

Frank Boon, Rotherham

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CONTEMPORARY MEDICAL

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

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Catalogue No. 8

Frank Webster Boon

(b. 30 November 1913)

MB BS (Druham 1935)

MRCGP (1958)

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Transcript of an interview conducted by:

Dr M.J. Bevan

Well, Dr. Boon, could you tell me when and where you were born?

Yes. I was born in Gainsborough, Lincolnshire. My father was a chemist there, and I was born in 1913, 30th November, 1913. My father was a chemist there, as I say. And then ... along came the War. My father's health broke down. I don't know what was wrong with him, but he was, he was in business, but he had to, he had to sell up and get out. And he then went to stay with my mother's people in, in Pudsey, Yorkshire, for a year, and ... he then began to pick up, decided he wanted to go back into his, as a chemist, and he looked around for a place and a, a quiet business, and he selected Kendal, because it was, the business that he took was pretty flat. And he thought, "Well, I didn't want a lot of work." He didn't feel up to it. But it grew and grew and grew until he had, at one time, about five or six chemists working for him. He prospered. And that was that. But, really, fundamentally, my education, my ordinary education was in Kendal, and, and eventually, Kendal, it used to be known as Kendal School, I don't think it's, it's never been called a Grammar School. It wasn't a, it hadn't had foundation. At any rate, I was very fortunate. I managed to get free education, by being top of the form for all the schooldays, which gave me free education, and if I hadn't, my father would have had to pay. Well, eventually, I wanted to do medicine, and I had to take some, do some training for the last years at the school. But I took the exam, well, my father wanted me to go to Edinburgh, and I tried Edinburgh, they wouldn't accept me at that age. They said that, you know — [INAUDIBLE - 027], but Newcastle said, and I had a cousin qualified in Newcastle. Newcastle said they would take me if I would, first of all, go for an interview. So I went for an interview, an interview with the Dean, at that time, Dr. Stuart MacDonald, and he said, "Yes, yes", he would take me. Well, in that form in Kendal, there were two other, two other doctors, one of them, one of which was practising there, also went to Newcastle University, Alan Rutherford, and another one called Bickerton, who is now in practice in Durban, South Africa. And, as I say, going back to myself, when I got into the Medical School, there was another chap who was, sort of, the same age as myself, younger than the time, and he was called, he was Alex, Alex Russell, the paediatrician. You've heard of him, because there is a syndrome named after him. He was at that time, he was called Rosenblum, he was Jewish, I presume it was because it was advantageous for him to change his name, so he did. He's now got a terrific job in, in Israel, running the child health out there. He's still got, got a house in either Harley Street, or Wimpole Street, I don't know which. He's done awfully well, though. But we shared the first body that ... came for dissection. And we're still pals. Well, actually, when I completed the Medical — [INAUDIBLE - 045], I couldn't take the final examination with the rest of my year in the midsummer, I had to wait until the end of the year.

What year would this have been?

It was in 1935. And I took it in 1935, and the, at the end of the year, and, and then I qualified. But before that, I had had training with a very well-known surgeon, Gray-Turner, the father of the Gray-Turner who became the, the Secretary of the BMA. He's now dead, poor fellow. But Gray-Turner was a wonderful surgeon, and a good teacher. A bit of a showman, but he was all right. And then after that, very, I was under Professor Hume, on the medical side. Well, in November 1935, whilst I was working as a, a houseman for Hume, he's, his house physician, a chap called Bill Bousfield, was sent for to take over as ... uncle's practice in Wooler (??) in the extreme north of Northumberland, his uncle had died suddenly, and it was probably a coronary, and so he had to go off quickly. And, which left them without anybody. Well, they made a new appointment in the January. Well, I was asked if I would deputise, and obviously I couldn't prescribe drugs, anything that had to be done like that, well, anything out of the ordinary, some girls had to okay for him, when it was — [INAUDIBLE - 073], so that's when I got to know Professor Hume rather better. And I got there in Christmas 1935. When he came into the ward with his wife and family, which was the custom in those days, Basil Hume was one of the, the children. And that's when I got to know Basil Hume. And, once again, we were all friendly, because I was always friendly with Professor Hume. We used to write Chapter House Pond (?? ph - 78) to him. But when, when he died some years ago, a bust ... — [CAN'T UNDERSTAND - 79] all with the correspondents with him had, to, to Cardinal Hume, for the family. Because otherwise it would be lost, otherwise, and I didn't want to — [CAN'T UNDERSTAND - 79] At any rate, the next thing, the next thing was, after qualification, I did a job as a, a House Surgeon in orthopaedics for sick ones, with another chap, Tchang Shai Goptom (?? ph. 82), is in practice there now, and we did this orthopaedic job. It was quite a busy job, it was a lot of practice on Tyneside, and we had very busy fracture clinics, and we were kept going. It was quite a, quite a, a tricky job. At first, I didn't want it, but, looking back at it, I don't think it did me any harm. And then, having done that, the next thing was, I was in, became a House Physician, at the Royal Victoria Infirmary again, Newcastle-on-Tyne, to a fellow called Hall, Professor Hall. And, well, I don't think he was, I don't think he was a professor at that stage, George Hall. Well, having done all the six months, and finished all that, in — [CAN'T UNDERSTAND - 93] that would take me through 1936. At the beginning of 1937, I decided to do some locums at first, and I applied and got a locum at the Royal Albert Institution for Mental Defectives, it was then, in Lancaster. It's a place that takes about, it took over a thousand of these people, but in grades, you know, the high and low grade defectives. And, really, they didn't want a medical man, they wanted a, one with a medical and dental qualification, to do

the, to do the job. Well, all I could do, was, if they had toothache, was pull the tooth out. [LAUGHS] — [CAN'T UNDERSTAND - 102] I mean, I ... emergency dental treatment! Well, I did that job for three months. And once again, the Superintendent, not that this is anything to do with it, was also a Newcastle man. I'm saying, at that time, when I was up there, it was not Newcastle University, but Durham University. But I am MBBS (Dun.Elms), not everybody has Newcastle-on-Tyne, and so, any rate, it was one of those things. But then I worked on, did a number of locums, locums, all over the country. I did one in Pilor (?? - 109 sp.) on Tyne, you know, Pilor Poliss (?? ph. 110), and I did another, another one in Bolton, for a fellow called Stirling, and then I did one in Sedburgh (?? -ph. 114), and I also did one in Much Birch, which is half way between Hereford and Ross-on-Wye, a chap called McGann (?? ph. -115). That was quite a long one I did there, I think it was about three weeks. But then I went to a practice in Sale, near Manchester, Sale, Cheshire, in actual fact, a fellow called Hunter, and I was there for ... it was over a month, I think it was about six weeks altogether. And then, I began ... yes ... then eventually, I thought, "Well, I'll have to get an assistantship." So I looked around, and I got into a practice in Derbyshire, with a fellow called Sinclair, at a place called Eckington (?? ph.), it was a small mining village, about half way between Sheffield and Chesterfield, and I was there for the best part of two years. Well, it was two years. It was ... you weren't, you didn't have a hospital nearby, the nearest was at Sheffield or, or Chesterfield, so you had to sort of cope with a lot of things yourself. We did more of the, more minor surgery there, than is ever done now. I mean, circumcisions were always done. I used to do circumcisions, you see, as they occurred. Also, the maternity, you had to do the whole damned lot. You'd got to see it through, because otherwise, it was a bit of a job. You couldn't get anybody out from Sheffield, you'd have to send the case in. At any rate, it was, it was quite good. Sinclair was a very nice chap, and it was quite an instructive practice. And it was, I'm saying small, Eckington's a small place, and it was then, it was smaller. It's larger now. But we used to go out into the surrounding country to farms and outlying places, and in winter time, it could be difficult, the snow was often waist deep. I mean, sometimes, you had to leave your car and walk for, get as best you could on foot, to a farm. You'd have to, probably have to walk for quarter of an hour, twenty minutes, to get there, and to get back. But it was quite good, quite good. And, in those days, you will appreciate, we did our own prescribing, all our own prescribing. And ... it was mostly ... we had a branch surgery at a place called, a place near Mosbrough, which is a bit further towards Sheffield, we had a branch surgery there, and we had all stock bottles with, what shall I say? The stuff was concentrated, and you put in about a 1:8, we put in a, some at the bottom, and filled it up with water, and handed it out, and that was that. They got the basic ingredients, and it seemed to be all right. And ... none of them were any the worse for it, anyway! And ... there were some funny, there were some funny characters there, I remember. Because I remember, there was one chap there, and he was a simple sort of — [CAN'T UNDERSTAND - 169], and one day, he went, he went to a mill where they had a sort of pond, water to use in the mill, I presume. And this pond at the back, there was a, a man fishing there. So the fellow said, "Well, what have you come for?" And the fellow picking (?? CAN'T UNDERSTAND - 174), this chap says, "Oh, I'm gonna commit suicide." So the fellow said, "Well, then, don't do it at this end, you'll disturb the fish." So the fellow went to the other end, and he, he walked in, until he was waist high, and then he came out again. So the chap said to him, "Well, what, what are you coming out for? I thought you were committing suicide?" "Oh," he said, "the water's too cold!" [LAUGHS] Well, eventually, he did actually commit suicide about a year or so later. And I was sent for. When I got to the house, this chap was, was there, he'd hung himself on a beam. He'd had a chair, and he kicked it away, and he'd got this ligature round his neck, a scarf he'd used. And so I said, I said to the, his mother, I said, "Give me a knife and some scissors." They said, "What for?" I said, "I'm going to cut the scarf and get him down." She says, "Oh, you can't do that, it's a new scarf." [LAUGHS] I'll never forget that! But, on the whole, it was, it was quite a good practice, because we, we really had to do an awful lot. You're much more of a general practitioner than you are now. You really had more medicine. You had to be on your toes. However, ... after, after that, when it got to be, what was it? 1939 was the year of the War. When it got to 1939, at the beginning of the, of the year, I thought, "Well, I, I've had enough of Sinclair. I've been here two years. I'll, I'll drift on." So I got out, and I went back to locums. And I went back and did a locum for ... the fellow in Sale, that practice. I rang that up, and they said, Yes, they'd take me straightaway. Well, I went there, and I was doing a locum for this fellow, and it wasn't straightaway, but I know I did locums again. But I went to this, this chap, and I was there when War was declared. And I remember that we had to, the black, you know, we had to get the black out. And he'd got a sort of entrance to his house, with a sort of ... glass over the top, so they got the daylight through the glass. And when we had to black out, I got up and went to paste this out, or something. And I remember when this fellow came back, he was most annoyed at this, until he realised he had to have something done. It was really quite a necessity. [LAUGHS] That was my — [CAN'T UNDERSTAND - 219] I'd done. So that was a ... well, that was a ... Oh! Then I decided I wanted to get into the, into the Army. I thought, "Well, War is declared and I, I'm, I'd better go in the Forces." I was, it wasn't because of Poland, but it was really, I was against Hitler because of his treatment of the Jews, in particular, and the race, racial policies that he had. So I, I went to the BMA, the

British Medical Bureau in Manchester, who'd helped me with my locums, and said I wanted to be in, and they said, "All right." Well, sure enough, I was sent for shortly after that. Went for the medical examination to York, and was then ... called up. Went to, went to Crookham (?? - ph), did a little bit of squad drill, and what have, and then I embarked, and was sent over to Egypt. We went across the Channel, and then we, we had the railway to, to Marseilles, and then we had a ship across the Med., to Alex - Alexandria, and so to Cairo. When we got to Cairo, I was posted then as the Regimental Medical Officer to the Highland Light Infantry - the HLI. I think it was. I think it's been disbanded now. I don't think it's called that, it's something else. But it was HLI then. And they were stationed at the Citadel in Cairo, and that's where I joined them. Well, in the Citadel, it was almost like in peace-time soldiering. When I, I had my sick parades and things, there was also a lot of Regimental activities, it was very very pleasant. For example, once a week, they used to have a guest night, and ... if, if there were guests that the, the Colonel used to invite people to choose the pipe tune. He'd say, "Can you choose a pipe tune to fit in with this?" I think it was to keep his officers on their toes. And I remember I had to do the selection once. In addition, they, they used to have the Scottish dancing, at which they were very very good, and they used to do these dances, and they were really excellent, you know. And they used to always have these on the pipe night. Right, then we were moved from the Citadel, to a barracks in the middle of Cairo, — [CANT UNDERSTAND - NAME OF BARRACKS - 264], and then we were posted out to the Western Desert, and we went to a place called Mauseimatroo (ph. 265) We were there, and eventually Italy came into the War, and we had to go up on to the border, the Libyan border, and do patrol work. We were also, we were ... [BREAK IN RECORDING] So, we did, in fact, have some casualties. The most serious thing I had to treat was a fellow who got a, we were — [CANT UNDERSTAND - 275] an aeroplane, an Italian plane, and this fellow got a bullet in his back, and I did the, did the necessary and got him back to base. See, I don't know, after, I don't know what became of him, but that was the worst. We hadn't any fatalities. Well, eventually, we were taken back to ... to base, which was, in fact, ... what's that place on the Suez Canal?

Port Said?

Port Said. We were taken there, and that, that was where we were. Well, when I was in Port Said, as I was the only Medical Officer available, I had to give medical attention to all the troops that were there. These were Australians, New Zealanders, plus the HLI, and that was, had some interesting experiences there, because my medical orderly was a fellow called Malcolm, and Malcolm had a girlfriend there, he said he was married to her, I don't know whether he had got married, but he said, "If she wanted medical attention ..." could I give it. So I asked the adjutant what I should do. And he said, "Well, you can go there, but you mustn't, you can't give her any, any military treatment", he said, "what to do is up ... you have my permission." So I got there, and this girl was lying there, she was obviously having an abortion. So I said to her, she couldn't, she couldn't speak English, so I said to Malcolm, "Well", I said, "she can't speak any English", I says, "Can you speak her language?" He says, "No." "Oh", he says, "you don't need to!" Anyway, I kept her, I kept her in bed for a few days, and it settled down, and it was all right. I'm saying abortion, it might have been a threatened abortion, but she got over this, this affair. Then ... all of a sudden, I was asked to accompany a lot of evacuees from Egypt to South Africa, because, at that time, the Germans were pressing, Rommel was pressing down through the rest of (Western?? - 316] desert, and they were coming down through the Balkans, another one. It looked as though Egypt was going to fall. So the British Government said, "Take all the British wives and children, and dependents, to South Africa." And on this trip I was on, I don't know how many there were, there must have been, what have you? It was a full load, possibly 100, 200, 300, I don't know. But I accompanied them all the way to South Africa, which was just as well, because the, besides moving up to the passengers, I had to also attend the crew, because the ship's doctor was a drunkard. I think he got, I think he got thrown out eventually. But I know I had to send a fellow ashore, one of the sailors, with appendicitis, at Mombasa. But, having got to South Africa, at Durban, we put this lot ashore, and I was, I had time then, in Durban, I was there for, I forget how long, it was quite a bit of time. I was able to visit a few of the places inland as well. Then I was put onto the, onto a ship, and dropped off at ... in Kenya, and I forget the name of the port, but I, then I had to go up, go up all the way to Nairobi by rail, and when I got to Nairobi, I seemed to be there for ages. I got fed up with it, and asked to see the, the DDMS, and he said, "Well," he said, "it's really difficult transporting people, getting people moved, individuals." He said, "There is a War on", he said, "but I'll see what we can do." Well, it wasn't long before I got a movement and I was taken back, and shipped back to Egypt. And when I got there, I went to Cairo to the DDMS for posting, and so I said, they asked me what I'd like to do, I said, "Well, I want to go back to the HLI." "Oh," he said, "You can't do that now." He said, "They've gone to a different command." They were fighting up in Eritrea, or some place. He said, "We can't just send you", he said, "you can't go." However, I got posted to Alexandria, and then I was, eventually we came ... Oh! I had transit camp at Sillibish (??ph - 366], which was a huge camp. It had a capacity for about 10,000 troops. I don't, I don't think it ever had that, but it ... I had to give medical attention to all those who hadn't got a Medical Officer, and it was a fairly, it wasn't a very heavy job. So I, I was attached to the 64th General Hospital there, and I went along there, and I ... did a part-time job

on the wards, working for ... the fellow who became Professor of Medicine in Birmingham University, Melvin, Melvin Arnott. Have you heard of him? Sir Melvin Arnott. And I was working in his ward. He was a splendid fellow. And I used to do this thing, and he, he also had a, a class, a tutorial, once a week, for doctors around, in the Services, who wanted to go and attend this thing, to keep them in touch. Well, besides doing that, I had to go out. They gave me a motorbike, and I had to ride around Alexandria, and along the coast, and inspect personnel war camps, and one thing and another, and keep an eye on the whole set-up. Well, I got a bit fed up with being in the base at Alexandria, and I volunteered for everything, including Crete. Fortunately, I didn't get it, because it fell not shortly after that. And then it came up, I got a post for malaria. Well, when I got the appointment, I had to — [CAN'T UNDERSTAND - 400 - LAUGHING] this officer, the Brigadier, and I told him, I said, "Well, I don't think I'll take it now." "Oh", he said, "Good Heavens!" He said, "Well, take the damned thing", he said. "I'll make a bargain with you. If after you've been in it three months, you don't like it, I'll, I'll switch you." "Well," I said, "thank you very much." Well, actually, I found it was interesting. I was posted then to Palestine, to a place called Tabakurtan (?? ph.409), which is just near, just North of Tiberius, and this malarial laboratory, which was a fever laboratory, and I'd got some pals there, a fellow called Robinson, he became a Professor of Virology at the London School of Tropical Medicine. He's now living in Edinburgh. And I used to go out and do malaria surveys, and one thing and another. Well, it was quite good, actually. I was there for quite a time. And then, eventually, when they felt that I was sufficiently trained, I went up the Western Desert, I'd had to give malaria talks, you know, anti-malaria lectures, to the troops there, which consisted of ourselves and various other - Americans, and everybody, anybody. I had to give ... to address them all. And one of the jobs I had to do, the worst job was, I had to do a, a malaria survey of the — [CAN'T UNDERSTAND - 436], and that was frightening, cos you never knew when you were going to step on a bomb. I walked in these irrigation channels, fortunately, I don't think it — [CAN'T UNDERSTAND - 440], wasn't too, there wasn't any danger really, not from that. At any rate, whilst I was up there, I was suddenly sent for, and whipped back to Cairo. I was told that I was to travel back to the UK for special posting. I said, "All right." So I got in to the, a Liberator aeroplane, and I was lying in the bomb racks, cos the other people are just using it for transportation. And we went to, we flew to Malta, and we had a touchdown there, and we flew into the south. And on the way, there was a, I think he was getting a, the Irishman's rise, getting kicked upstairs, the Brigadier, and this man was very rank conscious, and the people in the, the passengers on the plane, they weren't all anywhere in the Army, and some were Americans. Well, one fellow had been flying planes out from America. But this chap, the chap who was in charge of the aeroplane, the flying, Flight Officer. He said, "If you want to smoke, you can go to smoke, you can do so, but go to the rear of the plane, to the, to the loo, and you can have a smoke there." Well, the Brigadier, ... [End of Tape 1 - Side A] — [CAN'T UNDERSTAND - 1] However, that was just an incidental. But when we got back to the UK, I went to the War Office, and they told me I was going to join the Canadians, as Malaria Adviser to the Canadian Forces, in the invasion of Sicily and Italy. And I went to a room where they gave me a lot of, all the gen that they had on malaria, and one thing and another. Then I went, I was posted up to the assembly area, which was in the South of Scotland, and I joined the Canadians there. And the first place I, I went to, was Drumlanrig, not very far from Dumfries, that way. Well, I joined them there, and I gave them anti-malaria lectures, and I went up to Crieff and, with a chap up there, and tried my best. And then, eventually, we got on to a convoy in the Clyde, and we were sitting there for about eight days, and all of a sudden got instructions to go. Well, when we got to Sicily, I landed with the ... it was D plus 1, when I got off, into Sicily, I think it was D2 when I went up into Italy, and I had to drive around the countryside and try and work things out, as it were. Well, fortunately, Mussolini had done a good job on malaria. There wasn't all that about, and I don't think we, we lost anybody. I think we kept it down with the, what with Mussolini's efforts, and our own precautions, it wasn't so bad. But then we went up through Italy, to the Po Valley, and ... a little place called Otuna (?? ph. 22), and I was stuck there for ages and ages. And then, obviously, it was ... it was obvious to realise that I was superfluous, and I was posted back to the UK. And ... then I got back. Then I, I did a job in a camp reception station, in the South of England, near Wantage, and that was where I met my wife, and where I eventually got married. And we got married sooner than expected, because I thought I was going to be, going to be posted abroad again. However, I wasn't.

When would this have been?

Pardon?

When was this?

This must be towards the end of the War. Towards the end of the War, that. Anyway, when I was in this camp reception station, I had to go along and do various medical ... surgeries for ... troops of other, other ... there were a lot of Pioneers round there, and I had to go to to them and do anything they wanted. I used to go around with these various units and look after them. And then the War was over, not long after that. Then, then it was that I started to do locums again. The first, that was when I did my, my locum in, in Sedburgh. And then, I was looking for a practice. My wife, although my wife was of a ... her father was a doctor in London. He

was an Ulsterman, and her mother was Scots, Gaelic-speaking. But she didn't want to go ... I wanted to go North. She wanted me to go to London. So we compromised. I said, "Well, we'll go to the Midlands." Well, I looked at practices here, there, and everywhere, and I went to one in Bradford, but, but finally, this one came up in, in Rotherham, Yorkshire. It was a death vacancy. Well, I didn't realise I was going to be stuck there, because I decided to go into it. And this one, we, we had a terrific house, Orchard House was the house, and it was a massive place. I think it had been, belonged to one of the steel people, and it was hopeless as a place to live in. However, we were, we were there, and ... once again, I had to do all my own prescribing.

Was this a single-handed practice?

A single-handed practice. I had to do all my own prescribing and what have you. Well, it began to grow, and, and we had, in fact, two surgeries, which, a waiting room, and a surgery that end and a surgery that end, and between, the little place which we used as a dispensary. And when it began to get busier, he said he'd have to take a partner in, so I, I applied and got a, a partner, a Scotsman, from Ayrshire, and his wife, and he came. And then, as I say, we ... it was funny because, we'd had our names on over each door - Dr. Boon, Dr. Burtleigh (?? ph. - 66). And I remember, somebody came, and said, "Oh", he said, "No," he said, I want to see Dr. Burtleigh (?? - 68). So I opened — [CANT UNDERSTAND - 68] (LAUGHS). But it worked out all right. It was very like what, the practice I'd been doing in, in Derbyshire. I mean, although it was a town, we still did a certain amount of work. Once again, I did circumcisions. In Derbyshire, I'd done a lot of dental anaesthetics. I didn't do quite so much of that in Rotherham. And then, but, when the National Health came, the practice began to grow and grow and grow and grow. And eventually became, it was a six-man practice. And we had a, a very big list. Far too big. I think it was about 18,000, which is rubbish, really, for the, you know, we really had too many.

How many did you have when you first started in practice in Rotherham?

Well, it was only about ... about 1,500, or 2,000, I think, if that. But it, the practice had been looked after by the Protection of Practices Scheme, where other doctors took over the patients of this doctor that was doing his Service, he was in the Navy, he went, he was lost in action. And they were — [CANT UNDERSTAND - 88] and the practice changed hands again, at the end of the War, the — [CANT UNDERSTAND - 89] hand the patients back. They did mostly, but any case, as soon as there was somebody in this practice, there was a demand which had been there always, and the people came back, because they were used to it. And, I mean, that's another thing that, I think they depended on the service. We were trying to give them a good service. And, as it grew, we, we took more. We got more people. There was that. But ... there again, we had some, some ups, we had our ups and downs. One fellow we took into partnership, another Scotsman, he was always ... he was never available when he was sent for, we were always getting complaints from the patients, he, he was, he was in the pub, or that kind of thing, you know. And he was never there. We got so many complaints, we decided we couldn't really have it, so we tried to reason with him. Eventually, we had to get rid of him, and he threatened all ... what he did, he had all his own patients, he split up with us, and took them, but even so, the practice still grew, and, because ... we were so large, it could stand that. But any rate, ... then, at that time, there was a, the National Health Service came in, and there was a difference. The Rotherham Hospital, which was run by, as an independent concern, it had a Board of Governors, which was ... people from the steelworks, owners, ran the ward. Workers, the unions, and that kind of thing, they all had a hand in it. Well, they had to be very careful, the money, because, obviously, it was, we weren't nationalised, and it wasn't a free-for-all. And they really did very, they did it very well. It was well done. I think when, when, when nationalisation occurred, it was badly done, because we were, I was invited by a surgeon to go to the reception in the hospital, after it had been nationalised, to meet some of the people. And so he introduced me to one man, and he said, "Oh, this is Mr. So and So, our buildings maintenance office." "Yes. How do you do?" So when he'd gone away, he said, "He used to be the odd job man." He said, "Double pay now." This is the way it was done. Double pay. I think a lot of money was squandered, you know, on things like that, by being ... it was mismanaged. It was better run before, before it was nationalised. However, the ... some of the, the equipment needed money ... to get it more up-to-date. I don't think that the standard of medical care, in the hospitals, improved an awful lot. This is my view, to what it was way back. I mean, agreed, you get some new things which we had, but the general standard, I think, was much better. I mean, if you read your newspapers, you'll read an awful lot's wrong with the, with the hospital services as they are now. And I think it's, it's ... I think it's worse now than it used to be. The standard was higher, way back. I think now we've taken in a lot of people who just don't care.

What about medical care for people who weren't in hospital, under the NHS, do you think that improved?

Well, the medical treatment ... well, looking back on the financing of the practice in Derbyshire, as it was, and the financing of my own practice. In Derbyshire, there was, everybody was a private patient, of course, at that time, there was no National Health Service. And they used to make a note of all your visits and everything. And they all had bills made out. We had one fellow used to come in regularly and sort it all out. Well, it was, he had a, a collector, who was also a, he could drive a car. This fellow used to go around, once a

week, and collect all these houses, and ... it's surprising. I think, I think, actually, I think that doctor was a wealthy man. Because even, because, only collecting, shall we say, five shillings a week, or ten shillings a week, it's surprising how it mounts up if you multiply it by thousands. And if anybody, if, if one, if Sinclair, if one of his patients died, he always doubled the bill. Well, that was the, the full settlement. And he never charged a minister of religion, any religion, for treatment, and he never charged another medical man, or a dentist. He gave them all free service, which is no longer that, you know. They don't, not all doctors are like that now. But at any rate ...

What did he do with people who didn't pay? Who couldn't pay? Or ... His bad payers.

There's no question of anybody being refused, because they had their bills, and if they, if they were ... they all contributed something. And I don't think it ever came to the crunch that they refused to pay anything at all. I don't think so. Because, otherwise, they probably would have been told to go, and, and they might have found it difficult to get treatment anywhere. Some of them were contributing little, I'm sure, but mostly they contributed, over all the time, they contributed quite a bit. Well, ... I had the same sort of set-up. I had collectors, but it, it wasn't, I wasn't so well-organised as Sinclair, because the practice had been closed, you see, and then, before we knew where we were, we were nationalised, and then we didn't have to bother any more. On the whole, from the general public's point of view, I think the National Health Service was good, because it did ... the treatment became free, irrespective of price for anybody, which I think was better. You didn't have to worry what you gave them. I mean, if you, you gave them what was best. Although, I can't say that it, I hadn't done likewise before. Some of, some little things I remember, like, which I was in Much Birch, that's half way from, between Ross and Hereford, I had a, a lady, who developed pneumonia, in a post office near there. And she looked pretty bad. Well, I looked at some ... M&B, well, it was, actually it was called — [CAN'T UNDERSTAND - 203] sulphonamide. It had come in then. And I had to send in to Hereford to get it. I had some arrangement there. I had to ring Boots, or some place, and then somebody had to bring it out on the bus. And I, I think all that they'd got was ... was Plantasil (?? sp. - 206) it was called at that time. They'd got these tablets, and got this to the house, and started this lady on it, with very rapid improvement! [LAUGHS] But I think it was a blessing when all that became more easily available. That's one thing about the National Health Service. But I can't say that some of the hospital work has been better. I don't honestly think it has.

You've told me now, about your career from the beginning up until when you reached Rotherham. Can we go back, and I'd like to ask you a few more questions about your family.

Yes.

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

No. No. My mother, no.

Where did she come from?

Ah! My mother came from Pudsey, Yorkshire. Her father was a woollen manufacturer. He had two or three mills, and my, my father met her. He was working as a chemist at some place on the, I think it was either Whitby or Grimsby, I know he worked at both those places. And he met her when she was on holiday there, and they got friendly. And they kept on the association until they got married. And ... but, unfortunately, her two brothers went into the, into the War, and they were overseas. And when they came back, the wool side entered a bad patch. The father, unfortunately, developed cancer, and died in, towards the end of the War, and so they hadn't the benefit of his advice, and they, unfortunately, invested heavily in wool, and then there was a sudden big slump, and they lost a lot. So they had to sell up. The mills had to change hands. However ...

Did you have any brothers or sisters?

Yes, I have one, I have one brother and one sister. My brother's older, and, I don't know what was wrong with him. I think, he had some illness as a boy. I'm not sure what it was, some — [CAN'T UNDERSTAND - 246] disease, something like that, any rate. He, he had to be on a special diet. And his education suffered, really, because of that. And, well, he went to the same, in Kendal, he went to the same school as me, the Kendal School, but he was so bad, when he was near the age, the Headmaster told my father he was just as well taking him away. He never really caught up. However, he went into business with my father. He didn't qualify, but he, they had a very big pharmaceutical business in those days, and he was, he used to travel round, and he made, he did well. He was a very good worker, and so that didn't make much difference. And he prospered, he did well. Well, that was him. Then, my sister, she didn't, she didn't do anything. She wanted to nurse, but my father wouldn't consent to it.

Why not?

Well, I don't know. He had some old-fashioned idea, it was, it was infradig to nurse, you know. It was like being a maid, and he didn't want her to do it. However, that was by the way. So, but, fortunately, she never ... she got married, not before an age, but, you know, she got married, eventually, fairly young, early twenties, and that was that. And she married a vet, and, eventually, they got, they were in practice at Brampton, near

Carlisle. Do you know it? It's about ... ten miles ... east of, of Carlisle, on the Newcastle Road. She's still there. But, unfortunately, her husband isn't.

What sort of house did you live in, as a child?

What sort of what?

House.

Who, me? When?

As a child.

Ah! Well, now, in Gainsborough, my father opened a business there, a chemist shop, and we lived over the top, the chemist shop was down. It was, I think it was a private house that he'd developed into a shop, in Trinity Street. Well, facilities were not very good, but still he was hoping to, to do better. Well, when he took ill, he had to vacate the shop, and he bought a small house, just as a temporary measure, because, at one stage, he went to live with his, with his mother and father, because my mother was busy with us children, and to give father a break, because he ... and then, eventually, they got some specialist who seemed to, to get him on to the right treatment, and that was that. But ... we were living under, I would say, rough conditions. We weren't in the slum, but don't — [CANT UNDERSTAND - 299], but, nevertheless, it wasn't the best. Well, then, when we got to my, my grandmother's in Pudsey, she lived in a very large house. There was room for us. It was a large house, and there was a little side house at the end, where her mother lived, that's my great-grandmother. And there was plenty of room for us all. But we were only there for a short time, about a year, as I say. Then, when we went to Kendal, first of all we went to a place called Gillingate, it was a semi-detached house. It's not a bad road, that. But, well, my father was looking for something better. So then, eventually, we moved to Kendal Green, to a, a detached house, which was a better house altogether, but, unfortunately, it had a, a cellar/kitchen, a basement kitchen, which was a big ... strain, running up and down. We had one of these lifts, you know, to get the food up and down. But it was quite a problem.

Did you employ any maids or anything?

Oh yes. We'd always got, we'd always got maids, both in Gainsborough, and, and always. We were never without maids. I'm saying "maids", we always had one maid. One maid. And, but in Kendal, my father moved from Kendal Green, he bought another house, a large, a very large detached house on the ... Oxenholme Road, which is ... well, really a, a very very big house. It had an acre of ground. It had belonged, before that, to a ... a woollen manufacturer, well, a, a hosiery manufacturer. You might have seen them at time, Kendal Socks - K Socks. Thompson, this was, it was his firms that makes them in Kendal. But he had some bad luck. His, his wife, one of his daughters unexpectedly, and his wife died, and he decided he wanted to leave Kendal. He went to Kidderminster, where, I think, he'd got some other businesses, and wanted to get out of Kendal. But that was, that was a very large house. We had, we had a tennis court in the grounds. We didn't have a, we didn't have a bathing pool, but the house next door had, they got one put in! A swimming pool. But, I can remember playing tennis on the quad, my mother too.

Did your parents consider that certain things were important in life?

Consider what?

Anything important? Did they emphasise certain things as being important in life, to you?

Well, I think my father ... obviously he wanted us to get on, and ... I don't think he was, he was over-generous, a bit tight-fisted. But, maybe some of his earlier experiences in health caused that. For example, after he ... when he got, when we moved to Kendal, I remember, he mostly used to walk with a stick after his illness, and he never could take any tea, any milk in his tea. Before he got this — [CANT UNDERSTAND - 377], he'd been fed on milk, which was having a bad effect on him. When the specialist saw him, he stopped all milk and gave him beef, and meats, and everything, the things that he hadn't had before. And ... so ... and he never, he couldn't take, he never, I wouldn't say he didn't take beer, but he couldn't take anything much in the way of beer. He wouldn't, he wouldn't take a glass of beer in three months. But he did keep wine, he used to drink a glass of port, or something like that. He wasn't a spirit drinker. And he couldn't, he couldn't go to any place of entertainment, a cinema, or a theatre, or a church service, because he had some sort of bowel thing, he had to keep running, I don't know, it was all the aftermath of his illness, and he always had to be somewhere near the lavatory, which restricted his life to a certain extent. Which, even so, he lived to be 103! (LAUGHS) However, I can't say, I can't say we were badly treated. We had, we, obviously, in the early days, with having so much ill-health, it affected his funds. But he was careful of things. He wasn't doing, he wasn't sort of living very wild, or spending a lot. The predecessors in this chemist's business in Kendal, had lost a lot of business, because he used to be drinking a lot. And, in fact, when my father was, opened the place first of all, people were saying, "Well, what about coming for a beer?" "No. No. No." "Oh, Jimmy Irvine always used to come out", and he said, "Well, that's — [CANT UNDERSTAND - 416]." And, they said, "Oh, well, we'll have to go to someone else for our chemist

supplies." Well, that may be so. But, he kept his head, and he worked hard, and he, he prospered, so that was that. And then, the only thing, as I say, is that my father ... I wouldn't say ... my father wasn't ... I wouldn't say he was not, he was irreligious, but, because of his health, he couldn't attend services, but he was ... he was, he was not against any religion. He got on quite well with the Roman Catholics, and all, everybody was ... as far as he was concerned, they were, they were all alright. My mother was a churchgoer, used to go to church every Sunday. We too. [LAUGHS]

Which church did she belong to?

Well, she belonged to the ... the Parish Church in Kendal. Kendal Parish Church. We went to there, we were nearer to it when we were in Gillingate, but when we were at the other end of the town, in Kendal Green, she still went to the Parish Church. And when we moved to Sedburgh — [CAN'T UNDERSTAND - 446], she still went to the Parish Church.

And you went every week as well, did you?

Yes. Yes, we all had to go. I was in the, I was in the choir for a little while, but I didn't go for long, because that was when we were in Gillingate. Unfortunately, they wanted me to have, I had to go to a choir practice, which went on very late, and my father wouldn't have it. He said, "Oh, you can't go to that." So he took me out of the choir. And I don't think the, the fellow who ran it, was very pleased. But still, it was, it was the best thing, I think.

Did your parents emphasise manners, punctuality?

Emphasise?

Manners.

Oh, well, I mean, they were always ... yes. I don't think, I never remember my mother and father ever having a quarrel, in their life. And ... I'm sure there's, they were always good-mannered. I never remember them ... [End of Tape 1 - Side B]... I wouldn't say that. We, we had to toe the line, I mean. But, nevertheless, I wouldn't say we were, we weren't, we were never beaten, never physically punished, by either parent. No, I wouldn't say that we, we had to, we had to do the right thing, but I wouldn't say we were, they were very strict.

Can you tell me something about your schooling?

Yes. Well, as I say, when I was in Gainsborough, I did go for a short time there. I can't remember much about it, except I remember one or two things. At any rate, when I got to, to Pudsey, I attended school, once again, I had to go to a school there for a time. But when I got to Kendal, the first school I went to there was the Central School, which is an ordinary school, you know, in the middle of Kendal. And I remember that quite well. And then the next thing was, I was at the, the, what was, I don't know, it was never the Grammar School, but the Kendal School.

Did you say you had a Scholarship for the Kendal School?

Well, it wasn't a Scholarship, as such. I didn't get a Scholarship like that. One of the school founders, some fellow called Slegall (?? sp. - 21) had given this Scholarship to the, the top boy at the end of the, the year got it. And you had free education for the next year. And so, fortunately, I was top boy at each year end, and I got this Scholarship. It didn't save you a lot, but it saved a little bit. I don't think educational fees, in those days, were terribly, terribly high. Not in a place like Kendal.

Have you any idea how much they would have been?

Pardon?

Have you any idea how much those fees would have been?

No. I can't honestly tell you.

What sort of education did you have at that school?

Well, I, I, well, I know it was, it was adequate, because it was English, Latin, French, Geography, History, Chemistry, Physics, also we had woodwork and that sort of thing. But I think that pretty well covers the main, the main things. I know, when I decided to go into, into medicine, the Headmaster allowed me to, to use the chemistry and physics laboratories as I wished, provided there wasn't another thing going on, to further my, my studies. He, he wasn't sitting on top of me, he said, "Oh, it's up to you." So he gave me a free hand.

What was it that made you want to go into medicine?

Well, I, I fancied it from being very young. I can't remember. I fancied it way back. I'd never wanted, I really never wanted to do anything else, I wanted to go into medicine if I could.

But you've no idea what it was that triggered that interest off?

Well, all I knew, I was going to help people who were sick and ill, and this is what I wanted to do, and I thought medicine would be the best thing, way of doing it.

Do you think that's got anything to do with your father's illness?

My father would have liked to have done medicine, but, I mean, my father was one of a family of eight, born in Lincolnshire, and, as I say, his father was a chemist, one of the first people under the Act. Also, this father had a, a ginger beer factory, and used to make this ginger beer. And he had his own horses and wagons, and he used to, well, his sons used to take them, my father included, used to take a wagon load of ginger beer round the various farms. And they took it round, they used to take it full, and when they brought it back, it was all sold!

But do you think your father's, when your father was ill, did that, maybe, ...

Oh no, I don't ...

... put the idea of medicine into your head?

I don't think so, because when my father was ill, I was ... I'd be, so in 1917, I'd only be four, and 1921, I was only, I was only eight. I think it was, it was about then that I began to want to do, to be a doctor. But, ... it was not easy, because Kendal's not near any place, you're on a limb. But the reason I went to Newcastle-on-Tyne, eventually, was because I have a cousin there, who's a doctor. He was, eventually, Senior Physician, in Newcastle-on-Tyne, at the Royal Victoria Infirmery. He's about five years older than me, and he's still living in Newcastle-on-Tyne.

So it was solely because you had a relation there that you chose ...

I think, I don't think, I think that was partly, but I know, I know that ... the reason I eventually went there, was because of age. They wouldn't take me at Edinburgh, and I think we — [CANT UNDERSTAND - 79] to prevent me having another year, but as there was nothing for me to do in Kendal, I couldn't be doing anything, studies, to keep me occupied. It was better that I should get to somewhere who would take me on earlier.

So Edinburgh was your first choice?

Edinburgh was, yes.

Why was that?

I don't know. It was, it was probably just as easy to get to Edinburgh, probably easier to get to Edinburgh than Newcastle, by train. That's the answer. I know, I know that Edinburgh and Leeds were two places that were tied, but ... you see, to get to, to, to Newcastle-on-Tyne, by rail, was quite an effort, because first of all, you had to get a train in Kendal, it takes you to Oxenholme on the main line. You had to change then, get on another train to Carlisle, change then, get another train to take you to Newcastle-on-Tyne. It meant two changes, and it was a long journey. However, ...

What do you remember most about your training at Newcastle?

Well, I think that ... I think they were very very good. First, first of all, we, we weren't sort of, there weren't too many of us. I think the year was about 60 or 70, or something like that. And it meant that you weren't sort of on top of one another, you weren't overcrowded. I mean, you take my, when I did anatomy, my dissections with this fellow, Rosenblum, we shared, we shared an arm together, and a leg together, and so on, instead of having, possibly, five or six people on it, there were only two of us. And I think my, my real training came towards the end, when I started doing clinical work. For example, I thought that Professor Hume was a, he was a wonderful teacher, because when you, even in the, in his lectures, he was very very good. And when you did ward rounds with him, they really were most interesting. It's just like solving a puzzle. And the same, the same with Ray Charter (?? ph - 118), he was very very good. I think there's, you got, you got a lot of ... you got more individual attention in Newcastle-on-Tyne than I think they sometimes do in the larger universities. And they weren't so, it's, Newcastle's always been well up in what, medically speaking, they had some quite good people there. As I say, they had Gray-Turner, Hume, and a lot before that.

Did those two, did those two men have the greatest influence on you when you were there?

Well, I would say yes. But I think, in addition, the orthopaedic people I was working with, I thought they ... I was influenced by them. I mean, when I was working for these people, that's, I would decide to do my best, but meeting them every day, and talking to them, and seeing them at their work, is bound to affect you. I think that the training was, was very good. I'll never forget Gray-Turner, he, he had a lot of his — [CANT UNDERSTAND - 135], for example, he said, "If you, if you looked out of your window, of your house, and you saw a little boy puffing around?" And, he said, "What would you say it was?" If you said, "a spiral ..." which, you probably were right nine times out of ten. He said, "If you said it was a canary, you'd be wrong every time." He said, "Well, when you're doing medicine, don't look for canaries!" [LAUGHS] And I remember a lot of things like that. And it's quite true what, what they said, really.

When you started your training, what sort of career had you planned for yourself?

When I started ...

When you started your training, what sort of career had you planned for yourself?

Well, I think I would have preferred to have specialised, but my father didn't want to, well, he wasn't prepared to, to fund me any more. He said, "Well, I think you should get into practice now." Well, actually, I suppose it didn't really matter in the long run. You're still doing the same job, whether you're specialised or, or in general practice.

Did you regret not being able to specialise?

Well, in a way, yes. But to be, don't forget, I'd had, I didn't regret the two years that I did as an assistant. I thought it invaluable experience. And then, of course, along came the War. That tore a big hole in my life, because, I mean, that's another five years gone. And by the time the War had ended, I didn't want to start specialising then, I wanted to get settled down. So, but, it, it was too late then.

How did you feel when your father told you that he would prefer it if you went into general practice?

Well, he didn't say that. He just said that he thought, he thought I should get into something, and, and be self-supporting, more or less. This is what he said. He didn't say general practice, but, he wouldn't, he wouldn't have minded if I'd taken a hospital job. But general practice was, was better paid than the hospital job, in those days. The hospital jobs had a very small salary. I know when I was at, in the Royal, in the Royal Victoria Infirmary, I think it was something like, I know you got fed — [CAN'T UNDERSTAND - 173], I don't think you got much. I can't remember whether it was a pound a week, or something. It was quite trivial, really, the amount you got. It might have been a pound, or two pound, but it was very very little. Insufficient, I would say.

And what was your reaction when your father suggested that to you?

Well, I, as a, as regards the specialising, becoming a specialist, I didn't object, because I thought, "Well..." I wanted to see practice, to see ... for a while. So I didn't mind having a couple of years as an assistant. And then I thought, after that, I might decide to do something. But, unfortunately, the War occurred then, and that put a stop to it.

How many years were you at Newcastle?

Seven. From 1929, oh it was more than that. From 1929 to 1937. Yes, I, I started in the, the Christmas term, you know, I started medicine in the Michaelmas term at the end of the year, after the summer, when I started medical studies. And then I finished at the RVI in January, 1937.

Did your father have to pay for all your years of training?

Mmm, mmm. Yes. Oh yes, I didn't get anything for nothing there. I didn't, there weren't any, any Scholarships or anything. And this all had to be paid for.

That must have cost him quite a lot of money?

Well, I suppose it did. I can't, I can't honestly give you details of that. I have, I have somewhere, we have, somewhere, the old accounts of the practice, but I don't know where I put them. Did I throw them away?

Wife: Gosh, yes, I should think so. I hope so. I'm sure you haven't got them now.

Well, when we went into practice in Rotherham, I had all those accounts.

Wife: Oh, those went years and years ago, I'm afraid!

I suppose so.

So you had a house physician's job at Newcastle.

Yes.

How did you get that job?

How?

Mmm.

Well, you had to apply. And there were only so many going, I think there were only four house physicians jobs. There used to be four main, I think there were four main firms in those days, main medical firms, and it was a bit of a sweat. Having done the, got the house surgeon's job, you were then in line for it, because I presume if you got a good, a good recommend from the fellow who'd you'd been working for as a house surgeon, that would give you a bit of extra.

And that's what happened with you?

I suppose so. In any case, I was, I knew I was going to get it, I thought I was going to get it, because with the Professor of Medicine behind me, I couldn't go wrong! I mean, I'd been with, with Hume as a clerk on his wards, medical clerk, and then ... having done that locum for him, and then, as I say, having been a, done a six months house surgeon's job.

How long did the house physician's job last?

Six months. They were all six months appointments. I suppose it was on, it was usually, I think, on the 1st of January, and to six months ahead, and to the 1st of January.

And then, when that finished, you went into general practice in London?

That's right. That's right. After having my year of post-graduate, I went into practice.

And you seem to have done lots of locum jobs. Was that through conscious choice?

Well, first, you see, I ... I thought I would do some locums and move around the country a bit, and I thought it wouldn't do me any harm, and it's quite useful. And so, they used to have this Organisation, probably still is, the British Medical Bureau, which used to cater for locums and that kind of thing. And I got in touch with the British Medical Bureau in Manchester, that's where they used to train them. And they give you a, they send you round a list of locums available, and then ... you, you applied to them, and they more or less decided what, what the score. I don't, I can't remember whether we paid them anything. Probably must have, somebody must have paid them somewhere, I suppose, either the fellow who wanted the medical help, or the, or the applicant. Whatever it was, it wasn't, it wasn't exhaustive.

Did you enjoy your time as a locum?

Well, yes, I did. I thought it was very very instructive going to different practices, and the different places. Most instructive. And, furthermore, well, I think, I think nowadays, more people should do that. I mean, when you see practice in different places, like, I'm thinking of ... Pitor (?? sp. - 263), County Durham, and Herefordshire, Bolton, Sale, Stoke-on-Trent, you ... they were all, all different. Some were better run than others. The one, the one that I did in, in Much Birch, was an amazing practice. This fellow, Dr. McGinn, I think his name was, McGinn or McGann, I don't know, something like that, but he was, he was a graduate, he qualified in London, I think it was Barts, and he had a lot of private practice, and the miners used to, — [CANT UNDERSTAND - 278] he was enormous, he could do 50 or 60 miles going around these little villages, 70 miles, with no problem. And some of his patients were extremely wealthy. And I, I remember going to the ... to one huge house, which was inhabited by some ... some beer, beer people, I forget what the firm was, they operated some brewery. And it was a woman, and when I got knocking, I was, first of all I was received by a butler, and conducted up this stately home, rather like a miniature Buckingham Palace, and into this bedroom, where this lady was lying in state. [LAUGHS] And she'd got some kind of gynaecological problem, I didn't want to give a vaginal examination anyway, but she solved it for me, because she said, "I think, under the circumstances, it would be better for me to see, for me to go to Harley Street." I said, "I think so, too." So I think I told her to rest in bed, and I'd pop back in a couple of days. And I did that, and that was that. And I forget the, what he charged this woman, his fees, he told me to charge her a fiver, or it could be more for a visit there. There were some, there were some very odd things. For example, in Sale, there was a woman there, a Mrs. Battersby, a very wealthy woman, who had to have a visit from the doctor, I don't know, I think it was every week, whether or not she was actually ill. Every visit that was there, I think it was a, I'm not sure it wasn't a daily visit. Every time the doctor went, he got paid a couple of quid or something, every visit. Well, they had an, an assistant in the practice at that time, a chap called Gardner, and he got the job of visiting this lady, but he was sensible, he used to divide it up into things, he used to say, "Well, now, today's the cardio-vascular day." So he'd listen to her heart, and take her blood pressure and that. "Now, it's the gastro-intestinal day ..." So he'd look at her tummy, look into her mouth and so on. And, but that was all ... he was quite happy. Well, he'd left Sale to go into practice in ... it was either Keighley, or somewhere there, I think it was Keighley. And this woman wrote to him, and said she'd like to come and see him, see how he was getting along, and stay with him for a day or two. Accompanying this letter was a cheque for about, I think it was a couple of hundred quid. So he, naturally, she went! [LAUGHS] Well, I think, I think money was no object, she could, probably got a lot of money, and she didn't leave the house much, and there it was.

When you look your assistantship at Eckington, how did you find out about that job?

Once again, I got it through the British Medical Bureau. They had a list of vacancies, like you've got them in the *British Medical Journal* now. And I looked through the list, and I thought this, this sounded like the best prospect. It seemed to be out in the country, more or less, and it seemed, seemed the best. So I had to go for an interview, and I went on the Saturday. My mother went with me, and I drove from Kendal down to Eckington, and I went in and interviewed this, interviewed Dr. Sinclair, and he said, having talked to him, he said, "Yes," he said, "Well, can you start now?" [LAUGHS] — [CANT CATCH - laughing - 365] "What's today? Saturday", he said, "How soon? Can you be here Monday?" I said, "Yes." He said, "All right, Monday." So I went down on the, on the Monday, and started work. And he was, that was good.

Were you taken on with a view to becoming a partner?

No, no, not at that time, no. He never offered me a partnership. And I never discussed it. But when I was leaving, I think if I'd wanted, I might have had something. But I really ... no. Eventually, there was a rival practice across the road, and eventually, he went into partnership with ... the two merged and became one practice. But that didn't work out, because the fellow who took the rival practice, — [CANT UNDERSTAND - 384 - might be name of doctor?] he became an alcoholic, and ... really terrible. So, eventually, they had to split.

Why did you decide to leave Eckington?

When?

Why?

Well, as I said, I'd had my two years of general practice, and I thought I ought to move on to something else. I didn't, I wasn't sure what. But, having done these locums, I thought, "Well, I'll get in touch with this firm in Sale, if they wanted me, I'd go to them." So I phoned up Dr. Hunter, and he said, "Yes", he would like me in, and he took me on almost immediately. And then, as I say, War came on when I was there.

Now, jumping forward to when you moved to Rotherham, did you have to buy that practice?

Mmm. Yes. It was, it was bought. I had to buy the practice, and buy the house. And ... the house was only, oh, terrible.

The practice was in the house?

Well, well, you had a, the ... the surgery and practice premises were not a part of the house, they were a building outside, separate. And ... separate in every way. You, you weren't attached to the house.

How much did you have to pay for the practice?

Well, I forget. I think it was all, I think it was about three or four thousand pounds. Might have been more.

Was it a problem, trying to find the money?

Pardon?

Was it a problem, trying to find the money to pay for it?

Well, not really, because I'd ... all the years I'd been in practice, when I'd been doing my assistantship, I'd been really saving. I didn't spend an awful lot. And there was money, quite a lot of money here and there. I had to get it all together. And I don't think I had an overdraft at the bank. I know my father didn't, didn't help me. What I did was independently.

Were you married by this time, as well?

Yes, because, as I say, I was, I was married in, in the War, and ... when we went into this place, we thought we'd ... I phoned, I phoned through to Dr. Sinclair at Eckington, and asked him what he thought about it. And he said it sounded all right to him, so that that was, why I decided I would take it. That was after I'd been and had a look at it. And ... I don't think I ever intended staying indefinitely in, in Rotherham. But, unfortunately, or fortunately, the children arrived. You get your family, and you find it difficult to move. My wife had got three young children, who seemed to be doing all right, and ... it's an upheaval, if you suddenly decide to switch. I don't know. You see, when I chose, chose Rotherham, I'd already been to, I think I'd considered Selby in Yorkshire ... [End of Tape 2 - Side A] ... you looked out, it was below the level of the ground, you sort of looked up, and in front of you, there was a cinema, not so far away. Not, possibly about, if as far as our hedge at the bottom. And you looked at this huge hoarding of what's on next week, so and so. And that was the view. Rather ghastly! [LAUGHS] So we decided not to take that! And it wasn't, it wasn't easy getting a practice at that time. But this, as I say, when I got this death vacancy, I knew it wasn't a dear do, death vacancies never are, possibly cheaper. That may have influenced me.

Did it seem to have better prospects than the other practices that you saw?

Mmm. Well, the main opposition when I was there, at that time, there was a firm run by an Irish/Scot, I think he was really more Irish than Scots, a chap called Hargeton (?? sp.) who was a, oh, a very very odd man. But he had a partner, Haig, a Scotsman, an Aberdonian. Well, I went there, I went to meet Hargeton (?? sp) first of all, I went round, and introduced myself, and said I was taking over the practice. I did this with all the practices round about. And, and eventually, I hadn't been there long, but I got very friendly with Haig, and still am. He's now in, he went into practice in Aberdeen, because his, his wife's father was a doctor in Aberdeen, and he went into that practice just before they were nationalised, and so he kept on there until he retired. And he kept on in Aberdeen. But I got in touch, Haig got in touch with me, because one day, it was his day off duty, and he arrived, he arrived back, and he found there were a lot of visits waiting for him, because this fellow, Hargeton, who had been on call, but he'd never done them, left them for him. So he asked me if I would mind, when he was off, doing any visits that came. And I said, "Yes, I would do it." He said he would do the same for me, which he did. And Hargeton didn't know this. He didn't tell Hargeton! But, but, unfortunately, or, as I say, fortunately for me, this fellow, Hargeton, I wouldn't say he was a good doctor, he put up some awful blacks (?? - 35), and a bit irresponsible, I would have said. And, of course, with the practice I was in, all the people came back, but some had gone to him in the meantime. So the practice, I would say, doubled itself within a year, and —[CAN'T UNDERSTAND - 39] itself in two, and I think there was a need for a doctor there. And, as I say, as this firm was so bad, it, it was there. And, Haig, as I say, got out and left it. And then he took in another chap, who was a nice chap, a chap called Livingstone, another Scot, but he got fed up with Hargeton, and he went into

firm was so bad, it, it was there. And, Haig, as I say, got out and left it. And then he took in another chap, who was a nice chap, a chap called Livingstone, another Scot, but he got fed up with Hargeton, and he went into practice, he left that practice, and he went in, into a firm in Sheffield, and, unfortunately he's dead now, he got a cancer. But ... this fellow, Hargeton, was a very difficult man.

Was there much other competition locally?

I would say —[CANT UNDERSTAND - 49], because — (LONG PAUSE - 50-53), well, if you look there, that's the list of Rotherham. You see the number of doctors there are. After all, it's a place of about a hundred, it must be getting on to a hundred thousand now.

So what was it that made people go to your practice?

What were they doing?

What was it? No. What, what persuaded people that they should have you as their doctor?

I think it was because they were getting better service, that's all. I think that this man, Hargeton, and some of the other doctors, weren't really doing their job. I mean, cases that I took, for example, were, well, I think that ... almost neglected, if you know what I mean. For example, I got called out one night to a, a case. And when I got there, it was a woman who was having an abortion or something, in the middle of the night, and bleeding terrifically. So I did what I could, and got her into hospital in the middle of the night. Well, she wasn't my patient, she was the patient of this ... another Irish doctor, who was nearby. Well, when she came out of the hospital, she refused to go back to him. I don't blame her, because he nearly lost her life. But he wouldn't turn out. He'd gone to the house, and said, "Oh, I'll be round tomorrow sometime." I mean, that's the kind of thing that made people leave their doctors. Bad service, I would have said.

Can you remember ...

It wasn't that I ... it wasn't that I was particularly ... I never canvassed anybody yet. But anybody who came to me, that came of their own free will. But some practices seemed to lose more than others coming to me. This Irishman, as I say, Hargeton, he was, a lot of his came across. I think, really, going back to the beginning, it was a well, the practice I was in at Rotherham, was a well-established practice, an old established firm. It had been run by a fellow called Bygot (?? sp.), and Dr. Bygot had his partner, a man called Thompson. Now, Thompson married Bygot's daughter, but they didn't stop in Rotherham. Thompson got out and went to Pinner, near London, and went into practice there. And I met him years later, because two of my sons went to Epsom College. And when I was at Epsom College, I met Thompson, he was there, because he'd got some relative there, one of his sons, and I had a chat with him. But, in fact, he wanted me to go, go to Pinner! But, then the next thing was, Bygot either died, or he left the practice, anyway. And it was taken over by this fellow, Dr. Ryall, Ryall - R Y A L L - who seemed to be doing all right. And then, unfortunately, was in the Navy, and he got called-up, and that's it, he never, he never came back. Well, at that time, as I say, to cover absentee practitioners, there was the Protection of Practices Scheme, which, on the whole, worked reasonably well. Most people tried to, to, to do the right thing. There were some exceptions. It wasn't worth arguing about, because the odd ones who fell out, I mean, there might have, there might have been special reasons, put it that way. I think they mostly came back.

Do you remember how many private patients you had, as compared to panel patients?

How what? Do I remember what?

How many private patients you had?

Oh, I can't tell you, you see, because it was all private then. There were no, there was no, apart from the panel, I mean, all the women and children were private. And I'd got some other private, apart from that. But, I did it, more or less, on the lines of Sinclair. I kept a ledger, and it had written in, and sent them the bills. But I don't think I got paid what I should have had. I know when I finished, finished it, there were a lot that I never got paid for. And I think that's inevitable.

Would you say you had more private patients than panel patients?

Well, I'm bound to have, because, I mean, there are more women and children than there are men. Or more, sorry, working people, insured personnel in a practice, I think the women and children are far more. And there weren't so many women working then, you know.

Did you employ a collector to ...

Yes. Yes, I had, I had collectors, who had been employed by the firm before that, who'd been employed by the practice before me. I think they were in Ryall's time. They came back to me, and they carried on.

Did patients ever give you gifts?

Yes. Not many. But I, I got some. Whilst in Eckington — [CANT UNDERSTAND - 132]. Surprisingly where, they weren't, they weren't very expensive gifts. Sometimes I'd get a, I'd get a cheque for a fiver or something

Was that sometimes in lieu of payment? Payment in kind rather than cash?

No, no. I think the people who gave me gifts like that, are the people who I've done something for. For example, there was a young, one young woman, a school teacher, who had a schizophrenic type of breakdown, and I got her on to, I got her to see a psychiatrist, they put her on to this treatment, which I kept up, it's just that I could repeat prescriptions, which I used to send, by post, regularly. And she maintained health, and managed to keep on with the teaching all the time. Well, when I was leaving Rotherham, she sent me a cheque for ten quid. But, actually, I think, I'm sure I helped her, with the help of the psychiatrist as well.

Do you remember what your salary was when you first began practising in Rotherham?

No. But I, when, when Judith comes back, you can ask her that, because I know we weren't well-off. I mean, I know as regards holidays, we, we had to clamp. Fortunately, her parents had retired to Cromer, Norfolk, and my parents were still in Kendal, in this big house, so we could go to either place with the children, and have free holidays. And I think, at any rate, when they were little, I think that's mostly what we did. When they were very young children, it's very difficult to go and stay in hotels or boarding houses.

When was it when you first recruited a partner in Rotherham?

I think it was ... a year after I'd gone into practice. I think that was it.

Had the practice expanded in that time, then?

Oh yes, it had grown terrifically. Yes, it had grown a lot. It was, obviously had to be, you needed more than one person at that time. Each time we took an addition in partners, it was always because it was necessary.

What did you look for when you were recruiting a partner? What type of person did you have in mind?

Well, I remember the interview I had with, with Bernie. He told me what he'd done. He'd done some, he'd had some experience in practice in Scotland. And I asked his religion, and er ...

Why did you ask that?

Well, I wasn't ... some, some, I wouldn't say I'm anti-Catholic, but, nevertheless, some Catholics can be very difficult, medically speaking. The medical ethics of a Catholic are different from the medical ethics of a, of a Protestant.

In what way?

Well, you take, say, somebody who wants to go on the Pill, or wants to know, or wants an abortion, or what have you. I mean, to ... at any rate, I wasn't on bad terms with the Catholics, because I was in a, Rotherham has always had a fair lot of Catholics, and where my practice was, I had quite a lot of them as patients. And ... I'd built ... they were all right. A difficult, a difficult race to deal with! [LAUGHS] The Irish, they're mostly Irish, and the Irish are really a, they're a race unto themselves. They're a damned sight more difficult than the Pakistanis or the Indians.

How are they difficult?

Well, because, because they're always, the things you get, there seem to be more ... several with abusive, knocking their wives about, or drunk, or something else. Usually, the ... sometimes the wife would come to you. I was often ringing up the priest to ask him if he could help with, with somebody. I'd say, "I'm ringing ..." Or I would ring up the police, and say, "I wonder if you could help me. A family I've got ... O'Shea", or something like that, and I'll say, "[CANT UNDERSTAND - 203], and its, the priest would be, more often than not, I'd say, "Well, I'm, I'm sorry, I can't help you at all." He said, "I know he's supposed to be a Roman Catholic, but", he said, "he never comes to Mass." He said, "Why should he listen to me?" So I say, "Oh, fair enough." But some of, some of them were really, really terrible. I mean, one chap ... was a, used to go out and get drunk and then come back and want sex with his wife, at whatever time that was. She got a bit fed up with this, and, one night, he came in, and he was like this, so she says, "Oh, well, get, get your clothes off." So he did, he did this. I don't know how she managed to do it, but she got him, she managed to get him outside the door of the house, and lock the doors on him. So, with practically nothing on, he was running down the street, in the middle of the night, when he ran into the arms of a policeman! And she walked out on him. But I think the, I think that the Irish are, they really are ... they're very different.

So you, you asked your potential partners about their religion. What other sort of things did you enquire about?

Well, I asked him what he'd done, you know, in the way of hospital work, and so on, and what he knew about maternity, and this kind of thing. Well, Bernie, as I say, seemed to be reasonably well-trained. He'd done quite a bit of hospital work, he'd worked in, in maternity, he'd been abroad, and he seemed to be a well-qualified kind of man. I had no, I had no fault to find with him. I think he was quite a good, conscientious practitioner. And then, as I say, when it grew, we said we'd have to take somebody else on. We took, we took in an assistant with a view, and that was a fellow called Jack, another Scotsman. Well, we took him in, and we had to get rid of him, because he was, he wasn't, he wasn't working. He was pretty bad. Well, I don't think he was really wanting to

a view, and that was a fellow called Jack, another Scotsman. Well, we took him in, and we had to get rid of him, because he was, he wasn't, he wasn't working. He was pretty bad. Well, I don't think he was really wanting to practice. He emigrated to ... to the United States, and is now in practice in Miami, as a, as a surgeon. I think he had some orthopaedic training before that. At any rate, that was the best thing for him, for him to leave us. And then we took another fellow, another Scotsman, and he, unfortunately, all of a sudden, had to go to, under one of the Sheffield consultants. He was taken into hospital, where, not long afterwards, he died. He'd got some terrible heart lesion, which we never knew anything about. We took him, he'd already been in practice in Aberdare, in South Wales, and he'd been in practice in Scunthorpe, as well, before that. He seemed to be a well-qualified chap, with quite a lot of experience. We never asked for a medical examination or anything, because, well, I never thought it was necessary. But he died. And then, when he was on the way out, we'd already got another assistant, and we took him. Would you say ...

Wife: Don't ask me!

The doctor's asking me about the financial side, when we were first in practice in Rotherham. Would you say we got much money?

Wife: Oh, don't I, I would not. I hadn't much money, anyway. No, we didn't have much money. No. Yes. All right.

As I say, we couldn't afford to take expensive holidays, we had to go and stay with one of our parents, with the children.

Wife: Yes. Mind you, you're that way inclined. Yes, we didn't have much money. And, besides, oh well, no, you don't want to include me anyway, so I'm not going to take part, because I shall probably contradict you.

Did, when you had partners, did you all meet, formally, to discuss matters?

Well, at that time, yes. We did meet. But as time, as time, eventually, we ... we quit this big house, this big practice house, we sold it, and we took premises in a cinema, which was nearby, and we converted it into a, into a surgery for our, for the group. And we bought a house in a residential area. And then the cinema was, the fellow who owned the cinema died, and it was going to be sold, anyway, so we had to quit there.

When would this have been?

Pardon?

When would this have been?

It would be about, oh ... when did we leave Orchard House?

Wife: Oh, when John was four months old. He doesn't know how old our sons are. Now, let me think. John was born in 1949, in October.

So that would be '49.

Wife: No. October, '49. October, November, December. It was in February, actually. The beginning of February, we moved, the 5th February, yes.

Well, then we decided that we'd have to build a group practice Health Centre, which we did. This was a new building entirely, on separate land, with a waiting room, surgeries, four surgeries, receptionists, toilets, what have you, every, all facilities. And I believe that that has now, has now closed, and they've got another one. But that had to be done at the time.

That must have been a big financial commitment?

It was. When we built the surgery, yes. But I think that ... we'd got the money then, you see. You see, after all, the partners, the partnership had grown, and probably there might have been four or five partners then, to share the expense. So, we suppose it would cost you ... £8,000 or £10,000, divide it by five, it's only £2,000.

Can I just ask you, when you employed assistants, what sort of terms were they taken on at? With a view to ...

Wife: Oh yes, it was always a view to partnership.

Well, sometimes it was assistant with a view to partnership, not always.

Wife: Wasn't it?

Well, most of them would seem to demand that they lead to partnership, which was, after all, that was, that was a two-way bet, because either we could decide they weren't suitable, or they could decide they didn't want the partnership.

What was Rotherham like when you first arrived there, as a place?

When I arrived there first?

Mmm.

(LAUGHS] Well, it was ... it wasn't as full of promise as it is now. It was very old-fashioned. I mean, there were two streets, Lime Street and Dorset Place. You went down this little street. Each house was two houses.

And that, really, one of the last of the ... a sort of a slummy area, thing. But the houses were mostly not badly built, but ... the people living in them, the standards weren't very high.

Was there a lot of poverty?

Not then, I think. Because, actually, the steel, the iron, iron and steel, and coal industry, were thriving. And then along came Wilson and nationalised them. And from then onwards, there was, the steelworks naturally lost employment, the factories closed, and there became an awful lot of unemployment. But, it wasn't so when we were first there. There was plenty of money coming in. That was exactly all the same. It was the government policies which, which ruined them. I mean, after all, iron and steel and coal were doing fine until they were nationalised, let's face it. And that was the ruination of that, of our industry. Now then, it's gone to Germany and other countries, Germany and Poland and what have you.

Did your patients come from any particular social group, or were they a mixture?

Well, I would have said working class mostly, workers. Almost entirely, labourers.

Wife: Entirely.

The labourers. When I say "workers", I mean labour, labouring classes and ...

Wife: They were pretty well, entirely.

Labourers or factory workers. Very few of the other kind.

What were the most common illnesses that you saw?

Well, I would say respiratory infections were the commonest. But there wasn't yes, I think respiratory disease was the commonest thing of the lot. But, you see, that, once again, has been eliminated, but reduced, because now, with the Clean Air and Smokeless Zones, and one thing and another, it's reduced all the impurities, and always the people's chests are relatively better. Wouldn't you say that?

Wife: Oh, I'm not taking part! Very nice people, though. I mean, my daily woman was with me before our youngest son was born, and stayed with me right until we left Rotherham, and she wouldn't have ... and we still write to each other. And she really was a really nice person. Completely trustworthy, and all that. And I'm certainly very fond of her. And she, she came from a very poor sort of house, because I remember her telling me about the rats they had in their cellar. It was a little house, no inside bathroom or lavatory, or anything. I mean, they used to bath in front of the fire. Her husband worked at the steelworks, and they had a tin tub that used to hang on a nail outside the back door, and she said about boiling kettles of water, and it was incredible! I mean, they were re-housed a few years later, and had a bathroom, as I think all the houses would have. But when we first went, I mean, there were rows of lavatories outside the houses, weren't there, in some of those back streets. But they were quite poor, a lot of them. And the housing was poor. Anyhow, that's my sole contribution! Can I just ask a question?

Were there any epidemics, in particular, in Rotherham, in those early years?

The only thing that I, I really remember, outstanding thing, is the lead poisoning, which was caused by burning the batteries, wasn't it? ...

Wife: Car batteries.

... on coal fires. And it affected a whole section of the town. It was first discovered by a Polish doctor then. He used to sort of, managed to sort it out. Once it was established that lead poisoning was the cause of the illness, everything fell into place. And I would say, I can't take any credit for the ... discovering that. But I would say that was the worst epidemic that we had, wasn't it. Can you remember any more epidemics?

Wife: Well, there was a flu epidemic, because I can remember, we had the telephone then.

Flu?

Wife: I can remember a flu epidemic.

Oh yes, flu, that's usual.

Wife: I was on the telephone constantly. I'd start to go out of the room, and the phone would ring again, I'd be back, answer that, take the call, start to go out, and the phone would ring again. It was terrible.

Did you often help out in the surgery?

Wife: Mmm. Yes. Not in the surgery, but ...

In the practice?

Wife: In the very beginning I helped in the surgery, well, Frank used to send patients up to the kitchen, and you were single-handed, and I'd be in the kitchen in the house, and patients would come to the back door, and I would be told, "Oh, Dr. Boon sent me up for you to put a bandage on this", or you to do this, that, or the other.

Dr. Boon: [LAUGHS]

Wife: But that was in the very early days while he was single-handed. And, as I say, after that, it was really the telephone. And, occasionally, people would ask my advice, on the telephone, like, one woman, who had just been diagnosed as having shingles round her waist, and had met a friend on her way home from the surgery, and the friend said, "Oh, if they meet round the middle, you die." And I said, "That's an old wife's tale." And the

Wife: But that was in the very early days while he was single-handed. And, as I say, after that, it was really the telephone. And, occasionally, people would ask my advice, on the telephone, like, one woman, who had just been diagnosed as having shingles round her waist, and had met a friend on her way home from the surgery, and the friend said, "Oh, if they meet round the middle, you die." And I said, "That's an old wife's tale." And the poor woman had been terribly upset. So, apart from the odd thing like that, and answering the telephone, no, I had very little ... [End of Tape 2 - Side B] ... I was still (LAUGHS)

What sort of relationship did you have with your patients?

I would say good. And I don't think they were bad, I think they were a good relationship. They seemed to trust you, and, if the people were, became aggressive, or didn't like you, they'd go to another practice. The fact that if, the Yorkshire people, especially in a place like Rotherham, are very blunt. They're not very ... if they didn't like you, they'd soon tell you. I don't think ... sometimes you'd get them turning around, but if they had a row, you'd part company, you couldn't have people like that, if they were going to row. It's, fortunately, it wasn't often like that.

In the days before the NHS, did you often find that people would put off coming to see you, or calling you, because of the expense?

No, never. Never. No, I don't think so. Because, as far as I was concerned, there was never any, I never refused anybody. There was no monetary thing involved. If they wanted medical advice, they got it. The money was secondary, because, I mean, a lot of medical attention I gave free, there was no doubt about that loss. I never worried about it, though, as long as I was getting along all right in the practice, and that things were reasonable, I wasn't bothered.

Were some types of patients a nuisance?

You'll always get that, I'm sure, with, in any practice. Nuisances. You'll always get that. There will always be problem families. I'm saying this. I mean, some houses you had to go to more than others, but there really, I would say that there were the, the poorer types are the least intelligent, you know what I mean. But there were some families you had to go to more often.

Were there any types of patients, or certain kinds of cases that you didn't look forward to dealing with?

No, I accepted everything, I accepted everything, irrespective of race or colour, or anything else. We had, we had quite a number of these coloured people. Dealing with them was sometimes difficult. I remember there was one Pakistan lady, who was delivered at home, and she couldn't expose her body to any man except her husband. So when I used to go to her, go to the house, I used to talk over a screen! (LAUGHS) That was the nearest I ever got. But we just had to accept that. I mean, otherwise, they would have thrown me out and they wouldn't have had you. You'd have been seen, you might have had a ... been knifed, or something.

What would you say the hardest part of your job was, at that time?

Well, I think, I think it was really the pressure of work, because you got a lot of, an area like that, where people want visiting more, than probably in the better areas, I think. And also, night work. People sending for me in the middle of the night. Eventually, we had the deputising service, but I remember practice before we ever had that, and it was, you could be out once, twice in the night, or a confinement in the middle of the night. Well, you've still got your job to do the next day. The surgery was the next morning, you couldn't just give up the surgery. That was pretty demanding, yes.

How did you cope with that? How did you cope with that amount of work?

Well, you've just got to. Sometimes it was a bit wearying, I agree. Well, let's put it this way. In a group practice, you're on duty certain nights. And when it was your night, you could have a bad night. But at least, the next night, or the next few nights, you're off, so you could get over it. Of course, when we got the deputising service, it was better than that, because the deputising used to come on at about, I think it was 8 o'clock at night, until seven in the morning. But if they'd finished at seven, you'd have to do the call. Some calls were, were really nonsense. I mean, I'll never forget some ... either, some Asians, who called me up in the morning, about six o'clock, to go and see his wife. So I said then, "Well, what's the matter with her?" "Oh," he said, "She pee, pee, pee, pee, pee ..." She'd got cystitis. However, I had to go out, because, I mean, you never can tell what it is with ... nevertheless, when I got there, it was cystitis. I gave him a prescription, and told them that it'll soon, it'll soon be put right, and all that. On the whole, though, I think, I think in an area like that, the people do tend to send for the doctor more often.

Why is that? Can you explain why that should be?

I don't know, but I think, I get the feeling, I mean, for example, when I was doing my locums in the better areas, you didn't have the same number of visits. For example, working in Sale, which is a good class area, we didn't have a lot of, a lot of visits there. And we didn't get a lot of night work either. But you only got, you got ... the usual problems. I'll never forget when I was working in Sale, a man came in, and he'd got a urethral

And the specialist told me this later, it turned out that this man's wife had been ill, possibly a — [CAN'T UNDERSTAND - 93] or something, she'd got rather run down. And the fellow said to her, "Well, look", he said, "I'll send you ... you'd better go for a week's holiday. Go to such and such a place, into a nice hotel, have a week there and come back." So she went off to this place and had this week's holiday. The last night she got ... tiddled, I think they drunk too much, and she went to bed with this man, and got, obviously got, contracted gonorrhoea, and that was that! And it all came out in the wash! I mean, I couldn't have told him that! It was surprising, it was amazing, when you heard it.

It was best that he heard it from someone else.

Yes, yes! [LAUGHS]

Can you tell me something about your surgery? How was it equipped?

Oh well, the last surgery which was the best of the lot, because that was the one that we built. Every, every consulting room had got it's own examination couch, a table, and it had also got a wash basin in it, and usually, it had a small glass cabinet, with a number of instruments that you might use for various things. You might have a — [CAN'T CATCH - 115], or something like that. And you'd also got an anglepoise light, and ... oh, you had a steriliser, in every surgery. You see, in this, in the last building that we built, we got one two, you'd got four surgeries. Every surgery had got, was equipped like a surgery. Its own steriliser, own examination couch, table, chair for the consultant, chairs for the people to sit on when they were talking to you, and a wash basin to wash your hands in, and all the rest of it. Furthermore, we had a, a glass thing, display sort of thing in the surgery. And on it, it had the names of each doctor. All, and, when you pressed, after you'd finished the consultation, you pressed the button, a light shone in this thing in the surgery, that told you the name of the doctor, the surgery number and ... for the next patient. So they're all sitting there, when they heard the buzzer, they looked at it, and saw it was them, and went on.

How did it compare with the first surgery?

Ah, well! The first surgery ... oh, it was much superior. The first surgery was ... I can't think, I can't think back, whether or not, I think we must have had a steriliser. But ... it was there, but it wasn't as well-arranged. I think in, in the consulting room itself, there was no wash basin, you had to go out into the next place to wash your hands, and this kind of thing. It had been in existence for quite a long time, as a doctor's surgery, you know, and I'm sure it was, it was primitive, but it wasn't ... it wasn't too bad.

How did it compare with other surgeries in Rotherham?

Well, I hadn't seen a vast number, but you take that surgery run by this fellow Hartegan, I thought it was just as good as his. I mean, I don't think any of the surgeries there were really ... as I say, very inspiring. I mean, for example, the furnishings and things were, were utilitarian, which you'd understand, with an area like that. But, ... as I'm trying to think now ... I think the difference, really, in the surgeries, there was ... primarily, in the location. You see, where we were, we were in a popular spot of, of Rotherham. But if you went into the town, there were some surgeries there, used to be surgeries there, which did cater for more of the private type of people, better class people, but that was because they were located in the middle of the town. But we got our share. Our practice was right around the ... we seemed to cover the whole of Rotherham, and eventually, we had to cut it down. We decided to zone. For example, we took people from a little place called Thriver (?? - 169) just outside Rotherham, on the Doncaster side. We had to decide to get rid of them all because it was too far. We had to zone, and we, we limited ourselves. Some areas we didn't take them from, and another area we took them, so we were confined to our own respective area. I wouldn't say it was, it wasn't a ... when we zoned, it wasn't a class distinction, it was really ... working, easier working. We couldn't go miles. I mean, you might, I had patients that I was really friendly with, I had a, a family who lived at Greensborough, in a farm there, it was ... what's their name? I can't think of it. A bigish estate, anyway. And I was very friendly with them, but eventually, I had to give them the push, because, suppose you couldn't, you might have been willing to accept it, to go yourself, but if you're not there, and your partners have to make that long journey, they don't want it. You had to zone yourself to a certain, a certain extent.

How did your patients arrange to see you?

There was no appointment system at all. Anybody came, they were seen. I mean, obviously, if one person, I'm saying that ... I'm not so sure. I think we did have an appointment system, but it wasn't rigid. If people rang in, they were given an appointment, but if anybody came in, they were fitted in, anyway. I don't think there was a rigid system. Obviously, if one partner had got an excess of patients, I mean, the receptionist was saying, "Well, you'll be a long time waiting for him, would you, could you take one of the others? So and So, Dr. So and So?" "Yes." I think the people were fairly reasonable.

Did you manage to get much time off?

No. I wouldn't say that. Well, well, we always had, we had one half day in the practice, in the middle of the week, on a Wednesday, and we'd no surgeries on Saturday afternoon or Sunday. So, obviously, those particular

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No. I wouldn't say that. Well, well, we always had, we had one half day in the practice, in the middle of the week, on a Wednesday, and we'd no surgeries on Saturday afternoon or Sunday. So, obviously, those particular days, you'd, you'd only do visits, emergency visits required. And I and my partner went, every week, without fail, to a football club. We followed Sheffield, Sheffield Wednesday and Sheffield United. We were booked in at, one week it was one, because, you know, they play alternately, both of them, and whichever one it was, we went to them. This went on for years. Well, the football match wasn't so great, and, again, we had some, we had some arrangement if any emergency came over. If anything, if there was anything to be dealt with when you got back, you dealt with it. But if it was an emergency, we had an arrangement with someone.

How were night calls and weekend calls arranged?

Well, once again, the night calls were the, were the doctor on duty. Whichever doctor was on duty, you divided it up equally between you, and weekends as well. Usually, it was two doctors on the Saturday and Sunday, but, once again, it was, the two doctors was ... one would do the Saturday, and then one would do the Sunday. When I say Saturday, it would be from Saturday, midday, or something, till Sunday at 8 o'clock or 9 o'clock, and then the next one would be Sunday until Monday at 8 or 9 o'clock. We, we were split up.

Could you describe a typical day in your practice, when you first arrived, say, in Rotherham? —[CAN'T UNDERSTAND REST OF QUESTION - 231]

Well, yes. Well, the surgery, the surgery would begin at nine. So you'd go down to the surgery and see whatever people were there. If the surgery was nine till half past ten, or so, you were there till, most of that time. If an emergency arose, and you were single-handed, you obviously had to leave the patients and go out to it. But you told them you'd be back as quickly as possible. Usually they didn't mind, and the majority were sat there when you got back. And, after the surgery had finished, at about half past ten, or eleven, you had a, you invariably had a coffee. Then you started on your round. You knew what visits you had, you had to do, and you split it with your partner, and say, "Well, who's going to so and so?" Well, who's here. You might say, "Well, you take that area. You take so and so, and you take this, and you take that." We zoned ourselves, and that was all right. And then, you got back roughly about midday. If you'd got other visits to do, you'd have to do them in the afternoon. If, however, you'd got your visits finished by then, what time, if you weren't on call, the afternoon was your own to do with, until such time as the surgery came along. And then the evening surgery, I think, was always about, I'm not sure if it was five or six, whatever time, you were in the surgery at that time, until the finish. That was it.

How many patients would you see in a morning surgery?

How many? Well, ... obviously when I first started, it wasn't many. I would say, by the time I, I was finishing, I would say at least 30. At least. But, I mean, a lot of it was, was routine. For instance, people coming in for a — [CAN'T UNDERSTAND - 271] for a continuation of incapacity, and that kind of thing. You got quite a lot of that. It was all work, but it didn't involve a lot of time.

How many visits would you do?

Well, I think, there again, I think it was about ... between 10 and 20, I would have said.

And would you have roughly the same amount of patients in an evening surgery as you had in the morning, or not?

Yes, I don't think, I think the evening surgeries were busier than the morning ones, in fact. There were more people there.

And, on average, how much time would you say you spent with each patient?

Well, it's very difficult to say that, because, as you say, an average is ... is an average. I mean, it depended on the circumstances, obviously. One person might take longer because you've got to listen to it all and make a diagnosis, and examine them. Whether the examination was lengthy, or the interview was lengthy, it all added up. But I would say that ... I would think about five minutes as a minimum, and, well, sometimes ten minutes, quarter of an hour for the, the longer one. I wouldn't think that anything went on much longer. Occasionally it would, if it was something out of the ordinary.

Did you offer any other services? I mean, you mentioned you did minor surgery.

Yes. Well, if you did a, if I did a circumcision, I used to do that in the patient's home, as a general rule. And I took my things with me, and sterilising, you can always boil things, and I would put antiseptics, so circumcision I would do in the patient's home. But, when I say minor surgery, things like, like a circumcision, or a ... lancing a boil, or something like that, you do as and when required. But I think that circumcisions were mostly done at home.

an afternoon. It usually began at, at 2 o'clock, it sometimes went on till five. It just depended on the numbers and what have you. We had a, we had a, we had a big maternity practice. Going back, as I say, to Eckington, there I used to do all my deliveries myself, with the help of a midwife, but it was home deliveries. As time went on, more and more people got, in fact, delivered in hospital. But, even if it was only for a short stay in hospital, sometimes 24 hours delivery, and then sent home. But, more and more people decided to go into hospital. On the whole, I think it's better. But, nevertheless, in Rotherham, we had a general practitioner maternity hospital, which was run, a consultant used to go there as well, probably visit periodically, but it was run by general practitioners. Once again, if you got a patient, and you, shall we say, in labour, and you couldn't cope, — [CAN'T UNDERSTAND - 352] forceps and what have you, you rang through to the maternity hospital, and either a doctor, consultant, or whoever, came out and did it there and then. Or, if you felt it was better, we sent them into the General Hospital. But, on the whole, usually the consultant used to come and do it.

Did you have a good relationship with the local midwives?

Yes. I would say so. Very good, I'm sure. I never ... I thought they were very good, on the whole, very very good. Yes, we had ... We were very friendly with the Matron of the hospital, we used to take her to concerts, to shows, and the theatre in Sheffield, and one thing and another, we were very friendly with her.

How did you get in contact with the midwives?

Well, as I say, two of them came to the ante-natal clinic every week. And, usually the midwives who came to you are the midwives who were mostly in your area, and would practice. Well, as I say, two of them came to the ante-natal clinic every week. And usually the midwives who came to you, are the midwives who are mostly in your area of practice. And, but they're not entirely. Sometimes they switched them around. But when you wanted the midwife, you knew, you rang them, or ... if the patients were booked for home delivery, they rang the midwife.

And when would the midwife get in touch with you?

Well, I think they normally phoned to say that they, that they were going there. When they received the call, they let you know, to say that ... or sometimes they rang up when it was over. "I've got to ring up to tell you I delivered Mrs. So and So in the night." If it was a straightforward delivery, they didn't call you out. They were very, they were very good and very co-operative. I wouldn't say there was anything bad. Also, I had some medical people as patients, but they were mostly hospital staff. I had a paediatrician, and another ... Casualty Officer, and one or two people like that, as patients.

What sort of relationship did you have with the district nurses?

Well, once again, sorry, the district nurses, I found they were very good. I never, I never had any fault to find with them, and they did their job. When they did the nursing thing, there was always a report in the bedroom for you to look at. And if there was anything special in it, they wrote it down, if they were drawing your attention to something. If you wanted them to do anything, you wrote it down on the, the thing. So the co-operation was quite good. And ... now, the health visitors, I thought were a bit of a useless crowd, on the whole. I thought the health visitors were useless, a lot of them. Social Services.

Why?

Well, for example, to give you a thing. I got called out one night, to an old lady, and when I got there, the health visitor had called. This old lady had been out to something, and she arrived home, and her, her fire had gone out, and the place was cold. It was a very cold day. And so it, the health visitor didn't make the fire for her, or put it on, or anything like that. She'd just said she'd have to go to hospital. She refused. So I was sent for. Well, when I got there, one of the neighbours, who was a friend of hers, had gone in and lit the fire, given her a hot drink, and she was feeling a lot better. And she said, she was most indignant about this health visitor, "Never send me that woman again." Well, I agree. She should have done more for that woman. Well, maybe a health visitor, it was a visit only that she did, she didn't give any help of any kind. I found the health visitors were a bit, a bit useless, on the whole. And, that's my own opinion. I don't think it would have made any difference if I hadn't have had them. I wouldn't have been any ... It was a job for somebody, and what the job was, what they were doing was, I don't know.

Going back to district nurses, what work did you expect them to do?

Well, for example, if somebody came out of, out of hospital, and ... their wounds might require attention, dressings, or a bedfast person, they'd have to attend to visit them — [CAN'T UNDERSTAND - 455] and pressure points and what have you. And ... I would say, I would say dressings, and ... care and attention. Like I said, pressure points, etc..

points and what have you. And ... I would say, I would say dressings, and ... care and attention. Like I said, pressure points, etc..

Was it ever the case that you thought that a midwife or a district nurse had done something which you felt was your job to have done?

No. I can't say. I can't honestly say that. I don't think they ever, I think the same as the midwives. I think that sometimes the midwives, of course, an experienced midwife is probably better at delivery than myself, because they're doing the job all the time. And if so, I mean, that was it. I don't think there was any conflict. I mean, some, some of the midwives were really first class. [End of Tape 3 - Side A] ... post-graduate — [CAN'T CATCH - l] which were open, I mean, anybody could go, who wanted.

Who organised them?

Well, I presume they were done by the hospitals ... you'd know what the thing was. Shall we say, a gynaecologist talking on ... on ... various, well, some gynaecological thing, or maternity. But you'd have a specialist on a particular subject, and if you felt it interested you, you went there. The thing would last about an hour, and then it would finish. And there were, I used to attend a lot of them.

Were there any other types of refresher courses available?

Yes, I went to quite a number. When I came out of the Services, before I went into practice, I went to London and did a course at the Post-Graduate Centre in Hammersmith. I did a, I think it was a six weeks course of instruction, to get me in the, the groove again. And, then when I was in practice, I went to courses, I went to some courses in Sheffield, post-graduate courses, where you had to attend the whole thing for a week. Obviously, I was able to run backwards and forwards with the car. And I went to one, I went to one in Aberdeen, as well.

Which journals did you read?

I read, I read the *British Medical Journal*. That was all entirely, that was it. I can't, I can't seem to, I don't think I ever took *The Lancet*, I don't know. It would be the *BMJ*.

Were you a member of the BMA?

Yes, all the time, until now.

Were you a member of any other organisation?

Yes. I was a member of the Sheffield Medical Surgical Society. I used to take their meetings. And that was all medical.

Any other lay organisations, were you a member of?

Non-medical, I was a Freemason, but there were no other medical organisations.

What about organisations, outside medicine, other than the Freemasons?

Well, I, I, like I said, I had the football at the weekend, and ... when I was, in the early days, when I was in practice at Eckington, I used to play both tennis and, and badminton. But eventually, I discontinued both.

Moving on to the organisation of the practice, when you first arrived in Rotherham, what sort of ancillary help did you have?

You mean in the surgery?

Yes.

None. As I say, my wife used to put the bandages on, and this kind of thing. But really, really, no outside help. My wife, my wife had done some nursing training, and could give them some attention. But there was nobody else.

When did that change?

Well, it changed when we left that house, and acquired the premises in the cinema nearby, and converted it to a surgery, because we had to have a reception staff and everything else then, because it was growing. I'm wrong. We did have a, we did take on a receptionist at the first practice. But her hours were limited. We had a receptionist at Orchard House, didn't we?

Wife: Yes. Very sort of short hours, though, because I was on the phone.

Yes. But that's the only, sorry, you're saying ancillary. That's the only ancillary staff we had.

Wife: Yes. We carried on, and it was in the ... just carry on.

So, later, you employed a receptionist.

Well, later, as the practice grew, we had to have more, we had a team of receptionists and workers. Also, a nurse used to appear at the end of the surgery to do any dressings that were required, and ... and, of course, the maternity, there was always a midwife there.

Wife: About then, yes. — [CAN'T CATCH - 068] so as you won't have to ask me.

Yes.

So you would have had a team of receptionists, nurse ...

Yes.

Anyone else employed?

No.

Did you ever employ a dispenser?

No. Because there was so, there was so little private practice, and what, you had a small sort of thing, you could always dispense it yourself. Or, alternatively, you had to give them a prescription to take to the chemist, and buy it.

What sort of work would your receptionist do?

Well, they took all the phone messages that came in, and made appointments, and also ... they made hospital appointments as well.

So you'd introduced an appointments system by this time, had you, at the practice?

Well, as I say, we never had an appointment system, the, the surgery was left open. If, if the surgery, we had an appointment system, but it was, it was slack, you know what I mean. People, people never got turned away.

Moving on to another area now. When you were a GP, did you ever hold any kind of hospital post?

No. No. Never. I know what you mean. I never had any other, any hospital appointment.

Would you have wanted one?

No, I think I'd got enough on. One of my partners had a, a geriatric appointment as well, outside the practice, but, I mean, I wouldn't have wanted it.

Why not?

Well, I think I'd got enough to do with my practice. Is that right, Judith?

Wife: You were Treasury Medical Officer, and did insurance work as well, at the practice.

That's not, that's not ...

Wife: That's why you had enough on.

I did insurance work. I was, I was the Medical — [CANT CATCH - 101 - sounds like "referee"], for quite a number of, of companies - the Pearl Insurance, the Farmers' Union, oh ... I can't remember them all. There were quite a number, anyway.

So you had quite a few outside appointments.

Yes. Yes. I was Treasury Medical Officer. And and I was also into Red Cross, a lecturer in Red Cross. And I was also on the, an examiner, in Sheffield, for the Red Cross examinations. We used to go to Sheffield and do it, examine there. And also, as I say, a lecturer, because I used to give Red Cross lectures or First Aid lectures, to various organisations. I gave First, First Aid lectures to the Post Office, and also to some of the big steelworks, I gave them First Aid instruction.

You said one of your partners had a hospital appointment.

Yes. There was a hospital called Marsden Bourne Lane (?? - 121) Hospital, which was a, for old and infirm people, at, how many people at Marsden Bourne Lane?

Wife: I've no idea.

But he used to go there, it was a, it was a daily visit for him.

Was this before the NHS?

No. No. This was with the NHS. It was an advertised post, and he applied, and got it. Like the Treasury Medical Officer, it was an advertised post. I applied and got it.

Was it unusual for a GP to have a hospital post?

No, no, because you can get them in, I mean, there was one other, Collinson, he was skin, he did skins as well. It's quite common, nowadays, for people to do part-time at the hospital. They're not, not classified as, as a, a specialist. They have their own grading — [CANT UNDERSTAND - 133] it's a hospital where, I forget the term, but they're on the staff, anyway. They don't take over from the consultants, but they do relieve them of some of the routine work, possibly somebody coming back for another, a check and treatment, and this kind of thing they would attend to.

How did you go about referring your patients to the hospital?

Well, eventually, we got these appointment cards, you could either give it to the patient and tell them to take it, or if you felt that they weren't able to cope, you could ring, get the receptionist to ring, and get an appointment. And that was that.

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Did you ever have any problems, getting a patient into hospital?

Well, I wouldn't think it was, I wouldn't think it was terribly bad, in Rotherham. I don't think it was. I think, I think the consultants, as, as in a lot of areas now, I think they're on a sort of racket, you know. I mean, it, if the waiting list is, is high, they get more private work. And I think they're, they're wanting more private work. Because, I mean, whenever, it seems odd, you ring for a specialist appointment at the hospital, two months. You ring privately, and they can see them next week.

Has that always been the case, in your opinion?

Yes. I would say so. I think that was, I think that was very bad in Rotherham. One of the worst areas, in fact. I thought it was very bad.

What were relations like between consultants and GPs, in Rotherham?

Well, I think they, I think they got on all right. I can't think there was any, any real disagreement. I think that, I think you're all, you're all working together. I don't think there was any ... obviously, you had your own preferences. You tend to trade with whichever consultant you liked the best. I mean, you got, you got a choice of three or four surgeons, and two gynaecologists and obstetricians, and, they seemed to have quite a lot of staff there, you weren't limited.

Were you happy with the service you got from the local hospitals?

I would say so, yes. Yes. I wouldn't say that I ever had any fault to find with them. Sometimes, they slipped up, but it wasn't invariable. I would think it's exceptional.

Did you have any access to the hospital facilities? Or were there any GP beds?

Nothing, apart from the maternity hospital I mentioned. That was the only place that was, general practitioners went there. There were no general practitioner beds in the hospitals when I was there.

And what about the service, as regards lab. tests?

What about the?

The services as regards lab. tests, blood tests, or whatever?

Oh, well, you could send, you could send people up to the lab. any time to get this kind of thing done. And, sometimes, if you've to take blood, the lab. would give you special containers, but probably, you could take it up or send them, they would do it. No problem over lab. tests. You got good laboratory facilities.

Did you have any facilities in your surgery for doing your own tests?

Well, I can't remember. I can't think we had much. I don't know, didn't we do haemoglobins?

Wife: I don't think you did anything, as far as I remember.

No, I don't think, I don't think we, we had. I think, if you wanted anybody to have a test, then we sent them to the lab.. We didn't have a laboratory as such, as such, any laboratory facilities in the surgery.

Did you have much contact with the local Medical Officer of Health?

Occasionally, but I wouldn't say a lot. Very little. I mean, they were in, doing a different job to ours. I mean, they were, if they issued something in reception, it got passed on to you, but it was all official. But I wouldn't say we came into contact with them at all much.

Wife: It was anti-social — [CAN'T CATCH REST OF SENTENCE - 208]

No.

Wife: People more socially. Especially Dr. Donaldson, he was the MOH, wasn't he. Dr. Donaldson.

Well, I don't remember. I remember, very occasionally, going to see them about some — [CAN'T CATCH - 212], it was just a very, so rare, that it was ... possibly about twice in the whole of the time I was in practice, something like that.

Just going back to specialists for a minute, did specialists and consultants show much interest in the work of GPs?

I can't say that. I don't think they did. I think the only thing they showed interest in was the cases that they received from you. I never, I don't think the specialists had much interest in general practice. Do you?

Wife: No. You used to meet them socially, and all that sort of thing, but I don't think they were ...

I don't think they were interested.

Wife: ... interested.

When you, jumping back even further now, when you were a student, was, how was general practice perceived by your lecturers at university?

I don't remember ... well, I can't remember it being, getting — [CANT UNDERSTAND - 243] and such like that. I know, when we did maternity, we had to go out of the district to maternity cases. And when you got there, you weren't alone, there was a midwife came along, but you had to attend with the midwife, and, and you were instructed by her as well. I remember that.

But was it, was it expected that most students would become specialists, rather than GPs?

I wouldn't say, I wouldn't say that, because ... it meant, it meant extra time, and also, there aren't all that number of appointments available. If you think of, of Newcastle-on-Tyne when I was there, suppose there were 60 or 70 medical graduates, there weren't 70 vacancies in hospitals available. If there'd been ... shall we say, ... 10, 20 maximum. You see, the bulk of the people have got to go into practice.

Did you feel that specialisms were more prestigious than general practice?

I never thought it was that, I thought it would be more interesting, as a specialist. Specialisation, I thought, for example, I would have liked to have done medicine. I thought, because patients on the ward, medical patients, you can solve the problem, work it all out, it's quite interesting. I rather, I really did like medicine.

Wife: You would have liked, you would have liked to have gone and specialised.

Yes.

Wife: But ...

I know, but the circumstances ... circumstances interfered. I went into general practice for a time, but then, as I say, the War came, and I felt it was too late to, to start. I would have liked it. Even, if my father had given me encouragement, I think I would have gone, but he didn't.

Wife: Well, it did involve financial considerations, didn't it.

Yes. He wanted me to get to work.

Wife: To start earning money, yes. Fair enough.

To step on further now, to the NHS, what did you feel about the NHS when it was proposed?

I felt it, I felt it was a good idea. I felt it was good. I was all in favour of it.

Wife: It meant we had to get a practice pretty quickly, because it was just before the NHS, we knew it was coming in, so he wanted to get a practice fairly quickly, as we were then married, and I was expecting a child, so that would influence us a bit, to speed up and get a practice.

What was the general feeling within the profession, at the time, towards the NHS?

Well, I think everybody ... I think some people might have been a bit apprehensive. But, I think, on the whole, we knew it was coming, and we were all very for it. And I don't think there was, I don't think there was any fear of it. I think that everybody, most of the medical professions were ready to accept it.

Where did the idea, or the demand, for a National Health Service, come from?

Well, I thought it was, wasn't it political? Wasn't it Mr. Bevan? Nye Bevan, wasn't he the starter of it all?

Wasn't he just responding to something?

Wife: There was already a scheme, because I remember my father had 400 panel patients, who were quite separate from his private patients, and that was a similar sort of thing, wasn't it. The panel patients, I don't know why they were, they were on a panel, presumably. But who initiated that, I don't know. And the Health Service, of course, took over all the panel patients automatically, and everybody else became NHS patients. But there was, as I say, this scheme in operation already. But you could pay in, I think, so much, whatever it was, a week, month, year, and then you got free, in inverted commas, medication whenever you wanted it.

Was there much discussion amongst GPs before the start of the NHS, about it?

Well, I don't say that. I mean, you had meetings, like the BMA and other organisations. I think ... on the whole, I think everybody knew it was coming, and well, we accepted it. I don't think anybody was against it.

Wife: Those who weren't, went into private practice.

Did you attend meetings about it?

Well, I attended some meetings, which were sort of ... rather informative. The people were telling you what was going to happen. But I can't remember anything, any views against it, or anybody. I think everybody accepted it. In fact, I, as far as I'm concerned, I thought it was a good thing.

Were there other ways in which you were able to keep informed about negotiations?

No. We weren't, at that time, the BMA wasn't so political, politically minded. Weren't so organised in politics as now. They've become much more political in recent years than ever they were in those days.

Were you happy with the outcome of the negotiations, as regards methods of payment for GPs, and the ...

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Yes.

... the conditions of work?

Yes. Yes. I don't think they, I felt they were all reasonable. I felt the pay was adequate, and everything.

Do you think the profession benefited from the introduction of the NHS?

Yes, I'm sure it did.

Can you say in what ways?

Well, I mean, it meant you hadn't to worry about the finances of the poorer people. Everybody could receive equal treatment. And this is what, I think, did happen. The equality of treatment. I mean, it didn't matter whether you were a poor person, or a wealthy person, or what you were. If you went to a hospital, or a doctor, you got the treatment without any financial worries. And I think some of the poorer people definitely did worry about the medical fees, and one thing and another.

Did it have any disadvantages for the patients?

No, I wouldn't say so. I think it would be more advantageous, I don't think it had disadvantages.

And what about for the profession?

Well, at the present time, I think it ... there's need for a review of the services. I think what the Government was trying to do in the last session of Parliament was, was good. They did take a look at the, the medical services, hospitals and one thing another, and tried to bring them up to scratch. There's no doubt there are things that are wrong. And it's not just a question, I think mismanagement, largely. There is a lot of mismanagement.

Was there mismanagement in the early years?

No. Like, I've said, when, when Rotherham Hospital was run by the Board of Governors, it was more efficiently run on less income than now. Now, I think there's an awful lot of money wasted on inessentials.

What would you say were the main differences between pre-NHS general practice, and post-NHS general practice?

Well, I think, I think it has, NHS practice has increased the demands on the doctors. You get more demands if you have a free service, than you did when there was some element of payment involved. I think people are almost more willing to come now for medical advice.

Was that something you noticed immediately, on the introduction of the NHS?

Well, I think the workload has gone up and up. And I think some of it is ... I don't see why we, how you can avoid some of it. I mean, Certification, for example, that's, that's quite a lot of work. But I don't see how you can avoid it.

Do you think prescribing habits changed?

Yes. I think that, there's a lot of over-prescribing. I mean, you, some doctors ... well, like myself, I use, I use a Ventalin inhaler. Some doctors would give me a prescription for six, which I think is wrong. But I've seen prescriptions given like that, which is quite wrong. It saves them issuing, issuing another prescription in a week, a week later. It leads to, to, well, I think that people don't take care of them. If you give them six, six things, they just use them more freely, so they probably abuse it.

Did that, did this become apparent with the introduction of the NHS?

Not immediately. I'm talking about what I feel now. But I think that now, things may have quietened down a bit, but I think that people seem to, I think people go to the doctor's than they used to do, to, for everything. We seem to have become more introspective, as a nation. There's often a lot, all the programmes, a lot of programmes on television, and things in the newspapers, they're all telling people to go for this test, or that test, breast screening and what have you, and they — [CAN'T UNDERSTAND - 464] at the end of the day, you see, it's going to be worthwhile.

When you saw your patients, did you try to give them lots of information? Did you feel that was a good thing, or not?

Well, I gave them information if it was, if it was helpful. I didn't tell them anything very bad. I would never do that. I think it's, it's better to tell the half truth, than to tell the whole truth, you know what I mean? It can buoy them along. I, I remember a fellow came to me, a big strapping man, he'd gone through the mass radiography in the steelworks ... [End of Tape 3 - Side B]... When I got a carcinoma, and, you had to come off work, they couldn't do anything, it was inoperable, and this man would say, I had an awful job with him,

Wife: He's not, right, he's not putting himself important!

Dr. Boon: ([LAUGHS])

When your workload increased with the advent of the NHS, did you find you were having less time to spend with patients?

I think we, I think you had less time, because of increasing workload, that's true. I would say that's true. I'm sure.

I don't know if you're aware, but there were reports in the medical journals, in the early fifties, on general practice, by people like Collings, Hatfield and Taylor. Were you aware of them at the time?

Reports on people in general practice?

No. It was a general survey of general, of the standards of general practice in the country.

I might have, I can't remember, remember it.

Wife: What was it published, what form was it published in?

It was published in, Taylor's was a book called *Good General Practice*, Collings, I think, was a *New Zealander*.

Wife: No, then.

Who published it, who came over.

Wife: If they'd been published as articles in medical practice, then they might have been read.

Yes, Collings was. Collings was.

Wife: Well, it's a possibility, then.

Wife: No, but. He doesn't remember. And I don't remember reading it. I used to read the *BMJ* too. Mostly the obituaries. But if there were interesting articles, I would read them as well. But we don't get that now, because Frank's no longer a member.

Collings was very critical about, I think he was published in 1952, he was very critical about the standards of general practice in the country, at that time.

Wife: It has changed terribly, and I mean terribly. That's ... the number of home visits, for example, you really have to be pretty ill before you could ask for a home visit now, even with an infectious disease, sometimes the child would be, the mother would be told to wrap the child up, and bring it down to the surgery, which was unheard of before NHS. But whether that's ... following the American trend, or because of the NHS, I don't know, but it has, it has changed considerably in Dan's time.

Let me ask some questions which you can both, you can both answer now.

Can you tell me when you married?

Wife: Mmm. He can't! 1945, March.

And how many children have you got?

Wife: Three sons.

And when were they born?

Wife: '46, '47, '49.

And what are their occupations?

Wife: The eldest is a, a paediatrician, and the other two teach. They're both in Australia, the teachers, unfortunately.

Did you try to encourage them to go into medicine?

Wife: I'll let you answer that.

She tried to discourage them.

Wife: I was afraid you'd say that, yes. That's true, though.

And you tried to encourage them?

Yes. I never, I never positively. When he said he was going to take up medicine, I was very pleased.

Wife: Oh yes, so was I, once it was decided. I certainly didn't encourage him for, but then I didn't press him to go into anything.

Why didn't you encourage them?

Wife: That's very personal. I don't know whether I can answer that. No, there'd be ... rattles of the breath if I say that! I just thought they should look around and decide, I was so used to people going into medicine automatically, that I thought it would be a good thing if they considered all possibilities.

Did you find that general practice had an effect on family life?

Wife: Oh, as regards ... yes. Dan saw very little of his family, and because he was working such long hours, and irregular hours, yes, he saw very little of it. And also, I noticed it with my father, who was in a single-

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Do you have to accept that as part of the life of being married to a GP?

Wife: I don't think they do these days. No, I don't think it is acceptable.

Did you then? Was that accepted?

Wife: Yes. I suppose then, because, as I say, having been brought up in a household where, obviously the patients' needs were considered almost equally to the family's, yes, I suppose I accepted it. But, no, it's certainly not accepted now.

When you had your children, was it a struggle, financially, to bring them up?

Wife: No. They went to public school, so it was a struggle for me to exist on the money that was left over, in sending them away. And it was a deprivation to have them sent away. But, well, we've never been very hard up, but we, we haven't automatically, if I wanted something, we wouldn't automatically buy it. I was prepared to wait, or had to wait. So, no, we weren't, we were never hard up, really. But we didn't have excess cash flow around.

And have you always assisted in the practice in some way?

Wife: — [CAN'T CATCH - 97]

Even when it was group?

Wife: Oh yes, telephone, though it was much easier when it was group, because there were other wives, obviously, and so when the surgery was closed down, and the phone was switched to one of the, the doctor on duty's house, yes, I did that. But obviously, my turn came round less often, and, of course, towards the end, the deputising services employed, so it was a whole lot easier. But, because Dan was the principal in the practice, for the first, what was it? Two or three partners who came along with their wives, they lived with us for a while, which was quite hard for me, because I cooked for everybody and all that sort of thing. So ... I think it was only the first two. Oh, we had one single doctor as well, he lived with us for a bit. Yes, things got easier for me, and I suppose for Dan, because he was, his turn on the rota came up less frequently.

What sort of a social life did you have?

Wife: Quite good. He belonged to the Medical Something or other in Sheffield, and we used to go to all their functions and dances and things. We had quite a good social life, and there was a theatre in Sheffield. And we belonged to the Caledonian Society and the Ulster Society. And a lot of consultants, that's to say how we saw the consultants more socially, I think, than professionally. So, as I say, yes, we had quite a good social life. And we played bridge with the consultants who lived opposite to us. We played bridge with him and his wife. And that was terrible, I hate bridge! And he always used to partner me, and then he'd say, after each hand, we'd have a little talk. He was very nice, though. But, and there were various charity raising things like the Medical Benevolence Society to which I belonged, and the wives used to have luncheon parties or coffee mornings. So, yes, we had a good social life.

Did you intend, originally, to train in medicine?

Wife: No. If my mother had had her way, all four of us would have been doctors, but she didn't get her way! As I say, I did go to Barts for a while, but then I'm good at, or I was ... good or bad at starting something, and not finishing it. Because before Barts, I went to London University for a year, and didn't finish my degree. Went to Barts, didn't become an SRN. And then — [CAN'T UNDERSTAND - 140] and after that, that was it, until I finally took an OU degree. I was so fed up with myself that, that must have been what, in the late forties. I suddenly thought, "Well, I'm going to get a degree."

Then we had one a couple of years ago, and now we're waiting on to the, is it the fiftieth now, the next one?

Wife: I thought the last one was the fiftieth! The last one was the fiftieth!

Oh, we've had the fiftieth?

Wife: Yes!

Dr. Boon: [LAUGHS]

Wife: I never know what the next one is. Most of them are dead now!

One of the consultants in Newcastle-on-Tyne, very good. We had a meeting at his house, and we all got together, and he put on a sort of buffet lunch, like this, for us. And it was quite good, and there were about 20 of us got together.

Wife: That's counting wives.

I'm still, as I say, that fellow Hales, in practice in Rotherham, who's in Aberdeen, we correspond every Christmas. He writes me a long letter, and I write him a long letter. And another doctor who was in practice in Rotherham, a Scotsman, he came from Kintyre, Cameltown, he's retired there, I write to him a lot. And, I don't know any others.

Wife: Well, that Hebrew one, who sent you the invitation, was he at Newcastle with you?

Who?

Wife: The, the Jewish one.

Ah, that's Rosenblum - Russell.

Wife: Russell, yes.

I mentioned him. Oh yes, I mentioned him. I correspond with Russell, and I've also corresponded with another chap, Gotham. The last time I went to Carlisle, I stayed with my sister there, we met Gotham at some place, Walk (?? - ph. 175), I think it's called, and we had a pub lunch with him, well, he and his wife together, I had a meeting with him. A nice chap.

Were all these GPs?

Yes. He's a GP. All of these are GPs. But when we got to the reunion, the 50th Reunion, there were quite a number of, were otherwise. There was surgeons and, oh, gynaecologists, everything there. I think there were more consultants than GPs! [LAUGHS]

Well, finally, can you tell me what you think the biggest changes in general practice were, in your career?

Well, I thought when the National Health Service came in, straightaway I stopped doing minor surgery. So that was the first big change. I'd always done minor surgery before that, that, that suddenly stopped. And secondly, I think we did, I used to do more maternity at home than when the National Health Service came in. I used to do far more home deliveries. I don't know whether that was the National Health Service that brought about that, the hospital deliveries, or whether it was considered better that you should have a delivery in hospital. I think medical grounds tended to, to drop off. Because there are still people who want their babies at home, and have them. There's no compulsion to go to the hospitals. But I would think then another thing that I noticed, that when, before the National Health Service, you'd got Rotherham Hospital, a small hospital. You now go to Rotherham, you've still got Rotherham Hospital there, but you've also got a big new General Hospital built. But you've got waiting lists, and you've got double the staff, and you've got waiting lists and so on. I think there's a lot of mismanagement going on. And I think, sometimes, hospitals are kept open unnecessarily, or when they, when the Government go, or want to be closed, there's always a public outcry. And I think it's a, we shouldn't keep these places on if it's going to absorb funds and staff and money. I think it should be what is the most efficient, really. I mean, obviously at a time like now, especially when we're in recession, we should consider, I don't say we've got to improve everything, but I think ... be more careful in spending the money. I'm not sure that, as well, of whether it's better to have as they've got now, some practices have got a practice manager, I met one, I was on a bus trip, on one of these tours, I was sitting next to one all the way, she was a practice manager from a practice near Winchester. And, I think if they're trained, they can do a job, but, nevertheless, it's adding, all adding costs to the thing, and I wouldn't really care to voice an opinion, whether it's beneficial or otherwise, I don't, I haven't experienced it myself.

Wife: I don't think there's any question, actually.

Well, but then you've got, you've got practice managers, and other things, you've got hospital managers, management, which used to be medical, now you've got financiers, anyway, running them. I wonder if, sometimes, we are doing it the best way? I am in favour, I am in favour of the Government, of what they're doing at the present, looking at the Health Service critically, and doing what they're ... I, the BMA, I used to get, having attained the age of 65, I was on a, a small fee, a — [CAN'T CATCH - 242]. Well, all of a sudden, they decided to abolish it. I had to pay a full fee of about, something colossal. So I wrote and told them, and I withdrew. In any case, I don't agree with the BMA attitude to, to anything that's been proposed by the Government, they've always been against it. But they always run against it anyway. You think back to when Lord Worcester came, they were against him. They were always against any advance. Before antiseptic

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Do you think it would have been better if, at the start of the NHS, that people had been asked to contribute to it?

I think it would be better to, if we considered some of the, a country like France, I'm not saying we've to follow what they do exactly, but I think we could look at their Health Service and see how we could benefit, how our own could be, be better improved. Don't you? I don't know. I'm only, I'm only suggesting this. I know that in the last year, that the Government were trying to improve the Health Service. I remember the BMA seemed definitely against it. I wrote and told them I didn't agree with the BMA views on it at all, which I'm still of the same view. I think the BMA have been wrong, to oppose. Every single move that's been made, they've opposed it. They're just like the Opposition in Parliament. I can't understand it.

What would you say was the greatest change, treatmentwise, in between your starting practice, and, say, the end of the 1950s?

Oh, I think there's been a terrific change, because of all the ... you've got a host of things. Chemotherapy's improved tremendously. You've got a, a much bigger range of antibiotics, and, after all, the bacteria in terms of the viruses, I mean, are one of our biggest enemies. If you can conquer that lot, you've done, done a lot for the Health Service. But you take, say, my own thing, I've got, I've got asthma, but my treatment, I think, is more, more up-to-date than it would have been years ago. And I think it's, there have been a lot of improvements. I, I was misdiagnosed with my asthma. When I got it, I was in Sheffield at the time, and I went to a chap there, who was the head of the respiratory unit at the Northern General Hospital, and ... he said I was suffering from asthmatic bronchitis, bronchitis, essentially. Well, I seemed to be drifting along, getting worse and worse, and eventually, I phoned my cousin up at Newcastle-on-Tyne, he told me to go up and see a fellow called Brewis up there, Alastair Brewis, he was — [CANT CATCH - 309] then, but also he's a chest man. I went to Brewis, and he gave me an examination, and said, "Well", straightaway, he said, "You're suffering from asthma." And that's it. Just ... nothing else. He didn't even give me an X-ray. He took the story and gave me a diagnosis and treatment. Since then, I've been a lot better on his treatment, because it's been the treatment of asthma. And he said about, the stuff I'm taking, about the, "Take the Ventalin by inhalation, and", he said, "you get it where it's needed, you don't have to have it in all your body all the time", which is true enough. And he said, "Secondly, the —" [CANT CATCH - 320] which I'm taking, he said, "you're getting a minimal amount", he said, "it's much smaller than taking the steroid by mouth." And, he said, "There's less side-effect from it", from both of those things. Well, some things have improved, but there's some things there won't, I would like to see better in medicine. I'd like some improvement in the, in the knowledge of the actogeretic (?? ph. - 333) disease.

Wife: What? What?

I think ... the actogeretic disease.

Wife: Whatever's that?

Drug. There's also chemotherapy. For example, my brother is suffering, at the moment, from Parkinsons Disease, he's in the last stages of it, which was induced by some chemical treatment he took. And I think insufficient, there's insufficient knowledge about the side effect of drugs. I would like to see more work done on that.

Wife: But they always say, "Keep out of the hands of doctors if you can." My sister who was an anaesthetist, said, "Be very careful ..."

Dr. Boon: What's that?

Wife: An anaesthetist you had. Because you can get things wrong with you through medicine, can't you, as you say. Drug induced illness.

Dr. Boon: I did.

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... I was in London, I sat in the House of the Government, of what they're doing at the present, looking at the health service generally, and doing what they're ... I, the BMA, I used to get, having reached the age of 40, I was in a position to ... I don't recall ... Well, all of a sudden, they decided to establish it. I don't recall ... I don't recall ... Well, I wrote and told them, and I withdrew. In any case, I don't agree with the BMA ... in anything that's been proposed by the Government, they've always been against it. But they always ... You think back to when Lord Warriner came, they were ... They were always against any advance. Before antibiotic surgery, the feeling was intense. They stood at the door ... and they go and do an operation, to show they didn't care. It's true. They didn't believe the things that went on. I think the, I can't understand why the medical profession is always so ... I think they are. Another thing is Justice's sister and husband, back ... in France, they've got no waiting lists at all in the hospitals. What ... But it's better run as a result. Did you know that? That, there are ... but it's a Socialist Government in. But they want to contribute something to it, and I think they think better of it.

Do you think it would have been better if, at the start of the 1940s, that people had been asked to contribute to it?

I think it would be better to ... I'm not saying we're to follow what they do exactly, but I think we would look at their Health Service and see how we could benefit, how our own might be ... I'm only, I'm only suggesting this. I know that in the last year, that the Government ... I remember the BMA ... I think the ... they've opposed it. They're just like the Opposition in Parliament. I don't understand it.

What would you say was the ... in between your working practice, and, say, the start of the 1940s?

Oh, I think there's been a ... you've got a host of things. Chemotherapy's improved ... and, after all, the bacteria in some of the viruses, I think ... for the Health Service, but you ... I think it more, was up to date than it would have been ... I was ... he said I was ... eventually, I phoned my ... and see a fellow called Brown up there. ... I went to ... and he gave me an ... And that's it. Just ... he didn't even give me an ... he said the ... And he said about the ... which is true enough. And he said, "Generally, the ... you're getting a ... he said, "It's much ... from both of these things. Well, some things have improved, but there's some things there ... I would like to see better in medicine. I'd like some improvement in the ...

Was that what?

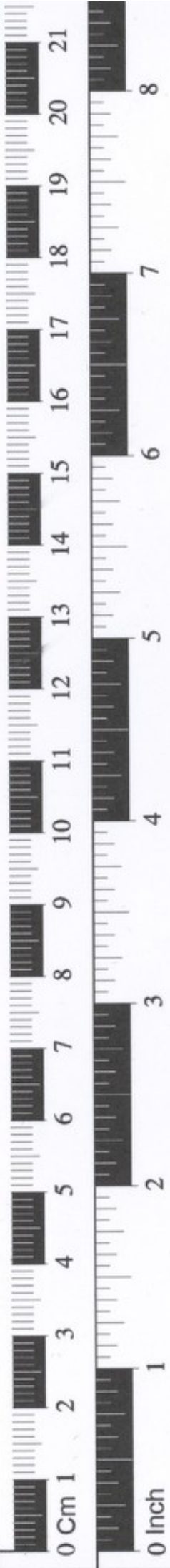
Drug. There's some chemotherapy. For example, my brother is suffering, at the moment, from Parkinson Disease. He's in the last stages of it, which was induced by some chemical treatment he took. And I think ... I would like to see more work done on that.

Was that they always say, "They are of the hands of doctors if you can" - My sister who was an ... said, "Be very careful ..."

Dr. Bown: What's that?

Well, an ... with you through ... can't you, as you say ...

Dr. Bown: I did.

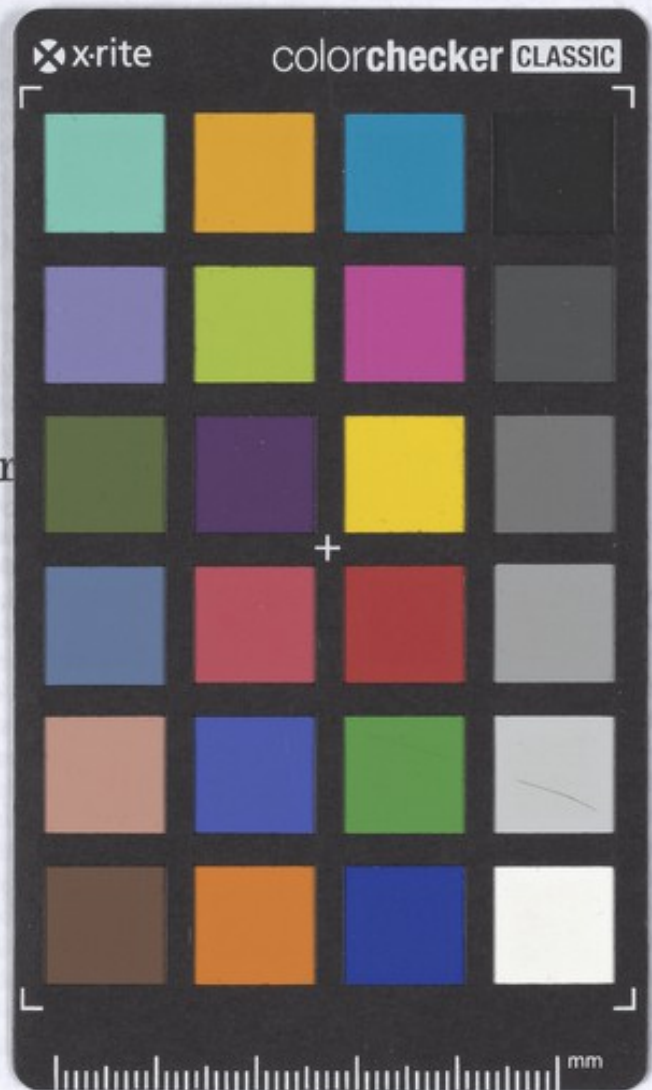


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Dr M.J. Bevan