassed Mr. White's customers, and collected a lot of them! He was, he was well-liked. He'd got an eye for the girls, I gather, and he was well-liked, and people came to him, and he started a business, which was very successful, right through the War. But they do say, you know, gutter to gutter in three generations, or something. And it was true. The business had gone when my father, well, after Mother died, and Father didn't take much interest in it. He went right down the, down the nick, and we sold, eventually. And my grandmother, she died ... he, Grandfather died within a few days of the outbreak of the War, I can't remember precisely, end of August, beginning of September 1939, and, at that, I was bustled off to public school, before my feet could touch the ground, to Denston in North Staffordshire, here. That was simply because Grandfather had always said, "I'll send Malcolm away to school", but he never did. And, as soon as Father was in a position not to offend him, which came as soon as he had died, I was sent away. Then my grandmother, his wife, died in about 1937, I remember. My other two grandparents, they were always very very nice to me, my maternal, my paternal grandparents, they were generous, always, and I know that I was the apple of my grandmother's eye, more than my little brother was, and then my sister. But the other grandparents were a much poorer family, in the financial sense of the word. My mother's father was a cooper, ... made barrels and so forth. In fact, for what it's worth, he was the illegitimate son of a woman who lived at a house about two miles away from here, on the Painkridge [?? ph - 123] Road, in the middle of the last century, and he married a, a girl from ... not Painkridge [?? - ph. 125], oh dear, Shenston, out towards Birmingham. She also was a mistake, so they were a right couple of bastards, you could say! But they weren't, in fact, they were both very nice! Indeed, Grandma Riley, that was old Bill's name, had nine children, eight of whom survived, one of whom was my mother. And it was a very good family, they were very ... they were a great lot of people. I had a lot of fun with my uncles. They would, they really were a laugh a minute when they were together.

How often would you see your grandparents?

Most weeks. Grandpa, any time I went to the, what we called the warehouse, the building, which ... and most weekends, my grandfather didn't drive, but he always owned a large motor car, seven seater, and my father's reluctant job was to take him, and Grandma, and Mother, my mother, my sister, and the housekeeper, his housekeeper, out on a Sunday. We'd ride into the country. It used to be alternate Sundays, and we'd see the other grandparents on the, on the other Sundays, and at any other time. We all lived, even when we moved out of Caldmore, when we lived in Caldmore, we were about 200 yards from my maternal grandparents. Then we moved, and we were about a mile and a half away, that's all, nothing. And they lived in a, the house has gone now, it's been knocked down to make way for a school. But in a dark little terraced house, very small, with a copper in the corner, for doing the washing, you know, and a coal fire to boil that up, and a shallow, brown stone sink, and a one cold tap. And he kept, he used to keep pigs in the early days, in the early part of the century. A pig at the bottom of the garden, my mother's father, which would then be ... the tree stump was still there when I was a lad, although the tree was dead, it used to be hung up from this tree, in the usual way pigs were, have it's throat cut and bled, and then they all set to, and it was carved up, and everything was cleaned and hung up, kept for food. They were known, in the Midlands, at any rate, as "kitchen oil paintings", when you hung a leg of ... they were kitchen oil paintings, they hung from the ceiling. And even the chitterlings, that's the small gut, were kept. My mother used to have the job of cleaning those out, with her sisters.

Did your grandparents play any part in your upbringing?

No. Do you mean did I live with them, or not?

No. Did they influence you in any way?

No, I don't think so, terribly. My mother's parents couldn't have done, I mean they weren't, they weren't, by any means, a well-off family, compared with my father's father, who was doing very nicely, thank you, in those days. No, not particularly. Mother was the, I think, was my strongest influence. And Father, in some ways, in that his generosity with money, I like to think, has rubbed off. I don't think it's stuff that I should hang on to, and I should like to spend it, or give it to my sons, son and daughters, and things like that.

How did your mother influence you?

Oh, just by her character. After all, I was with her for the first 13 years of my life, every day. And, in the way that I expect your mother would have influenced you, just by example, and saying, "Don't do that", and, "You shouldn't do this", and, "Take your hands out of your pockets when you speak to people", and "Don't forget to

raise your cap when you see Mrs. So and So", and "if anybody asks you into their house, take your cap off", this sort of thing, which I do to this day. I can't, I find it difficult to walk into a shop and leave my cap on. A roof over my head makes me take it off.

Were you closer to your mother than to your father?

In different ways, yes. Mother was much, I saw much more of her. You see, Father would go to work at half past eight, because that was the time they started work, and ... it, they finished at six. That's when the business was in Caldmere. Fifty yards away was a pub called "The Baker's Arms", and Father would then, having had a hard day, go into "The Baker's Arms". Closing time was 10 o'clock, and so I was always in bed when he came home, except by special arrangement, you see, so I didn't see much of him. At the weekends, yes, but then he would, they worked on Saturday mornings, in those days, till 12 o'clock, the wholesale trade, and, and the shops, of course, opened till the ... Saturday evenings. And then he would come home at lunch-time, having had a couple of beers, and go to sleep, as we watched, listened to the Liverpool match, or something like that! So I didn't see a vast amount of him, compared with my mother, although he was always very good to me. I'm not holding anything against him at all. There was no problems. I mean, I ... he, he bought me two motor cars in succession, I can hardly grumble at that! Not, when I was 21, and ... when I wanted to go to France with four friends, we each borrowed a car from our respective fathers, and he lent me his motor to go to France in, with our friends and so on, you see. He was a very generous man.

Did you talk much to your parents?

Oh yes. Oh, mmm. They were, yes, I did, indeed. I talk a lot, anyway, don't I! But he, I used to talk a great deal to them, yes.

Were you able to confide in them?

Yes, I suppose so, but I didn't have a fat lot to confide in those days, you see. I mean, I was, I was, because it was much easier, I did as I was told, and life was very easy. I knew what I could do, and precisely what I couldn't do, and it was much easier not to overstep the mark and risk a ... trouble.

What would happen if you did something they disapproved of?

Well, Mother did most of the disapproving. My mother had an awful thing, she used to have a little cane, looking like Charlie Chaplin's stick, which if, if I was really ... if she was really cross, she beat it across the back of my legs, in the hope of making me cry, which she never succeeded in doing, though, because I determined not to cry. And that used to make her a bit crosser! But it wasn't a very common occurrence, and I don't resent it in any way, because she set me up in a way, with a set of ... what I think of as important moral values, which have stayed with me. Very glad to have had them. I've tried to, my wife had the same feelings, and we've tried to instil them into our children, so that they don't steal things, don't tell lies, and generally don't do anti-social things.

Did your parents expect you to achieve certain things in life?

No, I was never pushed, never pushed. I, I knew, you may think this is ... anybody might think this is ridiculous, but, by the time I was 11, 10 or 11, 11 or 12, at the very latest, I knew that I wanted to go into medicine. And I never went in any other direction. I never had any doubts about it, everything ... I took the appropriate ... well, the first two years, from 11 to 13, I was at the local grammar school, and then at 13, in 1939, I was whipped off up to Denston, you see. But from there I pursued the course, that's why I did little or no history, you see, because I had to choose subjects quite early on, and so I went into the, the line of the science sixth.

But your parents ...

Never pushed me any way.

... never had any plans for you?

No, no. They accepted exactly what I wanted to do, the same as they did for my sister, later. And they were then, if that's what I, we wanted, that's what we were to do. And I never wanted anything else at all. No, absolutely.

Were your parents ever members of any church or chapel?

We're not a religious family. My mother had been a Sunday School teacher, in her younger days, at the local Church of England Parish Church - St. Matthews in Walsall. But, and she was a believer, and taught me prayers and so forth, but, as time has gone on, and with seeing things, and having had five years at a Christian public school, I decided that it was all a whole lot of rubbish, and that I am now a very confirmed atheist. Not an agnostic, I know for quite sure that it's a dead end. When you come, you hit the brick wall, and you fall down and that's it, and finish, no more.

Did you attend church at all, as a child?

No. I was sent to Sunday School at one time, but that was a complete waste of time, because the ... nobody took any notice of the poor chap trying to teach us, and we pulled his leg, and teased him unmercifully! No, I've, at Denston, five years, I went a minimum of eight times a week, and more in Lent. It was the biggest crime to miss chapel. If you could be ... after the first two years there, petrol was completely off, for what was called the basic rations, so you couldn't go anywhere by car. But in the first year, 18 months, two years, there was a basic ration, and they would come up, but you couldn't [excuse me,] you couldn't go out on a Sunday until chapel had finished. So, if you had a long-winded sermon, that was time taken off your day out, and you had to be back in the evening in time to get into chapel, or that was a hanging offence, almost, not to be there! But, no, I was what was described by the rather unpleasant chaplain at Denston, as a four-wheeler Christian. We all were, you know, four-wheeler Christians - Christenings, weddings and funerals. Or, he described us as blue domers - we worshipped under the blue dome of Heaven, in not going to church. Well, you can call me what you like, I don't care. I'm not, I think, myself, that religion is the most awful force for evil in the world at the moment. Everything that is fought over, almost without fail, has got religious undertones to it. Moslems and Roman Catholics and the rest of it in Bosnia, and Northern Ireland and Southern Ireland is largely a polarisation of religion. I don't think you could say it about the First World War, or even ... but the Second World War was, if you like to think about it as a, a, as antagonism towards the Jews by the ... presumably the Lutherans, or whatever Hitler thought he was.

Did your father take an interest in politics?

No. Only ... no more than we ever did, you know, the Government ... it was — [CANT UNDERSTAND - 308] time. No, he wasn't a councillor, or anything like that. No.

Was your mother interested?

No more than a passing interest, in the way that most of us are. But no, not a member of, a supporter, perhaps, of, of a Party, by voting, but not a member of a Party.

Do you know who they would have voted for in elections?

Mmm. Tory. Same as me. If, at least, if I didn't vote, I wouldn't vote for anybody else.

What social group or class would your parents have said they belonged to?

Oh my word! My mother would have been called working-class, and not ... and quite proud of that. All her ... yes. My father, well, he would have started off at ... I suppose, if you're in a business, as opposed to ... and employing people, you would be regarded, perhaps, as lower middle, very lower middle class. My grandfather started off, as I say, as a commercial traveller working for somebody else, and then started his own business, which ... but, never gave that a great deal of thought, really. It didn't bother people much in those days. You were where you were, and what you did. There were vast numbers, of course, of what would be called working-class, because we were a labour-intensive economy in those days, everything was done by hand. People swept roads by hand. People did absolutely everything by hand.

What sort of house did you live in?

Where I was born, I was born in the house in which I lived. This was the, the fashion, in those days. It was one of a small terrace. I don't think ... we didn't have hot water, and I've a feeling it was lit by gas. I'm fairly sure it was. Three downstairs rooms. And the stairs went off the middle room. A front door, and an entry. Do you know the sort of thing I mean? Do you have them? It's a little tunnel between the two houses, and there's a bedroom over the top. They're usually shared, with a gate at each end. Sorry, a gate on each side, at the end, so that you could go into two separate back yards. And, by the time I remember my grandfather, he had built himself quite a nice house on the main road, with a big garden, and ... very spacious place. And, but, I remember he had a nice big vegetable garden, with a whole lot of raspberry canes, and I was the lad to go down and stuff myself with the raspberries as fast as they ripened, when I was there! I spent a month there when my, at the time that I had whooping cough, and my brother was taken ill, and subsequently died. I spent a whole month with them, which was very nice. They were very indulgent.

Did your family ever employ any maids, or housekeepers?

Brief, my grandfather had a housekeeper, for many years, my father's father. My, my mother's parents wouldn't. They wouldn't have needed one. I mean, there were a lot of members of the family, they could do all the things that were needed. My mother would have ... at one time, we did have a maid, not a living-in, just a girl who would come and look after the house if Mother went out. And then afterwards, in the years after the War, she had a good woman who came in two or three times a week, and did her housework for her. She didn't feel she needed to do it, she used to like to go off down the town, into Walsall, in the morning, and do her shopping, and meet her friends over a coffee, and so on. And, but it ... there were no live-in servants of the butler, footman, housemaid type, or anything like that.

Can you describe some of the things you and your family would do for enjoyment while you were a child?

Well, my mother and sister were very very keen on cards. My father and I were much less so. But, as there were only four of us, Saturday evenings was, we were frequently co-opted to play several hands of rummy, usually, which was the popular game before the War, in various forms. There was the radio, well, it was called the wireless in those days, which could be listened to. We were always lucky enough to go on a holiday, ever since I can remember. And before I could remember, there was photographs of me in the water, when I was about 18 months, at Llandudno, although, in those days, there were no such things as paid holidays, so if you wanted to go on holiday, you had to take a few days off work. And, in the thirties we used to go away to, you know, wherever the spirit moved them. Never abroad. Of course, it wasn't, it was hardly done in the pre-War days. A few adventurous people went to France, but we would go somewhere for the kids. Rhyl was a very popular place to go to. Torquay, Exmouth, where we went sometimes with, two years, with the family of my mother's two sisters, two of my mother's sisters. Father would, we'd have a fortnight, but he would come for the second week, until later on, when he decided he would have ten days, and we'd have ten days all together, which was nice, because he used to, you know, spend a lot of money, buy ice creams, anything you wanted, ask for it, you could have it. It was lovely. And we would, as I said, but before, we went out most Sundays, or certainly alternate Sundays, taking my grandfather out in his large motor car, all over the Midlands. I mean, this was the way, through Stafford, or to Malvern, oh, you name it, all the Midlands counties on the south and north and west side, didn't go very often, not very interesting over Leicestershire way, not very nice countryside, I think. And so we, what else did we do?

Did you have any trips to the cinema, or theatre?

Oh yes, I mean, that was part of the thing. Everybody did that in those days. We were discouraged to start with, going into ... it would ruin your eyesight, and all sorts of rubbish like that. But, yes, we went to the cinema quite a lot. There were, in those days, there were seven cinemas in Walsall, one or two of which you wouldn't go to, and two of which you wouldn't need to go to, because they got the films the second time round, and so you'd, and we always knew what was going to come, because they'd had it in Wolverhampton the week before. And, in fact, yes, during the War, every Thursday, when I was at home, I was included, of course, every Thursday night, Mother and Father, whoever else was there, my sister and me, would be, we'd go off to the local pictures. There were two major ones, and we'd decide which of those two was going to be the best. Week after week, but that was ... everybody in the country, nearly, went to the pictures. There were millions of people going. It was a tremendously lucrative industry in those days. There was no television, of course. It had started in London, as you may well know, before the War, in about 1937, with a very small audience of some 30-odd thousand, and that shut down immediately the War broke out, and it didn't start in the Midlands until somewhere towards the fifties, with the Birmingham/Sutton Coldfield transmitter. And then we had a television set, black and white, nine inch.

What sort of books did you read, as a boy?

Preferably, as I still do now, books at the end of which, I will have learnt something. And, of course, ... *[End of Tape 1 - Side A]* ... But not so much as a child, because one had other things to do, one had a bike, and you wanted to go out playing with your friends, and all sorts of things. But it was quiet, you could go and play in the street with no, no more chance of getting knocked down than we have here. Traffic was slow, I mean, in this road, traffic was slow, and very rarely any accidents, and you just played around on your bike outside, and ...

Did you have any close friends?

Yes. But most, largely lost touch, you see, because I'm ... we moved from our ... I was born, as I said, in Caldmore, and then we moved about a mile and a half away, to another house, which Father had built, in an area where new building was then going on. And then, in 1947, after the War, we moved from there to a bigger house in another part of Walsall. And so one tended to lose touch. You see, in the War, I went away to school, so that meant you lost touch with a lot of your friends at home, and some died, and so on, but I made some ... met one fellow, I mean, apart from others, I met one chap at Denston with whom, as I've said, I'm still friends, 53 years later. We don't see each other a great deal, but it's never any problems when we meet. He lives in Walsall now, worked there.

Did your friends come from a similar sort of background to yourself?

Always. Yes, they inevitably would. Yes, it was a case of birds of a feather, you see. You wouldn't, terribly snobbish, I suppose, on reflection. You wouldn't play with the boys from the council estate nearby. They were rough boys, they were described as, and they were. And, of course, in the thirties, there were ... before the big upsurge of council house building which was done just before the War, there were a lot of children who really were extremely poor. They were badly shod, and badly clothed, and badly fed, and never clean, who came, you met at school. You didn't, you just accepted them. You didn't think, "How terrible, he hasn't, he's got bad shoes on", I mean, he was like that, and you were lucky. And one was five, six, seven, so the morality of it didn't

impinge. We used to have things called "after-care ball", in which those, you paid, it was a five shilling ticket, and you got yourself dressed up in fancy dress, and had a prize if you won, and then the money from that went to after-care, or people in poverty. And they were, the school was a new, modern school, this is the elementary school I'm talking about now, which was built in about 1930, I was one of it's earliest pupils, but it backed on to an area of considerable deprivation, and people who had been out of work and were still out of work, or worked in dirty industries for very small pay, you know, £2, £3 a week, that sort of level. And £5 or £6 a week, you could get by on.

How old were you when you went to that school?

About five and a half. I first went to school about four and a half, for a year, while we were still in Caldmore, to a school. And then we moved and I changed to this one called "Chuckery", in about 1931. I'd be five and a half when I went there.

Just before we talk about your education, did your parents have many close friends?

Yes, there were. Again, before the War, they would be, and have ... Mother had, of course, her brothers and sisters, and their husbands and wives, and so I had a whole lot of cousins, about 16 altogether. And they would come for parties to my mother's house, generally, because they were the most comfortably off. They had a number of friends of a similar nature in the immediate vicinity of where they lived, at whose houses they would go for parties, and general get-togethers. And Mother was very gregarious, she had a, a circle of female friends, they formed a, what they called, a "Knitting Club" during the War, knitted, met at each other's houses in turn, and knitted sweaters and gossiped, and things, and sent these off to merchant seamen and anybody who needed them. Yes, they were quite a gregarious couple.

Did your father have a different group of friends?

They, they impinged. He would have people who were his pals rather than his friends, who he'd meet in the, in the pub, or in the Conservative Club, where he used to go in Caldmore, and they rarely would come home, if ever. And Mother would have her circle of women that she knew, and then there'd be the intermix where they were, they knew couples. I think that's a fairly standard sort of way, isn't it.

Just to return to your school-days now, then. You were at the elementary school until you were what age?

Eleven.

Eleven.

And you took, then, what was called a Scholarship, which was a then equivalent of the 11+. And from then, depending on your results, you either went to the local grammar school, which I was able to do, or you went to one of the two known as secondary modern schools. Or if you weren't ... then you went to the senior school. You had junior, er, infant, junior and a senior school. Senior school where you were taught artisanal things, and they left at 14. And the others you left at 16 or 18. And then, of course, I had this little interruption when I was, having had two years at the grammar school in Walsall, an old establishment, it was Queen Mary's, it was established by Bloody Mary in about 1553. I was hustled off to Denston.

Did your father have to pay for your education at the grammar school?

Yes, because his earnings were above a certain limit, it cost him five guineas a term, I think, yes, five pounds or five guineas a term. And then, the same at Denston, which was, I remember very well, the whole school year would cost about £250, three times £80 and a bit, per term. That was being kept as well. Admittedly, it was on Wartime rations, which were absolutely horrible! The place was cold and very unwelcoming.

Was it always intended that you would go to a public school?

Grandfather always used to say, "I'll send Malcolm away", meaning to some sort of prep school, but he never did. Had he lived another five years, I probably wouldn't have gone, because Father, while he may have been able to have afforded it, he wouldn't have wanted to have upset his father, being then, the only son, his brother having died.

How would you describe your education at the public school?

Well, I'm glad I went, in many ways, but I, I wouldn't send, even if I could have afforded it, I wouldn't have sent my son there. The, the teaching, again, I was there during the whole of the War, well, till 1944 from '39, and, of course, there was a succession of masters of indifferent quality, because they were men who hadn't got called up, or couldn't be called up for some reason. Perfectly nice chaps, but not the strongest disciplinarians, except a handful of old hands, who stayed on. I can't say I enjoyed it most of the time, that would be untrue. And the feature which I disliked most, and dislike to this day, was the accent upon homosexuality. I can't put up with it in any way, you know, I just have no compassion for homosexuals at all. I've tried, but I cannot make it.

Does that stem from your school-days?

Gradually, after, later. Yes. One got accosted, and if you didn't conform, as I didn't, then you got the shitty end of the stick. And I still hate it to this day. And I regret very much the Wolfenden ... Report.

Was it almost within the school culture, if you like?

It had been the school culture at every male public school, everywhere, from Eton downwards. It's rife. It may be better now that they've admitted girls to the sixth end, so that the boys have got a, a much better contact with girls, you know, when they're 16, 17, 18, but otherwise you, you ... it was a stultifying thing, really, I think.

Did the masters turn a blind eye to it?

No. If you were caught, you were in dead trouble, and expulsion would be the order of the day. But they were very careful not to get caught. It wasn't desperate stuff, but it was, it was inevitable, and I ... it ... I just didn't like it then, I don't like it now, and I've nothing ... I shudder. My wife, well, you know, not tells me off, exactly, but holds different views. She has sympathy for them. I have absolutely none. Well, I'm sure that, particularly as a doctor, I'm supposed to have liberal views, but on this particular subject, I just cannot bring myself to have them.

What sort of things did the school consider important?

Bloody games! If you were good at games you were in, if you weren't, you were out. And again, I was very bad at games. I am not a ball player of any description. But if you were good at games, that was fine. Exercise, of course, was the thing. Five or six days a week, you either went, if you weren't playing rugby, you went on a cross-country run, and on two days a week, Tuesdays and Fridays, of course, nearly everybody, or just, well, everybody, was in the JTC, the Corps, and so you were actually there for a couple of hours in the afternoon, whatever you happened to be doing. And then we had to join, as well, those who were over 17, had to join the Home Guard, that's Dad's Army, not the TA as frequently gets mistaken. Dad's Army was the Home Guard. And then that required you do other odds and ends, exercises, and play general silly buggers, because you'd got pointless exercises! But it was a laugh, really. But there it was, you had to do it.

What were your favourite subjects?

Oh, the sciences, generally. You name them, I mean, biology I've always enjoyed, well, yes, biology in the broad sense. Botany and zoology I've always enjoyed. Chemistry. Physics I've got to enjoy more as time's gone by, and I enjoyed French as well, which I took as my subsidiary subject, you know, the less important subject in the Higher Certificate. And it faded a bit, then we took it up again, many years ago, my wife and I, and so, although we're not fluent, we're not pig ignorant in French. Yes, that was the side, that was the side I had to follow anyway, it's what I wanted to do. Science things have always interested me a great deal more than the arts. I'm not ... a big, big gap, you see, in my personal views and my education. It just wasn't possible to do the whole lot at a public school. You'd got to point yourself in a direction which was going to be for your future job.

Was there anyone who particularly influenced you at these schools?

No, because ... it, the whole object was cut and dried, you see. I knew what I was going to do when I got there. Various masters must have had an influence, but not, there was nothing very continuous, because there were a lot of changes through the War. As I said, there was no great continuity in certain subjects. One did, I remember very well, and he was our physics master, long dead. And I was in the same group with my friend, of course, and if you asked him a question, he would always say, "Go back to first principles, work it out for yourself." First principles, you see, and that I've found very very useful ever since, that if you just remember a few basic facts, you can always, without cluttering your mind with everything else, you can always work out what you want to know from this little nucleus of stuff, and that's what he made us do. And that's what I've, one thing I have always remembered. And that was an influence. And, of course, in those classes, we started to get quite small classes, and they were influenced, seven was, I think, the number of us doing chemistry, or eight. And then it was much more like a, a lecture, in which you just asked questions and talked back and forth, and the master explained things. Not, not formalised, as it was in the earlier classes, where you tended to sit and do what you were told. The other influence, of course, which I have given up as well, was, was religion. So, sport and religion, the two things on which Denston was based, were about the only two things which didn't have a lasting influence on me. I never do any exercise.

How did you feel when you found out you were going to be moved from the grammar school to Denston?

I didn't mind at all. I didn't know what I was going to expect. I was ten days late getting there, that's all I know. I went on a Sunday, and the school had started the previous Friday week, and I can't say I liked it when I was there. I'd had 13 years at home, being looked after very well by my mother, and, where necessary, my father, and now I was completely away. I didn't like it. I think ... I didn't cry, or anything like that, and I didn't get a terrible home-sickness, but I was always glad to see them, always glad to get home. I couldn't wait for the end of term to come, and I couldn't wait for the end of my last term to come, when, in the last term or two, you

were allowed, again, to have bicycles. By gum, and that was a ... a turn up for the book! And so, on my last trip home, I cycled home from school. It was very very nice. Six o'clock I left, and I was home at twenty to nine. I remember it as if it was only yesterday! And it was absolutely lovely. It was about 30, 33 miles.

And did your sister go to a private school?

Yes. Yes, she went much younger than I went. She absolutely enjoyed every minute of it, I know. She went to Abbots Bromley, which is a sister school to Denston. Abbots Bromley being a village about half an hour away from here, or twenty minutes away. She was there for several years, and she really thoroughly enjoyed herself there.

It must have been very quiet for your parents, at home?

Very. Very quiet. I don't think they particularly minded that, not that we would have got in their way. But they, well, those days, it was considered to be doing the very best that you could for one's children. I didn't go to prep school, as you understand, where you go to at seven or eight, but we didn't do it for Richard. We sent the girls away. I have two daughters, and, and then a gap of nearly ten years between the younger daughter and Richard. And we sent the girls away. The elder one, Susan, went for three years, to Alice Otley, in Worcester, which is a very prim place. And the younger one went for the third of those three years. It was fairly, they didn't like it. It was a fair strain on the finances, and then the fees were going to go up from eight hundred and some odd pounds a year to something, for the two of them, to well over £900 a year. This represented about a, oh, more than a third of my disposable income at the time. And we decided that was more than we could manage, and said to the girls we couldn't afford it. And they said, "Oh, good!" And they were only too pleased to, to leave. They went to local schools and lived at home. And when Richard was coming up for school, we both decided, for all sorts of reasons, even if I had been prepared to afford it, that we didn't want him to go away. We wanted him to grow up where we could see him, and be with him, and, and I think he's here now, you'll learn about him, and so we did just that. And he went to a local, what do they call them? Comprehensive, eventually. He went away to, he was in a private school in the town, to start with, and at 11, we took him away from there, and he went, at whatever age it was, went to the comprehensive school, where he, a mixed school, where he mixed very well with everybody, there were girls and the boys, and the lot, and had a good time in his own way. He swam for the school, and he used to go there on his bike, and he really had a jolly good time. His speech deteriorated and suffered considerably, and his slang was terrible, and he went in for all the, the punk things of the day, so ... spiked hair, and make-up and things. And, and we didn't discourage him. We used to laugh at it, it didn't make any difference, it didn't discourage him. And, of course, he's now, he'll be 30 at Christmas, and he's, he's the most easy-going young man who gets on with just about everybody of any age group.

What's his occupation?

A very strange one. He ... went to the Poly, it was the Polytechnic in Stoke, it's now become Staffordshire University, but he was there in the days it was the Poly, and did a mixed Arts Degree, in which he found that model-making and mould-making, which is much more skilled than it sounds, was his forte, he liked to work in glass, but that wasn't any good, and, to cut a long story short, he, with a friend, went to work for some chap in Walsall, doing this work in the ceramics, making moulds and so forth. This chap said, "We're moving down to Falmouth, would you like to come?" And they said, "Yes. We'll go down to Falmouth". So they went down to Falmouth, which is where he lives now. And this chap was a shark, the whole business fell, he'd been cheating everybody. And they were out of work, the two of them, for a while. But they eventually set up in business, on their own, making what I can only call "Grotesqueries", in resin-based plastic. Some things are not so grotesque. They look like ... by adding metal powder, you can make them look like pewter, or bronze, or copper. And they're, they can be very nice. But they're down there working. They're not making a lot of money. In fact, he's just told me, I think I heard it, because he was at Glastonbury Pop Festival from Wednesday last week, setting up their stall, and selling, and he didn't get home to Walsall, to his girlfriend's, till quarter to ten last night, having taken four and a half hours to get out of the ground! Ten to two, till about twenty past six, before he got onto a road! Then he had to come up here. And he's come to see us today before he sets off back to Falmouth, where he now lives. They've got a little workshop.

What do your daughters do?

The elder one, Susan, who's 41, is in the art world herself. She took a degree at Loughborough, and then went, she works for Walsall College of Art. She doesn't do much teaching now. She does a tremendous amount of admin.. She's got her own little house. She's not married, and isn't likely to be. And supports herself very well, looks after about ten stray cats, and has a little car, and a very good time. And the second one, who was much the brightest of the children, in an academic sense of the word, went to York, read linguistics, and became very fluent in French, had a four year course, a year of which was spent in the south of France, trying to reduce the red wine lake, I think! And she's never done a stroke of work worth talking about since. She's

supported by you and me, from Government handouts. She just hasn't got any courage, any real strength of character.

Does she live locally?

Yes, she lives in Stafford. We see her just occasionally. She phoned up the other day, but ... when you say, "Ring us back and tell us what's happened", she doesn't.

Did you encourage them to go into medicine?

No. Didn't, no, we treated all of them exactly the same as I had been treated. They chose what they wanted to do, and we just facilitated their doing.

What was it that made you choose medicine?

I think, I'd always been interested in scientific things, the biological things, and, generally, even as a child, nature study, as it used to be called, was always most interesting to me, and it just developed. I never wanted to do anything else. I can't think how or why. Nobody else in the family has ever had the slightest ... I'm the only one in the family, my cousins and everyone else never went away to school, or to university, or any, had professional education at all.

So you're a real one-off within the family?

Within the, all the family, as I say, most of the family was on my mother's side. Yes, I'm quite out of ...

How did the family react when you told them you wanted to be a doctor?

They just ... that was it. That's, "Yes, that's fine", you know.

Weren't they surprised?

No. No, I don't remember. It was just one of these things, like Topsy, just grew, and I ... I was just interested in these things, and read them. And then when I went to Denston, you did the ordinary subjects, of course, for two or three years, some history and so on, geography and all the rest of it, and then, when you came to the fifth form, you had to decide what you were going to do. In the science fifth, or whatever, and then you went on to the sixth form, and you were orientated for your future profession. I, I had a succession of Housemasters, as I've indicated, at school, and the Headmaster then said, I said I wanted to go to read medicine up at Cambridge, and with me came my old friend, because he wanted to do the same thing. He said, my Headmaster said, "Well, go and see ..." my Housemaster, who turned out, he was a priest, but a Cambridge don, from Peterhouse. That's the oldest College in Cambridge. And he put in a word for us, and helped to get us in, and he said he went, because it was the best fed. He was a don, because it was the best-fed College in Cambridge. He was absolutely right. It was. We were fed like fighting cocks, and this was the tail end of the War! I had VE night in Cambridge. Went there. Now, my friend, his father was in local government, and knew, then, the Medical Officer of Health of this little town, who suggested that Barts was a very good place to go to, to do the clinical subjects. So we went to Cambridge, and both went up to Barts.

Did you ever consider going anywhere else?

No. Never. Father was always very, he was very pleased when I, when I looked as though I was going to go up to university. He'd always wanted, preferred Cambridge to Oxford, for some reason. No reason, he'd never been there, but, you know, there always was, in the country, a polarity of people who'd never even set foot in the towns, let alone been there! I mean, look at those who cheer for one or the other in the Boat Race! And ... he seemed very pleased. As I say, he kept me in, oh, I was never short of money.

How much did it cost him to pay for your training?

Well, no, I, I didn't have, I didn't have to pay tuition fees, no. That was all part, the Government funded it, you see. You got tuition fees. That was done. He only had to pay my pocket money and you had to bung a fifty quid, which was quite a large sum, in those days, of money for, it had a special name, I've forgotten what it was, but it was, at the end of the term, if you'd done any damages, they took it off this money, at the end of your time, eventually. That was the last, with my friend, of the two-year courses, unfortunately. After that, I think the next course that came in after us had the full three years. So we used to have to go back in the summer, long vacation, and do a short five week term, back up at, at Cambridge, to compensate for the part of the three terms we were going to lose by not doing a third year.

What year was it that you went to Cambridge?

'44 I went up to Cambridge, and I normally should have come down at the end of the summer term in 1946, but House, being as I said, averse to work, work is the dirtiest four-letter word in the English language, in my book! And so I, my anatomy wasn't up to scratch, and so I had to spend another term.

Have you always felt like that about work?

Yes.

Why did you choose medicine, then, which is very hard work?

Well, because it was an interesting subject.

But you could have gone and found a nice easy career, somewhere, couldn't you?

I could have gone into my father's business, but I have absolutely no business acumen at all. None at all. And medicine was a very interesting ... it still interests me very much, the subject. I still like to read about it, and know what's going on, and, and I'm jolly glad I have some ... breadth of knowledge of the way the human being works, and how he's put together, and, in some very small measure, how people think and behave.

Was it that interest which attracted you more than, say, the status which went with it, or the money?

Mmm. I never, never thought of that at all. I didn't ... truly, it sounds terribly pie, but I never thought about it as a subject, a thing I would earn a lot of money at. I never had to think about that. My parents were always generous and had adequate money, and I just assumed that I would be the same way, you see. And I didn't think of it as producing a lot of money, or anything of the sort. It was just, a very, a job which was very interesting. I didn't even think of it as a vocation, where I was going to help people. It didn't, that sort of thing didn't occur to me at that time. And, I mean, it was, what was I? 12, 13, but it was the only thing I ever wanted to do, and the only thing I ever did.

So you did two years and a bit in clinical ...

No ...

Pre-clinical.

Yes. Pre-clinical training. Then that put me six months late going up to Barts. I would have gone in the October '46, but I couldn't go till Easter '47, six months later. So I spent that three months at home. That, you see, you wouldn't remember it, but that's when we had the extraordinarily hard winter, which lasted for ten weeks. And so, and there I had the use of a car, and learnt about driving cars on slippery conditions, which was very valuable.

What was your pre-clinical training like?

Very enjoyable. Do you mean ... I think it was very good. I must say, I ... pompous though it might sound, I've always been pleased if anybody has said, "Where did you train?" I'm very happy to say, "Cambridge and Barts." There may be others that are considered equal, but I don't think there's anything better. I mean, Oxford and Barts might be so, or Oxford and Tommy's, something like that, but I was always very pleased to be able to say that.

Did the pre-clinical training consist of lectures and tutorials?

Lectures, practicals, of course, and dissection, of which there were five parts to dissect - one leg, one arm, one abdomen, one thorax, and one head and neck. And ... that was done — [CANT CATCH - 471] with lectures and demonstrations, and practicals in the physiology lab., and certain, a bit of biochemistry, and some pathology, naturally, thrown in. And we had to do organic chemistry. I think I had to do organic chemistry, rather than biochemistry, because the amount we had done at school wasn't considered adequate. So I did organic chemistry. You know what organic chemistry is, as opposed to ordinary? Yes. But it's, I enjoyed ... [End of Tape 1 - Side B]

So you had a good social life?

Yes, with, one thing when I went up, six, there were six of us went up from Denston at the same time, and so we knew ... that was half a dozen people we knew already. So we would have a lot of fun on the river, punts were the great thing, you know, fill it up with six or seven people, and a two inch free-board, and get off up the river. It was lovely. To Grantchester, you could get, you see, you'd have ... "Stands the church clock at ten to three, and is there honey still for tea?" you know! Eating, you know, there.

And then you went down to Barts to do your ...

Then I went to Barts.

... clinical.

To do the clinical. That was even better! Moving from Denston, which is very restricted, to Cambridge, which is almost unrestricted for what you could do, I mean, Cambridge didn't have any silly inhibitions about going into pubs, like Oxford did. You could go into any pub you like, except for one or two, which are out of bounds, in the middle of the town, because that would have led to punch ups. But, most of the time, you could go into any pub you liked. And, right opposite Peterhouse, owned by Peterhouse, and about 50 yards over the road, was a pub called "The Little Rose", so that's where we would go in. And if you got back in before 10 o'clock, you weren't considered to have been out, you didn't have to, the porter didn't have to put your name in the book. And you didn't necessarily have to come in with a gown on. So, when he, when the landlord called "Last orders, please", at five to ten, you could walk across the road, and move in at one minute to ten, and say "good night" to the porter, and you'd never been out of College, you see. That kept your sheet clean. And, of course, if you were

coming in too often between 10 and midnight, then the, the Senior Tutor would have a quiet word with you to get on and do a little bit more work. Our Senior Tutor only died a week or two ago, a Dr. Burchill, he died in his late nineties, a mathematician. A very quiet man. I don't think I ever had to go and see him because of that. I don't remember. I know I enjoyed it. But then, Barts, again, you see, being up in London, in digs, absolute complete and utter freedom. No time restrictions, nothing at all. And I must say, I thoroughly enjoyed that, too.

How was the clinical training organised?

You had a three months ... this is going back a long time! This is 1947. You had a three month preliminary, or introductory term, in which you were taught at, by members of various specialities. I mean, the dentist would talk to us, and the skin department, and all the rest of it, just in very general terms. Then you did, you broke up into groups, and you did what was called, "First time ..." - this is Barts - "First time dressing", or "First time clerking". You were a dresser if you were allocated to a surgical ward for three months, you were a clerk if you were allocated to a, a medical ward, that's the only difference. Your job was to have two or three, or whatever number of patients were available, and you had to write them up in absolute detail, know everything about them, take a long-winded history, and all the rest of it. And then, when there were ward rounds, the students plus the consultant, and the registrar, would sit down around the patient's bed, and you'd be asked to spout, if it was your patient, you'd be asked to spout what you knew about them, and so on. And did that. Then you'd have various other three months, doing other things - skin department, gynaecology, obstetrics. Oh yes, obstetrics you had to do, of course. You had to deliver ... 20 babies, or be present at, and assist with, the delivery of 20 babies, and 10 in each of two months, or more if you could get them in, of course. And, because Barts was, couldn't possibly supply enough people, even from the then active Clerkenwell area of London, with what's called "The District", you were farmed out, and I went ... with another chap, to Rochford Hospital, which is just north of Southend, in the winter. I think I went in the January or February. Then there was a month doing anaesthetics, out at ... a hospital called Hill End, which was near St. Albans. But, during the War, all the London hospitals took over, and moved parts of their basic work out to peripheral hospitals. And more hospitals were converted, buildings were converted to hospitals. And Hill End had been a lunatic asylum, but it was taken over by Barts for a neurology unit, and a couple of ... and a surgical unit, and a medical one, and that sort of thing. And I went there to do a month's anaesthetics. Don't like anaesthetics! And then I came back. The fellow who ... I was going to go down to Carshalton, St. Helier, and a fellow came and said, "Look, do you mind doing a swap with me", he said, "The chap you're going with is a particular friend of mine, and I'd like to go down with him to St. Helier." I said, "I don't mind tuppence!" And he said, "Well, I'm going to Chase Farm", he was going to Chase Farm, which is a hospital in Enfield, North London, which was, in fact, much nearer to ... well, not ... one couldn't have time to go home, but I was much nearer my side of the town, and so I went there. As simple as that. And there I met Betty. Oh yes, I mean, if I had gone to Carshalton, I would never have met her! This hospital, which was called Chase Farm Hospital, had been, I believe, an orphanage before the War, and was re-converted, converted into a hospital and extended, and had all the units, including a maternity unit. And there you, I lived in digs a few yards away, and every other night, you went in pairs, and every other night you had to sleep in the hospital, and this meant being put up on, in the gynaecology department, on a gynaecological examination couch, which is about as hard as this table! And then, of course, if anybody, anything going on in the night, they came and woke you up. And so one got through one's 20 cases that way. Then you did "Second time clerking and dressing" at a much higher level. And then you tried to get Finals, which I managed after, I think, on my third attempt! I, I took ... yes, that's right, I was a bit later still, so I was quite late qualifying, you see, compared with my friends, contemporaries.

Was this purely because you had tried to avoid the work?

Well, I didn't try to avoid it, but I wasn't ... I mean, if there was a choice, and it didn't take much to push me on the way ... the easy way out. I enjoyed things.

Didn't you, perhaps, start panicking, that you were never going to get the Finals?

No. Don't believe in panicking. Awful waste of time! No, I didn't. No, I knew I'd get it sometime, and it came in one big marathon, in which I took both parts of the Final MB, up at Cambridge, all in one go, which required, yes, 18 hours of writing in three days, which I could hardly, I couldn't hold a pen, I had to hold it in the most awkward fashion, because the pulp of my forefinger was completely painful, terribly painful. And then you'd have another ten days of, of *viva voce* examinations. And at the end of the last one, which is a small path. one, you know whether you've passed or not, because when you leave, they say, "Goodbye, doctor", or something like that. And you know that it's all right. Then you congregate an hour or two later on the stairs, in the, in this case, in the pathology lab, and listen to your name being called out, and then you can go and get yourself drunk, or not, as the case may be! And you got your OO7 licence to kill!

How did you feel when you finally passed your Finals?

Very pleased indeed. Relieved. That was the Christmas of 1950. My qualification, registration doesn't actually occur until about the fourth of fifth of January, 1951, because of the Christmas interval. And that was, my avowed intent was never to take another examination, and I haven't since. I never wanted to take any post-graduate qualifications, like Membership, or Fellowship, or anything of the sort. It was never my intention to be a consultant. I didn't feel I had the temperament for that, but I'd always wanted, that goes right back to the beginning as well, because doctors were the people who came to visit you when you were sick, and I never had to go to hospital, as a child, so I never knew any consultants, you see. Doctors were the people who came to your house, or you saw in the surgery, with these things round their neck, and they stuck them on your chest, and had cold hands. And that's what I wanted to be, and that's what I decided to do.

So you always intended to be a general practitioner?

And it was unfashionable in those days! Everybody was going to be a consultant.

What were people's views of GPs, in those days?

Pretty rosey! But I, I just didn't, I wanted to get stuck in. I'd got to do my National Service, as well. So, with my, the friend I'm talking about, he never, although he's a very very bright man, he never wanted to go into anything but general practice, and he didn't, although he could, from his intellect point of view, have made a very good consultant. And he's very thorough. But I only wanted ever to be in general practice. Then, as I say, I'd got to do two years National Service. So I hurried through one job, one house job only, and I did that. That was a mistake. I went to Falmouth, strangely enough, and, from our honeymoon we went off down to Falmouth, to do this job for six months. It was a mistake. And then I went straight into the Army, and did two years as a GDMO, locally, because Betty was pregnant with our first child, and I just asked, "Could I stay in England?" for that reason, and I did. In fact, I was very near to home most of the time. Did, did two or three fortnight locums roundabout Christmas time, and then I was posted to Lichfield Barracks at Whittington, which is still extant, as the ... chap in charge of ... the fortnightly intake of National Service recruits there. There were several doctors there, but I was the Medical Officer, the others were in what was called a Medical Reception Centre, where you could put patients for five days, and, no problem, if you had somebody who was ill, and you didn't want, he wasn't suitable to keep in there, all you had to do was write out the appropriate note, phone up the ... Transport Officer, and say, "Can I have a vehicle to take a man up to Chester Military Hospital?" which was not ... no longer exists. You'd have to phone them up and tell them he was coming. Incredible. I used to, but you didn't have to. And then you just bunged him in a three-ton lorry, at about 10 miles to the gallon, and shot him off to Chester.

Can I just go back to your training.

Sorry, I'm boring you stiff on this lot!

How were students treated by the consultants and registrars?

Very well. Generally, very well. It was very good. Sometimes, if you had been making an absolute fool ... one or two of the consultants were harsher than others, but, on the whole, even if you were being absolutely idiot, they would only do it in a teasing sort of way, and generally correct you. Certainly not, they didn't, generally wouldn't give you any sort of a bollocking in front of the patients. And everybody treated you very well, and the nurses. The only people you had to be a little bit wary of, and then you soon learnt the ropes, was the Ward Sisters, who were ... the most important thing in the hospital! Consultants included! A consultant wouldn't go into the ward unless he was absolutely, he spoke to Sister, and "Is it all right?" If Sister said, "No, you wait a bit, because of so and so, and so and so, and so and so", he waited. But you soon learnt the ropes. And that didn't get in the way. The other thing one had to do, I think, in all hospitals, the students were not allowed to go home at Christmas time. You had to stay in the hospital. As many patients as possible were discharged, temporarily or permanently, as Christmas approached. The students all stayed in the hospital, and they had to do what were called "Ward shows". They were terrible things. But you had to go, and you had a trolley and a nine-gallon barrel of beer, and a few props, and you pushed it round, and did silly things in front of the patients, to try and make them feel a little ... less ill! I don't know whether it worked! But you didn't go home for Christmas. Then you had a very good time after Christmas, yourselves. It was great.

Did you have much contact with the consultants, and your teachers, while you were in Cambridge?

Well, I didn't, there weren't consultants at Cambridge.

No, the lecturers there.

No. No. Didn't. And you had a, somebody to whom you went to for tutorials, and to whom you could ask, or two or three different people, depending on the subjects, whom you could ask to explain what had been going on, or to put you right on ... two or three to one, you see, maybe three blokes, or two blokes. But, no, you didn't see much of them, they went and lived in their little ivory tower, in their particular College, if they were dons,

or went home to their wives if they were married men. And you did, you got plenty of distractions in Cambridge. Plenty.

What were the most important events for a student, during his or her training?

Examinations, I suppose! I don't know ... they're all equally important. You had to have a grounding in all the subjects in which you were ...

I'm thinking, were there certain occasions or events that were particularly memorable?

Oh well, yes. For, for a year, I had to give it up in the second year, I rowed for my College. I only rowed for the College, because there were only about 10 people in the Boat Club at Peterhouse, it's only a small College. So you had to have nine of those in the boat, and I was one of them. I wasn't terribly good, but I must stay, I enjoyed that very much. You were only allowed to go out three afternoons a week, so that this evened it up for the small colleges, compared with people like Trinity, and Kings and Johns, with an enormous number of students. And so I rowed in the Bumps, the Lead Bumps, and the May Bumps, which was fun. I never went to them, but the highlight of the year were the May Balls, which were held, of course ... the May, May Week is the first ten days of June, and I never went to a Ball, that was not my cup of tea! But they were very big, for those who wanted to go. Those were the highlights, probably, of the year.

How about workwise? Was there anything which ... things which were important?

Oh, again ... do you mean to me, personally, or in general terms?

No, personally.

Well, you had to get, you know, it was all very interesting, this is a word I would continue to use. You see, I was now learning about something which had interested me superficially since I was very young, and now I was actually learning about how the body worked and how it was put together, in the anatomy laboratory, and dissecting a brain, and seeing how that was constructed, and so forth. And it was just a matter of considerable interest.

What were your impressions of the training you received?

Well, it's ... I would have thought it was good. I enjoyed it, and I think it was a very good training, but not ... it isn't as though I'd done the same thing somewhere else, previously, to have a yardstick to measure it by.

Do you think it prepared you for general practice?

No. They didn't talk much about general practice. It was just about getting you qualified in medicine, which they succeeded in doing. What you chose to do with that was your own affair. And there was no talking about how to go on in general practice. That's started now, I believe, in the last 15-20 years, since the formation of the College of General Practitioners, to which I didn't, which I didn't join. And now there are people who lecture in general practice. I really find it difficult to see what they can lecture about, because general practice is ... again, at the risk of being pompous, it's, there's a lot of art in it, which you can only learn by practising it. You can be told, perhaps, what not to do, and, in the way of not, how not to treat your patients. But then, if you are going to go into general practice, you will have thought about this beforehand. And if you're not ... going along consultancy lines, you wouldn't. And also, the type of brain, the type of mind, I think, that you require in general practice, is different from that which would make a good consultant.

Could you explain that for me?

Well, while you would try to do your best to arrive at a diagnosis in general practice, it was as important, and more important, possibly, to ... spend a lot of time, where you could, talking to patients, and listening to patients, and getting them to explain things to you, which was more important, really, than arriving at the right diagnosis, because if you had any doubts, you could arrange for the appropriate tests, and if you still had any doubts after that, you could seek advice from what the patients used to call "proper doctors", and send them to the hospital to see a consultant, and get an opinion then, provided you had done the, some groundwork. I was a very slow worker. I would, I mean ... to start with, it was a free-for-all surgery, which it was ... just like a railway station at the rush hour. And the doors nominally shut at seven o'clock, but we'd still be there at eight o'clock, because people would sneak in. Somebody would go out, and our door was open, so they'd sneak in and sit down, and you had to see them till the end, and it was very tiring. And you didn't, you really couldn't practice very much in the way of medicine. Then it became fashionable and proper to go over to an appointment system. I know it's laughed at by people. "You have to arrange to be ill on such and such a day." But that was not the case, of course, because the vast majority of things they wanted to consult you about, was something which they may have had for two or three weeks, and were not acute, or a month, or a year, and which you could say, "Well, come and see me such and such a time". And that was mostly acceptable, they knew they would be seen. And you used to start off trying to do five minute appointments, which was hopeless, and then ten minutes. I could take half an hour sometimes, I'm afraid, and I didn't regret it. I saw fewer patients, but I

gave them a more undivided attention. I don't mean I was necessarily a better clinician, I don't think I was, but they did have a chance to talk.

So, are you saying the most important part of the GP's job is listening to patients?

Mmm. A very important part. I mean, the diagnosis is important, and so forth, but it is most important, very important, to listen to what they've got to say, in some detail. Not to brush off what they say, and listen to every little tiny bit, because, in that ... flow of words, might be just the one little thing you're trying to look for to see ... and you can ask more questions about that, much the way you're doing now.

Do you think specialisms attract a different type of person ...

Mmm.

... than general practice does?

Yes. A different type of personality, I think. It's not necessarily person, but, and now that general practice has become regarded as a speciality in its own right, as it wasn't in my day, then it attracts, also, some extremely clever men and women, cleverer than they were, perhaps, in my day, certainly. But they are of a different temperament and personality from a physician.

In what way?

It isn't as clear-cut, perhaps, as it may have been, but they are much more willing to talk to people and get on with people, and the communication art is the thing, which you can only learn by communicating, and some general practitioners, I'm sorry to say, never learn it. They still feel they should say, "Well, take this, do that, do that", and the patient doesn't have an explanation, because that was the characteristic before the War, you see, the doctor didn't tell you anything. That was so. Nowadays ... I didn't agree with that, and I always decided, before I was actually in practice, that if patients wanted to know, I would explain, as well as I possibly could, what they ... what was the matter, why I was doing this, and when they could take the pills, and all the sort of circumstances, which I reckoned 20 minutes or so spent doing that, and getting it clear, stopped them ringing me up at three o'clock in the morning, saying, "Doctor, can I take another pill, because I've got this pain again."

And that worked?

I think it worked, yes. If it didn't, I would never have known, because I never did it any other way, or tried not to do it any other way. And I know, I don't know ... some didn't want an explanation, you know, you'd give them a prescription, and they'd say, "Ah, thanks, Doctor", and they'd be out of the door before you could do anything about it. But those who did, were grateful, as a general rule. And I knew, I know that a lot of them liked the idea, because they actually told me, you know, "You sit and talk to us, doctor", and that was enough for me.

Did they understand your explanations?

Yes, because I would make sure they understood it, because I didn't talk in medical terms. Or, if I had to use one, I'd say, "That's ... this means so and so", you see, or try to. And I tried not to dismiss any questions they had, as irrelevant. It sounds as though I'm terribly ... you know, making me out to be a pompous and goodie ... but it's just how I felt about how general practice ought to be.

Do you think coming from the area helped you understand your patients?

It's very odd, yes. As I think I told you on the phone, I practised about a quarter of a mile from where I was born, in this area called Caldmere, where all my family were, or a large number of them. When I was first in practice, in 1953, in November, the first year or two, patients would come along and say, "I remember your ...", "I pushed you in your pram", "I remember you when you were a tiddler", and so on. And they didn't resent it, or see ... they used to laugh, they thought it was rather nice. And I didn't mind it in the slightest! I think there were, there were one or two people who have said to me, "I wouldn't like to do that". But it suited me very well. It is unusual to practice, unless you are your father's son, and I wasn't, to practice so near to where you are born. But, at that time, jobs in general practice were very hard to come by. If, for instance, a job was advertised in a posh place like Bournemouth or Torquay, he might get 30 applicants. Even in mucky old Walsall, or Sheffield, 15 or 20. So you had to make lots of applications. Now, this didn't happen. At the time, my then senior partner was looking after the vicar of the parish church in Caldmere, and ... also, at that time, general practitioners were having to reduce their lists from, believe it or not, 4,000 patients per head, to 3,500 patients per head, was what you were considered capable of looking after, 365 days a year. And they started reducing their patients, or taking on an assistant. Well, this vicar knew who I was, not that we went to use the church, but he knew who I was, for various reasons, and he said he thought I was shortly to come out of the Army, and they got a message to me, I was then down at Kineton [ph - 382], which is near Banbury, to say, would I like to come and meet them at 7 o'clock, on such and such a night, which I did. And they talked to me for a few minutes, and at twenty past seven, it was agreed that I should start work on the day I left the Army, which I

did. Which was ... Armistice Day. I went into, and came out of the Army, of all things, on Armistice Day, which amused me!

Can I just take you through from when you left Cambridge, then.

Yes.

Just before we leave that, did Medical School change you in any way, do you think?

Oh, I don't know. Very ... I mean, I don't, how aware are we of changes in ourselves? Other people could tell you that better, I think. One feels, one goes on, I'm the same now as I was 30 years ago. Well, you're not, because of all the input of experience. But, yes, it must have done, in that I had had a freer life, and I ... but I don't ... at that time, you were still just learning the trade, you were an apprentice, you weren't actually practising anything. And you weren't, until you had ... you got some practice in when you first did your clinical work, you see, because you then had to deal with patients, sit by the bed, talk to them, and try to make a diagnosis, and write up a spiel of notes, gradually. And then when you became more senior, you were in the second part of your course, you would know much more about them, and you'd feel more at home talking to the patients. And then, it was a very gradual process of evolution into, from being a horrid medical student, into being a clever doctor, you see!

It was a gradual process.

It was a gradual process, which you weren't aware of was going on, although you were wanting it to happen, of course, because what you wanted to become was a doctor of some sort. I mean, a drunken medical student suddenly becomes the lovely young doctor!

And they're unaware of that.

Who are unaware of it?

The student is unaware that they're being socialised, let's say, into the profession.

Oh no! No, I don't think so. I mean, you wouldn't put yourself into the position of being a medical student if you weren't prepared to be metamorphosed into a doctor, just as the same you go into law, and you become a solicitor with their ways and habits, or a barrister. You, you ... it's no good, you haven't joined it to kick against it, you've joined it to join in with it, and become one of the tribe, the same as you would with any profession or any job. You, for instance, must have grown into your job, and so on. Everybody does. And, it's a long apprenticeship, but it's what it is.

So, on leaving Cambridge, you did a couple of jobs, did you say?

No, on leaving Barts.

Sorry, yes. On leaving Barts ...

Then I did one job only, because I was anxious to get into and out of the Army. And that was a mistake. The job was a mistake, and doing one only was a mistake.

This was the job in Falmouth?

This was a job in Falmouth.

Why was it a mistake?

Well, it was a very small hospital, and there were only two of us there, housemen, both inexperienced. The nearest registrar was at the Trelisk Hospital, which has just been in the news, up at, in Truro, and they weren't always dead keen to come down in the middle of the night, if you'd got something that wanted a great, you know, a better diagnosis than you could make. And, on the whole, it was a mistake. I don't, I didn't think much of my consultant, the senior consultant, and I don't think he thought anything of me! Anyway, that finished after six months. We had a few days holiday, our first trip abroad, Betty and I, we went to Paris for about four days, five days, and then came home and waited to get called up.

And then you spent two years ...

Two years, like everybody else, in my National Service. You go in with a commission, which is something. You get a, you're a Lieutenant, and you get a whole, I think, oh, about eleven shillings a day, or some enormous sum like that. In fact, before I'd finished my, we had a, we had a fortnight's induction at the barracks, and then we had to go to London for a fortnight, which, in my case, was ten days, because Christmas was coming in ... [End of Tape 2 - Side A] ... and my pay, and food, and ration allowance, I was earning the princely sum of £20 a week, for a fortnight. And I was never to earn that again, for a long long time. You got £300 and ... we were paid at the rate of £350 a year, of which you got, of course, half, for a six month job, from which they took your keep. So, at Falmouth, I got £20 in the first month, and £15 in each of the other five months. My wife was doing a part-time, she's a nurse, a part-time job, in the same hospital, at 2/6d. an hour, for 30 hours a week, and she was earning more than I was. And my father, of course, had to, was helping out. There was no way, I had a car, the only way you can move about in that place! And that's another thing that my senior consultant didn't like.

He said, "He's got a car. Well, I didn't have a car till I was 35", or some other stupid thing. Silly, jealous, Northern Irishman. Didn't like him. And, anyway, that passed, and I did my National Service, which, you get promoted after a year. And then, I was due to come, when I discovered I was coming to work in Walsall, at that time, if you finished your National Service, you had to do another three and a half years on the Reserve, where you could be called up for a fortnight's training, or you joined the Territorial Army. And as I was then staying in Walsall, and there was a strong Territorial Battalion in Walsall, called the "Old Fifth Battalion", the South Staffordshire Regiment, now gone, I joined the Territorial Army, where I would go once a week, and see the recruits. And go to camp, but I couldn't always go, and I needed a week. And there were two of us at the time, so we did a week each, and went up to camp, which was always great fun. But I took it out of my holiday, so that I could put the money in my pocket, and not into the, the practice till. And I, then I, it was difficult, because I ... it was Thursday nights, and at that time, I was on call on Thursday nights, and the orderly room shut at nine o'clock, and then I was completely cut off from the telephone, so it gradually got to the point where it was not safe, so I resigned. But we still have a TA connection. When Edward Heath, I think it was, destroyed the Territorial Army, about 20 some odd years ago now, one of the senior officers there at the time, he'd been the CO, said, "Let us start a Dining Club of anybody who's had connections with the Fifth Battalion, or the South Staffords, or, or any other Battalion, and ancillary services," such as me, RAMC, and that still goes on to this day. We meet once a year, and have an all-male dinner, and once a year, and have a Ladies Evening. There are still chaps who I've known now for 30 odd years, and I look forward to that. I was never in the War, of course. A lot of the blokes were. I'm not particularly sorry about that, being a born coward!...[BREAK IN RECORDING] ... and I were both at Denston, but about five years apart, four years apart. Dr. Morgan had to either, either to reduce his practice, or to take on a partner. He'd got a partner already, his nephew was a partner also. And Father Foysey said that he thought I was in the Army, and would be looking for a job soon, and I was invited to go and speak to them when I came home from a long evening. It was a barracks at ... Burbrook [?? - ph 46] I think it was, yes, not far away, where we could, we stood in for each other. And at seven o'clock I met them, and at twenty past seven, it was agreed that I should start work with them on the day after I came out of the Army, which, as I said, I left the Army, and went into and left the Army, of all things, on Armistice Day.

Was this just an informal occasion when you met them?

Oh, quite. Quite. Seven o'clock was the nominal time of the end of the surgery, and they just said, "Come and see me at seven o'clock." And the two were there, Dr. Morgan, the senior partner, and his nephew, who worked with him, Teddy Grice. And then I joined them.

Did they want to meet your wife?

No. Twenty minutes, that's all it was.

And were you expecting to find a practice in this area, or would you have been prepared to work anywhere in the country?

I would have gone almost anywhere. I, I wasn't looking forward to looking for a job, because of the number of people. I mean, I fell right on my feet. The fact it was near to where I was born, it was, in many ways, to me, a bonus, because so many people knew me, and I knew people, and they knew my parents and my grandparents, and uncles and aunts, who'd all lived in the area. And I found it quite a bonus, apart from which, I knew the town. Not inside out, but I knew my way about the town, I didn't have to learn that, either.

Were you taken on as a partner?

No. No. I was going to tell you that. I got a good deal. At the time, the BMA were laying down minimum and maximum times that should be, were thought to be reasonable for a, an incoming doctor, to do his ... not apprenticeship, but assistantship, and then, before he became a full partner. And I was, I started in the middle of November, and they decided that I should become a fifth partner, and they could have chosen to make it six weeks later, December, or six weeks earlier. And they chose six weeks earlier, so I became a fifth partner at the October the following year, '54. And that was very good, because I'd done less than 12 months as an assistant, and I had only five years to do, to become a third partner, which was very ... considered very good terms of service. Whilst my friend, of whom I've spoken, he was given, he worked, I got him the job with a Scottish father and son practice, and he was given about two years assistantship, and then seven years with increments of one-seventh, until he became a full partner. They divided the practice in nominal, I think, 49ths, and he had to, he got so many, and then when he got up to whatever ... I don't know, anyway. That was very long. And that was about the worst deal that the BMA had recommended at the time. So I had nothing to grumble about. And then, where are we, '54? Yes, '59, I became a third partner. And for the first time in my, my personal working life, I was very comfortably off. I don't know precisely what I got, but it was something like three and a half thousand pounds a year, which was a very very comfortable living standard in 1959.

Can you remember how much you got in that first year?

Yes. I was, my, my assistantship, I was offered at £900, plus £200 car allowance. I don't know whether that helped me with the tax, but one could set off so much per cent of your car expenses against income tax, you see. And that meant I had a cheque for about £72 a month. When I was made a fifth partner, the partners were taking £120 a month each, and so that made mine come down to £60 a month. And I said, "Look, I can't manage on that! I've been getting £72 a month as an assistant!" So they upped theirs to £150, and mine to £75. Then I went on at that level. Then, of course, I shared in the profits, which they did every year, every six months or so, in those days, or a year, I forget. So I'd get a fifth share of what was left over at the end of the year. Because, in a partnership, as you may be aware, there's absolutely no purpose served by keeping money, other than that which is required to pay off your immediate expenses, and future expenses, up to a given point. It's not doing anything, like it is in a business. And then I was doing all right. That was great.

Did you have any preference as to the type of practice that you wanted?

Do you mean the part of the world?

Yes.

No. You couldn't afford to. You got so, if you wanted to stick out, and say, "I must go to somewhere posh with a lot of old people, and I can have a big private practice", and things like that, then you went to Bournemouth or Torquay, and you joined in the queue, and you went on until you got fed up with applying. But, no, I was just glad to get a job. And the bonus was, as I said, being in my own area. It struck me as a very good idea. And I didn't have any gaps. I left the Army and I went straight into work.

How many partners were there in the practice?

Two to start with, three when I came. They were reducing the, as I said, the list size, from four to three and a half thousand per head, that left them with the, they were over the top anyway, so that left them with over 4,000, over, well over a thousand patients. They took me on. At those times, you got all sorts of extra allowances for ... we were ... they got a, we got an allowance for many years, all of us, for working in that particular area. I can't remember what they called it, but it was an under-doctored area, and it was an inducement allowance to get people to come and work in the area. It disappeared, eventually, because we got, the country got flooded with Indian doctors, or, I mean, they may be Pakistani, Indian, or whatever. They came from the sub-continent. And, and there also were a lot of Indians in Walsall, at that time. There still are. And, consequently, some of them would set up a practice, they perhaps worked in Wolverhampton, and they set up a surgery for one day a week, in somebody's front room in Walsall, and that put another doctor in Walsall. Not that they were there for the evening work, or night work, that had to be arranged, I don't know how. But that gradually made Walsall fully doctored, and so the, the dirty payment was removed.

How many doctors were there, locally, where you were practising?

We didn't have ... oh, ... oh, I think there were a dozen scattered around, in practices of two and three, maybe 15 within, say, half a mile.

And this was near where you were born?

Mmm.

Was there much competition for patients?

I never noticed it. The place has got plenty. We had more than we wanted. Often, we had to, there was a time when we had to close our list.

What were relations like between GPs?

Pretty good. Oh, you mean, not the partnership, but GPs in general.

Yes.

Oh, pretty good, on the whole. There was no need to do, do any poaching. It used to be done in the pre-War days, you see, when it, when it was dog eat dog. But, no, there wasn't a fat lot of it. As I say, we had plenty of patients, we had a constant turnover. A patient's only got to say, "I want to change", and there were various ways of doing it. But they could change. They didn't have to give any opinion, any reason why they wanted to change, any more than I have to tell somebody why I no longer wanted them on my list. All I had to do was write a letter to the Executive Council, saying, "Will you please remove X.Y. Smith from my list", and I'd get a letter back, saying this would be effective from a date one week, or ten days later.

As a new doctor, did you find there was any difficulty in getting patients to come and see you?

Oh, I expect there was in the first place, but you never noticed it, because, again, it was a free-for-all, as I call it, not an appointment system, and there were so many people there, they'd have seen the local dog, if he'd been sitting at a desk, you see. They were so anxious to get through something. So there wasn't, I had plenty to do, right from the start, and visiting, and so on. My senior partner was quite old-fashioned in that he believed in a lot of, completely pointless, but we did it, chronic visiting - the old dears who were stuck in their houses, he

would go and see them once a month, routinely. So you could leave, on a busy day, on a busy Monday, you could leave with 25 visits, new ones to be done, and old ones to be done. And you had to do the new ones before you did the old ones, so you might be going round twice, you see. I've seen him go out with 40! It was quite absurd. Quite absurd!

Did you have any private patients when you first joined?

No. Virtually none. I never had any. I was never interested. You see, if you wanted to have private patients, you really needed a separate sitting room, where you could put them, so that they were not with the National Health patients.

Why did they have to be separate?

Well, you called them in at a time that was more convenient to them, and the Health Scheme patients would have had to have waited. And they didn't expect, they needed, you were expected to provide a bit more comfort, and we couldn't, we just didn't have the space. We were working, actually, in Dr. Morgan's house, in which he originally used to live, and live over the shop. So, his dining room was the waiting room, and they couldn't have their dinner till he'd gone. Till the practice was, till the patients were gone. That might be nine o'clock, in those days, during the War.

How did you get on with your colleagues?

With Dr. Morgan, the senior partner, extremely well. Not badly at all, with his nephew, Teddy Grice, but he was a little more ... difficult, but not that I used to take much notice of that.

Why was it more difficult?

Well, his personality is different from Dr. Morgan's, his uncle's. He was, he was a little man, and pugnacious. He was a very good doctor. Very astute. No question. And worked hard. Just, we weren't quite the same, he didn't interfere with anything worth talking about, no. But it wasn't as good as that would have been, as it was with Dr. Morgan, who, as I say, was literally old enough to be my father! Father was August 8th, and Dr. Morgan was August 28th, in the same year, '99, you see, so they were so near. And he was a naturally, a ... a softer personality. It was he who I ... whether consciously or not, I wouldn't like to say, but on whom I modelled my style, because he was the one who would talk to his patients, and listen to his patients, and hold their hand, and put his arm round their shoulder, this sort of thing, and take a long time over it. More what is called today, counselling, advising, we used to call it. More counselling than actual necessary practice of high-class medicine. But it did, it does have it's place.

How many patients did you have on your list?

Yes. Three, that's right, we had a full list. Three and a half thousand each, ten and a half thousand patients at one time.

How did you share out the workload, as regards nights and weekends?

We were, eventually, we were in a rota, which meant that you did ... with six or seven other doctors ... one, two, three, four, five, six, seven. Six other doctors. So you did one weekend in seven. But, it was an extremely busy, tiring weekend, because you started, you did Saturday morning surgery. You started at 12, and you finished at eight o'clock on the following Monday morning, and you were looking after 22, or 23,000 patients for that time. It wasn't a very good idea. It was the only way you could get any reasonable length of weekend off.

When did you start this rota?

Oh, I can't remember the dates now, I really can't. Some time, within the first ten years of, of my practice, because Dr. Morgan was in it, and we weren't, he didn't retire for about ten years. It wasn't as satisfactory as all that, but you just had to provide some sort of cover, otherwise ... originally, we were doing one weekend in three, and a half weekend, you see. You'd get one long weekend off, which included Saturday, after Friday night surgery. The next weekend you might be on, which meant you were doing the Saturday afternoon and Sunday. And the next weekend you'd be, you'd do the Saturday morning surgery, but you were free at Saturday lunch time. And that's how we worked it for a few years. Then we joined the rota. And eventually, that collapsed. People weren't ... odd things, they said odd things, you see. There would be practices of two, and we were three, and they said, "Well, we're going to do much ... well, you've got 10,000 odd patients, we've only got six. So you're doing more work than us. We're doing more work than you, looking after your patients." They didn't take into account the fact that we did three ends to their two ends, because there were three of us. And then Dr. Morgan, this is going on long past '55 though, you see, and well into, much further on. Then we, Dr. Morgan retired. He used to smoke very heavily, and he got the influenza, and came back to work early, and then more or less collapsed over his desk one evening, and had a pneumonia, so he was off the best part of a month. After that, he gave up smoking, and a year or so later, he retired. And we took on another, a single-handed local general practitioner who was, who lived nearly next door to, who was good friends with the existing other partner, Teddy Grice, and whom I had been at school with, at Denston. He was a year older than me. And who was also

a local lad from Wednesbury, which is the next little town to Walsall, literally, you fall out of Walsall into Wednesbury. And he became a partner, and so there were three of us again, and he brought quite a number of patients in, so we were big lists again. And ... then we became, very briefly, for a year or two, a partnership of five, when another married couple joined us, at the end of their stint, for reasons I can't remember now. I know, their practice, they, actually they moved, their practice was falling apart, and it could no longer function. And then, and that ended a bit disastrously. That ended all right. And then that left us, just two of us. Teddy Grice, by now, had retired, that just left Charlie Hollingsworth, the chap from school, and myself, as the only two partners. And we took on a third who Charles never got on with at all, in fact, he was at loggerheads with all the time. And it came to a point where he said, either he was going, Charles Hollingsworth, my old partner, or this chap, the new bloke had got to go. So I had the job of pointing out to him, this difficulty. And he understood, he said, "Yes, I can see it. I'll go. I can get somewhere." And he left, and went to work in the town.

What sort of things were you looking for in a potential partner?

Well, whether he, or she, but mostly, mostly he's, would be ... well, his paper qualifications to start with, to see if they were reasonable, and his general attitude to medicine. But you'd look to see whether you could actually get on with the person, and whether they were willing to do this ... work in the sort of way that you were prepared to work, although we were left much to our own devices. We'd fall in with the practice times, and the off duty times, and so forth. And, just as you would if you were looking for a partner who you might be going to spend the next 20 years of your life working with, that you would look for in any business. An obvious ability to do the work, and then compatibility.

How was the night work organised?

We'd, the weekends were one rota, and then the, you did one or two nights a week, on a, on a rotating basis, depending on how things fell. We had a half day a week, which started at lunchtime. I had Tuesdays for many years. Funny time, but I just accepted my week started on Wednesday, which was my duty day all the time, almost all the time. And then you, towards the end, then there came in ... locum services, whom you could book on at night, and pay them, and, of course, you ... by that time, we'd negotiated a night visit fee, which we, in the first place, we didn't have one. And then the night visit fee had been negotiated, and so they would take some of that from you, and give you a bit at the end of every month or whatever, for the work you'd done. The first one was very inefficient. It missed things out, and it didn't arrive when people were in danger, and they'd died when they got there, and this sort of thing, and so we gave them the push, and looked after ourselves again, for some while, until a few years later, a much more efficient locum service started up. And this was towards the end of my time. And the rules said you were only supposed to use it once a week, or whatever it is. I don't know what the rules were, because I didn't take any notice of them. I just employed them as I felt inclined, which was the only bloody night I was on call from seven o'clock onwards. I'd do any visits that were mine after surgery, if any came in. And then when I got home, that was it, and they were going to look after it. And although I, it was on twice or three times a week, and Saturday nights and Sunday nights, as opposed to the daylight hours, nobody said anything. It wouldn't have made any difference if they had, because I'd have just got out of practice a bit earlier, that's all.

So you stopped doing night work?

I stopped doing night work for about two or three years in my practice. I took it on, I was responsible for it, because the principal is responsible for the actions of his locum, or deputy, you see. So if he'd have given somebody three times the right dose of morphine, and killed them, I'd have been responsible. But ...

Did you and your partners ever meet formally, to discuss matters affecting the practice?

Not a lot, no. We would have a chat from time to time, if anything was bother. But there were no regular, formal, sit-down meetings, like *Dr. Dale's Diary*, ever, *Mrs. Dale's Diary*, like Dr. Jim used to have. My friend used to do just that. They had formalised sit-downs every month or so, discuss the practice, discuss what they'd done wrong, or right, or whatever. But we never did it. We were much too lax, and easy-going for that!

Could you describe to me what Walsall was like in the mid-fifties?

Yes. Very clearly. I've been there all my life. It's an industrial town. Before the reorganisation of local government, an industrial town of just about 100,000 people. They talk about Birmingham as a city of a thousand trades, but you could have equally have said the same of Walsall. Very dirty. A lot of ... lots of small foundries, lots of working with metal. Leather work, particularly, but it wasn't doing so well at that time, it, it's improved since. Walsall had been the centre of a thriving leather trade, of all kinds, from heavy draught harness, made with horse hide, through to fine, fancy leather, as it's called - handbags, purses, and things like that, and you name it. And the ancillary things that went with it, in the trade. You had ... the saddlery, you had saddle tree-makers, which was a wood thing, and you had a big ... bridle stitchers, whose sole job was doing the bridles, often women. There was a thriving big firm doing ... tailoring. Bespoke, not bespoke, the other thing, you know, ready-made tailoring, called Shannon's, they were big. There was a brewery, it's still going, Highgate

Brewery. The usual array of shops in the town. No supermarkets, of course, in the fifties. Just proper shops where you went in and the bloke served you. Seven picture houses, as I've said. A large number of pubs. The usual number of banks, a bit of everybody. And Woolworths, Marks and Spencers.

Was there any poverty in the town?

Yes. No, not so much in the fifties, because it was the, we were ten years into the Welfare State, so nobody was allowed to get to the state, or needn't have got to the state in which I saw children when I was at school, in the late thirties.

What were the overall standards of health like?

In the fifties? Well, as more people were able to get attention before, for instance, with pneumonia, before they allowed it to develop a long way, and as, by that time, antibiotics were available, I suppose the mortality rate on the ... the mortality rate, I think, must have fallen. The morbidity rate may not have fallen very much, but the people took their illnesses earlier. They didn't have to find a few bob to go to the doctor, instead of a few bob for food. We've still got, I mean, things like, the worst thing that people had in those days, apart from cancers, was syphilis, and ... possibly, you see, there was no AIDS, hadn't been invented! And you got that just occasionally. You had to think about it all the time, because it was always described, this is a purely clinical thing, as "the great mimic", "the great imitator". So in your, what we call "differential diagnoses", when you'd looked at the symptoms, and thought, "What might be the cause of this?" You had to put syphilis at the top of your list, because almost anything could have been of syphilitic origin, until you'd had the W. or the Wasserman Test, and proved that he hadn't got syphilis. Then you could eliminate all that. But that was the big mimic. Tuberculosis was still rife, although it was curable. And all the childhood ailments, of course, no, diphtheria was well under control, because that had been started before the War, with the Schick testing, to see whether you were immune or not, and then to have the injections. And they were doing the same after with scarlet fever, DIC testing, I think that was called. But, whooping cough, measles, were still, and German measles, were still rife. And ... rubella, that's German measles, was not recognised as the terrible source of foetal malformation that it is considered to be today, well, is today.

Do any epidemics stand out in your memory?

The only epidemics, yes, but this is all after '53, I tell you, were 'flu epidemics, generally, which used to come after Christmas, and last about six weeks. And you had to go and do your 'flu visits, and then you'd ... most of us, in those days, used to go back and look at them again on about the third or fourth day, to see if they were getting better, plus all the other odds and sods you had to do. Yes, the funniest one of those, and ... when there were the three of us, Teddy Grice, Charles Hollingsworth, and myself, in about the last half of the practice. Teddy Grice had to go into hospital to have his prostate done, and he said, "I'll go in the middle of November, take six weeks. I'll be back after Christmas, and then, if this forecast 'flu epidemic, I'll be there for it", because they usually started in January. He went into hospital, and the next day, the 'flu epidemic started! A real beauty! So two of us worked ... like hell, for six weeks, till he could come back to work, and that was Christmas, and it had all stopped! That was usually the extent, five, maybe six weeks, you'd suddenly see a flop like that in the number of new visits on a Monday morning. We worked like hell till about, you know, we'd be going out doing your final 'flu visits at 10 o'clock at night! There was nothing much you could do, except advise them. And, you see, the wrong advice for 'flu was given all the time, and still is given. "Give them aspirin, and get the temperature down." It's absolutely pointless, and a very foolish thing to do. Women would phone up at three o'clock in the afternoon, and say, "Doctor, will you come and see my husband. He's just come home from work, he's shivering like a leaf, he can't keep still. I've been giving him, he's not been feeling very well for a few days, and I've been giving him aspirin, and he's kept his temperature down, and he's been going to work." And what's happened, of course, he'd felt rotten during the incubation period, which is about eight or ten days, but aspirin disguises that, by bringing the temperature down and ... [End of Tape 2 - Side B] ... and then he would go to work, he'd have, feeling a bit better, and then, suddenly, the 'flu virus, which had been building itself up in the individual cells of the body, would suddenly go pop, and shower him with new 'flu virus, which would give him such a rapid rise in temperature, he'd have a rigor, shivering like malaria. And that used to be in use. I never used to give aspirin for 'flu. I gave them a bit of paracetamol, which doesn't have the same effect, in spite of what they say in the papers, it doesn't have an antibiotic effect. And put them to bed. Used, used to amuse me, though, because they'd be quite tough men, who were wanting to go to work, because they, if they didn't work, they didn't get any money worth talking about. "You can't live on State pay, can you doctor!" And, originally, it used to be, to give it for a week, but, later on, we could start to give notes for much longer than a week at one time, and I'd give them a note for a fortnight. And they'd say, "Oh, I shan't work that, doctor, I'll be back at work next week." So I'd say, "Well, that's all right, you can always come and sign off if you want to", knowing absolutely full well that if they crawled up in a fortnight, it's all they'd do. And they would come up in a fortnight, and say, "You was right, doc. I feel terrible. Can I have another week?" And they'd have a week. Some even had to have a month before they were out of their, the post-influenzal blues, the depression, and the

feeling you're an absolute wet rag. Nothing to do with whether you were physically strong or otherwise, it knocked the stuffing out of people. I never, ever, got any illness while I, apart from a tonsillitis, which didn't last, all the while I was in practice. I never got anything. The last time I went to bed with an illness, I was a student, twice. I had the 'flu once in Cambridge. And then I went, you were encouraged, as medical students, if we got the time, in the long back, to go for a couple of weeks to Wisbech, and camp on the banks of the Nene, and look after the fruit-pickers. And three or four of us, unwisely, on a lovely day like this, jumped into the River Nene and had a swim. Now, the River Nene is rather fouler than Clericus Maximus [?? - ph. 027] was in Rome, I should think! Clerica Maxima. And, by three o'clock the following morning, I was, I'd got the most violent gastro-enteritis I've ever had in my life! I was quite cloudy, you know, not unconscious, but ... the word typhoid, it wasn't typhoid, but the word "typhoid" means "cloud-like", as you may know, and that's how I felt. I didn't know. I, I couldn't get to the lavatory. Fortunately, all the people there were medical students, and it was understood, and they got the old bloke in the next morning. I went into the local hospital for a few days, in Wisbech, I don't know what they did to me, I don't remember much about it. But, by Saturday, I was all right, and I came home then. But that's the only, that's the last time I had any treatment in bed at all.

What sort of relationship did you have with your patients?

Some I liked. Some I liked very much, some I couldn't stand the sight of! I mean to say, if you've got 3,000 people, you can't like them all! You can treat them all properly. Sometimes they had rows, and then that ended in tears, but there it is.

Were some patients a nuisance?

Yes. We used to say that ten per cent of the patients produce 90 per cent of the work, and you depended for your income on the 90 per cent who hardly ever saw you, because, and you can understand, if you are paid ... a contractual fee for each patient, or anything you like, the more work you do, the less money you have at the end of the year. So the patients who didn't turn up were the ones who we, we liked.

Who were the ones who turned up most regularly?

A bit difficult to say, but ... well, well, first of all, there were those who had to come regularly, because they had some chronic condition which you needed to look at and assess, and advise them on, and even just hold their hand every, say, every month. They would need to come along, and that became a regular thing, and that was all right. I mean, that was essential. Others would be the inadequate, really, what you might call the neurotics, if you like, but inadequate is probably better, they couldn't cope with life as they found it. Groups used to come, and it wasn't as uncommon as all that, was a man, say now in his fifties, who had got to position C, having climbed up from Y, position C and he was running a modest department, and he was offered promotion to B, where he had to supervise three of the same departments, and then, oh, couldn't cope, collapsed, needed treatment. And the answer really was, he should have stayed where you were, and they were fine. But they'd overstretched their capacities. Cerebral, or emotional, or whatever you like. Couldn't cope. This was not uncommon.

Were there any types of cases, or kinds of patient, that you didn't enjoy dealing with?

Those that didn't change their clothes and wash their feet, yes. I have sent one or two away on those grounds, that I wouldn't see them until they were clean. But no, on the whole, you see, they came in through the door, some of them you'd half drop because you knew who they were, and it was going to be an awful slog, and you'd know you were going to be able to do, because they were the inadequates, and they would, they were depending on you. There's one thing, if you talked to customers a great deal, they liked it, and then they would start to depend upon you, much more than, say, if you came, and we had a chat about a particular part, and you'd go away and say, "Well, that's fine. He's explained that, and I needn't worry about it any more." I wouldn't see you again on that matter, I would think. But they would keep coming back, you see, and we'd talk about it. And then, so you really made a millstone for yourself if you weren't careful. And you had to take, accept those, if you accepted that ... being ... trying to be helpful and talkative, and explain, explanatory, you got some of the rubbish along with the, the good things.

Whereabouts in Walsall was the surgery?

103 Caldmore [Calmer] Road. 103A Caldmore Road.

This was Dr. Morgan's house?

It was known, yes, originally. In fact, it was known, even to the, there was a bus stop right outside, and it was known as "Dr. Morgan's".

And he owned it, did he?

He owned the house, yes. Then he left it, and let the top bits as a flat. My daughter had one of them for a short while. And he moved out along, before I joined the practice, he'd moved out to a house in Bloxwich, which is about three miles out of Walsall, into a residential area over at Bloxwich.

Was it easy for the patients to get to?

Not, oh, the practice? Oh yes, because originally, you see, they were all locals. We lost a number, there was a big ... there were a lot of slums in Caldmore, roads that I'd walked down as a child, time and again, places with, you know, one tap in the back yard still, and a, and a, perhaps sharing a lavatory. Others had steps up to the upper floor with no handrail, no nothing, just space, you see. This sort of thing. And filthy. And bed bugs, which you could smell. They all got knocked down, and the patients were re-housed on a large new estate that was being built a couple of miles to the north of Walsall. Well, it was either a case of following them out to this new estate, which had only just been built, it was only about a tenth built when I started there, or losing them altogether. So we decided to follow them, so our practice then, gradually spread northwards, and after a while, instead of being almost in the centre of a practice, you were very eccentric to a practice, you see. I could do, to go to the far side of our practice, from my house, which was a little the other side of the practice premises, I could do an eleven and a half, 12 mile round trip at night. I had one ... my senior partner said would I keep on and go and see this old chap. He kept a pub out at Wall [?? ph - 106], which is on the A5, which is about eight miles out of Walsall, and he said would I keep an eye on him. He was an old man, he wouldn't last long. Well, he did. He lasted about four or five years. I used to go and visit him about once a month, all this distance, which is about a 16 mile round trip, and time-consuming, but, during the War, my partner had wanted to go shooting, which he did up to quite a ripe old age. And, so that he could go shooting, he needed a patient. So he'd go and visit old Tom, and then go shooting with Tom, and then go back, and it was all perfectly legal and above-board. And he asked me if I would keep him going, and I did for about another five years! But we did too much travelling. On average, I did about 13,000 miles a year, and I don't, I should think 10,000 miles of that was within the boundaries of Walsall.

Can you describe your surgery to me?

Well, being a private house, it was extremely inefficient. I only saw it after Dr. Morgan had left. We still had the ground floor. They came in through what was his front door, into a little waiting room, with hard chairs. Up a step, there was another waiting room as well, when I first came, and there were three little surgeries. Small, one was very small and cramped. Ill-ventilated, rather noisy, because mine, the one that I used for 20-some odd years, was right by the bus stop, and you could actually hear the people speaking! I don't know what they could hear from me! It was not, by any stretch of the imagination, an efficient place. And the fact that people stayed with us for so long, and so loyally, I'm sure, was simply because, between the three of us, we offered them a service, whichever three were there, a service that they liked, and they knew the place, and they knew us, one or other of us, at any rate, and were quite happy to keep on coming. I can only think that's the reason. Since I retired, the then new senior partner who'd been, he joined us before I went, a young chap called Ubasha Singh [?? ph. 138], a tall, good-looking, Indian fellow, but of totally English upbringing. He spoke, he was a Hindu, but he spoke excellent English, a Birmingham-trained man. He was a great wizard with the figures, and he, he was the instigator in them building an absolutely beautiful new surgery about a quarter of a mile away, nearer to where I was born than I was then working, on a plot of land, which the Corporation provided. They own it, they're paying the mortgage, so when they go, there'll be a lump sum. If anybody comes in they'll have to take over a mortgage. But it's, oh, it's posh, lovely seats, looks like a ... not rows, but curved banks of seats, a shower, a little room in which, if they, if they have to stay the night for any reason, or they've got a locum in, can put him up. A big consulting room each, plenty of space. A nice little room where they could retire to, and have a cup of coffee, and this sort of thing. Absolutely first-class. I would like to have practised in that, but never did.

How was the surgery equipped when you first started?

Pretty badly, is really what I could say. You'd got speculums, you know, things for looking into vaginae, and ... rectoscopes, proctoscopes, for looking into backsides, because that's the only way you can detect piles. You have to look at them, you can't feel them. You know, and you had a stethoscope and syringes and things. We had to have, syringes, in those days, were glass, boilable, and with re-usable needles.

Would you say it was up-to-date?

No, not terribly. Oh, about right for the time.

For the time, yes.

No, it wouldn't be up-to-date. It would be terrible now. Scales to put people on. Medicine was a much simpler affair. We had, originally, it was difficult to get X-rays and pathology tests done. Then they started a few, what they called "open access", so, instead of having to refer your patient to the pathologist to get the test done, and have to wait, you could just send, give the patient the appropriate form that you wanted, and they could go up to, get in touch with the hospital, and go up and have them done, and the reports came back to you, direct. That was a great help. And then we could also get X-rays done.

When did that start?

Oh, dear, dear! I would think some time in the sixties, but I couldn't tell you.

So you had no access, really, until the 1960s, for those facilities?

Well, we didn't. Early sixties, I should think. We didn't have access. Other towns may have had access, open access it's called, in which you could write to these things direct, send the patient direct. And then ... that did make a big difference. At that time, as well, you could always get a chest X-ray, but it was a mass miniature radiography X-ray, which were taken on 35mm film, and blown up. That was when they had the mass miniature radiography lorries, trailers going round, and taking pictures of people. But they were really only screening, and they weren't diagnostic things, because they were such small pictures, and blowing up the detail isn't the same as taking a big picture.

How often would the practice buy new equipment?

Well, I suppose the answer would be, as necessary. But I don't remember buying any, to speak of! I really can't. But we must have done. But, you see, things like speculums and — [CANT CATCH - 190], they didn't wear out. They lasted, they'd last you 50 years. You bought, as I had to, your own set of midwifery tools - forceps, and a bag and ... - in fact, the scissors and the forceps I still use here, the scissors are hanging up outside! And I'm still using the suture material I bought, which I didn't ... because, after a few years, in the middle of my time, domiciliary midwifery started to go out of fashion, so I didn't need to do much stitching up or deliveries.

What would have improved the practice the most?

I ... well, one could have, perhaps, they weren't vital, you could have had such things ... we didn't have an ECG machine, but I could always get one done by a consultant. We, we, perhaps, might have done with a respirometer, you know, for checking lungs. But ... what else might we have done with? No, I don't ... very difficult answer to give you, going back, what might have improved it. We did buy odd little bits of things which were useful. But, really, you, I think one needed very simple gear, as a general practitioner, and you were practising, as far as possible, what you had been taught, particularly at conservative places like Barts, was clinical medicine. Talk to the patient first, listen to the patient first, and then, if, when you've, you always talk, you ought to take a sufficiently good history, so that you had a jolly good idea of the diagnosis, before you even said, "Would you mind taking your clothes off", you see, so that you knew where to look. The idea of not listening, and then putting your stethoscope on, and jumping to conclusions, leads you into terrible trouble.

How did your surgery compare to others in the district?

Oh, I should think it was on a par with many, and, but not as good as the best.

And when did you introduce the appointment system?

Again, I should have to be very vague and say, in the sixties.

Just moving on to your leisure time now. How much time off would you get during the week?

That depended, of course, on the season of the year. Tuesday after lunch till the following Wednesday morning, that was off. So that was the time when we would invite friends, or they, knowing it, would invite us out to supper. The other evenings, when one or other partners was on call, when I had also been to surgery, which meant that you ... you really ... it was a bit of a sweat to get out then, because we used to finish surgery, in those days, at seven. And that meant you didn't finish at seven, you'd got to get home, wash and change, it might be nearer eight o'clock. At about the time we brought in the appointment system, though, we also altered our hours. We started at 8.30 in the morning, and we were what could be broadly described as a working-class practice, and so 8.30 was no late time for the, most of the people. It didn't ... I liked it. 8.30 till 10, and 4.30 till 6 in the evening. And we always had to arrange to see what we called "extras", if anybody phoned up and said, "My left leg's dropped off. Can I come and see you?" You had to come, of course. Or, pains in the chest, pains in the stomach, would always have to be seen. And also, I always made a point, for the sake of our conscience, amongst other things, of visiting. If somebody said, "Will you come and see my dad?" We went.

How did you spend your spare time?

Oh, we had children, young children, so there wasn't a fat lot we could do. There was a garden to be done. We would go out. Later, we had long weekends. When the three of us were looking after ourselves again, and we got the ... the locum system, so a long weekend, in the winter, was every third week, in the summer, of course, it wasn't, because with one on holiday, you couldn't do it. But you used to leave as soon as you finished what you wanted to do on a Friday, and then you'd be off. Now, at that time, I had a little place up in, well, it happened before that, but we had a little place up in mid-Wales, and we could get there by teatime, and have a couple of days up there, without a telephone. And that was very very nice. That lasted a few years. I sold it when I retired, I had no more need for it. But, oh, going out to supper with people, usually, or having friends in. Going out to parties, the sort of things one ... I wouldn't want to do it now, the sort of things one did when you were in your thirties, and so on. My cousin, to whom we were very close, who lived very near, we saw a lot of them.

Were your friends mainly other doctors?

No. None. Well, apart from my partners, whose houses we went to for, for parties and booze-ups and things like that, none. I tended to avoid the medical profession as friends.

Why? Why was that?

Well, I'd had enough of medicine during the day. I mean, a garage man doesn't go out with his mechanics, does he!

Were you a member of any local Clubs or Societies?

Oh yes, yes. No Societies. Yes, I was a member ... this is very odd, when you hear the story. I joined the Cricket Club. Now, if there's one game I loathe, it's cricket! But I joined the Cricket Club, because it was, also had another name, it was called The Galway Club, that's the road in which it was situated, and the road in which my father's house, the last house, was. And it was a very pleasant little club to go and have a drink, and sit on a Sunday, and chat to people. You didn't have to watch the cricket, and I didn't. In fact, I said, "Could I have a reduction in subscription if I only keep facing the bar!" But they wouldn't have that!

How much annual holiday were you able to take in those early years?

You were entitled to six weeks leave. We never took more than a month, and never more than two weeks at a time, with one exception, when I had about 17 days, because we were going to Austria, in the car, with a couple of friends, and the two girls. But, otherwise, it was a fortnight. And then you'd come back, having had a fortnight off, and somebody else would be away, so you'd be working ... holidays, at that time, in fact, were more bloody trouble than they were worth, because you still had to get through 52 weeks work, whether it was yours or helping your partners, and you only had 48 weeks to do it in! It was a proper bind.

Now, I wonder now, if you could describe to me, what a typical day would have been like for you?

A typical day is a little difficult, because, as most doctors would tell you, Mondays was usually hectic, and Friday it was less so, because they didn't want to be, have anything wrong with them for the weekend. Yes, go to surgery, I'd leave home at about twenty past eight, it took me less than that, or ten past eight, it only took about ten minutes to get to surgery. I had to join the A34, which sometimes took a little while, because it ran through the middle of Walsall as well. Be there about twenty past eight. If anybody had turned up very early, on spec, you could see them in advance of main surgery. Do your surgery. One of the girls would bring you a sequence of cups of tea, most of which went cold. And then we'd have a chat, and do, do what we called, "do the list".

What time would surgery finish?

Nominally 10 o'clock. That was the appointments, half past eight till ten. But I always used to run over, because I took a long time. By that same token, I used not to see very many of the extras who'd come on spec, because my partners would have finished and seen them. But we were usually out of the actual consulting room by, let's see, half past ten, eleven.

Was this in the days of appointments?

Mmm. Mmm. Yes.

Did it differ from the time when you just had an open surgery?

Mmm. Well, you did have some idea of when you were going to stop, and you did have some control, because if you particularly wanted to get away in an evening, for something, if you weren't on duty, you could ask the girl to close your book, say, on this occasion, at half past five, and you could be away by six if you wanted to. That was entirely your affair. You didn't have to say to your partners, "I'm doing this", you just did it, and it was entirely your own affair.

Well, looking at that time, then, when you had open surgeries, would you still start at 8.30?

No, I think we started at 9 o'clock then, I think so.

And what time would surgery finish?

When the last bugger had gone home!

Oh, right.

Which might be half past eleven. And then you'd got visits to do.

And how many visits would you have to do?

Again, Monday morning, in the winter, there might be 25 or 30 new visits, split between the three of us, plus any chronic visiting.

And how did that compare with the number of people you would see in the surgery?

That, you might see, again, it would depend on whether you caught somebody who required a long time to make a diagnosis, or to reassure, or to get, start the ball rolling. But you'd probably see 15, maybe 20. It depends how quickly you worked, and I wasn't a particularly quick worker, out of choice. Then you'd have your

share of the new visits to do, which may not be shared out equally, simply because one of the partners said, "Oh, well, that's one of mine. I'll go and see her, I know all about her." Do those. Then you'd pick up any old chronics that you'd got to do. You had to go through the book, each night, and tick off what you'd seen, and put a cross if that was the end, and put a tick, and put the day you wanted to see them again. This is all your responsibility. And then you'd be back in the surgery at ... in the early days, it used to be half past five. And the door was nominally shut at seven, but, as I said, we didn't have a doorkeeper, so anybody who knew, just stood outside, and as soon as somebody opened the door and let themselves out, they slipped in. So your, when you thought you'd finished, you could look, open the doors at seven o'clock, and you'd see six more people sitting there.

So what time would you usually get home in the evening?

Again, winter and summer it varied. But in the winter, it may well be anything up to eight o'clock, before I, and that often meant I hadn't been home for lunch, either, because I'd come home about ..., I'd rather go on, and then I'd, when I'd had enough and couldn't be bothered to see any more chronics who would keep, I'd come home about three o'clock, half past two, three o'clock, and have something, and have a nap, and go back to work about half past five, until seven, plus whatever was left over at the end. Then, as I told you, we started the appointment system, which gave you much better control of when you wanted to finish. But you still had to see the extras, of course. There was no denying that people must be seen. But the people, on the whole, they didn't abuse that. Then we used to start at half past four, and nominally finish at six. Now, on a summer's day like this, people would make appointments and not keep them, and you could be finished at ten to six. Christmas Eve, of course, you always used to make appointments on Christmas Eve, right up till the full time. You could sit there, and you wouldn't see one of the buggers!

Did you offer any other kinds of services at the surgery?

Well, midwifery, we all did.

Minor surgery?

In my early days, yes. That Sunday morning, if you were on duty, you'd come in and take the odd cyst off somebody's head, or that sort of thing. But we would, if they'd got warts, you, we had a thing which was like a sparklet device, in which you put ... a big sparklet siphon, turned it upside down, and screwed it tight, and as the carbon dioxide came out, it caused a big plug of ice to form, which took a ... dry ice, very cold. Put that on, and did an application of that. That sort of extra thing, slightly. But we didn't do much. And it was not very satisfactory, because the risk of infection was too great. We hadn't got good sterile conditions.

Did you do any lab tests?

Us? No, we didn't need to, other than testing urines, of course, which is routine stuff. And it wasn't very long after I started there, because, before they started to get a variety of dipsticks for these things, using enzymes and so on, so that you could get an instant, somebody, you know, would pass a drop of water, stick a stick in it, and you could see whether he was diabetic or not, and even how, quite, how severely diabetic he was, in less time than it's taken to tell you.

How about things like advice about contraception?

Ah, that was very much later. We didn't get this, this was in the last few years, contraception. It came about ... women, particularly, wanted to get on to the Pill. And I'd always, I mean, I'd always offer them the choice. I'd say, "You can go down, you know, I'm a bloke, you may not want me to do this, and talk about this to you, you can always go down to the Family Planning people, that's all women down there." "Oh, I don't want to go down there, and sit with all the other women. I know you, doctor. I'd rather come and talk to you." And nobody, of course, knew what they'd come into surgery for, whereas they felt embarrassed sitting with ten other women, knowing what they'd all come for. There's that. And we also did, of course, when they came out, the smear tests, which we did at the end of surgery. One, two, three or whatever, had come, and wanted, they'd make an appointment and tell you what it was for, and that was done. And one of the girls would stay and hold the tray, and so forth.

Did you do any preventative medicine, in those early days?

You mean inoculations?

Yes.

Oh yes. Vaccinations. Then the measles, rubella, and all that sort of stuff came in by injection. We, the practice, did it, but, at that time, after a few years, we employed our own personal practice nurse, who was a qualified woman who came in in the mornings, took, I don't know whether ... she may have come in in the evenings as well, I don't remember, and who the patients didn't need an appointment, they could come up and show them a boil, or, or ... something silly, and she would either treat it, or call us in to have a quick look, and

say what should she do, which was a considerable help. And she would do all the children's inoculations, and record them for us.

Would patients ... [End of Tape 3 - Side A]

... rest, but they could, one could advise ... you see, it cost them nothing to come to the doctor, and it cost them two guineas to go to a solicitor. And the vast majority weren't, weren't truly practising Christians. There was, some of the Roman Catholics would get the most ghastly advice from their local father, and I had one woman who was in a terrible state. She was a devout Roman Catholic, only about 40, very fond of her husband, but frightened to death of getting pregnant, and couldn't, and found it quite impossible to take any contraception advice. So she lived in constant fear and trembling of what the priest had told her, that she must put up with it, or they must not have intercourse, they must do this sort of thing. Bloody Roman Catholic priests! Ugh!

Did you feel that you were always able to offer a good service?

I'd like to think I offered a good service. I don't know ... what I offered was much the sort of thing I've said. There were those to whom it ... it was suitable, others, it wasn't. They didn't see me. Went to my partners.

What was the most satisfying part of general practice?

Satisfying in what way? Do you mean whether I could make a clever diagnosis and feel smug? Or whether I had made somebody, talked to somebody long enough, so that they said, "I don't need any treatment now, I feel all right"?

Whatever.

Well, those sort of things made you feel much better. The best part was if somebody took the trouble to say, "Thank you very much, doctor", or wrote you a letter. That was the nicest bit. It wasn't very common, but I liked it.

What was the most frustrating part?

Dealing with the obtuse inadequates, or neurotics, who you'd explain, who still couldn't see what you were getting at, and you were beating your head against a brick wall.

Would they be mostly men or women?

I'd say mostly women. Mostly women, as I recall, although I might be maligning them, but they were, generally, I think, more troublesome in that respect. But that was the one thing, because you knew they'd come back again, and you were just beating your head against a brick wall. This is why so many of them eventually got things like Valium and so on, because you'd got to give them something, some good medicine. But you'd got to get them off your back somehow. They were very time-consuming, you see.

Were you always able to keep up with the reading of journals and books while you were in practice?

No. No. The consultants were, because their speciality was fairly narrow, and there might have been a few things for them to read, but I was supposed to try to keep up with the latest advances in medicine, an indication of surgery, gynaecology, and obstetrics, and dermatology, and bones and all the rest of it. And it was just impossible to keep up, keep abreast, even though one went on refresher courses, and lunchtime lectures. There was a time when you got some extra pay by going on refresher courses, and I used to go on one of those. That was extra to your holiday.

Who would organise these?

Oh, I don't know who organised them, but you used to get a long list from the Executive Council offices of what was on where and when, and ...

Was this when you first started in practice?

No. That didn't come in until a few years afterwards, when we got ... as you might call it, a performance-related bonus. It was related to whether you went on these courses or not. And if you went to a lecture, they were five days, usually. I used to go up to London because my sister lived there. And there were five ... Otherwise, you could go to lectures at the Post-Graduate Centre at the local hospital, and you could get a half point, or a point towards the number you had to have in a year, to qualify for your bonus. Eventually, as with all these things, you got the bonus without having to go on the course, which was, which was absurd! But there it was, it got consolidated.

So you just didn't have time to keep up with these things?

I didn't feel I had time to keep up with it, which is one of the reasons which made me feel I ought to retire. One likes to think that ... what one might call one's wisdom, improved, you know, how ... your knowledge of patients and their responses, and so forth. But you had to be very careful, and you didn't want to miss anything, and the standards of diagnosis were getting higher and higher.

Was it difficult to keep up from the very moment that you entered practice?

Well, it was, because, in a way, because we were, after the War, medical knowledge appeared to me, compared with the 50-odd years before the War, although I wasn't alive then, but, I mean, I know of them. You would know better than I! It seemed to take off, in an almost — [CANT CATCH - expotential? expedential? - 63] curve of, of ... new knowledge, and everything else. And then, as you must have discovered, you open, if somebody opens a door, a crack, into a new field, you've got more to learn than has already been learnt before, in that one particular branch. And then more doors opened, and so the demands ...

Were you a member of the BMA?

Yes, at one time. But I don't think we all, all in the practice ... gave it all up. Didn't bother any more. They didn't, we didn't feel it did a fat lot of good for us.

Were you a member of any other Medical Societies?

No. Only the local Medical Society, yes, I mean, the one that met in the Post-Graduate Centre, and had little parties and dinners and lectures and so on, you see, that's all.

You said you weren't a member of the College of GPs.

No.

Yet you would have qualified ... just before ...

I could have got ...

... that it came into being.

I could have got on without taking any of their examination things, you see.

Why didn't you want to?

What the hell's the good of putting extra, I never use the numbers after my name, unless I absolutely have to. M.B., B.Ch.. Why do I want MRCP, all the rest of it? Not MRCP, but ... that's the Conjoint Board, of which I took three parts and got two parts, I used it as a sort of refresher. No, I didn't want any more letters after my name, why the hell? It didn't mean anything. It was as big a load of rubbish as my M.A. at Cambridge, you see. Do you remember "Professor" Jimmy Edwards? Do you remember Jimmy Edwards, the comedian, who died? He used to call himself "Professor" Jimmy Edwards, M.A. [Cantab.], five guineas the lot! Everybody thought it was a joke, but it was the truth. You see, after eight years as a B.A., you paid your five guineas and you became an M.A., bom bom! And that's, and that's what I thought the College of GPs would have done, if you didn't have to take an examination, and I wasn't prepared to take any examinations, anyway. I told you, 1940, end of exams for me!

Don't you think the College have been helpful to improving the status of GPs?

I'm sure it's been helpful in improving the status and the standards in all sorts of ways. The friend I mentioned, he was, he's a great teacher, and he was involved with post-graduate teaching for a long time, as a general practitioner, and he used to ... he organised courses, did all sorts of things. He's a very ... well, clever, in the best sense of the word, chap, as well as being intelligent. And, but, I'm sure they've done a great deal to improve things, and to get general practice ... recognised as a proper entity, and not the ragbag of doctors who couldn't do any better, just as the Army used to be before the War. Medical ... what's the word I want? Military doctors were not regarded highly in the thirties. After the War, when they'd had experience of ... proper civilian doctors, and had continued the practice afterwards with, not just me, but such as myself, doing National Service, and then trying to encourage a better class to come into the Services, they were no longer looked down upon.

Did you ever get involved with any of these research projects that the College would have instigated?

Oh, yes. "Will you do this for us?" Oh! Do you mean the onset, the ones that were done from Oxford, by Professor ...

Any. Any sort of research project, really.

Oh yes. I was, in two, like most doctors. You remember that Doll, Professor Doll, that's who I'm thinking of, he's still alive, in his eighties. Yes, when they were first doing the influence of smoking on cancer of the lung, I became ... joined in that. I think I would have joined it anyway, being a doctor, I mean, we all were. And I was one of the non-smokers. And that finished after about 20, 25 years. And then he did another one on the, on the incidence of seeing how the effect of aspirin on reducing the incidence of myocardial — [CANT CATCH -- 116 - invarction - ph], and I joined in that, and I agreed to be ... not to take aspirin. My partner wouldn't, he said, "I'm not, I'm going to take aspirin. If it does any good, I'm not going to risk it." But he hasn't had his coronary yet! And I did a non-aspirin one, and that was five years, I think. I didn't have any aspirin for five years.

Did you get involved in anything else like that?

No. Those were the only two big schemes that, I think, I was involved in. But the only other sort of things were non-, they couldn't call them research, you know, in the days when they were much laxer with the drug firms, who'd come along and say, "Doctor, would you, you know, fill in these, and tell us your opinion about this?" But they weren't worth the paper they were printed on.

Just moving on to ancillary staff now. When you first joined the practice, what sort of help was there for you?

There were two sisters would work for us. The one, I mentioned the elder, Margaret Conway was one, and her younger sister, Wendy. All they did was stand at the little window and take the patient's name, and a card, and find the cards out of the filing system. In those days, you used to give the patient their cards to bring in to us. That was a bad thing. And then that was all stopped. And now, of course, it's back. Patients can read everything that's written about them on their, on their cards, if they want to. They'll wonder what was WOBT on my cards, I'm sure, which stands for "Waste of Bloody Time". And GKO, of course, is "God ..." GOK is "God Only Knows", if you didn't know what was going on, which was often the case. You'd be surprised. That's that. All we had ... mmm. Then much later we had ... Mrs. Conway stayed with us all the time. She still works there and looks after certain aspects of the practice. She's a bit older than I am. And then we had our own, gradually, I don't quite know the times. Then we had, we had appointments, so then we had a woman who did the appointments only, and had her own phone line, and looked after appointments, entirely. Another one who looked after the incoming patients. And we had our own practice nurse. And then we had, again, later, at various times, ancillary staff attached, paid for by the Local Authority, a midwife, who would be "our" midwife, and would turn up to our ante-natal clinics.

Was that in the sixties?

Probably. Yes, late sixties, I should think, yes. Yes, must have been. And they gave us a health visitor, who didn't just look after our practice, but would come and see us once or twice a week, and take any patients, help us out with the ... getting new gear for old patients, they knew the ropes. And we had a district nurse.

Did you have contact with these people in those early years, when you first joined?

Not directly. Only the district midwives when you went out. You'd meet them there, and there were several you got to know quite well. But we didn't, that wasn't done. This was a new venture by, by the expanding ideas, the more liberal ideas of the Health Scheme, in [CANT CATCH - 165], not this same time, but in the same way that we gradually got open access to the X-ray department, and the path. department at the hospital, so you could do more and more for yourself.

How did you get on with the midwives in those early years?

Perfectly well. Perfectly well. I don't remember, I mean, getting into any difficulties with midwives. We had some pretty hairy bits of midwifery to do! But, I wouldn't want to do it again. And I'm glad to see that it doesn't happen now, or shouldn't happen, except in a hospital, properly equipped, the things we got up to.

Talking of Local Authority workers, did you have much contact with the Medical Officer of Health?

Only when we needed to, to tell him anything. You see, you were supposed to report absolutely every case of gastro-enteritis that came into the surgery. Absolutely ridiculous. They'd come in, and you'd give them a bottle of kaolin and morphine, and they'd be better the next day. And by the time you'd have got, they'd have got round to seeing the patient, they wouldn't have known where they bought their ruddy pork pie from!

What were GPs opinions of the MOH?

Oh, mine was perfectly, as far as I know, perfectly all right, in those days, when they were called MOHs. They're not any more. They used to be helpful when you wanted them. And if you got something which really required them to look into, or somebody came back from holiday, and had got the diarrhoea, then they would look after it as a possible typhoid, or ... one of the typhoids, A or B, or a severe dysentery, or that sort of thing. They'd do that all right.

Were there any Local Authority clinics in Walsall?

Oh, lots. Well, I say "lots", yes, there were. There were the ante-natal clinics, where they could be seen by the midwife, if you were, your midwife, if you weren't seeing them. And there were Local Authority clinics well before the War, for the poor.

And who were they staffed by?

Nurses they employed, before and after the War, by the Local Authority, or later, by the Health Scheme, you see. At least, yes, I think they would be run by the Scheme. I don't know, I never had much dealings with them. But they would be there. And there was a local ... who was a ... Local Authority dentist, you see, this sort of thing.

So there were doctors employed by the Local Authorities?

Doctors, dentists, nurses, were employed by the Local Authorities. Assistant MOHs would go round and do the clinics, and do various things. This all developed gradually. There were parts of this before the War. Don't forget, before the War, I was only in my ... very very early and pre-teens. Very early teens. So I didn't know much. I never had to use them, because we were all, my mother and father were never poor enough not to have the doctor go if I got trouble.

Did GPs consider doctors who worked for the Local Authority, in any way inferior to themselves?

Oh, that's an unpleasant question to have to answer! Sometimes may have thought that their suggestions were a little bit peculiar, but you have to recognise, if you are honest, and they were in a different field of medicine from the one in which you were working, maybe complementary, but we were working in different ways, and with different restraints. They had things they could and couldn't do, more than I had.

There was no feeling of resentment because they had a nine to five job?

Ah, I've always laughed at people who have a nine to five job! Not that I wouldn't have liked one myself! Yes, in a way, we, we did, you know, they were nine till fivers. But, I don't know, resentment's too strong a word. Minor envy! But, in my own defence, I am not a man of envy and jealousy of anybody at all, for any reason. It just doesn't enter into my emotional scheme of things.

Did you ever hold any kind of hospital post, while you were a GP?

No. No.

Was that through choice?

Yes. I'm not, I didn't think I was clever enough. No, I didn't. One of my partners did, and still does, or I think he may have given it up now he's retired, but he worked in the skin department. But I never did anything. Clinical Assistantships they're called.

Just moving on to the local hospitals now. How many were there in the area?

In Walsall?

Yes.

Three. The old General Hospital, self-explanatory. Another one, slightly bigger, called The Manor Hospital, because it was on ground behind which the old Walsall Manor House used to stand. And, and a third one known as Goscote, which had been built before the War, new, in the thirties, as an isolation hospital, in the days of tonsillitis, sorry, scarlet fever and diphtheria, and such things, and later became a tuberculosis hospital, a sanatorium. And then closed down as that, and was opened up as a GP type geriatric hospital, later. Those three were the main ones. There was, there was ... a home for the mentally deranged, I don't, the lunatic asylum. It was known as Barr Colony which... but, I didn't have anything to do with that, but it was a hospital in the area, looking after the epileptics, and the mental defectives and things, whatever you like to call them, in those days.

What was the procedure for getting a patient admitted to hospital?

Phone up the houseman. Whichever speciality you wanted, phone him up, if you could get hold of him, explain what was the matter, and not to take no for an answer, and bully the poor devil into taking him in. If you didn't get it that way, then you phoned up the consultant and said, "Look here, your houseman just refused it. I've got so and so, so and so, and so and so." The consultants knew their general practitioners, and knew those that were better and those that were not so good. But if the houseman couldn't possibly have been there a week, he couldn't possibly know.

What sort of relationship did you have with the local consultants?

Very good. Very good. I knew several of them very well, and got on very well with all of them. I think that's true.

Did they show interest in the work of GPs?

Yes. They were very supportive. I got a great service, I think, out of all the consultants I used to use, and physicians. Yes, any of them were always ... they did their best. They got paid for coming out, and I must say that I made considerable use of the domiciliary visiting service. It was, in it's later date, an excuse for getting, jumping the waiting list queue of outpatients. But I didn't get ... that pricked my conscience, I mean, if my patients needed to be seen by a consultant, and I wasn't doing very well, then I got them to come out and have a look.

Do you think that they felt superior to GPs, in any way? I'm thinking of those early years of your career.

I never noticed it. I mean, I, I, you were a GP, they were the consultant. They knew a great deal about, say, abdominal surgery or cardiac surgery, but they hadn't the faintest idea about midwifery, you see! So you were, unless he was a gynaecologist, who didn't know much about medicine. Although they were all pretty erudite,

don't forget they'd all qualified in medicine to start with, and then they'd taken on their speciality later. But, no, I didn't feel they treated you in a superior fashion. It wasn't worth their while, because [a] they would like to, to keep ... maybe you would send them some private work. And [b] ... I don't mean that in any nasty way, but it's no good antagonising general practitioners, you wouldn't get any private work. And a lot of them were what were called part-time consultants, which meant that they did 13 sessions a week for the price of 11. Do you follow? Eleven half days. Sorry, eleven ... no, eleven half days for the price of nine. They got paid for nine, and they made up the difference. So they wanted private work, and they wanted domiciliary visits. So that was very nice.

Just moving on to your family again now. You had three children. Were you able to share the responsibilities for bringing them up? Or were, or because you were out working, were you away from home a lot?

I was out of the house a lot, except in the summer. They were at school, don't forget, as well. Obviously, most of the upbringing devolved upon Betty, because she was at home. She would take them to school, for which she had a little car, and fetched them back. But I used to have games with the girls, and play with them, and all sorts of silly things. And we had a nice garden. We'd take them out all together, as a family, as often as we could, if I'd got this nice afternoon and I was not working, we'd go out and do something. We'd go out fairly early in the morning and, very fond of coming over to Cannock Chase, which is only about half an hour from Walsall, and go for a, a walk, and fun and games over there with the kids. And we'd come back early in the afternoon, when everybody else was just getting over their Sunday lunch and driving out the other way! So we had no troubles with traffic. Stop on the way at a pub in Brereton. And, that used to make us laugh, because the girls used to have a bottle of fizzy pop, and some nuts and raisins in the car, while we had one in the pub. They used to be giggling like you'd given them two bottles of champagne! They were so giggly after that! I don't know how it worked, but it always did, without fail! They were very giggly on the next 20 minutes, half an hour's journey home. Yes, we ... I ... I think I, yes, the second one, the one who's turned out to be somewhat inadequate, was extremely fond of me, more so than Susan, the elder, who didn't seem to require quite so much tactile love and attention as Dorothy. Ellen, she calls herself now, did. She wanted to be cuddled and held all the time, and liked it. And Dad, she'd come to me for a lot of things. I think I had some influence on them. I hope I did.

How did general practice affect family life?

Oh, it's a bind. You see, somebody would phone up and say, "Can you come to supper on such and such a day", and before, if it was Wednesday, she'd say, "No, Malcolm's on duty, he can't come out". Well, I could, but it's a darned nuisance altering your telephone, and getting it fixed up, and then coming out in the middle of a meal. And, no, then, she'd perhaps have to wait, and say, "Come at the weekend, can you?" She'd have to wait until I got home, and ring them back, to see if I was going to be on duty or not on duty. And it, there was no instant answer to somebody who's on a 9 till 5, or 9 till 6, who could say yes to anything they liked. That was a, could, it did get in the way, yes. But then, you know, that was general practice, you had to put up with it.

Would you have been happy in a 9 till 5 job?

Well, I don't know. I've never done one. As I've indicated, a long time ago, the only thing I ever wanted to do was go into medicine, so one had to accept all the barbs that came with it. But every job has those. And so I suppose if I could have a 9 till 5 job in medicine, yes, but I didn't. I was a general practitioner. The only 9 till 5 jobs that I know of in medicine, of practising doctors, were dermatologists, you see, who didn't, you don't get acute dermatological emergencies at four o'clock in the morning!

Just a few questions now to sum up. What would you say was the biggest change in general practice, during your career?

During my time? Well, well, the sudden increase in pay that we got when we had the fight with Harold Wilson. You might remember that. We all, when 17,000 out of 20-odd thousand, gave in their resignations. Mine was there as well. Which came to nothing. He gave us the rise. That was a big change in, at least, in our, the status improved ... there was another big fight, when they absolutely ruined the pension scheme, we were paying superann., and the government were just wafting it into it's general funds, and paying us a notional 2 per cent per annum. Then we, we had another big row about that, and got it straightened out. And they, so the superannuation became quite a respectable thing. And they gave you what were called "dynamising factors", so that your low level that you paid, was multiplied by a factor of four or five, and it increased gradually each year. The other changes, those were two big, dramatic steps, but the other changes were not financial ones, was the gradual increase in things that one was expected to do, whether you got paid for them or not, and the gradual broadening out of the general practice field, and having more that you could do for yourselves if you wanted to, and the free availability of access to the hospitals, and a nice, understanding consultancy staff, which gradually improved. But there was no particular sudden point at which it all happened.

What would you say you are most proud of in your life?

Oh, dear oh dear! That would be, again, I'm not ... don't ... have a great deal of pride, in that sense. I really can't think of anything. Yes, perhaps, when I retired, I got dozens and dozens of ... it is a lot, when you think of the number of people. Dozens and dozens of cards, saying "Thank you very much", and "Happy Retirement", "Sorry you've gone", and lots of little presents. And that made me very happy, to think that there are some people who thought enough of me to give ... to think I'd done them some good over the years.

And, finally, what have been the worst and the best things in your life?

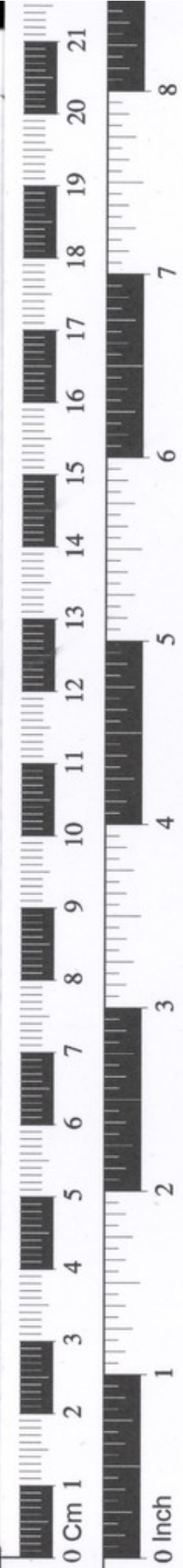
In my life? My whole life? Well, I suppose, do you mean professional life, or life as ...

Life as a whole, including professional life.

Well, I suppose, looking back on it, it sounds ever so trite, but getting married to my old woman! We've had 42 years. It's been pretty good.

And the worst?

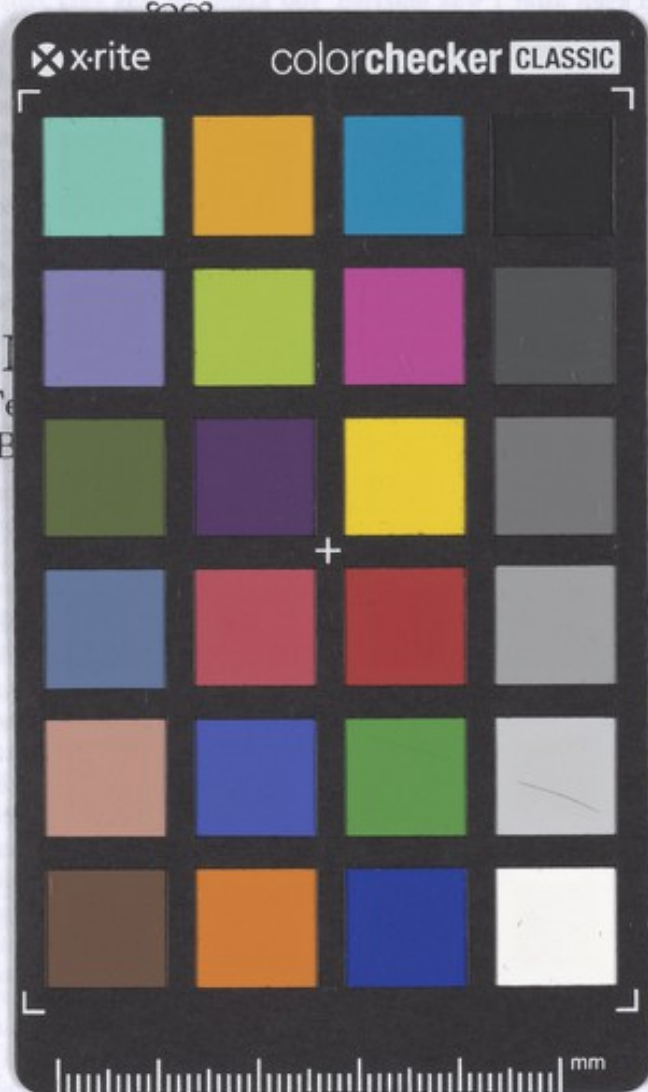
I suppose, again, one ought to say things like the early death of one's mother, 53. I'd just, I'd just come into general practice in the November, and she died in the December, you see. Cancer. And then my father, and then my sister. All my family have gone. But, on the basis of the old adage, "It's an ill wind that blows nobody any good", if my sister hadn't died, I might still be working.



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TORY OF GENERAL PRACTICE, c.1936-1952



manuscript of an interview conducted by:
Dr M.J. Bevan