

John Makepeace, Sunderland

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Catalogue No. 2

John Scott Makepeace

MB MS (Durham, 1949)

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Transcript of an interview conducted by:

Dr M.J. Bevan

Well, Dr. Makepeace, can you tell me when and where you were born, to begin with, please?

Trimdon, Trimdon Colliery, that's in the middle of Durham. 1923, the 18th August.

And what was your father's occupation?

He was, he worked on the railway. He became a Station-master. But my mother was, I was born in a chemist shop. My grandfather brought me up, and my mother's father, and she dispensed for him. And all that generation were doctors and nurses. And so it was incumbent upon me to carry on the flag, I think.

How did it happen that you were brought up by your grandfather?

Well, it's just that he was there more than my father, who was, who was pottering about all the time. He was, he was travelling around the area a great deal. Well, he was, he was always there. It was a very close family. But I saw more of my grandfather than my father for all my informative years, I think.

Did your mother ever work?

In the chemist, in the chemist shop with my grandfather, yes. But, there, in this chemist shop I was born, or just above it, I suppose!

And did you have any brothers or sisters?

Yes. I have a sister who nursed and was a midwife, and eventually married a, a vet. And all her children are vets, so we're sort of keeping it in the family in one way or another.

Did you miss not having your father around?

Oh, he was around. He was not, I've given you the wrong impression. He was, he was always near, but he wasn't always there, if you understand. He was, it was, when I went out walking, it was with my grandfather who, who did a lot of his basic teaching, I suppose, in those days. He was, he was a very nice. So was my father. Very close.

What was he like, your grandfather?

He was patriarchal, grey haired, grey bearded, demagogue! Very religious, and full of the Holy Ghost.

What church did he belong to?

Well, I think he started in the Church of England, and then he went Left-wing into the Primitive Methodists, and was a very good Primitive Methodist. He was very ardent, and, as a boy, I, I went with him to Bible Classes, and can quote, still quote large chunks of the Bible when it suits me. It, it's borne fruit. I remember a vicar in, in a parish where I was working, who rang me up to say, "Be still and know that I am ... God is not ... shut up and listen to the doctor!"

So did you go to church services with your grandfather?

Oh yes. A great deal. Five times every Sunday until I went away to sea when I was 17, at the beginning of the War, in 1940/41, I went to sea, in the Merchant Navy. I went to, I went, I was doing signals, and after three years of it, I'd had enough, and was sent home after the invasion of Sicily. And I'd spent a lot of time in, in the Atlantic and in America, and in the Far East, and ended my days in Sicily, as far as the sea was concerned, anyway. But I've always had a boat since then, and sail a lot myself.

Going back to your father, was your father anything like your grandfather?

My father was a gentle man. He was gentle, kind. Yes, he was ... and for the last, for the last 12 years, he lived here with me, and, well, and my mother, until they both died, oh, well over the age of 90, two years ago. So we're very close, it was a very close, closely-knit family.

And did he attend any church?

Oh yes, he was, he was also Methodist, and he eventually became Society Steward, and paid thirty manes and did all the, I don't think he could count his own money, but he certainly could count the church's money very, very correctly. He was very good.

Were they interested in politics?

No. They would be middle of the road, they would be Liberals, I think, in their, in their voting. I don't think ... the church was their, their main ... concern in life, I think. And they certainly would give at least one-tenth of all their, their monies to the church. And they, when they died, they, in a church, a big church in Sunderland, they had a very special Service of Thanksgiving, and the place was absolutely packed. And we, as children, who'd drifted away from the church, were quite, quite amazed at their popularity and respect.

So they were well-known in the local community?

Oh, very much so, yes. Yes, very much so. Yes, he was a very kindly man. I miss, I miss him a great deal. I miss his wisdom, I think.

Was your mother of the same religious persuasion as well?

Oh yes. She used to be, yes ... she prayed for me every night, and made me make all sorts of moral promises, and not to drink and not to smoke. And I did both with, to perfection. Not excessively, because I was ill before I was drunk, that was the sad thing about it! I was sick, and I don't, I don't touch it now! She's gained her wishes. For the last 20 years I've done neither. So, yes, she wins!

Would you say your grandparents had the most influence on you, during your childhood years?

I don't know. I think it all, I think they all had an influence. My, all my grandfather's people were farming, and they, they surrounded us. We met them at, at funerals and at weddings and we kept in touch with the farming side of the family. I think my grandfather was intended to do the same sort of thing, but, at one stage, his, his father, a certain John Scott, took his son, Thomas, to the local apothecary, and said, "I can't make a farmer out of him, see if you can make a chemist out of him." And I think that's how it started.

And when would that have been?

Oh, that would have been before the turn of the century. He was born, it must have been about 1880/1885, or something like that, I would think.

So he spent his whole life as an apothecary?

Yes. Yes. Yes, he did. And, in those days, he, he ... there was a little alcove with a blue curtain round it. I remember a blue curtain round it, in the shop, where he pulled out teeth. And I was always ushered out of the shop on these occasions, when there was a lot of fighting, and shrieking going on behind this curtain. And I never really understood it, but I can remember the curtain, and I can remember his problems. And he, he produced his own ointment, and his own emulsion, and all sorts of other, other things, and

So was he a surgeon apothecary?

Oh no, I don't think so. I think he was, he was, because he would try anything! I think that's how it worked!

Whereabouts did he work?

He worked in this, this, this pharmacy in ... in Trimdon Colliery, which served a lot of the, the, the small villages roundabout, I think. I moved from there when I was five. We all moved to a place just north of Sunderland, a place called East Boldon, and there grandfather went to live, because my father was working there, and my grandfather's brother had a farm there, so that we were all very close together there too, I think. It was a close community.

And you liked that?

I enjoyed the family in one way or another. The, the rich end, we always thought was the farm end, but they always said they were very poor, because they couldn't afford to, to buy anything else but tractors. But, yes, they were very, a nice, a nice crowd of people. They owned a great deal of land round about there, and I think they were ... apart from fighting with each other all the time, they were a fairly close-knit family! (LAUGHS) But my mother's family, which were all Scots,

were all, all ready to fight anybody. They're like the Irish. I mean, they were called Scott, and were Scottish as well.

And were they all Primitive Methodists?

The vast majority were. They were a lot of drunkards, really, until they, as they got, later in life, and they saw the danger of dying without being shriven, I think they, they turned, turned to, to the church! Yes. And I, I didn't, I didn't stay as a Primitive Methodist. I, I did until I went to sea. When I came back from sea, I became a Quaker for quite a number of years, and then I, I gradually quit altogether.

What sort of books did you read as a child?

On Sundays, the Bible, and Bunyan's *Pilgrims Progress*, nothing else was permitted in the house. You certainly weren't allowed to play cards. In fact, there wasn't a pack of cards in the house. But, other than that, I went through all the *Treasure Islands* and *Black Arrow* and all the Stevenson and Rider Haggard, the whole lot, yes.

You loved adventure stories?

Oh yes. Like any boy, I think. And I became a member of the Boys' Brigade, and I camped every year from the age of ten. I, I camped by myself in Yorkshire, with another boy of 10, for a couple of weeks. And then, every year after that, I camped, went camping and climbing in the Lake District, and led a very good outdoor life for a good part of the year. Yes, it was a very good youth, I enjoyed it very much. Did a lot of swimming, went into various galas.

Were you a healthy child?

Yes. Yes, I've always been reasonably healthy. Still reasonably healthy, because I've got to touch wood as I say it. But, yes, I've really had very little problem.

What did your parents do when you were ill?

Oh, I, I had all sorts of original things from my grandfather, really, I suppose! I was given various peculiar medicines, and I had my chest rubbed with camphorated oil, and, yes, I think, possibly once or twice I was, like most children then, very ill on, on occasion, but I seemed to get over it. My grandfather, on one occasion, was at some meeting in the south, and he felt a great urge to come home, and he came home, and I had a pneumonia. He got a special train in the night and got home, and he was needed really. He was, well, they tell the story that I wouldn't have been here if he hadn't come home, but, and that he came home because God had called him, and I, I swallowed all this, and I've never really thought about it since, until you asked me! (LAUGHS) Yes. Interesting. A lot of things happen in this life which we can't explain. Not that I'm religious, not in that sense, anyway. But that was just a feeling he had, that he should be, yes, that he should be, that he should be at home. They tell the story with relish, with a certain amount of, of a Christian slant, and God's work in, in mankind. And I'm not sure whether that ... whether I believe any of it.

Did you have a normal GP as a child, or did you rely solely on your grandfather?

Oh, we had a GP too. A very nice series of GPs, certainly when I was at Boldon. I can't remember them before that. But my grandfather intervened repeatedly, I think. But, yes, the GPs were very nice, and very kind. And one, an Andrew Forbes, who was there during the War, and he was very helpful. We were fortunate enough to have another GP in the next village called Forbes, so that when I was, I was sent home after one nasty voyage during the War, sent home for three months, and after two weeks I was bored stiff, because all my friends were in the Air Force, or at sea, or doing something else, and I went up to the other Forbes, and got a final note from him, so I could go back to the Navy, and say, "There you are, I'm signed off", because I couldn't bear sitting ... so I, I got a ship within a couple of weeks.

How old were you, sorry ...

Sorry. Forbes was a nice man.

How old were you when you first went to school?

Five, or thereabouts, four or five, I think. At East Boldon. Yes.

What sort of school was that?

It was an ordinary primary school. And I enjoyed it. It too, there were some very nice teachers, and they, I was whacked like all other boys at that age. I didn't escape this horrific stick, which didn't do me very much harm, except it put me in fear of, next to God was Mr. Brown, the teacher, I think! But he, yes, I ... he was very nice. He was very kind really, and he taught me a great deal. And then I, at the age of 11, I went to what is now a grammar school, was then called a secondary school. It was a very good school too, with some, again, some excellent teachers, especially in, in physics and ... and maths, and some of the things which have stood by me very well. And English. I, I have a great regard for, for my teachers, and am very grateful to them. They put a lot of work into me, they had to really!

Did any one particular teacher influence you at all?

Oddly enough, the head of physics was a, was a Quaker, and later on, I suppose much later on, I, I became a Quaker too, and I think he influenced me a great deal. My English teachers did, and certainly my history master was, was, was a gem. He, he made me interested in history from, from then onwards. He, he would not only explain battles, he'd re-enact them. He would, he would take all the boys' imagination, and wrap it all up into what he was talking about, and it was, it was really very good. It was, when I think back on him. And his son became a doctor. And his son, younger than I, was in my year at, at Medical School. So it was a small world. And I still see him now and again at College Reunions and that sort of thing. Yes, a man called Crawford. Nice, interesting man.

How old were you when you started to think about medicine as a career?

I think, like anyone with medicine in their family, it's never far away from you. It is always, it is always with you, that some day or other, John is going to be a doctor. I think the feeling is always there. Probably my mother is the great, was the great ... aggravating force in this. And so when I reached the age of 17, and had taken my 'O' levels then, and was, or whatever it was called then, I can't remember the name of it, but whenever I took them, the choice came whether, at that point, I should continue and do medicine, but France was falling, because the Battle of Britain was just about to begin, and I really said to my mother, "I can't do this. I've got to go to sea", which is what I wanted to do. The part of the Forces that interested me most. And at that point, I was, because I'd done a lot of ambulance work, and St. John's Ambulance work, in the ... I'd be invited to be in an ambulance team, and spend several nights a week, sort of lying on stretchers in a school room, waiting for bombs to fall, which they did, and I did this until I went to sea. And I think Mother understood this. And she said, "Yes. If you feel like that, then that's what you must do." And there was no barrier put up. I didn't continue, like a lot of my friends, into medicine, and into higher education at that point. And, so that when, in 1943, I eventually got home from America, I was taken from Sicily to America, and back again across the Atlantic, and I got back after the beginning of the Autumn Term, it was very easy to apply to Newcastle Medical School, which was then, then was part of Durham University, and really, was admitted, accepted straightaway by Bramwell, the Dean of Medicine, and he said, "Yes, if you can do it, you're very welcome. But at least try, and see how it goes." So I did a pre-med year of physics, biology and chemistry at, at Kings College, Newcastle, and straight on into Medical School.

Did your grandparents encourage you to go into medicine as well?

Oh yes. I think they always felt that. I didn't have a grandmother, you see, not on my mother's side, and, yes, I think he always expected, just like his daughter - my mother - that I would continue to do so. And her sister, my mother's sister, was nursing, and her brother was a doctor. He'd been a missionary for some time in West Africa, and then he, after general practice, he went back to his old school, which was Christs Hospital in, in Horsham.

How do you explain this interest in medicine, in the family?

I think it started, I think it started from my grandfather, and I think he ... he was a dynamic man, with very definite views, not only on religion, but on many other things, and I think he, he enjoyed looking after people in the same sense that I, I have. I think it is a, I think it is a sort of privilege to look after people.

So his religion played a large part?

Oh, I think so. I think so. I think he would feel that it was God's work, and if John wasn't, that is me, if I wasn't going to go into the church as a minister, or a vicar, or a priest, then medicine was the next best thing, I think! (LAUGHS). I think that's how it works!

Did you ever consider another career?

Never. Except going to sea during the War. That was not as a career. That was a, a need, I think, a necessity, that I had to perform.

And while you were at sea, what job did you do at sea?

I did radio, and I spent a lot of time doing signals on, on deck, on the bridge. And I was really a Radio Officer, in the Merchant Navy. I think that was the title of it. And they gave me a gunnery course, and they did all sorts of things, and anyone who, who felt like shooting at somebody did so, at the time! (LAUGHS)

So it was 1943?

In '40, '40 I went, until 1943, until the back end of '43.

And then you went to Newcastle?

And then I went to Newcastle, in the middle of the Autumn Term. Made a complete fool of myself on one or two occasions.

How?

Oh, I, I was filing out, with my year, a hundred students filing out of a zoology demonstration, and a rather esthenic (??ph) gentleman, who was teaching us, was standing at the door, in his white coat, with another lady in a white coat beside him. And what he intended to do, was to tap me on the shoulder, because I'd just arrived in the class, and really say, "Did you enjoy that?" But he let me get past him before he grabbed my shoulder, and he, he sort of grabbed it, and, and unthinkingly, being a sort of a much wilder person, and from a very different environment in the last few years, I had him up against the wall, grimacing in pain, you see, with his arm twisted behind his back. And I let him go, and I said, "I'm terribly sorry. I'm terribly sorry. Please forgive me, I ..." and he, sort of, through clenched teeth, said, "Did you enjoy that?" And I said, "Yes, yes", and very embarrassedly rushed out, and I thought, "Oh, my God!" and everyone was looking at me as though I'd gone, I'd gone nuts, you know, but really, he shouldn't have done it! It was not what I was expecting after the past few years. That was one. There were one or two others like that. I, I went into a bar and found, in the same year as I ... there was Professor Bramwell Green's son, and Green was the, was in charge of the Medical School at that time, and Green's son was dressed in his, his uniform, which he used in the, in training, really. He wasn't in the Army or anything, he was just a corps, in the ordinary corps. And Green had been drinking with one or two, young Green had been drinking with one or two of his friends, and they met some real soldiers who set about them, just as I arrived, and nothing loth, I joined in. And eventually laid out Bramwell Green's son on his doorstep, rang the bell, and said, "I've brought your son home." (LAUGHS) So, I think, we'd only met two or three weeks before for the first time, and he'd offered me a place in the Medical School, and here I was now depositing his son. He must have felt that at least he'd had a guardian angel that night! (LAUGHS)

What made you choose Newcastle?

It was there. I, I'd been away at sea for three years, and I, I, I needed someone to sleep with. I was walking around in, in my sleep. In fact, at one stage, I put, in the middle of the Atlantic, I put

a life jacket on, in my sleep, and was climbing over the rail of the ship in the middle of the Atlantic, when, fortunately for me, a fireman who had come off, just for a smoke on deck, caught me. And, because of that, they put me into a, a hotel in New York, on the ninth floor, and the chap who was sleeping in the same room as me, caught me trying to get out through the window during the night, again in my sleep. But they had long lace curtains, and I got wrapped up in them, so I was, I was safe. And I was reported back to the medics who put me down to the fourth floor, and I thought, "That's still a hell of a way to drop!" But I then went home, and I was sleeping with my father, and my father, I lacerated his face, trying to vault over him one night. And another night, I, I got caught behind a wardrobe, upside down behind a wardrobe, because I was trying to escape that way too. So I needed, I wanted to be at home. I didn't want to leave home again at that point. It was, it was a ... I think I'd had a knocking up in the Mediterranean which I wasn't getting over very quickly. And we hadn't got the, the system then of taking people like me and withdrawing me from it easily. The bomber crews could, they had enough, we had enough medical sense then to bring out bomber crews and rest them. But they were rested under supervision. And I think this was partly, when I look back on it, part of the trouble. I didn't want to over-emphasise it, I wouldn't want to leave home. I, after going back to East Boldon, it was much handier to live at home and travel up to Newcastle every day, and be with the people that I knew, than to go away again. It was bad enough going back to a crowd of, of schoolboys, who were now starting medicine, after being with the Navy. It was difficult enough, without having to live with them.

What was the main difficulty?

It was a feeling, then, of being a useful member of the community as far as being at sea was concerned. It was a question of status in the eyes of the community, I think. You, students were not highly thought of, because there were, a lot of them, who were escaping the draft, as it were. I don't think, I think that's being unfair a bit, but, of course, a lot of them were really going on with their career. But at least it was a darned sight easier to go from school to medicine, than to go from school into the Navy, in those days.

Did you feel part of the student body when you went to Newcastle?

No. I felt different. There were only two of us in my year who were ex-Service. And the other chap, oddly enough was an old friend of mine who was in the Army, and who, at that stage, was 26, and had been in the Army ...[end of Tape 1 (side a)]... Yes, where were we? Yes, I felt different. I felt different. When I reached about fourth year medicine, the War was ending, the fourth and fifth year, and the, there was an input of ex-Servicemen, who filled, then, more than fifty per cent of any year were ex-Servicemen, and the atmosphere in the whole of the University, and certainly the Medical School, changed completely. You were now dealing with, not with school, schoolboys who were still learning, but people who were coming back with a mass of, of, of, of tremendous experience of war, and of death, and of excitement, and ... so the relationships all altered. Things certainly changed a great deal. There's a chap called Brough (?? sp.) who, who'd been a Quaker at the beginning of the War, and who went off to, into an ambulance team, to Burma. He was in Burma for some time and realised that he couldn't really remain a Pacifist any longer, so he joined the American Army as a sergeant. He spent, and he's been quoted in many books since, he spent a lot of his time with Sitwell, and other people on the Burma Railway, on the Burma Railway, yes, the Burma Road, the Burma Road, going over to China. And he became the most highly decorated Englishman in the American Army. And Brough who, until recently, was one of the leading psychiatrists in the North-West Durham, Brough, when he came to College, became an ardent Pacifist/Quaker again, and Chairman of, of the Boxing Society. And he got me into quite a bit of trouble because he, I got into a, into a booth on a very famous fair on Newcastle Town Wall once a year, for six months, sorry, for a week every year, and there I got into a boxing booth, with Broom, sorry, with Brough, that's what we call him, with Brough, and I had three

rounds with this pugilistic ugly man, who with, with a very hairy chest, who, as we started the first round, said, "If I didn't damage him, he wouldn't damage me!" If I could go the three rounds for £2 or whatever it was, that was great. But he didn't want to be beaten up by any young, young Naval boxer and, because he had to last the whole week, you see, and I only had to last three rounds. So that was an amicable £2 or whatever I got for that. We put on a good, a good show. But I was always wary. I was always thinking that, sooner or later, when I let my guard down, he was going to hammer me, and he could have done so, quite easily! (LAUGHS)

What do you remember most about your time in Newcastle, as a student?

The excellent teaching. The excellent teacher. I was looking back on it. The care and attention of my teachers were, was terrific. I, I can think of so many times that I was ... I was, I was really helped by them. I remember one night, there was a girl who needed transfusing, and I'd never transfused anyone before. And I rang my chief who, actually, my real chief was Professor Spence, a, who was a very famous paediatrician. But there was another Spencer, a Dr. Spencer, who was my immediate chief at that point, and I rang him, and said I was going to do this, I had to give them blood, would he come and help me? And he said, no, he certainly wouldn't. I had to get on with it myself. So I took her blood, and I cross-matched it, and I got two pints, and got, got the blood organised, and then I went into the ward, and Sister was very kind, she normally was quite bitchy, but now she was really very kind, she was as helpful as anything. And I scrubbed up and scrubbed up and scrubbed up, not wanting to stop washing my hands! And eventually, I had to go behind these screens and start this business, and just as I was about to start, the curtains moved, and there was Spencer. And I said, with great relief, "Oh, thank God you've come, sir." And he said, "I'm not doing a thing. I'm just here to watch you." But he was great. And to have that support all the time was, was, was very good. It, and it went on and on, and the ... I was absolutely taken up with the, with the subject, and with the attention, and with the ... yes, I learned a great deal. A great deal. And they were very kind. They taught me to be kind to the patients. They taught me gentleness and, having been invited into somebody's life, you didn't thrust around you, you accepted what they said. You didn't hurt them. They were great. I learnt a great deal. And then my, my tutor was a Donald Court, who wrote the Court Report eventually, and, and the ... Donald Court wanted me to stay in paediatrics, but I really felt that I wanted to do more than that. I wanted to see people, I wanted to see whole families. To have a baby in, and to take it's CFF off, and look at it under a microscope, and count the cells, and decide what sort of meningitis the baby had, and to treat it. And then a week later, to hand it back to the parents was not enough. I needed to know about the parents, and I needed to know the family. And so I always wanted to be a general practitioner. And I've enjoyed being a general practitioner very much since. Very, very very much. I couldn't have done anything else.

Just going back slightly, how did they ... you mentioned they taught you to be gentle with people. How did they turn someone like yourself, who had been in the Services, arrives in 1943, how do they turn someone like that into a doctor? You come out at the end of your training as this professional?

They're trying all sorts of different types of education now in medicine. But we went through a strict routine of, of two years doing the basic physiology and anatomy, and biochemistry, and then gradually getting on to the wards and meeting people, and doing the alternate surgery, and anaesthetics, and paediatrics, and, and maternity. But always you were taught manners. You, when you, in, had taken a history from a patient, and your chief came along, and he would say, "Now, what have we here?" And you said, "A case of appendicitis, sir." He would bunch you, they would chase you. They would say, "You mean you have a gentleman called so-and-so, who is, has a pain in his stomach", or whatever else. You always were reminded of the individual. You were always reminded of their feelings and their attitudes to life too. You had to put them at peace. And it was, they were very good at it. And it is the same sort of thing that you, you had a routine. If you were asked what your diagnosis was of, of a patient, and you came out with some sort of esoteric

diagnosis, they would say, "Would you like to look out, out of the window, doctor?" And so you looked out of the window, like an idiot, because you'd done it so often before. And he would say, "What do you see?" And I would say, "I see birds, sir." And he would say, "What sort of birds?" And I'd say, "Sparrows, sir." He'd say, "Do you mean there are no canaries?" I'd say, "No, there are no canaries." He says, then, "Why are you thinking of diagnosing canaries here, then?" You see. And therefore there were a lot of little ... little stories about this, this part of one's teaching, which, which sank home, and became part of the way you thought. I'm quite sure that we were all brainwashed as we went through. But you turned out, at the end, so that you understand the way other doctors think about anything. We all think the same way, basically. We might have different attitudes about it, but we are all taught to think in the same sort of analytical way, with a great deal of, oh, compassion.

Are you expected to behave in a certain way?

Yes, I think so. To a certain extent, yes, I think so. You're supposed to, I don't think I, I conform very much to that pattern, but the majority of doctors behave in a certain way. Sometimes they behave like prima donnas, mind you, and they feel so damned superior and ... dictate, rather than ... suggest.

Are they encouraged to behave like that?

Only by copying their elders, I was going to say their betters, but not, certainly by copying their elders. To a certain extent, the behaviour pattern is, is handed on, because you, you copy your teachers to a certain extent, I think. You don't get many long-haired disreputable-looking medical students. At least, if they do, it changes as they go through life. The vast majority change to the conformist opinion of what they should be. Don't you think so? Don't you think that, by and large, like teachers, you can expect doctors to behave in a certain way.

But you didn't behave in that way?

I had, certainly, I enjoyed my general practice later on, because I could ... empathise with my patients, and got on with them, really, by being very factually ... crude, and laugh with them a great deal. And I found that humour was a, the right way of approaching most people. And I got a great deal of enjoyment out of life. A great deal of fun. A great deal of humour.

Who would you say influenced you the most while you were a student?

In my teaching, you mean? I think Donald Court. Donald Court who was, one, a Quaker, but also a paediatrician. And I enjoyed paediatrics. I always felt in the way in surgery. It's like being in a kitchen, you, wherever you stand, somebody wants to be. And I was pushed around. And I couldn't, I don't think my hands are as, as mobile as a good surgeon's would be, and, therefore, to thread a needle was very very difficult. I remember one night, about four o'clock in the morning, we'd been working since the, six o'clock the previous day, doing one surgical case after another, and my chief surgeon then was a man called Jones, and I was trying to thread this, this needle, and he, Jones, when he was excited, had a stammer, and he'd turned to Sister, he said, "Sister", he said, "boil me up a b.b.b.b.bloody gun", and he was going to shoot me because the whole theatre was waiting for me, threading this confounded needle! (LAUGHS) And I felt, "This is not for me, I can't continue doing this." I was putting people's lives at stake! (LAUGHS)

Were you a Quaker before you met Donald Court?

Yes. Yes. I married, in 1949, a Quaker. And I was, but I was really ... I was really, became a, a Quaker before that. I was interested. I'd had enough of killing and of, of war, I think, and I think this was just a, a complete reversal of thinking. I think that was it. But then it was, oddly enough, I couldn't continue to be a Quaker after some years, because of this very fact that I suddenly ... I felt that ... the choice in 1939 was not whether we went to war or didn't go to war, it was a question of whether we could accept what was happening without doing something about it. And I realised that the, you mightn't like being in a war, which is a terrible thing, you might not like being in it,

but sometimes it was inevitable, you had to do something about it. But Donald Court was a gentle, kind man, and he, he eventually produced the Court Report, which again, was quite a masterpiece at that time.

What were, well, what did people say when you told them that you were going to be a general practitioner?

A lot of people at that day, they ... it was a great change, you see, in 1948, when the Health Service started. The change was tremendous, because GPs then were, very often, doing other things. Some of the GPs were surgeons in the hospital, and they were working in hospitals as well as in general practice. There wasn't the great demarcation line that there is now. And a lot of people were in general practice because they were failed surgeons, or they did, if they'd tried to do something, specialise in something, and they failed, they would do general practice. They weren't motivated, as they are now, to do just general practice straightaway. But I always was, because I felt that this was the right thing. Now, Donald Court tried to dissuade me from doing this, going into general practice, really because I think he wanted me to, to continue in paediatrics. But I ... needed the whole family. I needed to work in a community. And, because of this great desire, I think, I became so immersed in it that I became, in later life, elected on to various committees and things, really to represent general practitioners, because, because I was ... I think I championed general practice, and my colleagues recognised this, and didn't mind me representing them on, on various things, so that I became representative of, for over ten years, on, on an area management team, for instance, and had a lot of say in what happened in the area where I lived.

At the time you were training, what was the view of general practice?

I think it was, I think it was quite high. There was a great, friendly relationship amongst doctors anyway. I don't think that's changed as far as I can see, but there was no, the relationship between doctors in hospital and doctors who were working in the community, as I say, the demarcation was not so great, so that a lot of people knew both sides of, of this sort of medical divide. Yes, I think, I think it was ...

So it would be wrong to say, as some people do, that general practice was looked on as a ... a second-class career?

I never found it so. But if I ever did, I would certainly squash it very quickly! (LAUGHS) I would! My, I think possibly the only time that I ... near the beginning of my career, I ... at a medical ball, one of the surgeon's wives, in a little group at the entrance, turned to me and said, "Oh, here's another of those general practitioners." And I said, "Verity, be careful what you say, because all the private practice that your husband has comes from me. No one else would be daft enough." And yes, the relationship had to be good. And really, I always felt that if I turned my patient over to a surgeon, and I said, "Can you do anything for this, this patient of mine?" then, then it was up to him, because sooner or later my patient would come back to me under my care, and I was really asking for an opinion. "And if you can't do anything, I'll have him back now. Leave him alone, he's going to die with me. He's not going to, he's not going to die in your hospital." So, yes, the relationship was one of neutral need, I think.

So what year was it when you left Medical School?

1949.

And what was your first job?

I'd been, I'd been a houseman as a student, off and on, for the previous year. And then, and spent a great deal of time doing just paediatric.

Where was this?

Oh, at ... I, I worked at Newcastle in the Infirmary, and in the Maternity Hospital there, but as a student. And then I felt that I had to learn some adult medicine, so I went to Sunderland, to the Infirmary there, and there I did adult medicine, and I did skins, because I knew nothing about skins. I think I'd, I think, in my final examination, you either got a skin ... viva, or an eye viva,

and I worked it out that, M for Makepeace, I was going to get an eye. I read the eye up the night before, and by the grace of God, got a Sister who told me what I was looking at, and got through! If it had been the skin, I'd have, I'd have failed the whole bloody thing, quite easily! So I did skins for a, I did skins for a, six months at Sunderland, and then went into general practice there. I didn't intend to. It was just that one of the medical consultants said his great friend, and it was his great friend, was looking for a partner, could I, could I go.

Did you do any locum work before this?

I did some locum work. I did, I worked at ... I, I worked, I did some locum work on the Tees, with a Dr. King. And that was interesting too, because, because I did a maternity there while King was away, insisted that my patient couldn't be moved into the hospital, and took out a drip set, and set up my bloods in the house, which was not normally the done thing, even in those days! So we, yes, we got by. And then I did a lot of maternity after that. I did, I don't mean in the hospital any more, I did, I, for the next few years, I did at least two maternity a week at home, in the house.

Was that through choice?

Through necessity. I, very often, it was horrendous when I look back on it. You, I raced round from end to end of patients, putting an ether mask at one end, and then racing round to get the baby out at the other - with some excellent help from, from midwives, who were really first-rate. And eventually we had a back-up team of a flying squad, where you could get some young doctor, or sometimes a consultant down from the hospital, complete with nurse and blood and everything else, if you needed it. We did some horrific things when I come to think about it! Things that you wouldn't, we wouldn't dream of nowadays. I had, at one stage, twins which were jammed, and the bottom and shoulders were out, and what we, we had to push that one in, and bring the other one down, and then bring the other one out as a breech, the first one out as a breech. And that was all done at home with just two of us working like hell, with, with father running around making a cup of tea, and kettles of water, which we didn't need, but it kept him busy!

But it didn't seem that extraordinary at the time?

Not at all. Now, you'd worry about it. You'd worry about litigation and, and all sorts of other things. But then, at least two a week, and they were usually during the night, and the, my first impression of, of going into hospital from being a student, was the lack of sleep, the amount of time I had to spend working. But it was even great when I went into general practice. The amount of time I spent working was just tremendous, when I look back on it. I couldn't physically do it any more.

How many hours a week were you doing when you first went into general practice?

General practice? I had two times off in the week. One was from, on a Thursday afternoon, from one till ten, but you couldn't guarantee one, because if you had cases coming in at half past twelve, you continued, so sort of half past two till ten. And on Sundays, from ten in the morning till ten in the evening. No. Thursdays, one o'clock till eleven, and ten till ten on a, on a, on a Sunday. But one in ten, you worked for everybody, and, really, that was horrendous too, because you continued right through. But I would, I would do five surgeries every day, and ten, twelve, more visits. I would finish my last surgery, my last surgery was from half past six till seven, and that would go on till half past eight. And then I'd go and do calls, and then I'd come in again, and sometimes be called out three or four times, once, five times, during the night. And start the next surgery at nine o'clock in the morning. And if you, if you had all the five calls at once, that would be great. But to get out at midnight, and go out and do your call, and come back again, and get back into a cool, cold bed, because we hadn't got these lovely electric blankets in those days, to get back and go to sleep, and then have the phone ring again, and get out, and get in the car again, and go and see them, and come back again, and get back into bed again, and go to sleep again, and do that five times in one night. You're sick by the time ... I've always been short of two things. One is sleep

and the other is time. I've never had enough time, and I've never had enough sleep. So I can sleep at any time for, for as long as I want. I can sit down now, and within one minute I can go to sleep, and I wake up in ten minutes feeling great. And I think it came back from those days.

Did that sort of workload affect your own health in any way?

No. Not my own health, but my own family it did. You saw less and less of your own children, and less and less of your wife. My wife was a dentist, and she ... she really had a lot to put up with, because I was ... because, going back to my grandfather, the whole thing was rather like a religion. It came first. I was a fool. I didn't realise how much it came first, but the first call of duty was the practice, was my patients. My own family, who also needed help, did not always get it. Whenever I was there, I'd do, I loved them very much, and it worked very well, but I was not there. I remember on one occasion, my wife, on a wedding anniversary, going out to dinner, and at six o'clock, I got a call from a maternity, and I rang my wife at eight o'clock, saying, "I might get back soon", and somewhere about one o'clock I got back home, in the morning, and she was sort of sitting there with her things on, ready to go out for dinner! And I, I was an absolute heel. But, nevertheless, the practice came first. I suppose the selfishness of it was that, apart from my feeling that it was a duty, which ... I also saw the practice developing, so that, at the beginning, each doctor was allowed three and a half thousand patients, so that two men should have seven thousand patients. But I joined a practice which the doctor, a Dr. Square, had honed down his practice to, to be a very lucrative small group. He had private rooms, apart from the ordinary surgery, and a private practice, a big private practice, in, probably the largest in Sunderland, at that time, which he'd acquired during the War, and he only had four thousand patients. In other words, instead of having seven thousand, because now he's going to be paid, not by the rich people that he, the patients that we had, but he's going to be paid per head. And he found that he couldn't really manage by himself, with the demands of the new Health Service, and he had seven thousand, he could be paid for seven thousand patients, if he had seven thousand. But he'd only be paid for four. And the private patients that he had, some of them stayed on, but quite a number who, finding something for nothing, obviously, went into a very good Health Service. And I, I went along feeling ... as he said, that if I were only to have a house where he said, I could start a new branch surgery And that's what I did. And if I could continue to increase the practice ... *[End of Tape 1 (side b)]* ... My, as I said before, the consultant physician was very friendly with Dr. Square, who needed a, a young partner, or at least someone to, to help. And he invited me to see him, and I said, "Yes", I would, I would join. And, for the next seven years, I think the agreement was that, in seven years time, I would get parity with him. Until then, I would get half of what he got.

Did that seem fair?

No. It seemed fair at the time, but hard, harder than most. But there were other people around me who were doing the same sort of thing, when, I'm quite sure, nowadays, no one else would dream of it. No one would dream of such a, a system. Because, for every, for every pound he got, I got ten shillings. And I did, eventually, most of the work. So that, on Saturdays, he didn't work at all. And I did five surgeries by myself and, and all the calls, for instance. And that went on for some time, for several years. It made me make alliances with other partners because I, I did, I did six nights out of seven, apart from all my, all the surgeries. And I really went to my partner and said would he like to do another night? And, reluctantly, he said yes. So I was left for several years doing five nights out of seven, and he did two. And then he had his Saturday off. And I worked the Thursdays and Sundays when we were on. So that life was, yes, it's, it reminds you of the small boys in the mills, doesn't it!

You don't seem the sort of person to have put up with that kind of treatment.

I did. I didn't object too much. And, at the time, I had a family, and children were coming, and I had to maintain them. But maintain them under very difficult financial circumstances. It was, we were very, you know, poor, in many ways.

What was your income when you first entered practice?

I can't remember. I remember, it was certainly under a thousand pounds a year. I remember, several years later, at a meeting, someone having a hand round for, we had to give ten shillings each, and the ten shillings was all I had, and I certainly handed it over to whoever, whatever cause this was, was for. But I thought, "You don't know what you're doing to my family!" And, he said, because, and at that stage, he said, "Because everyone here is getting over two thousand pounds a year", and I thought, I thought, "I've got nothing near that."

When would this have been?

That must have been about '54, '53/54, something like that. It was interesting. And the other thing that happened was, I bought this house at my partner's bidding, for four and a half thousand pounds, and that was a great deal of money. So much so, that ... that the man who sold me, said I was, eventually said I was a fool, he'd have sold it for three thousand if I'd insisted. That might have been a bit of ... of hoo-hah. But it, it was, the other, the other trouble was that I, I bought this house, and in the fields next to it, they started building council houses, which is why the man sold me the house, I suppose. And eight months after I started to live there, I got a thing in the post, in the post, it said, from the County Council, that the road down the side of my house, leading to the council houses, half of it I had to pay for, which was another £700, which was practically a year's, and that shook me. That shook me a great deal. Never mind, we got over it all. And I made various alliances with local friends. Another practice and two young men, like myself, and we began to split up this five nights that I did, so that I was on for, for two or three of them, and they were on for two or three of them, and it worked out very well.

So that was an informal arrangement between different practices?

Yes. But also, in Sunderland, they had three areas of the town covered by Medical Societies, where they were the first, probably the first in the country, to organise collective nights, or, or our Thursdays and Sundays, who are, who are really covered by my local East End Society in Sunderland. And it worked very well. In many places, doctors didn't like other practices seeing their patients, because they could take them away. They could, they were very suspicious of each other.

Was there much competition for patients?

Oh yes. Very much. Very much. And I was very fortunate, because, in the first five years, I increased the practice from 8,000 to 9,000. From 4,000 to 9,000, really, because it just grew.

How did you manage to do that?

One, because I was, because the mass of people in Sunderland were near the docks, and near the east coast, you see, near the sea. And because they were living in such terrible conditions, they started building, right round the western and northern and southern periphery of the town, they started building new housing estates. And, as the people moved, I was on the western boundary, and therefore, they changed doctors, because it was nearer. That was part of it. Also, because, I think if a few people start saying, "He's a good doctor", then more people come. And I think it just snowballed along like that. But the other thing that it did, this movement of population, it destroyed the family life and the close-knit communities of the East End, where, if anyone was ill, the neighbours would all go and help out. They would, if someone was sick, they would feed them, and they would, they would go and look after the house. We didn't have the social services that we have nowadays.

Family members? Or ...

Yes. And friends. They'd all do it. The closeness was, was quite remarkable. I, I once had my sister in the car one evening, as I drew up in a, one of these back-to-back streets, and she said, "An amazing thing happened. You went into this wet, dark, dismal street, and as you went into that door, all the other doors opened. And the people came out, and were chatting, and waiting for you coming back. And as soon as your door began to open, they all shot back into, like little rabbits, into their, their doors again." And they'd all be across to talk to the family as soon as I'd gone, and would look after them. Great.

It's not a myth?

No. Not at all. Great. Wonderful. You don't see it nowadays. Now you can live in a block of flats, and you don't even know who your neighbours are. Nobody sees you. You might meet them in the lift and that's, that's it.

You said you were building a reputation as a good doctor at that time?

I became a very popular doctor, whether I was good or not, I wouldn't know, but certainly a popular ... so that I, so that, within a few years, I'd taken in another partner, and then, who, and after that, I, I've taken in another six partners, seven partners, or even eight, and they've all asked to come. I haven't, I haven't asked any of them. They came and asked me.

Can you put your finger on what made you such a popular doctor, amongst your patients?

No, I don't. I think I was cheerful and rude at the same time. I think that's what did it. I must have rubbed some people up the wrong way, but I can't remember many. The odd one must have hated my guts, like all, you can't go, be popular with everybody. But, by and large, I ... I enjoyed them very much. They were very nice people.

Okay. So you were successful in building up the practice.

Yes.

Did your success in acquiring patients affect your relations with other GPs?

Not really. I don't think so. I don't know what they thought. But they certainly kept electing me on to various committees to represent them, so I can't think they were all that bad. And I used to sit on these confounded committees as a sense of duty, and I would ... I could keep quiet until it came to a matter of whether a general practice was being trodden down, and then I'd immediately sort of, my hackles rose, and I'd fight for that. I don't, I got on very well with my fellow GPs. I can't think of anyone that, that I disliked amongst them. Whether they liked me or not, I wouldn't know.

Would you care?

I, yes, to the extent of, I, I can't abide nastiness or, or ... or envy or jealousy. I don't recognise it in people very much. And I can't do anything about it if, if it happens anyway. But I'm sad about it. But I feel, yes, I care that much.

Did you have many private patients in your practice, when you first started?

Yes. Yes. A lot. As I say, the most in Sunderland, I would think. My partner, my old partner, did not go to war, and two of the ... most successful practitioners, if you can talk about success in the, in the terms of financially successful, did go to war, and left their patients in the care of my partner. And when they came back from war, they, all the patients didn't want to move. And they, themselves, had changed. They were both excellent doctors. They were both, I've worked with them since, and they were both excellent doctors. And they, but they changed a bit, and they had to build up their practices again, to some extent. So we were left in, at the back end of the War, in 1950, with still a fair number of private patients. I, I found that I couldn't serve private practice and the Health Service at the same time. And I gently shed the private practice.

Why did you feel that?

It meant two standards of, of medicine. It meant that if you wanted to pay me, you would expect to be put ahead of the National Health Service patients. We had a separate building, and separate rooms for our private patients. And we prescribed our own medicines. We, we made our own medicines up. So we were ... I was going back to the pharmaceutical days of my, of my grandfather. I was being taught by my, Dr. Square, on how to even wrap bottles up with paper, and how to decide whether the, the bottle should be red, green, or, or blue. And although we could do this, I found that I couldn't, if I was putting on a better service for them, why wasn't I doing it for all the others? And I couldn't bring the two together. So I really suggested that we shouldn't have ... very much against the grain of my senior partner. But he, he looked after most of the private patients, and I looked after the, the mass of the others.

Was it financially damaging, having to shed private patients?

I suppose so. But, you see, we only had 4,000 patients. And, as I say, one doctor was allowed three and a half thousand. As soon as I began to build up the practice, it didn't become so important. Because, within a very short time, we had reached our maximum, and therefore we were getting the most, our maximum amount from the, from the Health Service.

What sort of fees did you charge your private patients?

I can't remember. In those days it was 7/6d. or whatever it was. I can't remember. I can't remember.

Did you have many bad payers?

I think so, probably. I don't know. Probably not, because they probably would have all been weeded out. The bad payers would have gone under the National Health Service, you see. But that was all left to Dr. Square. I didn't have anything to do with that. And I, I don't really know what happened to the money, either. I take it that he was honest and honourable, and that I got my share, but I, I, I don't know.

You never considered practising anywhere else in Sunderland at that time? If, given the chance, would you have moved south?

Hell! I wouldn't have moved south! (LAUGHS) No! No, I never thought about it. I never thought I, I, I felt there was enough work to do where I was, and that wherever I went there'd be enough work to do. I'd better get on with what I, what, what was there. And there were a lot of very poor, but very friendly people about me, and they were a delight to work with.

How did you get on with your senior partner?

Very well, really. He had a very domineering wife who interfered a great deal. But I got on with him very well, until the end. He ... he really developed a fairly early senile dementia, and then life became very difficult, because he would, he would write such things as, "One penicillin at night and sleeping tablets four times a day." He would get them round the wrong way. And so there were great problems. And eventually, by then, we'd taken in another partner, and my junior partner then, felt that this was too dangerous. And I agreed with him, that we couldn't really continue doing this. So there came a little bit of misery at the end, with, with my senior partner's wife. But it, it settled out very well. It ended amicably. Amicably enough.

Did you have constant problems with his wife?

She was a very ... socially ... orientated person, who ... who lived sumptuously, and who, therefore, needed the money to do it, I think. She was kind, but domineering, and sometimes difficult, in that sense. But it wasn't ... nothing that you couldn't, you couldn't deal with. It wasn't terrible. I'm, I'm saying things which were ... the end was a bit difficult, because she wanted to protect her husband. And I think she ... she really said, "He is fit enough to work." But she knew he wasn't. And so she involved a, a rather ... objectionable solicitor to come to me and say, "We know that he is dangerous to your patients. Unless you pay him so much to leave, we will continue to, to insist that he should work." And I said, "But he is dangerous." And the solicitor said, "That's

your affair." I said, "That sounds like blackmail." And he said, "Well, if you think anything of your practice and your patients, you will see our point of view." And I said, "Fortunately, I don't need to see your point of view. I can really go to my medical peers, and say, 'This man is dangerous.' I will take no other part of it. I will just say, 'He is dangerous.'" And he, the solicitor, then turned and said, "That is blackmail." And I said, "Not really." I said, "I've got to protect the practice. I've got to protect the patients." "What we settled between ourselves must be amicable, but not under threat." So that's how it was. And, at that time, after that time, his wife came back to me, and she said, "I was a fool, John, wasn't I." And I said, "Yes." She said, "I thought, when you were being kind, that you, that you really were afraid that, that you're weak, and you're ..." I said, "No", I said, "there's no weakness. It's not a question of being weak or strong, or hurtful, or anything like that. It's a question of doing something which is right. And you have to protect the practice, you have to protect the patients. You can't permit someone" I said, "the average chemist could tell you, 'Well, he made a mistake', like four, four sleeping tablets across the day. But if he was, if he was ordering cortisone, or something else, which the chemist didn't twig was a wrong dosage, then we could be in real trouble." And I said, "Think of all the times that we had a list of all the times of, of trouble that we've been in in the last three months." Real trouble, I mean, if anyone had taken us to court, we would have stood no chance at all.

Was that a particularly upsetting time?

Yes, very. Very, because, because I liked them very much. They'd been very kind, and I liked Frank Square. He was a gentleman who was a very genuine man, and I'd learned a great deal of, of general practice from him. So it was upsetting in that sense. My junior partner was also a very kind man, a very kindly man, who eventually went off to work in New Zealand, but he was a very good doctor. And he also didn't want any upset at that time, so we were all a bit churned up at Frank Square leaving. Yes, it was difficult.

What sort of things were you looking for when you sought to employ a junior partner?

Someone I can get on with. That means someone who did what he said he would do, who is reliable, but also who was going to be kind to the patients. It's, there, there's a certain ... difference in doctors. You've got to have enough humility to know that you're dealing with, with a patient who is putting at least part of their life into your hands, and not, because you're invited in, thrust around and hurt the bits that they want to keep private. You haven't to be sort of nosey, unless it's to the point of what you ... and that goes for all about their, for their relationships with other people. And there's got to be a sort of a basic empathy, which, in my junior partner, John Miller, was, was self-evident. He was very kind, he was very understanding, and, like me, he felt that it was a privilege being what he was, I think.

Who was responsible for selecting him?

Me. I think. I knew he was wanting, he was working in the area, in one of the hospitals, and I knew he was wanting a job in general practice, and I'd reached a place when my practice was continuing to grow. And Frank Square was doing less and less. And I was on my knees. I needed, well, my family was beginning to disintegrate, in, in not seeing, not seeing enough of me, and not having the time off. And I think my partner who was away for a fortnight's holiday in France, and I, when he was coming back on the Saturday, I was going away on the Sunday with my family, for a, for a week. He, he sent a cable on the Friday to say he was going to take another week off. And I thought, "I cannot continue to do this to my family. I've, I've got to have somebody else." So I, we took in another partner at that point.

Was that typical behaviour from your senior partner?

No, it wasn't typical. It happened now and again.

But did you make your feelings plain to him when he ...

I have no doubt, as you pointed out before, I don't look the type that would not! (LAUGHS) So, I mean, I can't remember, quite honestly. But I have no doubt that, if I ran true to form, I would have certainly had a few words to say! (LAUGHS)

How did you know that your prospective junior partner was looking for work? How did you get to know him? Or of him?

I think it's, it's common ... with dealing with the hospitals and going up and doing bloods, and taking your bloods up to the path. labs, and there's a constant flow of knowledge. And that sort of knowledge comes very quickly to you.

So how many patients did you have when he joined?

I can't remember. But it would certainly be going on to 8,000, or something like that, I think. Which means that we were over our seven, which was our limit. I can't really remember exactly.

Do you think you could have coped with more?

No. (COUGHS - pardon me) I don't think so. I think, well, we did, we could, we multiplied and multiplied. I had a, a great friend who was also a great rival. He was on the same estate very near me, also building a practice. Now, he took on a, he had ... three other partners, and they were taking on a fifth. And he retired, and the fifth partner was given his, was separated from the rest of the practice, and sent on his own to look after the (COUGHS - sorry, I'm running dry!) ... he was sent on his own to look after the practice near me. And as soon as he was sent on his own, we began to take all the patients from him, so that he must have lost a few hundred patients in the next few weeks. And so he came to us, and said, "I can't continue like this. Can I join you?" And we said, "Yes. When would you like parity?" And he said, "I would like it in five years, but I'm prepared to wait to seven." And we said, "We can't bear to wait that long. It's got to be three years or less, because then we can treat you as equals." So I think he, he got it within two years or, well, even less than that, I think.

When did your junior partner get parity?

As soon as the senior partner left. I don't know what the arrangement was, but everybody that I've taken on, has got parity earlier than they intended.

Can you remember what year it was when you took on your junior partner?

It must have been about 1955, '56. I'm not sure. Really, I can't really remember. Anyway, we, we took on this chap, and so that my rival in the, at the beginning, all his patients eventually came to us. Or most of them. And they're all in the same practice. And now that man is the head of the practice. And, with another five partners.

Did night work and weekend calls become easier for you?

Only because of my relationships with other doctors. (COUGHS - I'm sorry, I think I'd better ...) ... Obviously, having a partner made night calls much easier, much more helpful. But then we were already immersed in much bigger, wider rotas, which we maintained and found the whole thing became easier as we went along. I think, then, partly because as our patients were now spreading from the East End of Sunderland, right round the periphery, we found, to our amazement, that they continued to come to the surgery. In other words, from the north-west part of Sunderland, they'd come down to the south-east part, passing many surgeries, doctors' surgeries and practices on the way, to come to where they originally started. And that, we couldn't, we couldn't really close down areas of the town, because the families would be broken up. Grandfather might be living in the north-west, and the south ...[End of Tape 2 (Side A)]... the town of Sunderland into the north side and south side. The doctors to the north kept their practices to the north, but those on the south went to the north as well as to the south, because of the great movement of the population, both to the north of the river, and the west of the town, when they broke up the East End of Sunderland. The East End of Sunderland was full of characters and full of old buildings, which were quite dilapidated. Old taverns. One of them was the Watermans Tavern, which was a, a

remarkable quaint old place, where you expected smugglers, and I've actually stepped over drunken old ladies at 11 o'clock in the morning, to get up to the people who kept the pub upstairs, and with all the lewd suggestions of, of, of these same old ladies as I went! And the ribaldry and the humour was, was bawdy, but very ... very funny. Very funny. Very funny people.

How would you describe the area in which you practiced?

I practiced right over the town. And we had a great number of wealthy people, and a great number of poor people. It was a tremendous mixture of, of people. You've got to remember that, in a place like Sunderland, the middle-class was not the greatest, by any means. It was, though the ship owners who owned the rivers and the families were inter-related, in fact, one of our great friends who was one of the daughters of one of these ship-builders, said that she never really knew anyone else but her own cousins on the river. They all lived together. And, but, apart from the, the very rich, there were the very poor, and in between there was a small smattering of, of professionals, but not all that great.

Did that, did practicing in that environment appeal to you, the mixture of ...

Oh, tremendously. Tremendously. Because you, as St. Paul said, you've got to speak to a man's condition, and therefore you had to, what you could say to, to a good East Ender was not exactly the same as you could say to a, to one of the ship-owners, or the ship-builders.

What were housing conditions like?

They were rows of houses at the East End, in long rows, warm, snug, comfortable places, without any protection of grandeur or wealth, and with a back yard, and no land, certainly, round about. And the parks within the town, and the open spaces, were quite big. But since then, we've built all our high-rise flats, and these seem Godless places where everything is concrete, and a lot of our children there are not seeing anything but concrete and a few rubble spread places, really, around the, around the old quaysides and ... and the docks at the East End of the town.

Was there much poverty?

Oh yes. A great deal of poverty. Yes. A great deal. But still a great cheerfulness and a great friendliness. And there were various, amongst the working classes there, there were various levels of, of socialising, which kept everyone in place, as it were. But the friendliness amongst, amongst everyone, was, was quite extraordinary. There was a, there's an equality in the North-East between the owners and the workmen, which I don't find elsewhere. There's no ... they once said that you've got to fight for your authority, you've got to prove that you are in a position to be authoritarian, otherwise they won't have you. And that's probably true. It certainly was true 50 years ago.

You were talking about working-classes, middle-classes. How would you describe your own family background?

I don't know. They were an educated family who read a lot, and who put a great deal of emphasis on learning and, and books, so that I was always surrounded by them. They were certainly not poor, as far as ... as far as what they owned. My father was left without a father at the beginning of the First World War, and he went to war and came back, and had to look after a widowed mother and two younger brothers and a sister, and therefore, it was imperative that he found work. And I think, at that point, he became, he joined the railway, and stayed there as a railwayman. But he was still a very well-read and educated man, and a very gentle man, a very kindly man.

So did you identify with your patients in any way?

I identified with them all, really, I think. I think ... I certainly identified with, with their sorrow. I would go home and weep. I could, I, I think it's one of the reasons why I couldn't do paediatrics all the time. I wept over my children, particularly, and I could never be remote. Most of the time one is remote, but I, there are times when I, I couldn't be. I remember being called out at seven

o'clock one snowy Christmas morning, to find a child who had died during the night, a two year old. They, he'd had a pneumonia the night before, and they hadn't called. They hadn't called because, (1) they didn't want to disturb the doctor, (2) it was snowing outside, and they were going to call me early in the morning. But when I got there, all the toys were round the bed, and the family were in deep distress, blaming themselves, and very sad. And to go back then to my own home, to watch my children opening their presents, was just too much. I couldn't face it, really, not easily. It was very difficult. So yes, I identified with them all, I think, at some stage or other. Certainly when they were in distress.

That remoteness that you spoke of, is that something which is encouraged in doctors during their training?

To some extent, yes. You must not identify with your patients too much, because, if so, it impairs your judgement, or it can do. And I can see, I can see this. I can see that there are problems. I remember my, my wife and my partner, Dr. Square, telling me off for letting patients call me by my first name. And I said, "Why?" and they said, "Because you will lack respect." And I said, "Do you think I do?" And they said, "Well, it might come." And I said, "Well, it hasn't come yet. When I think it does, I'll stop them using my first name. But that's what they call me." And, as a Quaker, one is not known as Dr. Anybody, or, one is known as John Makepeace. Not just John, but I don't mind that either, but as John Makepeace, and that's my name, it was given me. So I don't think that I've got to have to be called John Makepeace, MBBS, or something stupid like that, all the time. It doesn't go down very well.

So you didn't see that as a failing, then? That you weren't as remote as some people, within the profession, expected you to be?

I couldn't work any other way. I ... it certainly wasn't a failing as far as me and my results were concerned. I, I don't think, I don't think I made many mistakes in judgement because of it. I think we all make mistakes. I don't think that is where I made my mistakes.

Where did you make your mistakes?

I think, now and again, not being, in not thinking. Not thinking and not seeing something which was obvious. When I look back on a thing, I think the times I, you look back on things, I think, "Well, at that time, I couldn't have done anything else, with the knowledge that I had." But on occasion, I've looked back and I've thought, "I didn't think of that. Now, why didn't I think of that?" For instance, I was treating a man for six weeks, when my partner went in, my old partner, and said, "What do you think of Mrs. So-and-So?" And I said, "I don't know. I've been treating her for six weeks." And he said, "Well, I've taken her, her urine today, and it's full of sugar. Have you done that?" And I thought, "No, damn! I haven't done that." And I, it's a simple thing which anyone would have done. And I don't know why I didn't do it. It's that sort of mistake.

How do you think being a Quaker affected your attitudes to health, your patients?

I think it was a continuation of my family's attitude to it. It, it made medicine seem a service, which ... which was like a Holy Grail, if you will. It, it was something which you did for mankind. It sounds grandiose now, but it, it, it's the way it worked out. I think that's, that's really what happened. And I think I made the mistake of putting that before my family too, in the early days.

What, your ...

The, as I said, the practice always came first. It was, it was a duty before God, if you like to put it before that.

Given your religion, you couldn't have done anything else?

No. I think that's right. I think that's really what happened. It's only as I grew older and became more cynical that, that I began to put other things, in a sort of way, before my practice. But it didn't really work out. I was too conditioned by then.

Did being a Quaker lead you to make any judgements about your patients, about their, their behaviour?

No. I never make judgements about anyone, because I'm such a sinner myself! I wouldn't like anyone to judge me! (LAUGHS) And if there was a great judgement in Heaven, hereafter, which God forbid, I, I, I've got to creep around and pretend I'm not there! (LAUGHS)

What were social economic conditions like, generally, in your practice? In the area in which you practiced?

Well, as I said, we had, we had both, both those who had all the money and all the grandeur of their station, because they'd been there for generations, and those who worked for them. And the artisans were, were wonderful people, because they knew their job, the fitters and the riggers, and the, and the boiler-makers, they, they knew what they were about. The miners, they were exceptionally good workmen. And then there were the labourers who were a group lower in the social scale, but certainly not in any other way really, but they, they all fitted in to a pattern of, of hard work, of, of moving around from area to area to find work, because in building ships, you don't have a continuity of work, you, you can't find work for joiners, or not many of them, while you're building the, putting down the keel and building the, the sides of the ship, and so on. But you need them very much, you need your joiners later on to put the woodwork into the ship and, and so on. And then you have less room, or less need of, of boiler-makers and all the metal workers. And so they would move from, not only shipyard to shipyard, but from river to river. They were either on the Tyne or on the Wear or on the Tees. And they'd move around where the work was. So there was always this constant movement of work. But the towns themselves were full of, of men working at six o'clock in the morning. The place was bedlam with, with thousands of men on the move, going to various shipyards, and going to work, and going to the colliery, and so on. And the women would be at home, and would be working very hard at home, with all the, with none of the present aids, or not many of the present aids for easy work. They were, it was a much more ordered society in that sense.

Was there much unemployment?

There was always unemployment. There was always unemployment of a certain group of people, but that was changing. There were always the, the chronic unemployed, who were not going to work anyway, for one reason or other, they'd opted out, and they became sick. And that was a great nuisance at first, in general practice, because we were not only charged with looking after the sick, but we were also charged with deciding who was sick and who was not, who could work and who could not. And we had these confounded sick notes, which were imposed upon us. I can't see anyone else doing it, but it was, we really had to say whether this man was fit for work or not. We had to say why he was unfit. And, of course, there were a lot of skivers who, on Monday mornings, would come in because they'd ... drank too much over the weekend, and they couldn't work on Mondays.

How could you deal with those?

It depends. If you knew them, it depends very much on the individual. If you knew them well, and you knew they were skiving, you threw them out. I always threw them out gently, and always say, "Who are you having on?" or words to that effect. And it'd go down to the really serious stuff, I would say, "How ... if I'm stupid in this, how can I, can you ever take me seriously and rely upon me when, when it is important?"

How did they react?

They usually laughed and be cheeky. Yes, we, we got on very well. It was a question of, of ... having been at sea did me a heck of a lot of good, you could talk to them as equals, you see, really on their ground, not just on medical ground. And so that when they, when he said, "I have, I have got this, this bad hand through, through chipping", you'll say, "When I chip, I didn't chip with that hand, and you're right-handed anyway." You know, you could, you could, you could talk them out of their lie very easily.

So your period before you went into medicine, held you in good stead?

Oh, tremendous. After all, all the stories I've, I've kept going and lied about, and exaggerated, how I won the War, that's stood me in good stead by itself. But, knowing the people, and there are quite a number of, of times, when I've, I've had to use my fists on patients! (LAUGHS) Absolutely ... several problems of that nature which, which were very necessary at the time. There were very rough people sometimes.

What would you mean? You'll have to expand on that, I think.

Well, one night I'd been out two or three times, usually on Saturday nights was the worst night, because they were all drunk. And I, I, I was called out by a lady at the East End, and I arrived, and she said, "He's, he's put his hand through the glass window out there, in his temper. And it's all bleeding and cut. And I sent for you because he wouldn't go to hospital." I said, "Where is he?" She said, "As soon as he knew that you were coming, he's gone." So I said, "Mary, don't worry." And I got back into my car, and I drove off down the road, turned right, and whizzed round the back, and came belting down the road again, leapt out, and there he was, just going in. And I pasted him up against the wall, and told him what I thought about him! And dressed him down, and dressed his hand, and ... told him, the next time, I'd take his knee away! (LAUGHS) So that, yes, it helps. Quite a lot of things like that happened. I, I was hit by a car one night, twice within five minutes, the same car. He came out of a road on my right, and went down my right-hand side, my, my side of the car. I backed, turned, and raced after him, and just outside the Royal Infirmary, on a wet night, he put his brakes on, and I went right into the back of him, and smashed both cars up completely. Got out, raced round, picked him out of the front door, out of his front door, which was all bent and battered. There were four of them in the car. And was about to foot the hell out of him, when I realised he was completely drunk, he didn't know where he was, and he was bleeding. And two policemen, a sergeant and his mate, came out of the Royal Infirmary at that point, and said, "Doctor, do you need any help?" And I said, "Yes. Let's get them into the ... " And I said, "You witnessed this, didn't you?" And they said, "No." And I realised that they'd been drinking too, and weren't in any really fit state to hold a conversation! So we got them all into the Casualty, and I stitched them up and sent them home! But that was in the day that, there was a, that GPs could walk into Casualties and, after all, I'd worked there for, for a long time. So it was quite easy to help them out by stitching up the four, well, three of the four that I'd, I'd just rammed. But it was the end of a good car.

I think you must have had great difficulty being a Quaker?

Yes. It was a problem. I think it's one of the reasons why I left eventually. There are certain, yes, a certain problem. But then I, I became, I joined the Lifeboat, you see, and eventually they gave me a silver, silver medal for, after 25 years of belonging. But I really had a boat of my own from a very early stage, and the reason I joined the Lifeboat was to make sure that they would never come alongside me if I was ever in difficult. I said, "Whenever you get near me, if a hundred yards away, you stop and I'll come to you. I'm not going to have you wrecking my boat by trying to come alongside, alongside me!" So we got on very well with the Lifeboat!

When were you involved with the Lifeboat?

Oh, for most of my life, I think. I always belonged. The Lifeboats, if the maroons went off, I used, if I was down in the docks, I used to belt like hell to get on board the boat, because if I went as bowman, I got £1-11-6d. for the day. If I went as doctor, I got nothing. So I raced to get as bowman. And if ... I would say, "Get this boat away. Get this boat away." And watch the bowman who had a, who had to come from further up river, and he would come as we were leaving, and I'd wave, and I'd say, "Next time, mate!" (LAUGHS) Yes, it was a good life. I enjoyed them. And then I sailed a lot. Eventually I, I got bigger and bigger boats, like you get bigger and faster cars. And I spent many years sailing across to Norway and to, into the Baltic. I enjoyed that very much. So it was always this, the sea-going thing. And there were so many people on the river that you, that

there was, they were there to help. I was called into one yard because the men were going on strike, because the ambulance hadn't arrived to a chap the day before, because they couldn't, actually, the ambulance couldn't get in, because they'd been altering the gates, several of the gates into the, into the shipyard. And the men were going on strike because they wanted an ambulance of their own. And so the management got me in to talk to the men. And I really said, "You can't, you can't really have an ambulance of your own, because if you did, you'd have to have all the services behind it, the back-up service. You'd have to have men on 24 hours a day. You'd have to have the oxygen, you'd have to have the know-how. This is not what you need." And so we talked it out. And, eventually, they decided not to go on strike, providing the management did certain things for them. And, as I was leaving, the, the owner of the yard, a very nice man called Maher (?? spelling), very famous, who became, he became head of the, the Shipping Federation in, in, in Britain. He said, "John, is there anything you would need, you would like for the boat?" For my boat. And I said, "No", I said, "Alan, you're the last man I'd come to." I said, "I'll tell you something." I said, "When I came into the, in through the gates of the yard today, one of your men came up to me and said, 'Do you want any paint, doctor?' he said, 'We've got some good white paint in the yard at the moment.'" And I said, "And as I came up the steps here, one of your riggers said, 'You don't want any rope, do you?'" I said, "You're the last man I'd come to, Alan, I've got the whole of the shipyard to come to if I need anything!" (LAUGHS) So it was great!

What were the most common illnesses that you saw?

In children, sore throats, running ears, pneumonias. In the beginning, tuberculosis, TB meningitis, which is the most difficult, of the meningitises, I think, to, to diagnose. But quite a bit of meningitis. I suppose all the infections. The infections were being attacked by antibiotics by then. And we were seeing less and less of the dangers of infection. After all, infection was the greatest cause of childhood death in those days. Now it's way back, we don't bother about it nearly so much. But so many people got ordinary infections, just like infected fingers, could die with it, without antibiotics. And we'd brought out M&B before the War, and penicillin during the War, really, in surgery, you could use it amongst the troops and so on, in greater and greater quantities. And then we got all sort of mycins after the War, streptomycin. When I was first dealing with, with paediatrics, we got streptomycin from America, but they wouldn't sell us enough. They weren't making enough, and they weren't selling it. So that, in 1948, or so, we could, we could only treat tuberculous meningitis if we'd caught it in the first two days. After that, it was my painful job, or, with the help of a Registrar, to really say, "We can't treat your child", because we hadn't enough stuff to go on with it. So that, after that, the mycins, we got all sorts of mycins to kill infection. But nowadays, the greatest cause of death in children, apart from ... injury, is, is cancer.

What sort of illnesses did you see amongst the adult population?

Again, it was tuberculosis. Quite a bit of tuberculosis. And the infections, again. And there were always the odd ones which were unusual. Of course, the, the appendicitis, and the, the surgical things which also came in in great quantities. Infections of, of ... of bowel, and chest, and meningitis. Yes, I think that's, that's the, the main ones that came in. But there were always the odd ones. There were always the intersuptions (??sp), which are very rarely seen in general practice. But I saw two in a couple of weeks, and none since. So they were ... tuberculosis was a condition which was gradually going out, which eventually, didn't disappear altogether, but became much less. And it was only people coming in from abroad that really had ... tuberculosis.

What was nutrition like?

Nutrition wasn't bad, because the, the Government, in those days, was providing school meals. They were providing cod liver oil in one form or another for pregnant women and children, they were providing orange juice, vitamin C, extra vitamin C. There were a lot of things being provided for the population, which are not provided for any more. Their food was not this quick food that

we get now. Quite a bit more cooking was done by mother. Mind you, the poor were obviously under-nourished to some extent.

How much of the illness amongst that group was related to their living conditions?

Oh, I think a great deal of it. Medically, you know, you can just run along with what nature wants you to do, and that means in dying too. We can certainly produce antibiotics, we can certainly produce, to, to clear infection. We can certainly diagnose quickly, and with surgery and other things, mend. But, by and large, disease is going to be caused, I think, by the way people live, and by what they eat, and by their standard of living. There's no doubt about it. And there have been many reports since, which show that the, the under-nourished and the under-privileged are the main recipients of, of disease.

Was it easy to ... let's say, divide your patients between the ones who were the working-class, and the wealthier elements, and say, "Look, this group is healthier than that group"?

No. They were too inter-mixed in, in, not only in where they lived, but because there were good and bad parts of the town, street by street, not just by areas, but they were too inter-mixed socially too. They had, they were very intermingled. I don't mean that they all went to the same ... annual balls and, and things, but they, their relationships were very close in many ways.

How would you define or assess the overall standards of health in Sunderland, during the fifties?

It's very difficult to say. If you were working all the time, like I was, and up to the eyes in what was needed at that particular moment, and not knowing what the health was like in other areas, I can only say this, that, in, in, we, we since have taken ... I can't remember the figures ... *[end of Tape 2 (side b)]* ... Recently, when I say recently, in the last ten years, the morbidity and ... if I remember the figures correctly, for every patient on a doctor's list in Kent, he was seen, I think it's 2.1 or 2.2 times a year. And in Sunderland, in certain areas of Sunderland, for every patient, it was nine times. Which means that the doctor in Sunderland, with the same list as the doctor in Kent, is at least seeing his patients four times more, which means four times the amount of work, which means, in thousands, a tremendous, a tremendous difference. My great problem has always been how quickly to see people. And, at the end, we were seeing eight people every hour, which means about three minutes per patient. Now, how were you supposed to diagnose an attempted suicide, or talk to a bereavement? Or, or just find an appendicitis in three minutes, is, is beyond me. You hadn't the time. So that I would bring people back at the end of surgeries for longer talking. It meant that my time was used up all day. I did nothing else but see people. And that really went from, a minimum, from nine o'clock in the morning till eight o'clock at night. I remember being so tired that I did get in for ten minutes, literally ten minutes, at lunchtime, and I would not want to eat. I was too tired to eat. I'd rather sleep. And I remember sitting down in a chair, and thinking, "I've got ten minutes." And time myself for ten minutes, because in ten minutes I had to get out again. And so time was, was at a premium. It was very very difficult.

Could you describe a typical day for me, then, in your practice? What that would consist of?

Do you mean, you mean in 1950s?

Yes.

I would ... if any calls came in after seven o'clock in the morning, I would try and do them if they were urgent. If it was an urgent one, I'd do it before my surgery at nine o'clock. I'd always be in my surgery before nine o'clock, and I would, this was at the East End of the town, I would do a surgery from nine till about half past ten. And between half past ten and eleven, I'd get out to do some calls.

So roughly how many patients would you see in that morning surgery?

In those days, I don't know, 20. It depends. About 20. I know the figures much later on, but this is 40 years ago, you see. And then I would do calls, and I'd go home at, at somewhere after one

o'clock, because, at half past one, at my home, I would start the next surgery. And at half past one, would go on till nearly three o'clock.

How long would you spend with the patients on your visits?

It depends. It depends very much whether it's the first visit or the second visit, or it depends very much on, I could do four visits per hour. That's about the level. If they were all together and it was in one of the estates where you could go from door to door, or in the East End where you go from door to door, you might get five or even six in an hour. But that was rare. It was four an hour. We reckoned four an hour. And eight, eight patients per hour in the surgery.

So you'd be back at home for one o'clock?

Well, as near to one o'clock ... as I possibly could, because at half past one, I'd be starting a surgery again. And sometimes I didn't get in till twenty past, and then I had ten minutes before half past. And at half past I'd start a surgery there, which would go on till getting on for three, quarter to three, or something like that. And then I'd go and visit again. And I'd be down at the East End again by four o'clock in the afternoon. And I'd ... sorry, at half past four. And at half past four until six, I would do a surgery there. At six, I'd race up to the top surgery again, and do a surgery from half past six till about half past seven, eight o'clock. And then do any night, evening calls, that were necessary. And then I was on, as I said at the beginning, five nights out of seven. So I'd just go on doing calls all night. I don't mean ... I mean, some nights you were in bed all night. But you never knew. And then I would start again the next morning at ...

You said that it didn't affect you healthwise, but do you think, or did it affect other GPs, that sort of workload?

I don't know. I think one took it in one's stride. One gradually became accustomed to it, after hospital, I think, because suddenly you realise that you were needed. It wasn't a question of whether you could put it off. In the beginning of the Health Service, anyone who called, could have a call there and then. There was no way in which I could say "no". One of the greatest things happened somewhere about 1958 or '59, when a doctor was permitted not to go if he thought it was not necessary, if he could give advice on the phone. But until then, he *had* to go. He *had* to go. So that, I saw a lady at ten o'clock one evening, and said, "There are the tablets. If the pain starts again, take a tablet." At two o'clock in the morning, he rang me and said, "My wife's in great pain, doctor, will you come?" And I said, "Have you given her a tablet?" And he said, "No. But I want you here." And I said, "Would you like to give her a tablet and ring me back?" He said, "No. I insist that you come." I said, "Then I will come." There was snow on the ground, and I only had my young daughters with me, who actually helped me to get the car out, and push it up the road. I got down to him, to see the patient, and when I walked in the door, he said, "She's gone to sleep, doctor. I've given her a tablet. I don't want you to go upstairs because you'll just wake her up." So I turned round, and got into my car, and went home and got back to bed. Now, after a while, I know people nowadays grumble about secretaries being dragons and not letting you to ... but it started like that. It started because the doctor was called out frivolously, just by a very small group of the practice. But, nevertheless, he reached a point when he was so sickened by it, and he said, "I can't cope with it." And no one understands that, that if he starts again at nine o'clock in the morning, and he's been up most of the night, he's not as bright as he was, as he should be. There was no, there was no easing of it. There was no way to get out of it. This constant demand of a population, which were then given something for nothing, which they could use for themselves, were not always used judiciously. They used it because they wanted it, because it suited them, really.

This must have created a mental strain as well?

Oh, Good God, yes! I mean, I mean, I can tell you umpteen stories about this where a lady in the morning said, "Will you come straightaway, doctor?" And I said, "Well, can I finish my surgery first?" And she said, "Well, if you must. I suppose so." And I said, "Well, in that case, if it doesn't

matter that much, I will, I will come this afternoon." She said, "Oh, that's no good, I'm going to have my hair done this afternoon." And one of my partners who was a very bad-tempered man at the best of times, he was called out to a, an estate house, where he banged on the door, and there was nobody in. And as he came out, here was the lady coming up the road, carrying two carriers, carrier bags. And he said, "Come one, Nellie", he said, "At least you could be in to let me in to see the child." She said, "Oh, it's not the child, doctor. It's me." And he said, "What's the matter with you, then?" And she said, "I've got pain in my arms, especially when I carry carrier bags." (LAUGHS) Well, I don't know whether she got home, but she certainly would have gone home with her ears ringing! (LAUGHS) But that was it. And I was called out because someone had a headache. Really, and I said, "How long have you had a headache?" She said, "Half an hour. But," she said, "I really feel a bit sick with it. I think it was the pork that I had for lunch." And really, a few more like that, and you're really up against it, you see, because there are a lot of very genuine people who wouldn't send for you until they're dying, and these are the people who also needed handling well, because you had to say, "For goodness sake, call me if you, if you need me." It was a question of ... and I also feel that those doctors who eventually lost their wool about it, became the, became worse, because not only were they angry and aggravated by it, but their patients became angry and aggravated by it too. They were not given support. They were told not to call their doctor. But what they really needed was somebody's arm round them, and saying, "Okay, when you need me, you send for me. But don't you send for me unless you need me, because I'll cut your throat if you do." And it worked, you see. So at least they were easy on me. At least, most of them were easy on me.

You were able to discipline them?

Not very well. Not as well as some! Some practices were extraordinary well-disciplined. I, I couldn't get away, mind you, because my practice was spread so wide, I couldn't get away with, with less than 12 calls in a day, in a morning, new calls. And yet, at a nearby practice, if they did two or three, they were doing too many.

And you say you just spent an average of about three minutes per patient?

That's what it has been in the last few years. That is what we've, that is ... for a first, obviously, when I say that's an average, but if you get someone in who's going to take 20 minutes, then there are, there are five patients waiting, who are going to kick up a row because, if you have a surgery which, say, starts at nine, and "Just come along and I'll see you." Nobody grumbles. But if you give a person an appointment for ten minutes past nine, and you're not there for ten minutes past nine, then they'll grumble, they'll shout.

But, during the fifties, how long, on average, do you think you had to spend with these patients?

I can't really remember. But I think it was longer than I had more recently. I think it was, I had more time. And I'd also bring them back at the end of a surgery if they needed more time. And I'd, I'd have some surgeries whereby I, I would try, I knew it was going to be quiet, and I'd bring them back then for a longer time. People who needed talking to, or, or certainly, if you had the results of a cancer of lung, you can't just suddenly say to them in three minutes, "I'm sorry you've got a cancer of your lung. You, you're going to die within six months. You shouldn't have smoked." You can't do it, you see. It's not like that. And I remember being called to one man who was smoking like a chimney, and he, he was coughing and spluttering. This was about ten o'clock at night. And he was sitting there, in front of a fire, rolling a cigarette. And I said, "Right, I'm going home." He said, "What are you going to do for me, then, doctor?" he said. I said, "Nowt!" He said, he said, "But I've got you out so you can help me." I said, "Why the hell should I help you if you're going to actually roll a cigarette in front of me?" If you want to cough, and if you want to die with a, do it by yourself, not with me. I don't want to sort of sit and have a wake on you before you're dead."

Did you believe that people should take responsibility for their health in that way? That they ...

Oh yes. I, I, I remember seeing one of my partner's private patients early on, and, because my partner was away on holiday. And he sat there, in bed, with, with his young demure wife, his housekeeper, and at the door was his chauffeur. And I ... I thought rather the reverse of what I said before. I thought this man might have diabetes, and I, I took his blood, and I took some urine, and I said, "This is what you do. You're going on a diet from now on, until I come back." And he said, "What if I don't choose to?" And I said, in front of everyone, "I don't give a bugger whether you do or whether you don't. You've asked me for my opinion. Whether you take it or not is up to you. I couldn't care less. If you want to die, you die your way." And, at the weekend, when my partner came back, my partner, rather irritably, I think, said, "Mr. So-and-So would like you to continue treating him. I don't know what you've done to him." I said, "I've just, I just tore him off the strip for being so stupid!" (LAUGHS) And I got away with it. I keep on getting away with it because I'm rude to people, and they think I don't mean it.

When were your busiest times of the year?

I think, then, they were the cold wet months. Now I don't, we've decided long ago that, nowadays, there is no busy time of the year. It's all busy.

But then, it was ...

I think there was much more ... in the cold misery of the, the winter, that people, the coughs and the colds were worse then. They coughed over each other in schools, and in, and the children got everything that was going.

How did your work rate rise during those periods?

I think so, I think it did. I think, I think, by and large, there were more colds in the winter than there were in the summer.

Why?

Mind you, probably because the weather was too bad to bring them to the surgery. And because, because of this ... geographical spread of our practice, I think we were called out more than if you had your practice just around your doors, because all the patients had left our area, at least, not all, but they'd spread around the west end of the town, and right round the periphery. They wouldn't bring their children on buses all the way down to the surgery, so we went to them.

Did the number of visits double during that busy time?

Oh, I would think so. I would think so. Oh, and some, sometimes it was terrible. I mean, on, on, when there were one or two flu epidemics, we had over 70 colds in one day. And that was fantastic. You couldn't do it, you see, four, four calls an hour. And especially that sort of call. Normally, when you left your surgery at, at half past ten, eleven o'clock in the morning, you had 12 calls or 10 calls, and you could do a round. But if you were on call, you would whip along to do two, and then you'd find one at the other end of the town. You'd go to the one end of the town, and when you got there, you'd find you had to go belting back to the other end of the town, so you were like a yo-yo, racing around, never knowing whether the next one was, was very serious or not. You reached a point where you didn't know. It would have been easier to have done two or three calls here, which you knew about, but suddenly you had an urgent which would call in twice from the other end of town, you would have to go across there in case it was a meningitis or an appendicitis, or something like that. So you would race across, and then come back to the other three. It was extremely difficult. It depends on how you could manage your day.

Do any epidemics stand out in your memory?

There was that flu epidemic, and that was at Christmas. That was a shocker.

When was that?

It would be somewhere in the region of 1970, I think. Or was it earlier? '65 - '70. It was a, but then we had epidemics of measles and other things. And measles, in those days, was not so easily

dealt with either. You, you'd get a lot of complications with measles. You'd get a lot of very bad chests and bad eyes. You, you could treat them with antibiotics right from the beginning, but you still seemed to get more complications. Now, if you see a measles, you, and which you don't see very often, you would rarely go back to see them, unless they wanted you. You would really say, "If you need me again, please send. But this is what is going to happen. This is the progress of this condition. And you should be all right for school in a couple of weeks time, or ten days", or whatever it is. That's, that's it. But then you couldn't rely upon it. You would say, "I'll come back in a couple of days to see." And then, another two or three days after that. So each measles case was not just a one visit, it was usually at least two, or three. So it took more out of you.

Did you offer any other kinds of services at your practice? I'm thinking vaccinations, midwifery or ...

We did maternity, of course. There was a tremendous amount of maternity. And that took ... not just the delivery and, which was always, always with us, but it was all the monthly check-ups and, and the blood tests, and the urine tests, and so on, before they were all taken into hospital. So we did, yes, we did maternity. We did, and we had, gradually, as we, as we moved on, and I can't remember when, but gradually we did baby clinics and obesity clinics, and gradually it became more and more clinics. But clinics never took away the basic work. The basic work was always with us. The sick people are always there.

Did you do any minor surgery?

I did, I did ... yes, I did minor surgery. But not extensively. And, as I got partners, our fourth partner who came, it was because I smashed my car up, I turned my car over one Saturday morning, and I was hit on the left-hand side. A man came in on the left-hand side, and hit me. And the first bit of my car that touched the road was the roof. I sort of did a, a ... I turned over, and skidded down the road on the roof, and then it came down on my right-hand side, and I crawled out of this thing, and was taken to hospital, where the Casualty Officer, who'd been there for many years. I said, "Why on earth do you do this? Why don't you go into general practice." And he said, "I would like to." I said, "Right, start next week." And we fixed him up. Well, now, having someone like that in the practice, you shed a lot of your surgical work on to him, just like I got most of the paediatrics. I think it worked like that. But, gradually, they all came in. The third partner, who I told you about already, he, he'd done a lot of orthopaedics, so he took a lot of the orthopaedic work.

What about lab tests, were you able to do any of those at the surgery?

Yes. I did a lot of my own. But also my great friend was one of the leading pathologists and I saw a lot of him, and learnt a lot from him. And I could always get bloods and things done very quickly there as well. So I could just take bloods and, and hand them in, and get a result the same day, if necessary. But the service was excellent. And, just like my X-rays. They were very good. They would trump up my X-ray reports very quickly if necessary. So I could get everything done that I needed doing, very quickly. And that was very useful. And the relationship with the other consultants was also exceptionally good. They, they would come out and see patients with me, very easily. We would fix a time, usually in the evening, or between surgeries, or some time that would suit, and they were always prompt. Always prompt, except one man. But they were always prompt. And we could, we could get on with life very well. The one man that was not prompt was my old chief at, at skins. And he made, we made an appointment, and in ten minutes I left, and a quarter of an hour afterwards he came. And he rang me for the rest of the day, and I was out. Not available. And the next day when he rang me, he said, "You didn't wait." I said, "I never wait for anyone more than ten minutes. Why should you waste my life?" And he, and he, he was never late again. (LAUGHS) But he was a very, he was a very famous skin man called Inman, and he, he was very very good. He was very good on skins. He didn't know anything when he'd got a stethoscope round his neck. He couldn't tell one end from another.

Did you offer people advice on contraception?

Oh yes. Yes. Always. And, and later on, on abortion, too. I was, my, two of my partners are ardent Catholics. One of them is the, was the, well, is the brother of Cardinal Hume, so they had very, very definite views on both - contraception and abortion. But their views did not include the sin of passing their patients on to me. And what I did with them, they didn't want to know, really. So I put this to them in a, in a philosophical mood one evening, and said did they feel less exonerated, because, I said, "When I get to Heaven, I'm going to point at you two and say, 'They drove me to it.'" (LAUGHS)

So you would get all those cases to deal with?

Yes. Well, there were other partners by then. But, yes, I got a great deal of them. They seemed to think that I was sinful enough to, not to matter.

And this was during the fifties was it?

No, it was a little bit after then that I, I acquired them as partners. But before that, I still did a lot of the, the abortion and maternity. I don't agree with abortion. At least, I would try and persuade people not to. But I believe that a woman has the right to choose for herself. It's her problem. It's not my problem. My problem is to offer the services. Her problem is to decide. And if she wants me to help her decide, again, it would depend very much on the circumstances. I, in cases of rape and, and that sort of thing, I would have no doubt about termination. And I'd have no doubt about termination in, in one-night stands, which didn't ... which ... where there was no love or emotion. I think my first question will always be, "Do you love him?" "Is this a permanent thing? And if so, if it is permanent, is this the right way to start your life together, by killing your first child?"

Did you have many cases to deal with when you first went into practice?

Of abortion and ... Yes. Quite a number. Yes, quite a number. And, certainly, contraception I feel is right for, for everybody. I went on to run hormone replacement clinics, which I found were exceptionally beneficial, very helpful. So I had no qualms about that sort of morality.

And, overall, were you happy with the kind of service you were able to offer people? Again, during the fifties.

Yes. Always lacking in time. Always lacking in time. Always short of time, and short of sleep, as I said. But, apart from that, yes, the service was good, and the ... I think I had a tremendous number of people coming to see me, which, in one way, boosted my morale, my ego, mind you, that wears thin fairly quickly. You feel like Sir Galahad to begin with, but it doesn't continue.

Were some patients more demanding than others?

Oh, yes.

Any particular kinds?

Not really. You learnt different groups. The Jewish community, and there was a big Jewish community in my practice, thought you were a wonderful doctor if you came, were polite, kind, and suggested the very very best of specialists straightaway. They were getting good services. There were various other groups who ... were different in their attitudes, I suppose. But, by and large, I think they ... individual differences were more important than group differences.

Which cases did you find were the most difficult to deal with?

I ... I don't know. I think, I, I was pleased when my new junior partner could deal with homosexuals better than I could. That, there was a sort of a ... certainly not a philosophical block, but a pure gut block which made me feel I wasn't very good, although some of them still came back to see me. But I didn't think I was as bright as I should be. I think, also, that there were one or two neurotic women who got up my nose. I think the ones that wouldn't help, or wouldn't listen. I don't mean to me, but wouldn't take heed of themselves, and pull themselves up. Probably irritated me a little bit. I, when I say that, I don't think, I don't think I felt irritated with anyone particularly, except now and again, one would set me off in the raw. I remember a chap coming,

whom I didn't know at all, who was a, an art, a master at an art school. He wasn't a professor, but he was certainly a teacher in an art school. And one of his charges had become pregnant by him. A young lady of about 18. And he came, after my surgery, to my door, and asked me what I was going to do about it. And I pointed out all the things that could be done about it. And I said, and then he, unfortunately, said to me, like all doctors, I wasn't going to take responsibility for, for my patient. And I was just fobbing him off. And I said, "This is not my responsibility. This is yours. Let's get it straight. This is nothing to do with me. This is you, in a position of *loco parentis* over this girl, who has got her pregnant, and is now demanding of me, that I should do something about it. Why should I do anything about it? I'll do it because I regard her as, as, as a charge which is, as my patient, I must help. As far as you're concerned, I have no time for you at all. So don't preach morality to me." And I sort of threw him out. Now that would annoy me. That sort of thing would annoy me. But, but apart from things like that on the odd occasion, it didn't matter very much. I, I threatened to beat a bloke up because he was beating his wife, and that sort of thing, but that just sort of, in passing! (LAUGHS) It was easier, it's easier there and then to ... you know, I suppose if I, nowadays, when I couldn't beat anybody up, I would, I would threaten them with the law and other things. It's much easier to say, "If you touch her again, I'll knock your head off." (LAUGHS) It's quicker!

What would you say the hardest part of your job was?

Sleeping! (LAUGHS) [*End of Tape 3 (side A)*] ... there's anything really more hard. I think, yes, it was just the pressure. A tremendous pressure of work. A tremendous amount of work to be done all the time. Which is just as well, because, by nature I'm lazy, and I wouldn't do a stroke unless the work was there!

Were any GPs, to your knowledge, unable to cope with that pressure?

Oh, I think so. And they would move back into other forms of, of lighter work - working for the Ministry, or working for, for the local Health Authority, where they could do clinics and go home at four o'clock.

Did that ever cross your mind?

Never. It does now. That's what I'm doing now. (LAUGHS) And it's delightful! I don't know why I didn't think of that earlier! (LAUGHS) I do really, because I felt, I, I enjoyed general practice so very much. It was very good. Couldn't have done anything else, really.

I mean, we read of pressures on GPs, and high rates of alcoholism and suicide, divorce, I mean ...

Yes, I've seen it. I've seen quite a number of alcoholic GPs. I think it was a way of easing pressure. But the trouble was that, then, it would, they would store up problems for themselves which, as far as their work was concerned, problems even with their own consciences to begin with, without the, any sort of legal action or anything like that being taken against them. They would find that they weren't quite as easily so capable of coping. And I couldn't do that. I, I, possibly because of my religious background. But also because ... because getting too drunk made me ill! (LAUGHS) I couldn't, I couldn't cope. Eventually, I stopped drinking altogether. I had an acute pancreatitis at the end, and I thought "This is just daft." I, I stopped 15 years ago, 20 years ago.

How did the death of a patient affect you?

Depending who. Sometimes one felt relieved. Sometimes one felt nothing very much at all. And sometimes one wept. It depends very much on the individual, not the individual necessarily themselves, but on the surroundings and the, and the sadness of it, I think. I, I always felt it was one's duty to go and see the bereaved. I also felt that they looked, they looked for you to do so, even just to explain the death, on many occasions. But out of a mark of respect it was necessary.

Did you find it difficult explaining someone's death to ...

No. I didn't look forward to it. No, I, I really said, "This is the way it is. We're not, we can't create miracles. You, this is what life's about." Or, "It is just a pity." One of my, the doctor who I said was a rival to me, I looked after his family, and he adopted a son, whom he loved very dearly. And the son, at the age of five, ran across the road, and his head was, the top of his skull was taken right off. And I was there within three minutes. And his wife was absolutely beside herself, saying, "He never ran across the road. I, he always stopped and waited for me. This time he ran. If the lorry had been two seconds earlier, or two seconds late, it wouldn't have happened." But it did, and there's nothing you can do about it. And I think, possibly, some of my wartime experiences came to, to help me in that. It was, certain things were inevitable. It just happened. I mean, a ship in the convoy was sunk, the first, and certainly by bombs, the first feeling you had was one of relief that he'd dropped the damned things, and then it wasn't you. You might begin to feel sorry for them afterwards, but the first feeling was one of relief that it wasn't, it wasn't you. A self-preservation. And I think that sort of experience helped me a great deal later on in saying, "This is what happens. And there's nothing ..." When anybody dies, one of the feelings of the relatives is to blame somebody. In fact, I've always said to the family, "When I retire, I'll write a book. And one chapter's going to be on blame, because the doctor is going to, is one of the chief recipients of blame. It is necessary for them to say, 'This has happened, and it's because of him, or her, or it.'" There's a blame.

Did you find that difficult to cope with?

No. Once you understand it, it is, it is easy to cope with, inasmuch as that I remember, coming back from holiday, and they said, "Mrs. Smith is blaming the practice for her husband's death." And I said, "Oh, the poor thing. She is blaming herself really. She didn't call when she should've called." She knew he'd had heart attacks before, and he'd had a flu, and he hadn't recovered. She thinks she should have called the day before he died. And when I went to see her, and she was about to growl, and I said, "You poor thing. If you'd have called the night before, it would have made no difference." And she immediately settled and was gentle and, and understood.

Do you think your religion helped you?

No, I don't think so.

... dealing with death?

Not in that, not in that sense. I don't think, I don't really believe my religion. I don't believe Christianity I can't believe the fairy story of it. And, really, the mess that man has made of the religion since, in having three in one, and Holy Ghosts, and God knows what, is, is beyond me. And so I, I don't really think in that sense at all. I don't think ...

When did you stop being a Quaker?

When my wife left me. She left me with three children. The eldest was nine, and I brought them up by myself, really, after that, with the help of a host of, of, of ladies who I employed, or knew. But she left me to live with another, and her last words were, "Thank God I don't play second fiddle to your practice any more!" And I, I, I think she was absolutely right. Looking back on it, she was absolutely right, because, Dear God, she did. She was, she was a martyr in the cause. So I don't, at that time, she was a life-long Quaker, and I felt I couldn't bring the family into disrepute, or certainly her in to disrepute, so I, I, I stopped being a Quaker. And, really, in all honesty, could not follow a Christian faith Not because of that, but just through the sheer logic of the thing. I don't mind the superstitious people who do. They must continue to do so. (LAUGHS) Some day I must ask you what you believe, you see, then, then I'll, I'll temper my answers to, to your condition.

... particularly, except now and again, one would set me off in the sun. I remember a chap saying

Just to sum up, what would you say your standing was in the local community where you worked?

It's very difficult, really, for one to say that. I, I know that I got hundreds of letters when I retired last year, saying thank you. And, as I said to the staff, when they gave me a party, "Not one of them says thank you for reading that ECG, or taking that blood, or coming to that diagnosis. They all say, 'Thank you for listening.' 'Thank you for being there when Jimmy was born', or 'when grandad died'." And I said to the, to, to my umpteen secretaries, I seem to have a great number of them now, and all the nurses, I said, "Really, that's not just for me", I said, "that's for everybody. That's really because we're all ready to listen and be part of." I think ... I was ... yes, I was an alderman in Sunderland for, for six years, and I was on various committees on the, Medical Committees, and one, where only six of us dispensed millions of pounds every year, it was great. But I was there because I was elected by my fellow GPs, and if they didn't approve of me, then they could have easily thrown me out, and I wouldn't object. I wouldn't have resented that in any way I felt I was only there to, to help, and if they could find somebody better, well, good luck to them! (LAUGHS) I could have got out of it! But, but, so yes. By these measures, my standing in the community was not bad. And I liked them. There was no one I disliked very much Well, there was no one I disliked, really.

How was the medical profession, as a whole, seen, do you think, when you entered practice in Sunderland?

I think they were on a much higher pedestal than they are now. I think they behaved with more, themselves, more seemly, if I can put it like that. They behaved with a, a dignity and, and ... an unassailable knowledge, rather like the Goldsmiths school teacher who was, I think they said, "And still they gazed, and still the wonder grew that one small head could carry all he knew." I think it was that, that sort of, of feeling. I thought my authority was great, until I saw a Catholic priest walk into a room where I had just been lecturing them, the whole family, and he, he put his stick on the table, and he swept off all the beer and, and, and glasses, at one foul swish, and they, he then said, "And I expect you all at Mass tomorrow." And they all said, "Yes, Father. Yes, Father." And he, he walked out over this litter of bottles and God knows ... and glass! And I thought, "My gosh! That's, that's authority!" (LAUGHS) And it was!

But you would say that the profession had more authority and respect when you first entered practice than it does now?

Yes. In the, in the sense that a doctor could say, "This is what it was. This is what we're going to do", without being questioned. It was accepted. His authority was like that. It is not the authority that I like. It is much easier for me, as I treat my son, to say, "If you do that, this will happen. Can't you see it happens for everybody like this? Not just for you, but that's the way it works." And it's much easier for me, with my patients, to say, "If you continue to smoke, the chances are that you're going to live for 10-15 years less than your fellow man who doesn't smoke. Now, if you want to do it, you continue to do it. That's up to you." So that sort of authority is changed, I think, a great deal.

Why?

Because the people, the population, have become more ... educated, I don't mean in formal education, they're just more educated. Because they expect more, and should expect more. Also, because I think that it was very necessary for the government and other factions within the community, to demote doctors. And I think that they ... the amount of scuttle butt (?? INAUDIBLE - PH - 161) against doctors in the last 20 or 30 years in the popular press, has grown. And it's very easy to do this, because you can, you can turn to any leader of your community and say, "Do you like him?" Or, "What do you find wrong with him?" And eventually, you can pull him to pieces. And I think, possibly from a jealousy of, of other professionals, other professional groups, possibly because the way the Health Service has gone and divided off as Social Services instead of, which was once all one, one group. I think it's, you're left with doctors who have less authority and have

to prove themselves over and over again. Whereas, on one hand, this is good. On the other hand, it does damage in the relationship between doctor and patient, because the patient does not always feel safe in the hands of the doctor, whereas, at one time, as one woman came to me at two o'clock in the morning, with a child in her arms, with a, with a croup, horrible noise, horribly noisy croup. And I took the child in my arms, and I said, "Mary, go in to the front room." And I followed her in, and the child was asleep, and was not crouping. If you ever take a child with a croup, and put it to sleep, the croup will go. It stops this ... (MAKES A NOISE LIKE DIFFICULT BREATHING). And, all the child needed, was somebody who was not frightened, like mother was, to cuddle it, and put it to sleep. And within, within the minutes of walking into the front room, the child was asleep. Now, that sort of authority, I'm not saying in that sense, but that sort of authority is much more difficult to come by if the press is saying "GPs are no good." We all have our faults. In every profession you'll find people who make mistakes, who are very genuine people who make mistakes. We are, our courts are full of them, really. And not just medicine. But here's a man, today, going on trial in front of his, in front of his medical colleagues, for killing someone whom he felt there was no other way for. Now, whether he was right or wrong in the eyes of the law is one thing. But, in the eyes of humanity, he was right. He was right, in order to ease the patient. But, legally, I can see that he is in the wrong. He is, you can't allow doctors to kill. But there is always going to be this great gathering of, of, I mean, it makes news, it sells newspapers to, to pillory, to pillory people. And doctors are fair game, they're to be blamed very easily. After all, they're usually the last person to see the patient alive.

Do you think there was something in your training which ... gave you some sort of authority? Did they, are you instructed in any ways of ... when you went out into the wide world, you would carry, you would have something which gave you authority?

No. Not directly. But, because of your knowledge, you have authority. Here is somebody who is very frightened, usually, and saying, "What can you do for me, or for mine?" And you'll say, "This is what you shall do. Because I've been through this before, myself, many times. I know exactly what to do. This is what you shall do. And you may not come through it, but it's the best chance you've got." And that gives you authority. The very fact that you are there, and you're on their side. When I sit in tribunals now, I'm not on the side of the patient. We don't even call them patients any more, we call them, I don't know, some other funny name that the Social Services have trotted out. But, but the ... so then I sit in judgement. But when my patient is sitting opposite me, I'm not sitting in any judgement. I'm there for them. And that is why we had a great number of patients who should have gone to their priest. We reckoned that 30 per cent of our patients were, were pathology. Forty per cent were, were social malingerers, or not necessarily malingerers, that's wrong. Social ... people in need of social help. And the other 40 per cent were, were, were misfits from their priest who, from their priest, who were coming for, for spiritual guidance, well, in a very wide sense.

So you were substituting for the local clergyman, on occasions?

By, without much training either. Unfortunately, with a ... really by saying, "If this is the way you intend to live, then that's up to you. You go and do it. If you want to drink a bottle of whisky a day, and I can't stop you, then you do it. Or if you want to smoke as much as you do, then you do it. But you have no right to, to smoke in front of my children. Why do you want to smoke in front of yours?" It's the same sort of moral thing. But I never, that is just cause and effect. I'm not going to sit in moral judgement over anyone. I have no right. And that is why they came to me, because they were getting moral judgement from their priest. They will use their social worker as a means to an end. When I gave a lecture to, to health visitors, I said, "Never think that you're, you are giving largesse to these people, they are using you. And if they can't get it from you, they'll get it from somebody else. They know the ropes so very well that they're going to use to, to the nth degree.

So you've got no time for making moral judgements?

I've no right to. Why can I make, why can I say what is right and wrong before the eyes of God? I wouldn't know. It depends on your God.

Going back to your first surgery in Sunderland, whereabouts exactly in Sunderland was it situated?

It was down at the East End, at, at a place, in a, in a ... a row of, of fairly big houses. And I was given the upstairs room. And I went up the stairs, which had been specially rubberised, to this upstairs big room, front room. And there I was supposed to press a bell, and my patient was going to come out from the waiting room down below, to see me. But they all wanted to see the old man of the practice whom they knew, Dr. Square. So I pressed this thing, and in this room, there was this big desk, and there was a, a chair, swivel chair, behind it, and a big sort of ... of wicker waste paper basket in the corner. And I think there was a place for examining urine, and there was a little, a little sink. And there's a bed, a couch. And eventually, I pressed this thing, and this bloke came up the stairs, slowly, ponderously, up the stairs. And I, for the first time, sat in this chair, which didn't swivel just sideways, what I didn't know, it swivelled backwards too. So when he came into the room, I was literally sitting in the waste paper basket! I'd gone right, tipped over into the waste paper basket! And he didn't even smile. He came across, and he put his hand out, and he pulled me up, and he knocked the basket away, and we sat down, and the conversation went exactly like this. I said, it was a great mistake, I've never made the same mistake again. "What's the matter with you?" And he said, "I've got cystitis." I said, "How do you know?" And he, in the vernacular, said, "I've been reading about it." And I said, "Do you mean, you've got frequency, are you always going to the loo?" And he said, "Aye." And I said, "Have you got scalding? Does the end of your thingy burn?" And he said, "I divn't know, I've never tried to light it." (LAUGHS) That was my introduction in to general practice! (LAUGHS)

That was your first patient?

My first patient! Apart from my locums that I'd done before, that was my first patient. When I did a locum, they wouldn't let me in. I came into the waiting room, which was a long, a long, a long row of patients, jammed together, facing each other, and at the far door was the door into the surgery. And I tried to go down this row into the surgery, and they wouldn't let me in. They said I had to wait my turn. I said, "I'm it." (LAUGHS) I'm supposed to be in there, looking at you!" (LAUGHS) That was always a problem. I always had to wear a suit to make sure that I, they thought that I was a doctor. And I always swung my stethoscope around so that they'd think that I was a doctor, otherwise I'd get their rent thrust at me.

You never, you never looked like a doctor?

Well, I don't know. I did my best. But I always felt that I didn't look the debonair man in pin-stripe trousers that I should. I, in fact, one day, they knew I was coming, in one of the council houses, they were cleaning the stairs down when I came, and cleaning the stairs meant taking a bucket at the top and swishing it down. And I got the whole lot! And I thought, "If I'd had my best suit on, they wouldn't have done that!" (LAUGHS)

The surgery you describe sounds quite bare. I mean, was it?

Well, fairly bare. Yes, the, yes, reasonably bare. It was ... Dr. Square down below, he had more, a, a nicer surgery. Well, you know, it was, it was nicer. And our private rooms were very swish. There, you were welcomed in the front door.

This was your private patients?

Yes. A nice lady in a white coat beckoned them in, and beckoned them up the stairs in lush, very nice. Didn't take to it very easily. They would, I'm not against it, just I felt I couldn't work as fast as I could elsewhere. And it felt, I felt I was owned, because they were paying me.

Did their attitude differ as well?

It would have if I'd let them. They ... in later life, I run a bed and breakfast, well, my wife runs this bed and breakfast. I like waiting on people, and serving them breakfast. It's the same as being a doctor. It is giving them something that they want. It's the same sort of thing. But when they first come in here, they, some people are hoity toity and superior. Then they've got to be, in the first few hours, knocked down to size, and, more or less, not nastily, be told, "This is the way we behave. If you don't like it, if you've got something better to ... " you don't really say that either. It's never happened, because we've never had any problems here at all. Just as I haven't in practice. Never had any problems with the patients, really. Not, not that I couldn't handle. And so I think that if you come in and, rather like my patient in bed, who asked me what I would do if he didn't do as he was told, and I said, "I don't give a hoot."

Would you say your surgery was up-to-date when you first arrived?

Oh yes. I think so. It was up-to-date, as that sort of surgery was. And we always bought a lot of equipment. We did our own sterilising, and we did our own bloods, and I did a lot of my own microscope work there, without sending it up. If you needed it, it was quicker to do your own. Yes, ours, and sedimentation (?? ph) rates, I had a, I did all my own, that sort of (INAUDIBLE - sounds like - my lots of gretest (ph) - 367). And it was quick to do, it was easy. And then we, we had some horrendous things when we had to do the whole community for polio, and that sort of thing, immunised. And so I opened my house, and I had them come in one door and out of another. They walked right through the house. It was easier, other than turmoil and coming through one door and going out through the same door. It was just impossible. Especially with the Sunderland, Sunderland lot!

Did your senior partner live at the surgery?

No. No, he lived in a, to the north, in a very beautiful little fishing village, called Whitburn.

And whereabouts did you live at this time?

I did what he wanted me to, which was to go out on the west side of the town, and to have a house there. So I bought this bungalow for an exorbitant price, and there built up a practice, really, so that we had a lot of patients up at that end, the west end of the town, and a lot of patients still at the east end of the town. And then a lot to the north who, because they spread out to the north.

What would have improved your surgery?

Not to have been so widespread, as far as the practices were concerned. That would ... only have had one surgery, but, you see, we had three different buildings with surgeries in. So that would have been the first thing. For the surgery itself, for the actual premises, I wouldn't know. I was instrumental in building quite a number of health centres after that, in the town. Some which turned out to be reasonable white elephants, because of the restrictions implied by the Government. But most of them were very fine places, very good places.

Would you say your premises were comfortable for your patients?

Oh, I think so. Yes, I think so. I think they were, they were ... later on, they were inspected by the, what is now the FHSA, at intervals, and we certainly had no problems in, in passing that sort of test.

Did it give enough privacy, for instance?

We're talking about 1950s?

Mmm.

Yes. Yes. It did. Very much so. Possibly better than some of the health centres later on. Well, obviously, I, who had a surgery upstairs, was completely private. And the, we had problems about insulating doors for noise and that sort of thing, but that turned out all right.

And did you have an appointments system?

Not to begin with. The surgeries were free to begin with. And, as I said, the appointment system had produced problems, because if you, if you have an open surgery, then that's great, everyone comes, piles in. There are always the few at the end who think that they would have seen us earlier, because you're anxious to get away by the end of the surgery. But later on we had, all appointments. And we had an appointment system, and then said that anyone who wanted to come, who felt it was important to come, would be seen at the end. And I ended up by starting the surgery two years ago, at two o'clock in the afternoon, and seeing 27 patients by quarter past five. And they were all booked. And outside were another 27 patients waiting to be seen. Mind you, I tell you this because that was the extreme! But that's 52 patients in a, in one afternoon.

And did they, in your first surgery, did they have a separate waiting room?

Oh yes. Oh yes. Two big rooms downstairs. The first one had a little offset for the secretaries. And the, it was the bottom surgery. And the second room, further back, was the waiting room, and with a series of bells and things, we could get them either to come upstairs, or, or, or stay down. But there were several surgeries around us, and some of them became more and more dilapidated, and so that when they pulled the whole area down, they built a health centre for us all, eventually.

Was this surgery of yours in a renovated house?

Yes. Yes. There were very few purpose-built places then. The top surgery where I lived, it was really a toilet, where a secretary, the secretary lived in the toilet, and looked out into a garage which was a waiting room. And the small bedroom next door was, was my, was my surgery. And we saw masses of people.

How did you spend your ...[End of Tape 3 (side b)]

... enjoyed sailing. I, I suppose from the War. I enjoy the sea very much, I mean, apart from being frightened out of my wits. But the rest of the time I enjoyed it very much. And I, I, we bought a boat, as a student, which we sailed on the Tyne. We drifted, we drifted under Scotswood Bridge, sideways, with the current and no wind, and a chap leant over the rail, and said, "Hoi! Bring us a parrot back!" And from then on, it's been, "Hoi ..." these things in the family! Whenever we go, they say, "Bring us a parrot back!" And it originated there.

What is it about sailing that you like, especially?

Several things in the times gone. One is the completely different environment which one is pitting one's mind against. Also because ... I think, basically, although I've been surrounded by people all my life, I think I'm happiest on my own. Not completely, but I like being alone. And to get on a boat and sail it up to, to the Firth of Forth and back, over a weekend, on one's own, it's not a sense of achievement, it's the fact that there's only you and the boat and, and, and the sea, and the wind. And because you've got to take in a whole lot of other factors in computing where you are and ... the ordinary factors in life don't matter. They, you're interested in the tide and in the wind and seeing if you can get to where you're going. So I've enjoyed that. And then every year we would go into the Baltic for two or three weeks at a time, and we usually take two or three young men with us. They're all keen sailors and they all, it's good fun. And I enjoy the navigation then. I went to classes and got my tickets in, which was very nice. It's interesting.

Going back to your practice in the fifties, what sort of ancillary help did you have at the surgery?

We always had, well, at the beginning, there was no secretary, just the doctors. We had a lady and a family living in the house, and she and the family took all the telephone calls, and were caretakers. I don't know how much we paid them, because the father of the family went out to work too, to do other things. But we would pay them, and really, compared with modern payment, it would be a pittance, because what they were really getting was a house, and a fairly nice part of living, except that every time I went out at night, or most times that I went out at night, the phone

didn't come direct to me, they came through them, so that they were out of their beds, not as much as me, by any means, or awake as much as me, but now and again they certainly were.

How did that arrangement arise?

It wasn't just our arrangement, it was there when I arrived. But it was, everywhere else, everyone had one. All the doctors had somebody like that.

Did you eventually employ a secretary?

Oh yes. In a very short while we employed secretaries, but at first, part-time. And then we had two secretaries, one for the East End, and one for my surgery, and the secretary who came to my surgery eventually went down to the other end as well, and did the whole thing. And she was a, a lady called Edna, who was older than me, and she was the only one of the staff who didn't get a pension. So I said, "Edna, I will pay you for as long as you're there." And she said, then, "For as long as you pay me, I'm going to work." And she retired last year when she was 79! But for the last two years, she pleased herself when she came and when she went! We had, by that time, we'd got about 12, 15 secretaries, and, and all the ... and then we had, in the 1950s, we had nurses from the District. We had District Nurses, and we had Queens Nurses.

They were employed in the surgery?

No. But they were part of the ancillary help. They weren't employed, they were employed by their own people.

What sort of work did the secretary do?

She did all the filing, and would do, she didn't do any letters or anything like that. I've always done my own letters. I've never had time to, at the end of the surgery, to have letters typed. I would if it was to, anything important, reports. I'd write a letter there and then. I could write 20 letters in a surgery, and give them to them, and say, "Take that to the hospital", or "Take that to the path. lab." or, so that the onus was then on the patient. And, and she would ... she would do all the extra stuff that we needed doing. I think she was, she was very good.

Did she act as receptionist as well?

Yes. Yes, she did.

And did you employ a dispenser?

No. We did our dispensing. We had another secretary, similar to her, at the private place which, who received people, and who didn't do any dispensing at all, but would do the other things, like wrapping up bottles, and cleaning things, and that sort of thing.

Did you employ anyone else?

I don't think so. We ... the odd-job man who would clean our cars, and that sort of thing would, we had, but this was usually a changing group of people. We had, the family who looked after our bottom surgery, also did the repairs in the house and that sort of thing. We paid him as a sort of handyman now and again, as the job was wanted, I think.

Can you tell me if you ever held any other posts, hospital or otherwise, while you were a GP?

Before I was a GP?

No, while you were a GP.

While I was a GP. I ... I did other things. I became Secretary of the BMA in my area. And then I became Secretary of the Maternity Liaison Committee. And I became an ardent member of the local Medical Committee. And, and became Chairman there for a while, and a Representative nationally on, from the local Medical Committee. And then I switched off to become Alderman in Sunderland for six years, and, at the end of that time, they wanted me to become ... on one of the new Management Teams, they were managing the Health Service by consensus, and they, the team was composed of the Secretary of the hospitals, the leading nurse in the area, because we had 13 hospitals to look after, apart from the community. There's the Medical Officer of Health and the financial expert of the area, and there was a Consultant, and a GP, and the Consultants came and

went every two years or so, but I seemed to hang on for ten years in this thing, because no-one else was daft enough to do it. But I found it very interesting. I said I wouldn't do it unless there was teeth in it. I wasn't going to be just a rubber stamp, or, or, or to discuss some White Paper which had already been passed.

When was this?

I think that grew on. I think that's after the fifties. I think it would have been seventies, or so. And so, yes, that was, it, it ended eventually ten years ago. I quit that when I quit the Lifeboat.

You went into practice just as the NHS was beginning. Did you ever have the chance to hold some sort of post within a hospital during that time?

No. I became ... I joined the examination of, of industrial diseases. I did that for ... well, I'm still doing it, re. tribunals and that sort of thing. Industrial tribunals. And I've, and injuries, you know, injuries at work. So I stood with that. And I, I did that. My partner and I did one or two Boards each week, I think, and that was probably all.

When you first started practice, was it possible for a GP to hold some sort of post in a local hospital?

Oh yes. Oh yes. Very easily.

But you didn't want to do that?

I didn't have time to do it. I, I would, I never had time in the amount of work I did, I never had time to deviate away from National Health Service General Practice. There was no way in which I could fit more time in a week. I couldn't do it.

If you'd had the time, would you have liked to have worked in a hospital?

I don't know. I, I couldn't, I couldn't tell you that. But probably I wouldn't. I, I can't tell you that, because it never occurred. I probably wouldn't, because I didn't really like the hierarchy of, of hospital. I didn't want to join a, a team which was determined by who died first, and whether I was promoted. That sort of life, I think, I'd, I'd quit during the War, and, and I ... I found that sort of situation too restricting, I think.

Is it that what you like about General Practice, is that there isn't that hierarchy?

Yes. Quite. It's the freedom of it. It is, I can make the decisions, and upon these decisions, I fail, or I ... yes, it's my ... I'm in control of it. I think that's really what I know. Much more of the entrepreneur than to be, to be ... claustrophobic, be closed in, I think. Not that I ... I could've enjoyed being in a hospital, I think, in charge of a paediatric ward. It could've been all right. But I, I would've missed all the people.

In charge?

Oh yes. I wasn't going to be anything ...! I'd have enough of (CAN'T UNDERSTAND - LAUGHING - 150) (LAUGHS) Oh yes, that goes without saying! (LAUGHS) But even that wouldn't have been satisfying, you see. It's, whatever hospital situation, I wouldn't want to be a hospital consultant. I couldn't see myself in charge of anything and running it, and getting that amount of satisfaction out of it. I'd be then battling with this little bit, or another little bit just like it. I wouldn't, I'd be only seeing a bit of my patient. I wouldn't be seeing them as a whole, with all their problems.

How many local hospitals were there in Sunderland, during the fifties?

Thirteen.

So what ...

There were two General Hospitals - a General Hospital and a Royal Infirmary. There was a, an infectious diseases hospital. I'm sorry, there were three General Hospitals. There was a Ryehook General Hospital too. There was, and they all included surgery, and all included everything else - the X-rays, and, and so on. There was a mental hospital, a big one. There was a, an orthopaedic hospital, with physiotherapy units scattered round. There were one or two infectious diseases hospitals, really, small ones. There was a maternity hospital, apart from the main maternity block

in one of the General Hospitals. In fact, both, in fact, there were maternity units in all the three General Hospitals. I can't think of any others just off-hand. Oh, there was the Childrens' Hospital, just for children. So they were all scattered. Now they've been brought to cover quite a bit since then.

What was the procedure for referring your patients to hospital?

Depending on who I was sending them to, I could write a letter, there and then, in front of them, and, and saying, "Dear Mr. Miller, this patient is suffering from abdominal pain, etc., etc. ... and I'd be grateful for your help." Always, "I'd be grateful for your help." I'm not passing this patient on to you. This is *my* patient - underlined! I mean, I ... "see what you can do for him, and let me know what you're going to do." (LAUGHS) It's that sort of thing. I'm very ... possessive, I suppose, to some extent, about my, my position.

Why?

Because it's my job to look after them, and if they're going to go and see a surgeon, the surgeon must know that if he decides to do nothing, I'd be delighted to have my patient back and look after them. And that he doesn't have to go to any great extent, he can just say, "No, I can't operate." And I will say, "Okay, in, then leave it to me. It's, it's my job." And therefore, when they began to get special nurses to deal with bereavement, I just went, I went light! And I said, "That is my work. It's nothing to do with you. And, in fact, you don't even know my patient. You don't even know the family." So, in that, in that sense, I was possessive. I was, I made a demarcation line, and said, "This is mine."

So you were able to write to the hospital?

Oh yes. I could write. And I would give the patient a letter, usually. I wouldn't post it. And I wrote it *now*, not at the end of my surgery. And I didn't have it typed. It was in my hand, which had to be legible so that they could read it, and I had, I just said, I(CAN'T UNDERSTAND - 209) my partner, John Miller, he could write, and he couldn't even read it the day after. I said, "You can't even communicate with yourself!" But, so it had to be legible, and I'd write a letter. And then, I could always ring. And I could get great help. The surgeons, you see, had a, I'm just talking about surgeons, all the consultants, but the surgeons knew who was going to pull their leg, and get rid of their patient, for other reasons. And I had never had any bother, because I didn't want to cry wolf. I wasn't trying to get rid of my patient because I didn't want them. I would really ring and say, "Ian, could you come and see this patient with me tonight? I'm worried about them." And he would immediately say, "Yes." Or again, with paediatrics, they would immediately say, "Yes. Delighted." Or if I, what was more important, I could ring and say, "Will you take this patient in?" And they always said "Yes." Now and again some young houseman had to have his ears pinned back a little bit, but not usually.

So did you have much contact with the consultants?

Oh, very often. Yes, a great deal. Both, both socially and, and ... at work.

And what were relations like between GPs and consultants, generally?

I think, I knew more about the consultants than I knew about GPs. Very often people would argue with me and say, "But other GPs don't do that." And I would say, "I don't know anything about other GPs. I don't see them. But I know my consultants. I know the good ones and the bad ones, or what I consider are good, or whether they're good at this, and they're good at that." I know them very well. And so my relationships with them are always good.

How do you think consultants view GPs? The specialists view GPs?

I think there's a ... they must think the same about GPs as we think about them. That there are some GPs who are for the birds, who are really ... are a blasted nuisance, as far as they're concerned. I'm not saying that they're bad GPs, but they're a blasted nuisance as far as the consultant is concerned, because he's passing everything on, instead of ... when he knows that ...

that this is not what he should be doing, there should be other things. And I think I feel the same about certain consultants. Or, at least, I don't really. I just get used to some and use them all the time.

You never had any problems with consultants thinking that they were ...

God Almighty? Yes. On one occasion, I, I had a man who ... who I'd sent to a consultant, because he'd got an infection of his testicles, and he was told by the consultant to take some X Misponcit (?? sp.) which is quite good, but still a bit archaic. And I ... he came to see me on the Monday, having to go back to the consultant on the Thursday, and he really had got a lot worse. And so I gave him an antibiotic. And on the Thursday when he went down to see the consultant, the consultant said, and he came to me in my morning surgery, this chap, the consultant ... he came to me on the Friday, on the Thursday, the consultant said, "I told you to take that bottle. Did you take it?" And the man said, "Yes." He said, "But your doctor has given you an antibiotic?" And he said, "Yes, 'cos I was much worse." He said, "If that's the way your, your GP feels about it, go back and see him. I'm not having anything to do with you." He told me that on the Friday morning, about ten o'clock. At 11 o'clock, I was in the hospital looking for him, and I pinned him up against the glass in the foyer, and I said, "When you are rude to my patients, my patient suffers. And", I said, "if he was of a like mind, I would suffer. But, fortunately, he thinks you're a fool. And", I said, "And I think you're a fool, because the whole of the profession suffers. Now, mind your tongue, John, or I'll deal with you." (LAUGHS) Now, he and I became very close friends. Very great friends. And we got on very well. Mind you, my great friend, my pathologist, I, I met in the same way, because when I was working in the hospitals, at the Infirmary in Sunderland, I had a woman who had to have a sugar test, and that meant she had to have five bloods taken, and five urines taken, about the same time, at hourly intervals. When they were all sent down to the path. lab., the nurse, unfortunately, had put the same time on the last two urines, so that had thrown the whole lot out. And they told me that when I got in from a ward round, and, within three minutes, I was down in the path. lab., and I pasted them. And there was the, there was the ... here was I, a very junior houseman, full of hellfire, and there was the Head of the Pathology Department, and the second in command, and three women, and my friend McKenzie, ex-Navy, and I faced them, and I said, "How would you like your wife to have five more bloods because two, two urines have been, have been timed wrongly? How would you like me to have to do it again tomorrow. It's not me that's bothered about it. I can do it easily. But my patient, what do you think about her? It's because your, you, because you bloody lot down here have no, nothing to do with patients. You've just got bloods to deal with." And I walked out, and McKenzie followed me down the, the thing, and he said, "Would you like to come to dinner next week?" I said ... (LAUGHS) So I got on very well with them, really. I enjoyed them.

As a GP, what was the service you got from the local hospital?

Excellent. Very very good. They were all great. The Path. Department was excellent, they got, they, they got the bloods back to you, the reports back to you. They were full of suggestions, and very helpful. And that went for the whole lot - X-rays, the whole lot. Very good.

Did consultants show an interest in your work as a GP?

Oh yes. I mean, they'd certainly come out and give me, consult with, with any patient that I had, and they, they were really very very good. And the maternity people were excellent. They would come out at a, at the drop of the hat if I needed them. In those days, I, as I was saying, I was doing at least two maternities a week, and they would always rush out at speed whenever they were called.

Did you have any access to the, to any facilities there? Lab facilities or ...

I, personally, not really. I took bloods in, or they would take bloods for me, on certain occasions. But I would take bloods in, and they would do it. I, I felt that, here, if I wasn't going to

do it in my own surgery, my lab work, then I was really asking them, as experts, to do something that I, I knew they could do a darned sight better than me.

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

Oh yes. In fact, in, in the end, I saw a tremendous amount of him when I was on that Medical Board thing. But, but before that, yes, I, I, I became Representative on the, on the Local Health Authority, and I used to go to their health meetings every month.

When was this?

Oh, from about 1952, and went regularly, with a senior partner. Well, not a senior partner of me, a senior doctor in the town, a man called Hickey, who ... whose wife, whose wife married Hume, and who became a patient of mine, eventually. Sorry, a colleague of mine. She's one of my partners now. But I was on this thing with him. And even then, we objected to smoking, and the Chairman of the Health Committee, at the time, was an ardent smoker, ardent - he was covered in fumes. And once, when he was on holiday, we, we passed a motion that there should be no smoking in Health Authority meetings, and he was furious. Absolutely furious. He wouldn't speak to me for about two years after that. And he even remembered it when I met him on Kings Cross Station two years later, and said, "This was the man that wrecked my Health Authority meetings."

Were most GPs aware of the work of the MOH?

Oh yes. We're always aware of it. We look down upon it.

Why?

Because most of his staff and doctors were usually failed, even failed General Practitioners in those days, who, who, the men amongst them were, had a very easy life, doing clinics which were, we thought were reasonably useless, and ladies who had gone off to have babies and had gone back 20 years later into, into, into medical work, and some of them were ... they were not nearly as bright as they seem to be today. And now they've got a much better structure than they had then. People just, anyone could go and do a clinic for the, for the Health Authority.

Did you ever get involved with any of their clinics?

No. Not at all. I, I only got involved on one occasion when three boys, in a week, were sent for circumcision. And I rang this red-headed lady doctor, and said, "They can all wee, can't they?" And she said, "Yes, I suppose so." So I said, "Well, what else do they want them for when they're only two years old?" And that's, that was done in ...

Why did you object to these clinics?

I think it was rather like the, later on, the contraceptive clinics. They could dispense their opinion, but when the chips were down, and she was bleeding, or there was something else, they had to come back to us. And very often we disagreed with the, with what had been said in the first place. And so we were at loggerheads about some of the things, I think about the level of, of medical education in the clinics, very often, was not very good. We had a great series of, as I've said, of, of, from one particular lady, really, for circumcision. And there was another two who sent every simple murmur of heart back as, as being serious, and, really, very worried parents would come in front of you, and you would say, "This is normal. This murmur is a normal murmur. It's going to go away, nine times out of ten, before the child is 10. You don't have to worry about it." So it was that, I think, which gave us, gradually, an opinion of self-righteousness, probably. It changed in later years, but in the fifties, that's the way it was, I think.

Did you use your local district nurse much?

Oh yes. Yes.

What work would they do?

They weren't directed by us. They were directed by the people who, who ran them, whether it was the Local Authority, or whether it was the Queen's Nursing. And I found them exceptionally good. We didn't have all this verbiage that we have to get now, with four pages per patient. We get

four pages from nurses, four pages from midwives, four pages from social workers, and then our own notes. Really, we've come to a, has past nowadays, whereby the notes are working themselves, and we think that's work, well, really it isn't. And in the 1950s, you would find a little note behind the, always behind the mantelpiece, on the mantelpiece, on the front of the mantelpiece, and you'd pick up the note, and it was from nurse, "This is patient is constipated", or something like that, and you, you knew what you were about. Or you could leave a little note, and put it back, and you knew that the district nurse would pick it up. The common, the ability to communicate was much easier, and much more to the point.

So what sort of work would you expect a district nurse to do?

She'd do all the cleaning and the nursing, and the seeing to the food. I remember going in, on one occasion, where there was an old lady sitting with a cup of tea. And I said, "Nurse has been in, then?" And she said, "Yes. But she's gone." And I said, "Then, I'll light the fire." So I lit the fire. And there was a knock, the door burst open, in came nurse with fish and chips from the local thing, for her, for the patient. So, basically, that sort of thing went on with great kindness. [End of Tape 4 (side A)] And that sort of nursing quality, and they were all very good. The midwives were also gems. They were really great. Great. Some of them were the most delightful, experienced women, the midwives. They were ... I worked a great deal with a, a lady who had worked in Orkney, and she'd come down and told horrific tales of what she did in Orkney, but, by golly, she and I went through some horrific scenes with, with babies, too.

How did you organise the work with the midwife?

We'd both be ... we didn't have midwives in the clinic. They went to the midwives' clinic or they would come to me each, each month. We had a card which was passed between us, by the patient, whereby we each knew what was happening. When the time came, the midwife would either ring and say she was coming off, and did I want to, did I want to be there? And I'd always pop in and, and see her. And then the midwife would call me if she needed me at any time during the, during the delivery. Or I'd want to be there for some other reason, for some other medical reason.

So you would only turn up for complications?

I certainly was there for complications. I was certainly there, would be there if I expected complications. I would, very very often, with primates, with first babies, you would be there in case she needed stitching. It was constantly being aware that you might, if you knew that she was coming off tonight, and that you'd really be called on, so you never went very far away, in case you were called on.

So did there have to be a good level of communication between you and the midwife?

Oh yes. And, and you worked out a routine that you knew what was going to happen. She was going to call you if she needed you, and she would say, before you, if you were going to go out to a meeting, I'd ring and say, "I'm going to be at such and such a number until half past nine, if you need me." And she would say, "I don't think, I think it's going off all right, doctor. If I need you, I'll give you a call." So that would be easy. But it was always a constant knowledge of what was happening. You didn't, you ... you weren't unaware to the extent that you were ever called out unexpectedly. You knew what was going on at that moment.

Did you have any contact with health visitors?

Not until later. Not in the ... there were very few about in the, in the fifties. In fact, I don't think there were any. They spent a lot of time writing notes too.

You went to practice at the beginning of the NHS. Did you follow the negotiations about the setting up of the NHS?

To some extent. I was still a student. But met, I met Aneurin Bevan in, in London, and was greatly impressed by him.

How did you come to meet him?

I can't remember. I was a representative, that's right, a representative for entertaining young doctors from the Continent and from America. And we spent time in London, Oxford, and Birmingham. And while I was in London, we met Bevan, and I enjoyed him. I enjoyed his thinking. I was very very much in favour of a health service. It was common to all humanity, and I didn't want anything to do with private practice. I was tempted on several occasions. At least, people tempted me to, to do, to go privately, especially when I'd built up a practice of people who, they don't idolise you, but they, they have great faith in you. And then I couldn't do it, because how could you take the people who had great faith in you, and say, "I'm going privately." And so I, it never came about. But I was, I was offered jobs in, fairly early on in America and Canada, at five times the salary I was getting. And I couldn't do that either. You have to make whatever you've got ... work, I think. And there was too much to do where I was.

What were your colleagues' opinions about a National Health Service, at that time? Were they in favour, or not?

Certainly my, the older generation, my partner, was not. They were all very much against it.

Why was that?

It was taking away their livelihood, in many ways. It was, it was, it was something new which they didn't like, especially my partner who had built up 4,000 well-paying patients, to suddenly find that he was going to be paid per head, was a, a blow below the belt, as far as he was concerned. So I can see good reasons, good economic reasons, why they didn't enjoy it.

But you didn't have economic reasons behind your ... thinking about the NHS?

No. No. I felt that, here we were, with largesse, giving it to all, and everyone was entitled to it. And it had to be worked. And, therefore, if I couldn't work this, and I had to use private patients, what was I giving the private patient that I wasn't giving my, my NHS patient? I had to see that my NHS patient was as comfortably and well-provided for as my private patient. Things have changed nowadays. We are gradually becoming more and more privately orientated, but that is not what was intended.

Were you of the same opinion when you went into the Services, that there should be some sort of National Health Service?

I don't think I thought about it then. Sufficient under the days, the evil thereof, I felt, I felt I, all I could do when I went into the Services, was survive! That was my big, that was my big ambition! (LAUGHS) But I went into the Health Service believing in it, and have not stopped believing in it completely, the way I want it.

So was it at Medical School that you started thinking about a National Health Service?

I think it was gradually coming in, and gradually one is inculcated with ideas, I suppose, as time goes on, but it fitted in with my thinking completely. I mean, there was never any, I never ever challenged it. I never wanted to challenge it as a conception.

What about your fellow students at that time? What were their thoughts?

I don't think they discussed it. I think ... politically, it was a *fait accompli* as far as they were concerned. It had been going for two years when I went into general practice, and, throughout my student days, it was accepted, and it was accepted also because the great mass of people following me from the Services, would have had it no other way. It was equality that they wanted. It was equality they wanted politically as well as, as socially, and, and ... they had the elan and the enthusiasm, and the determination that that's what life was about. They'd all been through harrowing experiences, which really said, "Thank God we are alive. Now let's see what we can do with this lot." And I think that's how they, they viewed the Health Service. It was just natural that ... I mean, we were following not only Bevan, you see, with his Health Service, but we were following Bevan with his whole social change, his whole ... the whole pattern of life was changing. We were going to have a, an open service for social work throughout the country. It had never

been heard of. Great change. Then, we made a mistake with you lot and not being, not being ... disciplined enough in the 1960s. (LAUGHS)

What were the main successes and failures of the NHS in those early years, do you think?

The big thing was that they didn't take enough notice of people's susceptibilities, evil nature. If you give somebody something for nothing, they don't respect it. And it's the big lesson we learnt in the National Health Service, that nobody, everyone was getting it free. They hadn't to do anything for it. It would have been better to have had a system whereby they paid for it, and those who couldn't pay were paid back. But they never knew the price. So that, much later on, when we have a service at night time covering us, an emergency service, and I turn to my patient and say, "If you call this man out tonight, it's going to cost me, out of my pocket, £30." They say, "What for?" And I say, "Because that's what it costs on the open market to get a doctor out at night." And that was some years ago. And they don't believe it. And they then, are very careful about spending it for my, for my sake. But, until then, it's free. They don't realise how, what the ... the cost of these things. And no-one ever knew the cost of the Health Service, or what it was worth, or what they were getting for nothing. It was just nothing.

So you would have advocated some sort of payment from the beginning?

Yes. From the beginning. From a purely psychological point of view. I, I wouldn't, for a moment, want people to pay, who couldn't pay. And I'm not trying to, to get in an income of any sort. It is really that the person should have paid, and know that if they came to my surgery they'd pay me this much, but if they got me out tonight during the ... and for years, you see, I went out at night knowing that the person who was calling me, didn't know what he was doing, either financially, or for my time. There are some who needed me very badly, and I'd, I'd go three times in the night if they wanted me. But, nevertheless, now that got people down. And if you asked me what happened to my fellow men, a lot of them got so sickened by that side of the Health Service, that they never recovered. And the fact that the secretaries came and imposed themselves between the doctor and the patient, and are thought of as dragons by the ... they do it, not because they want to antagonise the patient, but because they're afraid of the doctor, because the doctor will turn on them and say, "Why on earth did you bother me with this?" And the doctor is really, because he is fed up with his patients, to some extent, and is trying to organise them so that they don't bother him.

Were there any other difficulties you can think of, in those early years?

That was the great, that was the great mistake ... in, in providing it. But no, I don't think so. I think everyone else worked very hard to see that it succeeded.

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

I've never thought of that, whether they benefited or not. I don't know. I think that's the evolution of society, and the medical profession had to go along with it. I think they didn't benefit in certain ways, and that they stopped being so God Almighty ... in that sense. I don't think ... they may have benefited financially, and this is all hearsay from my point of view, because I'm told what happened before 1948. They benefited financially because, by and large, they had a steady income coming in. They hadn't to go and ask for it all the time, so, in that sense, they benefited. They benefited in the sense that accommodation was provided for them in the end, in the health centres and so on. I mean, they've got to pay for it, but, but by and large, it's better than what they had before. And that benefited the community as well as the doctors. I don't know. I think, unlike Clarke who said that the doctors have their hands in their pocket all the time, I think the vast majority of doctors still being produced are being produced because they want to serve the community, and not because of financial ... I certainly was not, didn't consider finance at all in, in, in choosing a career, or in, in, in working in it.

Would you say most doctors had a vocation?

Yes. I think, in fact, by far the vast majority, have a vocation.

And that was even true when you ...

Oh, I think it was even truer. Well, that, I don't know on what grounds I say that. I, I don't know. But I'm, like some of the young men nowadays, they're very, they seem very capable people. I don't know how much of the art of medicine they learn, but certainly their science in medicine is very high in, in their knowledge.

When you say "the art", what do you mean exactly?

Osler (?? sp) one of our minor saints said that "There's always the art of medicine as well as the science of medicine." Everybody should know how to use his stethoscope and say, "This is a, this is a pneumonia, or this is a collapsed lung" or something. Everyone should be able to do that. I accept that. That all surgeons should be able to cut, cut and thrust, and do all the bloody stuff that they do. That is, and to read ECGs, and do all the science, and come to your conclusions. But the art of dealing with the individual is an entirely different thing. And you've got to put them at peace. And you've got to be understanding. And you've got to know what they're, what they're feeling, to the best of your ability. If you don't feel this, then you're dealing with, with puppets, you're dealing with automatons.

And during the 1950s, the early 1950s, there were a series of reports on General Practice. I don't know if you recall them, by Collings, Hatfield, and Taylor. Do you remember those?

Not yet. Can you tell me a bit more about them?

One appeared in the *BMJ*. Taylor wrote a book called *Good General Practice*.

That rings a bell. In fact, I might have that somewhere.

I think Collings, it was, he was very critical of, he was a New Zealander, he was very critical of standards of general practice in this country. His was the first report, and then Hatfield came a couple of years later and presented a more ...

I can't really. I can't remember with any clarity. I can't. I take immediate umbrage with the New Zealander.

He painted a very black picture of the standards of practice.

My partner, John Miller, went to New Zealand for the last 20 years, and even he isn't all that impressed with standards in New Zealand.

Now, the picture Collings painted was one of run-down surgeries.

Oh, I think that's true. I think that, that was completely true in those days. The surgeries were really deplorable. I mean, around me were bad. We were by far the best, because we had, we had this, this good private practice who, so financially, we were upmarket.

So you needed a, you needed a private practice to ...

No. I think, I think that private practice had got it before the Health Service started, and, and therefore the image had to be of a fairly high standard. If you're on the sixpenny limit of getting sixpence a week from your patients, you didn't have to have such a high standard. And I hear the story of one man who used to sit facing his one bar of, of gas fire, one doctor with his topcoat on, and his collar up, and you came in through the door behind him, and he said, "Yes?" And you said, "I've got a cough, doctor." And he'd write and hold the prescription up without looking round!

Yes, well, this is, this is what Collings found.

Yes.

Large numbers of patients who would be unable, even, to sit down. There wouldn't be a chair for them to sit down.

That's right. Yes, I believe this. And ...

Well, not even examined, as you said in that story.

Yes. And also I, I remember being on the visitors, visiting, for first visiting from the, from the local Medical Committee that we had to do on other doctors' surgery, I mean, appalling, some of the surgeries. Really terrible. I mean, nowhere to wash or anything.

So practice was patchy, then, to say the least, do you think, with the standards?

Yes. Now that you remind me, we're looking round at some of my fellow men, I, yes, I think that that's probably true. Yes. And then they started building health centres, and gradually the standard grew ... improved.

I mean, another thing that Collings pointed out was that general practitioners didn't have time to keep up with latest developments. They didn't have time to read the journals.

I think that still goes. I think that still goes, that some, some doctors don't read journals, and some do. Some read a great deal, and are interested and involved, and in some, medicine like any other job, becomes, very often, a tool for something else. I knew a man who was a very keen musician, and really, his practice revolved round his, his playing his fiddle, or whatever he fiddled, or whatever he did. It was a means to an end. And I think they are not involved in general practice. I think you're going to find that everywhere, that there are a few people who ... whose idea of good general practice is not what the majority would have.

Were you able to keep up with your general reading?

Oh yes. Yes. Always. Always. It's very necessary.

What did you read?

BMJ. In those days, *The Lancet*. But then, I think that was all. As time went on, the various firms, I mean the pharmaceutical firms, produced their own journals, and they took over, so I stopped reading *The Lancet* eventually, but the *BMJ* was always necessary.

And were you able to attend any refresher courses which the BMA might have organised?

Yes. I, I used to run them at, for, we, I started a, a Medical ... Society, in Sunderland. There were three Medical Societies already, which ran these, these rotas. But we brought together everybody in the General Hospital and we produced rooms, and every Monday evening I started a meal at seven o'clock, and, at quarter to eight, we had a lecture. And that still continues. And we get, it's still a hundred doctors a week going there. But it started many years ago, when I was Secretary, and one of the surgeons was a, became the tutor.

When did you become Secretary?

Of that lot?

Yes.

Of the Medical Society? Oh, it was after the fifties, it was nearer the seventies, I think.

And what about the BMA, when did you get involved with them?

Right at the beginning, about 1951, '52. And the LMC at the same time.

Did you belong to any other medical societies?

I belonged to the East End Medical Society. I went to a Medical Club in Newcastle, which was not really a society, it was really a place of rest. That could be called a place of rest. I can't think of anything other than that.

Can I ask when it was you got married?

In 1949.

So as soon as you qualified?

Before I was qualified. It might have been 1948. Married a dentist. A very good dentist.

So she wasn't able to help in running your practice?

She was much better as a dentist.

When were your children born?

'50, '52, and '55. And then the marriage came to an end in 1960 or thereabouts, '59, '60, something like that. The oldest girl was nine. And ... then I got married again in 1973 or 4, or something like that. Something like that. And I have a 14 year old son. And the girls and their families never leave me alone. I've got this extended family.

Could you tell me the occupations of your children?

The eldest is Chairwoman of a prison visiting group. Her husband is Professor of Economics. The second girl is a teacher, who has married a vicar, with two, two daughters. The eldest, the eldest child, the eldest daughter had three sons, the eldest whose now doing medicine. And the third daughter was a biologist, and turned into a chartered accountant, who is ... was married to an engineer, who was drowned, and now married to a fisherman in South-East Scotland. Doing very well. Enjoying life very much. So whenever I need another boat, I go up there and sail.

Did any of them ever show interest in going into medicine?

None. (LAUGHS) But my son does, my 14 year old son. He is, he has talked about nothing else from the, from the earliest stage, which shows the ... the power of living with someone of the same breed. After all, the cobbler's son usually is a cobbler.

Didn't you encourage your daughters to go into medicine?

No. No. They could do what it is they wished. I didn't encourage my son, nor my grandson. But they've, I think they've graduated that way, possibly because they see what an easy life it is! (LAUGHS)

But it must have been difficult having those three children, just as you were ...

Oh yes, it was very ...

... embarking on a career.

It was very difficult. I'd been in practice for ten years then, but it, oh, you mean when they were born?

Mmm, yes.

Yes. The upheaval came when they were on their own, because, to get them off to school in the morning, and to do the early morning calls, and to be at the surgery, was an extremely difficult time to begin with. But to have them, they were great. I enjoy children so very much. And I enjoyed them. Always, they were great, great fun. Now they keep ringing me up to see that I'm bringing the boy up all right. Lacking interest.

What careers did your contemporaries in Medical School go on to follow?

The bright one, the bright ones stepped themselves into laboratories and did research, and have not come out. And what they're like as people I ... we had a 21st anniversary, and I thought they all looked very old and ancient then. They haven't had any since. And that was 42 years ago now, you see, more than 42, 43 years ago. So I, I don't know what they're like. I don't really want to know.

You don't keep in contact with any of them?

Yes. I still see quite a few doing Medical Boards and things. They're cheerful, they're still staggering about. Not nearly as young or as fit as me.

Is that because they didn't go into general practice?

That's because they didn't go to sea! (LAUGHS) But there's a few of them went, a few of them went into general practice. Yes, I've got a few general practitioners scattered around me who were in my year.

And, finally, what were the biggest changes in general practice, during your career?

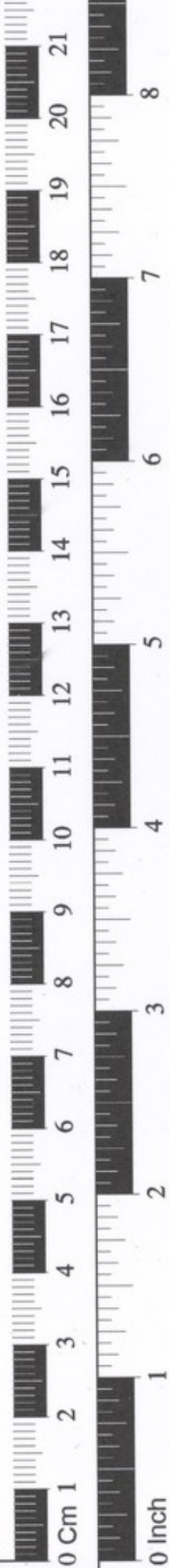
That's very difficult. There's been evolution in treatment, in ... in attitudes, in the interference of the ... government. The Health Service has always been a pawn in the government, whichever government has been in charge, they, they've messed about with the, with the Health Service, to suit themselves. And I think that, I really got out last year because I was fed up with the new White

Paper, and that is, I think, it's going to work, because people are going to make it work, that doesn't mean it's good. And the relationships between patient and doctor have changed considerably, so that it becomes more of a ... it's more like selling oranges. It's, it's a routine thing which has been ... where the relationships are changing, the warmth is going. [end of Tape 4 (side b)]... more clinical and it's becoming colder, with lacking in warmth. A good relationship is built up on trust and understanding and time is not on the side of the doctor to achieve this, and the trust in the patient is undermined, I think, by ... by other agencies who, possibly, are, I think, jealous of the doctor's position in society, and therefore undermine it, and therefore do, do society an injustice. I don't say this because the doctor wants to be important. It is just that it's taking away some of the tools with which he works. I don't feel superior over anyone. I think that some of my knowledge could be useful to other people. I think that folks looking at people like me might ... underestimate ... the humility which I feel towards other people, and therefore, overestimate my feelings of, of power and importance. It's knocked out of you very early on, you know, this feeling of being omnipotent and powerful. You might go off into the community feeling like, like the Angel Gabriel, but you can't maintain it for very long. You're knocked down to size, certainly in Sunderland, you're knocked down very quickly!

Is that other people themselves, or your experiences as well?

Both, I think. I think you can't look at yourself and be very proud of yourself on many occasions. You can only say, "I did the best I could at the time."

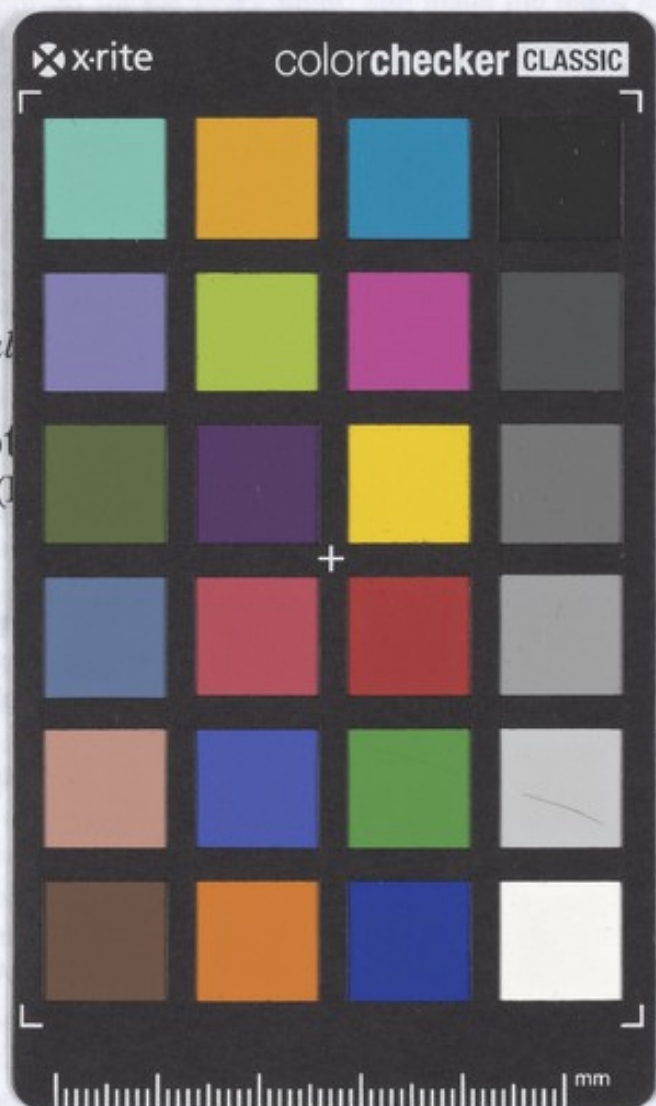
Thank you.



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OF GENERAL PRACTICE, c.1936-1952



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