Geoffrey Richman, Kilburn

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

Catalogue No. 17

Geoffrey Richman

(*b.* 7 June 1932)
BM BCH (Oxford, 1956)

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

If you could tell me when and where you were born, please.

Right. 7/6/32, born in a little nursing home in Leeds - Hare Hills - that's near Roundhay Park, so it was a kind of new suburb. The house was built in the twenties. My parents were married in '26.

Can you describe your father for me?

Yes. The family's Jewish. My father was actually born in Leeds. His parents, that's my grandparents, were born in a little village in Latvia. They came over in the 1890s, through Hull, and so there were relatives left in Hull, and then a lot of them came to Leeds. And then they'd go on to Manchester, and if they were really ... keen, they'd go to the States. I mean, Britain really, was only a staging post, you know, people wanted to go to the States. And so he grew up in an area called Meanwood, which had been middle-class, but had gone down in the world, so it was multi-occupied property. And actually, his grandmother, my great-grandmother, was alive when I was a child, and I can remember her, she was blind. I can remember her wandering around this huge basement kitchen/dining room, where everything took place in my father's family. And he, he was clever. He went to a grammar school, went to Leeds Grammar School, which was very unusual in those days, as a Scholarship boy, and then he volunteered for the Army in the First World War, where he was under-age, because he was born in 1898, and he volunteered in 1915, I think, or '16, and was taken prisoner. When he came out, instead of going to university, which he could have done, because there were schemes for people, ex-Army people, to further their career, he decided that it was his duty to go to work, because he was the eldest of a family of seven. And my grandmother was virtually unsupported, because my grandfather was a kind of ne'er-do-well, and he'd, he only came home at the Jewish high holidays, and fathered more children. I can remember sitting on his knee, and the smell of whisky and strong cigars.

What did he do in the meantime?

Well, he lived in a place called Fleetwood, which was, at that time, there was a, we had something of a fishing industry, and he used to service the fisherman, he'd do things for them - get their watches fixed, and their equipment, and all sorts of odd jobs like that - and that's how he earned money. So there wasn't much income coming into my father's family, and, my father being a highly moral person thought that he should go out. So he got work in a, in a watch factory, and worked that way. But he was, he was a, an academic — [CAN'T CATCH - 45]. He should have been a teacher, because he loved reading and learning. He had a very very ... he had a large library, which he picked up. He would buy books down in Leeds market, and he had a huge stock of all the classics, you know, all the Everyman Classics, and Penny Paperbacks. And so, he, I suppose he must have given me my love of reading.

Did he regret not going to university?

Yes. Yes. He was very, he was very Leeds, Yorkshire, you know, he would never talk about his feelings. And it was only much later in life that he really ever got to say what he felt he'd missed. But ... he, he was keen for me to succeed at school. And I, I was keen myself, so I, I won a Scholarship to the local grammar school, which wasn't Leeds Grammar School.

Just before we go on to that, can you tell me something about your mother now?

Oh, right. Well, she, she was actually born in Poland, in Warsaw. Her parents, so I'm told, ran a small hotel. Of course, this is all Tsarist Empire, so they were all escaping. They, she was born in 1906, and they came out, I think, in about 1912, and she was from a family of six, and they all took up tailoring. And they were not keen on education, they were keen on money, money in business. Actually, my mother's family despised my father's family, because it was working-class and poor, and also they thought that his attitude towards education and culture was getting above yourself, you see. So there was a lot, there was tension there, and I had to, I can remember, as a child, having to make up my mind which side I was on. It was really a moral conflict. But there was never, never any doubt in my mind, because as my mother had made the mistake of marrying someone like my father, she was always treated with contempt by her family. And I can remember going with my mother to visit my grandmother on her side, and her coming home in tears, because they'd spoken to her so contemptuously. And so I thought, "Well, there's not much cop in this, is there! So I'm not ever going to be somebody who wants to make a lot of money, I'm going to go for the moral side of life."

Did you have much contact with your mother's parents?

Yes. Because she would ... that was social life, you see. You visited family, that's what social life was. It was quite a tightly-knit Jewish community. I mean, I was, I, I rebelled against that whole Jewish culture about the age of seven, I think, I don't know. It was very early, because, owing to my voracious reading, I was already reading Wells and Shaw, and, and ... I read novels all the time, and so I had a view of the world which was totally fantasy, because I'd never seen any of these things, or seen any of these people at all. And the actual world that we lived in, was this tight little Jewish community, and you went to synagogue once a week on Saturday, where the men all talked about business and money, and you visited relatives. And I visited my mother's relatives with my mother, and my father's relatives with my father, on a Sunday. And we would walk down the road from Hare Hills, to Meanwood, the main Roundhay Road it was called, and buy bagels and black bread, and my mother, grandmother would give me kefilter fish, or pickled herrings, and then they'd talk. And actually, the talk was always better, because my grandmother was full of stories. I wish that I had a tape-recorder, or a better memory. But, you see, she was, she, she was very, she was very ... she was minute, she must have been well under five foot, and she bustled about all the time. She never sat down. And talked constantly about people in a lively way. They were all, they were always stories. Whereas my mother's family talked about people, but always whether they'd made money or not made money. So there were two worlds there.

Did you enjoy visiting your mother's parents?

No. I don't think so. Not really. I think I went because you had no choice, it was a duty. Whereas I did enjoy ... my father's family included two who went to Israel as Socialist Zionists, so there was a Socialist component. My father was a sort of radical Liberal. He read either the *Chronicle*, the *News Chronicle*, or the *Manchester Guardian*, and had strongly Liberal/radical views, but not Socialist views. He didn't see himself as a working man, although, you know, the family were poor and all worked, and another uncle, for instance, who died of tuberculosis, and was Socialist, was a carpenter. The sisters, his sisters, worked in Burtons tailoring factory. But somehow, he, he was, I suppose he was sort of 19th Century artisan radical, that kind of person, believed that people should free themselves through education, not through social action, and hence the, his own pleasure in reading.

Were they politically active at all?

No.

Your father and your uncles?

No. Not, not so far as I know, although the two that went to Israel, were active in the local Zionist Movement. But they had it, you know, they had ideas about the world. I mean, there would be that kind of conversation. And when we ... they did have ... do you know anything about Jewish culture? No? Do you know what seder nights are? You know, pesach?

No.

No. Well, Passover is the key festival in the Jewish year, and you ... you have to celebrate, it's really to celebrate the, the return of the Jews from exile in Babylon, and it's quite an elaborate ritual, and the whole family gather, and the children are allowed to stay up for it, and, and there's wine, and an elaborate meal, and a service is read. And the great thing for me, was, as the eldest son, the eldest son in that family, because it was always celebrated in my father's family, was to ask the four questions, because every Jewish family is supposed to be visited by an angel during this, and so you were allowed to stand up and ask the questions of the angel. So that, you know, that was, it was much more exciting, that side of the family.

So you would say that your father's grandparents had the greatest influence on you, at that time?

Yes, I think so.

Did they become actively involved in your upbringing, would you say?

I think they must have done. I mean, this is ... I do remember going around with one of the ones that went to Israel, and him ... talking to me, seriously, about what to do, you know, what one should do in life. And also the one that was a carpenter, talking. I wish I could remember more clearly. But when I was about 12, I had a, a friend whose parents were Socialist, and were involved in something, I can't remember what. It may only have been the Labour Party, but it may have been the Communist Party, and they gave me *The Ragged Trousered Philanthropist* to read, and I have a feeling that that uncle who was a carpenter, was like Robert Trestle's character, and would talk about work in that kind of way.

You said you're the eldest son?

I have a sister who's 18 months younger than me.

And brothers?

No. No. Just the two of us.

Were you particularly close to your sister?

Yes, as a child, I think, on and off. I think there was a lot of rivalry. If you, if you have a Freudian side to the biography, I, I, my earliest, very earliest dream must have been an intense jealousy dream, because in it, I would be lying in bed, in the dream I'd be lying in bed with my eyes open, wanting to close the windows which were open, and being unable to move, I was paralysed as it were. And small ... kind of flying angels, like little cherubs, but, only malevolent, would be coming in through the window, and clustering on the wall and looking down on me, and I, I think I could only have been three or four when I had that dream, and I'm sure, in my interpretation, this is that it was a jealousy dream. And my parents described to me, later, that I, at that sort of age, I had tantrums of rage. So I expect I was jealous. But she ... took up many of the same attitudes as I did in this dispute between the two sides of the family, as it were. And so, during early adolescence, we were close, because we shared this rebellious outlook. And, you know, we both came to reject Judaism, and we were both quite certain that we would never stay in Leeds and be confined to that narrow Jewish life. Whereas, for example, three of the, three of the male cousins on my mother's side, that is, sons of her brothers, became GPs. All from Leeds Medical School. All remained Jewish, not ultimately staying in Leeds, but the same kind of person. And I met them occasionally in adult life, and they hadn't changed at all. So this was a conscious decision.

So there really is a big split, really, between the family there?

Oh yes. It's a classic sociological situation, isn't it, that Deutsch describes, actually. Do you know Deutsch's ... he has a very interesting essay somewhere, in which he analyses why it is that so many Jews have become intellectuals, and situates it in the conflict between the two worlds of which they are always aware, because they have their own Jewish world, but they're also members of another world, a non-Jewish world, and, therefore, they ... it's possible for them to develop a critical outlook in which they believe in neither. They see both of these as relative positions, and so, in personal terms, where you've got two kinds of moral world presented to you, you can ... of course, you can just embrace one of them, but you can't embrace both, so you've got to develop some kind of critical distance. I think that had a, I've always felt that that had a great influence on me.

What did your sister go on to work at?

Well, she, she also became a doctor, and, but she went in for psychiatry, so she's a child psychiatrist.

Did your parents emphasise certain things as being important in life?

Well, my mother emphasised money. And my father emphasised ... duty, I suppose. And he ... he had ... after he, he left the watch factory sometime in the late thirties. It may only have been one family, or it may have been more than one, but he borrowed capital, notably from the father of Gerald Kaufman, the one-time ... what was he doing in the Opposition?

Shadow Foreign Secretary.

Yes, Shadow Foreign Secretary ... who was, in fact, my godfather. So I can remember playing, as a small boy, with Gerald Kaufman, who was very pompous, even then! And I think, somewhere, I've got a little Christening cup with Mr. Kaufman's name on. I always, it may not be correct, but I remember him as having lent my father the capital, and he set up shop in Halifax, in a decaying working-class district of terraced houses. It was falling down even then. I mean, as a thing for a businessman to do, it was not, it was not clever. And I used to go over there and sit in the shop on Saturdays. And I remember the smell of, of the sterilised milk which was put in the tea, and the buttons and hairnets and - because it was a haberdasher's and general store - and it was dark, and all these funny people would come in, who were really very different from Leeds Jewish community, they were very Yorkshire, working-class, and, you know, the women with their hair in curlers, and wearing slippers, and ... but anyway, there was ... during the War, there was money to be made in that shop through the black market, and selling clothing coupons and all sorts of things that everybody did, but not my father. My father indignantly refused to make any money at all during all that period.

Did that cause any conflict with your mother?

Oh, and how! Yes! There were screaming rows throughout my, throughout my childhood, over all that. Well, my father went broke, and ... went, therefore, was bailed out. Another brother of my mother ... made a lot of money in linings, inter-linings, if you know what that is. You know, he was the wholesaler/middleman between the lining manufacturers in Lancashire, and the dyers, and then bringing them to the tailors in the Yorkshire side, and woollens, and all that sort of thing. He made a lot of money. And I think, more out of pity than the need for it, I think everything that he did, he was that kind of businessmen, everything was inside his own head, I'm sure he never kept books, but he took on my father as a kind of office manager. So that was very humiliating. My mother rubbed that in, and how unsatisfactory he was as a provider. And, just, just to show you how powerful that side of things was, subsequently I, I went to Oxford as a student, and then London, and in London I met Marie, and so we were going to get married. And at that time, my mother developed cancer of the breast. I mean, I'd concealed my relationship to the last possible stage, because I knew that they weren't going to have me marry a shickster. That would be the end. In fact, they were never going to speak to me again if I did. And ... but I felt that, that it would not be right for me not to make the, the appropriate moves, as a son. So I went up, and my mother was, by now, dying in hospital, and I went up with Marie, and we went to visit her, and she was jaundiced and very frail, and she sort of interviewed Marie, and said, "Well, you've ... seem a very nice girl, and I think, you know, the fact that you're a shickster, maybe, you know, we could overlook this, after all, you could convert. But, I'm afraid you're not right for my son, you haven't any money." So that, that's the sort of ... that's one of my sort of life stories, symbolising that. And then, subsequently, this Uncle Philip who employed my father, called me in to his office, and said, "You're not really going to marry this shickster, are you? This is ridiculous. I'll tell you what, here's £25," and he counted the money out in front of me, in £5 notes. "Take £25, buy yourself some decent clothes, and get your hair cut, and give her up", you know, "After all, you're going to be a doctor, you're going to make money, you don't want this sort of thing."

How did you respond to that?

So ... and my father was standing there, not saying a word. So I thought, "There's no point in quarrelling with this man, and I am going to get married, and £25 is a lot of money", because I was still a student then, and, at the London Hospital, and I was getting £6 a week, that was my State Scholarship, and Marie was earning £4-10-00, as a pattern cutter, and so we were going to need to set up home, we had to buy a bit of furniture, and I had £100 saved from my Bar Mitzvah. I thought £25 would make all the difference. So I took the money, and said, "Thank you very much." And that was that. And I never spoke to him again!

Given your parents' different attitudes - your mother interested in money and your father with this sense of duty - did they have different expectations of what you should do with your life?

Well, I think they'd somehow, they managed to find a way of ... uniting over that. I don't want to give you the false impression ... they loved each other very much, and they weren't always quarrelling. What I've told you about the quarrels represents two sides of my experience, but, I mean, they, you know, they had some sort of family life, and were very very fond of each other. And when my mother died, my father was devastated. But, being a doctor, united their two views of what life should be about. Now, when I was at school, because I read so much, and had a retentive mind, I was clever, or what was regarded as clever, so I did very well, you know. I won my Scholarship to secondary school at the age of nine, and I was always in the A stream, right at the top, and I actually, although I only ever read novels, science was my subject, and I, I always rather looked down upon the humanities as something that one could do in one's spare time, you really didn't need to do that as an occupation. There's plenty of time for that. You've to earn your living and do something in the world, it had to be scientific. And so I got my 'A' levels in science, well, actually, it wasn't 'A' levels then, it was Higher School Certificate, and I went ... up to Balliol to sit the Scholarship, and won a place at 16. And I really wanted to do pure science, I don't know whether I would ever have been a scientist, but they brought a lot of pressure to bear on me to be a doctor, because, they said, "Jews won't get a job easily in science", and they had lots and lots of stories about how Jews were discriminated against, and would never get a job, whereas you can always be a nice Jewish doctor. And ... so, and my father, of course, was keen for me to be a doctor, because that was dutiful, you were doing good to humanity by being a doctor, in his view. So they agreed about that. So I, I ... I accepted it. Why? I'm not sure, because one would have thought, with all the rebelliousness which I'd

shown, that I ought to have said "No". But I think that, that this is part of the character that you make for yourself. I think I was probably rather worried myself.

How were you expected to behave towards your parents?

Oh, well, I was supposed to be obedient, dutiful. You know, I was always being chastised for being naughty, ... and for cheeking them. But I was supposed to attend them in their visits to relatives, and ... family life was marked by a great deal of tension, because I, I constantly disagreed with them, and I didn't keep my mouth shut. I mean, I should've just kept it to myself, but I wouldn't. I would always argue with them. And I was arguing with them about philosophical, political and social questions from, hence the thing about shicksters, you know, I told them, I didn't propose to get married at all, because according to the novels that I'd been reading, getting married was old-fashioned and out-of-date, and not things that free people did. But if I did get married, it certainly wouldn't be to anybody Jewish. So this was taken up seriously from the age of, I don't know, 12, 13.

What would they do when you did something they disapproved of?

Well, they would beat me until ... my mother would beat me en passant, as it were, and then there would be ritual beatings when Father got home, which he didn't like doing, but she told him it was his duty to do it, so he would do it. They had their, you know, the whole ... the beatings, and then there was the constipation thing, you see, which was also a part of their obsessional/repressive culture. You had to be ... [End of Tape 1 - Side A]

Did you talk much to your mother and father?

I suppose, I suppose I must have done. There must have been cheerful moments, or when one did talk, but I can't remember, I can't remember. I think, I think we probably did have. I mean, my sister and I had an, in our escape life, we had one of those childhood fantasy worlds which we peopled with, with rabbits and things, you know, like, like Tolkien's Hobbit, and ... I played cards with my father, and later on, I played chess, until I quickly got too good and beat him consistently, so that stopped. But, yeh, I mean, it wasn't all ... and we went, sometimes we used, we'd go to ... outings, go to the cinema and varieties in Leeds.

Could you share your worries with your father?

No. He didn't like anything that was to do with feelings, at all. It really bothered him, and he would just clam up. I demanded, when I, you see, I went, I went to secondary school at nine, and there were older boys, and they were already heavily into sex, and they were masturbating and doing all those things, and talking about sex all the time. I remember confronting him in this shop in Halifax, how old was I, yeh, that's right, if he was 43/44, I was 11 or 12. And I wanted to know if it was true that men and women did this peculiar thing together. And he went as red as a beetroot, and muttered something about, "Well, it's sort of true!"

And what about your mother, could you share your worries with her?

No. No. She was always in an upset state anyway, and I would never ... just the language just wasn't there. One didn't talk to parents about that sort of thing.

Would you say you had a happy childhood, or not?

It was mixed. If I was talking to my, you see, it all depends on what mood I am when I'm telling you these stories, because these, these, you realise these stories are well-rehearsed, these are the things that one tells one's friends, so they've got great symbolic value. If I'm in a reasonably cheerful mood, then I'll talk about the happy side of things. I mean, the happy things are remembering the discovery ... I can remember discovering poetry for the first time. I can remember afternoons in Leeds, it seemed to rain all the time, and it was cold and damp, it was always colder inside the house than out, and coal fires, where all the heat went up the chimney. And discovering Gerard (??) Manley Hopkins, and reading it aloud. And I can remember discovering music. But they can be solitary pleasures. So I would never say of myself, "I had a happy childhood", because it was always a state of affairs that I wished to escape from. The future was where happiness lay. And I can remember saying to myself, "All this business of being naughty is because I'm a child. They can only do it to me because I'm a child. The great thing about being a grown-up is that nobody can ever tell you that you're naughty, again." Of course, this isn't true, because society is so constructed, there are always rank upon rank of parents above you, aren't there. They tell you that you're being naughty as soon as you do something that they don't like. But, in my dealings with the Health Service, my ... [BREAK IN RECORDING]

You said that your parents attended synagogue once a week. Would you say that they were very religious?

No. They weren't, they weren't frum at all. It's called being "frum". That was, you see, that was it. All my father's moral feelings were shown to be hollow, because, as he didn't have ... any kind of ... structure through which to express them, they were all personal, he compromised all the time. And this religious thing was one of them. And I realised that he had no true religious vocation. They weren't really religious. It was all ... it was simply social show. They went to the synagogue, they had me Bar Mitzvah, because that's what you did. All the people that they knew did, that's what the families did, but it didn't inform any of their values or judgements.

But was religion important to you, as a child?

It was important because it was something that I struggled with, because I'd, I was the sort of child that had to make up his mind. I couldn't, I couldn't just go along with it. If I thought that it wasn't right, then I couldn't keep quiet, and so I had violent disputes with them, and I had great rows with them over being Bar Mitzvah, and I only agreed to it to please them, as I said, you know. I didn't feel that I could refuse. But I was very unhappy, and I argued with them, and I said, "I'm an atheist. I don't believe any of this." And they said, "All right, you're an atheist. So you're an atheist, you're an atheist. Never mind. You'll be Bar Mitzvah, everybody's Bar Mitzvah. Do you want to shame us in front of our relatives?" But I hated it.

What social group or class would you say your family belonged to?

I think, I think they were petit bourgeois really. And, you know, I mean, my father ... ended his life as a proper proletarian, because, well, he worked in a watch factory, so I suppose he was a skilled, or clerical worker then, and my mother never worked. His family had working-class jobs, they worked in factories or ... then he was a shop-keeper, I mean, this is very typical, isn't it. And then the shop failed, and he went back and worked in an office for my uncle, but then, he couldn't stand the uncle any more, and broke with him, finally asserted himself, and went to work for a small engineering factory in Leeds, that made armatures, that was their main business, for electric motors, and other kinds of specialist electrical equipment. And he was a time-keeper, and he timed the jobs so that they could be costed. And he worked in that factory until he was in his mid-seventies, and then he retired. He was, physically, very active, very vigorous.

You said that sometimes you went on family outings or whatever. What other sorts of leisure activities did you do, as a child?

Oh, apart from going to the cinema, there wasn't anything. Always a very restricted life, really. I didn't like sports. I never went out and did all those, what shall I call? Schoolboy things, like playing football.

Did you do a lot of reading?

Yeh, I read. I read constantly. I went to the library. The public library system's wonderful. I used to go into town, that's the centre of town, where the Central Library was, and get out half a dozen books, and read them all week.

Would this be all novels?

Mostly, yes. I think I read the bulk of the sort of Leviside (?? - can't catch - l12) tradition of English literature by the time I went up to university. But I read a lot of other things too, I mean, things that ... I just had a magpie mind, you see. I can remember a book that influenced me enormously, which I can't think why I came to choose it, but it remains in my memory because of it's subsequent importance. And it's a book called *The Peckham Health Centre*, which you should read if you haven't read it. It's a very interesting book. Do you know anything about them?

The Peckham Health Centre?

Yeh.

I know a bit about it.

A bit about it, yes. Well, I can remember, vividly, getting that book, taking it home, and consuming it. But it's all about a vision of health as against illness, and also about setting up this ideal community in Peckham, based around a leisure centre.

Was this before you decided you wanted to be a doctor?

Absolutely, yes. Yes. And, as it's actually anti-doctor in it's, some of it's core beliefs, it always gave me a very sceptical view of what doctors were for. That book is about health, as embodying

a happy life, a fulfilled and positive life, and not about treating illness, you see. And the core of it is ... these two people, husband and wife, realised, working in a ... an immunisation clinic in Peckham, in the twenties, that the illness, illnesses that the patients were bringing to them, were a consequence of their social situation. And they saw something like a leisure centre as a way of people learning to construct a healthy environment for themselves. And also, it's very interesting, because, because they had a peculiarly thirties view of the social scientist as an objective, non-participant observer, they refused to run it. The ordinary thing to do would be for them to be very paternalistic, and there's some very interesting descriptions of them forcing the members of the Peckham Health Centre, when it was eventually built, it opened in '36, to run everything themselves, so it was very collectivist in it's ethic. That, that had a tremendous impact on me. Actually, I've got the only existing film, it's not very good, but it is interesting, of the Peckham Health Centre running, it's a little documentary that was made at the time, and, anyway, you should read it, because it was very ... it was very ... it was one of the things that when I did come to be a doctor, made me see that whatever one did was always ... within very skewed limits, because you couldn't really get at the roots of so much of the problems that were going on.

Did reading that lead you to read more about medicine?

I don't think so. No. I didn't really want to be a doctor, you see. I went ...

What did you want to be?

Well, I had visions of myself being someone like Einstein, or Marie Curie, or, you know, being a great experimentalist. I'm sure it was complete fantasy, because actually, when I went, went to university, I enrolled in the Medical Faculty, and we had to do a degree in Physiology, an Honours Degree in Pure Science, and I was never a very good experimentalist at all. And, in fact, I rebelled against science, and tried to switch to philosophy, and I read A.J. Ayres book about positivist philosophy, and that had an enormous influence on me, it was very popular in Oxford at that time. And I asked, I remember going to see my tutor, who was a biochemist, and he was my ideal of an academic, he had a beard and a pipe, and a studious manner, and was very slow, and ... and I said, "I've discovered my true vocation in life, and I want to change", because you could in Oxford. In fact, one of my friends changed the other way round, from, from Classics to Medicine, and became a Professor of Geriatrics, but ... and very much more boring! But he just looked at me, with these heavy-lidded eyes of his, for about five minutes, and didn't say anything! So I got the message!

Did you have many close friends, as a child?

No. No. It was, it was ... ... being Jewish, you didn't mix with non-Jewish children, and I didn't want to be Jewish, so I didn't mix with the Jewish children either. The only friend I can remember having is this child of a Socialist family that, that gave me *The Ragged Trousered Philanthropist* to read. It was a lonely childhood.

Did your parents have many friends?

No. Not very many. There were friends that my ... my father had, before he got married, he'd been a leading light in a Jewish Club, and an active tennis player, and actually very good, because he was a, the coach, a paid coach for that Club. And he had friends from that period, and they used to go camping. I've got a photograph, somewhere, of him with his friends, on some Yorkshire moor, where they'd been, you know, this was the period in the thirties everybody ... the outdoor life, like the Germans, people hiked and, and went camping. And so one saw those occasionally. But he didn't really develop a social life until after I left home, and then he took up bridge playing, and had a bridge circle of friends.

Did they have much contact with the neighbours?

Yes, lots of people he just nodded to, but that's all. It was, it wasn't a bit like Meanwood, where my grandmother, my father's mother, lived, where you did know everybody, you know, and you went in and out of their houses, because it was, it was very genteel, this new district of Hare Hills, and people minded their own business, and tended their roses in their front garden, and had privet hedges. And that's nothing to do with being Jewish, but in my mind it was all part of this hateful, narrow-minded existence where nothing ever happened.

Did they entertain at home at all?

Very rarely. They didn't have dinner parties. Sometimes relatives would come for tea. Tea was the event. The, if you were to have anything, the big event of the week, when people might

come, would be Sunday tea, high tea, with tinned salmon and tinned peaches, and corned beef sandwiches, and all those working-class delicacies! No, it was a very ... I mean, in my subsequent life, I think one of the reasons that I embraced political life, was because it offered a very rich social situation, and, you know, you mixed with all sorts of people in an easy way. I have, I had .... later, I had three school friends, and we went around as a foursome, and that was it really. So that was as a teenager.

Was anyone in the family ever seriously ill while you were a child?

An uncle, who married my mother's younger sister, had septicaemia. That was tremendously impressive! He owned a couple of cinemas, so, you know, they were all part of my mother's well-to-do family, and we were taken, he was ill and in bed for months, and he was taken to, we were taken ... he was nursed at home, and the doctor came in. I don't know that he even had antibiotics. It was probably pre-penicillin. He might have had sulphur drugs, I don't know. Anyway, he survived. And I remember being told he had septicaemia, and how dreadful this was, and possibly he might have been, because he was in bed for weeks, looking very pale and wan, and you were ushered in, you know, and this was a very ceremonial thing, to be taken. But I was ill. I had recurrent otitis media (?? - 258), as a child, and was confined to bed for weeks with this, in a way that would be quite mad now. And I remember, and my ear discharged, you see. The great thing about otitis media was, that although you had pain and fever in the acute stage of the illness, when, once the drum had burst, you were symptom-free, but you were regarded as being ill, and so you were fussed over. So I stayed in bed for what seemed like weeks, and there would be this wonderful discharge in the morning, forming a little wax image of your ear, and I can remember picking that off the pillow. And then my parents bought me presents, you see, and I ... they brought me little shops, confectionery shops with lots of little confectionery ... minute cakes and sweets and things, and, oh, jig-saws, endless jig-saws, and things like that, and I was fussed over. And they even lit a fire in my bedroom. Normally, I, in order to get peace and quiet, I would read in bed, go to bed very early and read, in this cold, freezing cold bedroom, under the blankets. But because I was ill, I was allowed to have a fire.

Were they very concerned when you were ill?

Oh yes, I think so. Yes. I think anything, well, people ... children died in those days. I think they were, I think they were worried.

How often did the doctor visit you?

How often did the doctor visit me? I don't, don't really know. I, I do remember doctors coming, and the fuss being made over him. He wasn't ... it wasn't a ... a routine sort of thing at all, you know, he was ushered in and treated with respect, and ... might have been twice a week. I'm sure there was nothing he could do.

Was he a Jewish doctor?

Yes. Yes. I think that was, I wasn't otherwise particularly ill. And I think the next, my next memory of seeing a doctor at all was, was when I started to develop acne, I had adolescent spots, and which were pretty bad, and how upset I was about it, and going to visit him, sitting in the waiting room, it was a huge, cold, gloomy waiting room, which was the sort of main sitting room of a big house, because they ... in a nearby part of ... not at Hales, in our streets, which were meaner, but in an older part nearby, with bigger houses for more well-to-do people, and so he lived in the house and practiced from downstairs, and all these people staring at me and my spots, and being given some lotion or other, which, of course, wasn't much good, because there wasn't much ... there wasn't adequate treatment for acne then.

Could you tell me something about your education now? How old were you when you first went to school?

I went to school when I was three, to a nursery class, and we were made to lie down on a little truckle bed in the afternoons, to have an afternoon sleep. I remember being sent to school, because you had to take your shoes off to lie down, it was the only article of clothing that you removed, and therefore I had to put them on again, and parents were instructed that their children must be able to tie their own shoes, so I had a very painful time, being made to learn how to tie my own shoes, shoelaces, so I could put my shoes on again. And I went off to school, which was about 10, 15 minutes walk, all on my own, at a very young age. It was incredible, because there wasn't the traffic, you see. And this nursery class, which I didn't, frankly, see much point in. And then I, I don't think, I think it was really just a kind of minding class, and I,

I think I could already read and write before I was five. And I went through my primary school well ahead of my age years, so that I took the 11+ at the age of nine.

So you went to a primary school at, what, five?

It was the same school, but I went up.

Oh, I see.

I think I must, at some stage, have been promoted.

So you took the 11+ at nine?

Yes. But I hated school.

Why?

Well, it was all more parents, wasn't it. And I several times ran away, and had to be retrieved. I hid, hid in the woods, and my parents took me back on some, Mother took me back on some occasions. I think on other occasions, I seem to remember being found by a teacher! I hated the whole thing. I hated, it was a working-class area, and the children ... there was a lot of physical punishment. I was only once ever physically punished, but I loathed the punishing of the other children. I thought, "This is not a way", on many an occasion.

So it wasn't the lessons that you disliked, it was the authority involved with the school?

Yes. Yes. Well, I got pretty bored with school, because it was very, it was a very low level! We went swimming, that wasn't too bad. We played marbles. I suppose I had some kind of, I said I was very lonely, but I wasn't a total isolate, because I do remember playing marbles in the school playground. You had all those little, it was cobbled, and you had channels between the cobblestones that you could play marbles in. And I played conkers, that was quite good.

But the lessons were easy for you?

Yes. Yes. Yes. Much too easy. Anyway, one was taught a very limited, narrow curriculum. And it wasn't much better when I went to secondary school, and I didn't like that either.

So you took the 11+.

Yes.

And you passed?

I passed. So I went to secondary school at the age of, I'd just turned 10. And rose through the school, secondary school system, in the same way, because I was sent up to take this Open Scholarship at Oxford, at 16.

But what did you think of your education at the grammar school?

I thought that was grotty as well. I mean, obviously it was grotty, because if I could learn without doing any work, and get A's in Higher School Certificate, get five A's when I was only 15, it couldn't have been very difficult. That was my view.

Did you get any science teaching there?

Yes, there was ... there was a physics ... I remember the physics teacher because he couldn't bear teaching. I mean, I can see that in retrospect now. At the time, I just thought he was a petty (petit ?? sp.) tyrant like most of the others. I see now that the poor man suffered greatly. I can remember him, in a particularly noisy session, standing at the front, red in the face, shouting, "You're all going to fail your exams, and you're all going to fail in life, and I hate you, I hate you, I hate you." And that's, that would seem to me to typify the teachers. And then we had, we were supposed to have ... join the military training corps at school, and I wasn't going to have any of that, and so we were made to sit in the hall, those of us who refused, who were pacifists, as it were, in contempt, just to sit and read. And we were made to do sports, which I loathed. We had to do cross-country running, but I discovered that you could hide behind a tree a few yards after you set out, and wait till the others came back, and then you joined in on at the end. The alternative was to play rugby, and I thought that was a death-trap. I didn't want to roll, roll in the mud with all these boys.

It sounds as though you were still anti-authoritarian, then, at this school?

Oh, yes. [LAUGHS] I was more anti-authoritarian! And we had Jewish assembly. We had a separate assembly for the Jews and the Christians. Jewish assembly consisted in reading from books about the pogroms, and I didn't think that was very, that was very enlightening. But at least one got out of the main school assembly.

Did anyone have any influence on you, at either of your schools?

No. Not that I can remember, no. I didn't like any of it. I think I would remember. You see, when I got to the London Hospital, which was another version of school, which I hated, and had various rows, which I ... I can probably remember that in more detail. I do remember a doctor there, you see, who did influence me, whom I admire greatly. A man called Donald Hunter, who was a general physician, but had specialised in occupational health, and wrote one of the major text-books in it. And I remember, vividly, him as a person, and him as a teacher. He was a great teacher, because he taught like Jesus Christ, by parable, by story, and he would have a fund of stories because of his wealth of experience in occupational medicine. And ... he was a very likeable personality, because he liked teaching, he liked the students. So I think if I'd come across anyone like that, I would have remembered. [End of Tape 1 - Side B]

So you had taken your higher exams by the time you were 15?

Yes.

And then, then what happened?

Well, then ... I ... got my Open Scholarship, not an Exhibition, just a place, but I won a school, a State Scholarship. You know the State Scholarship system? The top 500 examination results in the whole country were automatically awarded a State Scholarship, which is, actually, the most valuable funding. You got £350 a year. That was paradise! All to yourself! So I, I could live on that.

So, without that, you wouldn't have been able to go to university?

Well, I would have had a Local Education Authority grant by then, but it would have been considerably less. And then I had to take more 'A' levels, because my 'A' levels were in, I had pure and applied maths, and physics and chemistry, and although I'd chosen medicine, and they agreed to accept me in medicine, I had no biology at all. I hadn't done any biology. I had to take 'A' levels in biology.

How old were you when you finally decided that you wanted to do medicine?

Well, you had to put down on the form when you applied for the Scholarship exam, what faculty. And, by then, I'd agreed with my parents that it had to be the Medical Faculty. So I did agree. Actually, I was ill there too. That was another experience of illness. I got meningitis whilst I was doing my Open Examination, and was taken into the Radcliffe. That was bliss! I remember doing the paper in the afternoon, and feeling very queer, so peculiar, more a sort of intoxication, that, I think I must have been persuaded to go to the doctor's, in Oxford, you know, whoever was attached to the College, and he took one look at me and sent me into hospital. And then it was all blissfully, I was unconscious, you see, and I woke up again about two days later, in this childrens' ward, and it was a blissful state of floating detachment.

Did your parents have to travel down to ...

Yes, they came and fetched me. And it was very dramatic, and I think, probably very good, because I didn't take all the papers, and whatever I had taken, I'd done well on, and I might not have done so well on the others! So I think they probably took me on trust.

So what year was it when you went up to Oxford?

'49, Michaelmas Term, '49. I was a ... yes, so I took my biology 'A' levels, having swotted the whole thing up in, in six months or whatever, I can't remember now, anyway, a few months, and passed them. And I had to dissect a dogfish, I remember, I'd never seen one before, except in a textbook. And it was a dreadful shock to me, absolutely dreadful, because I was a completely uncultivated little boy from the wilds of this ... Leeds Jewish background, suddenly thrown in with all these public school types, men of the world, lots of ex-Army people who were on Scholarships, having done their military service were still there, so a lot of grown up people, and this, this Oxford atmosphere.

And you were at Balliol?

I was at Balliol, which, at that time, still had it's, had it's Jowett reputation as the leading intellectual College. It was a most frightful shock.

Why did you choose to go to Oxford?

Why?

Yes.

I thought that this is as far away as one can possibly get from Leeds. I couldn't think, I mean, the only thing I was good at was passing exams, and I couldn't think of anywhere that would be further away from that world of Leeds, than Oxford. So I said, "Right, I'm going to go to Oxford."

Weren't you worried about moving into that sort of environment?

No.

Mixing with these public school boys?

No. I was a total naive innocent, completely, you know ... it was absolute ... the first thing that happened, we arrived there, and as I said to you before, I was a very shy, timid person, and we were invited to a sherry party with the Fellows, and I was absolutely devastated. I was handed this thing in a glass, called sherry, which I'd never seen before, because the only alcohol that we'd ever had in Leeds was Passover wine. Anyway, you know, you had to hold these delicate little glasses and not drop them, and not spill them, and make polite conversation, which I was utterly incapable of. It was a dreadful shock.

What did your parents think of you going to Oxford?

Oh, they thought it was wonderful, because I'd finally done something that they could boast about. That was a winner.

And how did you come to choose Balliol as your College?

That, I don't know. I mean, that sounds to me like, do you know the Jewish word "hutzver"? It sounds to me like hutzver.

That you were aware of it's reputation?

Yes. I think there, I think there is a side to me which is like that, you know, where intellectual matters are concerned, where being learned matters, I'd, I don't, it doesn't seem that other, there was other aspects of my personality which are timid and worry, have any effect on it, and I think that may well be the Jewish tradition, that Talmudic tradition, in which the learned man is actually praised for being learned.

So you didn't, you went there without any feeling of intellectual inferiority with these ...

No. And I still discovered that they were intellectually inferior, although they were socially superior, and it took me many many years to learn to be middle-class. I never had any doubts, you know, I never had any doubts about my intellectual abilities. [End of Tape 2 - Side A]

Could you begin by telling me what your training consisted of?

The, the Oxford course ... prepared you for a medical qualification, but not, it doesn't have a Medical School, and it was different from, I had a friend who went to Leeds and had a much more schematic and, and impoverished course. You really were there. I was an undergraduate doing a science degree, so you did anatomy and physiology, and biochemistry. I'm trying to remember ... bits and pieces like that. And then you did a full year of physiology, leading to an Honours Degree in, in that subject. So there wasn't the sense of, of your being a medical student at a medical school, you were just an Oxford undergraduate doing these courses, and you did it, although we did have some lectures, and had laboratory work, you had the traditional Oxford system, with a tutor, and a weekly essay, which I think was, was really luxurious. And I can't be, you know, whether it taught me anything or not is a different matter. But, in terms of giving you a sense of personal worth, and a sense of having had a leisurely education, I think it was a triumph. And I thought the Anatomy School was much better than the impression I'd had from provincial medical schools, — [CAN'T CATCH - 25] schools, because we, we dissected the entire body, very carefully, under supervision, and you were tested every week on the bit that you'd done, and you were guided through it, so it wasn't at all the prevailing system of education, which is just stuffing you with facts. You, you, you really were helped to understand it. And I think that dissecting a human body, and understanding it, is one of the most wonderful things that ever happened to me. I can still remember that transformation and how I ... before that, I saw everything flat and two-dimensional, because that's, you don't really see people as a solid object, you do see them like a rather bent photograph. But, after going through that course, you never again see anybody in that way, they're always solid, and you see all the structures underneath. And so that was, that was good. And, apart from that, I don't really remember working much in Oxford. I think students differed and some were more dedicated than others, but most of the time, one just seemed to spend enjoying what Oxford offered.

When did you start doing your clinical training?

Well, after you got your degree in physiology, and the equivalent, by the way, is the system which has subsequently been adopted by the medical schools, to do an interpolated science degree, and those students that do choose to do it, you can see the difference in their, in their intellectual grasp of, of, of things. But after you've done that degree, you then stay on for a further two terms and do pathology, and ... oh gosh, it's a long time ago! I'm sure we didn't just do pathology. We did ... pre-clinical areas. And then you had the choice either of going to the Radcliffe, or of going to a London medical school, to do your clinical work. And I'm not really quite sure why I didn't stay in Oxford, and I may be reading back into it, something that was true of me subsequently. But I had the feeling that Oxford was too precious, and I was tired of it, and I thought I wanted to be in London, which is a big city, and ... I, and I'd already made the decision, but one of the things that happened to me in Oxford, was to become passionately fond of music, and someone in the next rooms to me had a hi-fi set, in the days before hi-fi had been heard of. Actually, it was a firm called Armstrongs, they still had valve radios. They had lots and lots of valves, and no top to it, no wooden case. And we, he and I, systematically went through the entire contents of the University Music Library. I mean, there are thousands of records. And, in addition, you could get all sorts of Continental stations, like Hilversum 1, 2, and 3, so I was fanatically keen on music. And I went, after my summer holiday in '52, I went to the Albert Hall, to the Proms, to stand in the queue, and, and there I met Marie. So I had good reason to want to go to London. But you do these two terms, and then you, you go to the medical school of your choice. But I think that, that there was, I think I mentioned to you that I had this unease about what, what it meant to be a doctor, anyway, what the hell it was all about, and wanted to be a philosopher. And I was beginning to generalise that to a search for some political position, and I used to go to the Socialist, no, the Labour, I don't think there was a Socialist Society there. There was a Labour, Student Labour Party in Oxford, and I went to their meetings, and heard people like Crossman. All the MPs would come down and talk. That was one of the privileges of Oxford, because important people would come there. And I think that moving to London was that search, and, significantly, I went to the London Hospital, which is in the East End, which has always been a kind of lodestar for Socialist thinking, hasn't it. I mean, the East End and Socialism are inextricably linked. So that's where I ended up.

And what was the training like that you got at the London Hospital?

Ah well, that was a shock, and I hated it. It was the polar opposite to Oxford. It was Philistine, mechanical, the consultants were clearly more interested in their private practices than teaching, and were very schematic about it, if they turned up at all. I mean, the ... you had all the things which people complain about hospitals going on, like the great ward round with the consultant sweeping round, the teaching by humiliation in which the students are asked difficult questions and mocked for not getting them right.

Did that happen at Oxford as well?

No. No. I mean, the other students were not the same kind of person at all. They disliked me because they thought I was posh and, and intellectual. And I hated them because they were beer-swilling rugby players. And there were only four female students in my year, and they had their own sitting room, they weren't allowed in the male sitting room. And it was really like a kind of feeble parody of a gentlemen's club in the West End, with all that sort of ... foul-mouthed talk, a great ... hatred of anything working-class. I mean, it was an absolute epitome of a class system, and this sense of them being superior beings, because they'd come from middle-class families. So ... oh, they, they would tell you off for not wearing the right clothes, or for your tie not being adequately tied, in the ward, in front of patients, or for having your hands in your pockets. And I remember that the Dean once lectured the entire student body because several had been seen eating ice cream in the street outside the College. But, I mean, you know, Whitechapel was the heart of the East End. There were all these absolutely totally working-class people who were, who were treated in this cursory manner, without any feeling for them as human beings. So I hated it. And I would say to myself, "I'm going to go through. I'm going to qualify because it's silly to have got this far and not do it. But I'm never going to practice. I can't bear all this." But, I don't know, I mean, two other things happened that, that made a difference to that decision. The first was that I joined the Communist Party, and, and the second was, I got married. And that was, really, over the top, because students didn't get married in those days.

Could you date those two events for me?

I'm, I got married in, on June 5th, 1954, so I was only, well, I was just under my 22nd birthday. And we joined the Party the previous year, well, actually, it was the Young Communist League, and the Party, because, as a student, you joined, you joined the Party and participated in student activities, whereas the YCL was local, so we used to go around working with our local YCL Branch, which was in Hampstead, that's where I lived. And I brought the *Daily Worker*, as it then was, into the Medical School, and that caused an uproar. I mean, that was really ... an affront. And the Dean called me in about that, and said this wasn't gentlemanly, and what did I think I was up to? And it was really quite harassing. I was very, I was just very determined, you see. And I did, eventually, start a Socialist Society there, a small one, because I remember, in, I think the first thing that I did, this was around the period that, that Doll (?? sp. Dahl?) had produced, who was, by the way, a member of the Communist Party, Sir Richard Doll (?? sp.), and he'd produced his famous paper with Bradford Hill (sp.), on the influence of smoking on health. And I invited Horace Jules (?? sp.) who was the Medical Director of the Central Middlesex Hospital, and he was a passionate anti-smoker, to come and talk to the students, and they, they allowed me to book a lecture theatre for it, but I can see it was really an arrogant thing to do, for me to ... because it was still a controversial area, and this was actually moving in to the actual course itself, you know, it was actually criticising the, the medical course, it wasn't merely outside politics.

Were you aware that you were taking a risk, career-wise, maybe?

Yes. Yes. I did realise that they could have thrown me out, if they felt that I'd gone too far. But I took it all very seriously. I was defiant.

What was it that made you join the Communist Party when you did?

Ah, well ... it's not easy to, you really want to know how I felt at the time, not how I now interpret it, reading back. I mean, I did feel like a fish out of water, really because of, you know, even in Oxford, where I had found a place, and ... I'd, I think that this was part of my search for meaning, you know, in what some people would call a religious sense, that I wasn't satisfied to ... to just drift along being a conventional person, and that medicine, as it was practiced, wouldn't satisfy me. And I could see just too many things that were wrong. I mean, I could already see, even with the limited medical education that we were getting, that vast areas of health depended on social conditions. That was certainly one thing. I mean, in an actual symbolic sense, my first girlfriend and I went to the Festival of Britain in '51, and when I came back, I wrote a poem, which is a fairly conventional thing to do. People write poetry when they're emotionally stirred up. But I never stopped writing poetry, and I have always thought of myself, since then, as a poet, and not as a doctor, although I've not, you know, I've not really been successful in publishing terms. I occasionally have poems published. And I discovered, in Oxford, Mykovsky (?? sp.), a Russian poet, and that really went to my head, that poem. And I thought, "A system which can produce that kind of excitement must have something in it." And so I didn't really know anything much about Communism, and I thought, "I'm going to find out". And, living in Hampstead, I thought, "There must be a branch of the Young Communist League in, somewhere around here", so I walked up and down the High Street, and I saw a policeman, and I thought policemen always know where things are. So I said to him, "Where does the Young Communist League meet?" And he said, "Well, I think it's in the Rosslyn (?? sp.) Hill Chapel, why don't you try that." So I went in there, and it was being run, in those days, by someone called Peter Fryer, who has subsequently written books, including *The History of Contraception*, so it's a sort of vaguely known name. Anyway, I can't remember what the meeting was about, but at the end, it was quite evangelical, he said, "Is there anybody here that would like to join the Party?" And I stood up and I said, "Yes, I wish to join the Party." And it was really like a conversion syndrome, and I went out afterwards, and I was quite dizzy, because I knew I'd done something irreversible.

You didn't go intending to join the Party?

Not really. No, I went, thinking, "I'll find out what, what this thing is, that, that makes someone like Mykovsky write this amazing poetry." So ... so I was leading this ... we had a little, this sort of busy political life, again, not, not working very much as a student, and going to meetings, and doing the YCL thing, and there was a little Communist Party medical student group, with five of us, I think, and we used to meet and plan immense events. And there was a Writers Group, which one could join, which had some quite eminent figures in it. It was

exciting, I must say. But I did not, I didn't like the medical training at all. The only thing I can say for it, that's positive, is the system of clerking, because that hands on experience, and if, you know, if we were to go through my subsequent career, which has all sorts of by-ways, one could see that that was very influential for me, because, unlike any of the other ways of teaching, you know, boring lectures and, you know, ward rounds with, with these prima donna consultants, that is actual pupil-centred learning, because *you* have the patient. You admit the patient, and you take a history, and you do an examination, and you try and understand the case, and that's what you, you present. And there are, that is, actually, uniquely English, because Continental medical schools don't do that. For one thing, they have far too many students, that, I think that, that is the bedrock, still, of teaching medicine, and I think that's absolutely right.

You said that, while you were at Oxford, you weren't really treated as a medical student, you were just an Oxford undergraduate.

Yes.

When did you start feeling as though you were a doctor, rather than an undergraduate?

I'm not sure that I do! I'm not sure that I ever did! You get to think ... you are, certainly, a medical student, when you go to the London Hospital, because there is no other role for you, and you're right at the bottom of the heap, and it's very hierarchical, and I keep, I mean, I suppose I should've, before you came, I should've sat down and tried to think through, because things keep surfacing. I can remember our teaching in psychiatry, which was one day in St. Clements-by-Bow Mental Hospital, where we were shown the padded room, and the ... what are those things called? The, where they tie your arms behind your back?

A strait-jacket?

Yes, strait-jackets. And, and these wards with hideously depressed patients, utterly institutionalised, and they're, you know, I mean, there was no such thing as psycho-dynamics, there was no Freud, no psychotherapy, they were still teaching mediaeval things like, like will and intention and ... it was horrific, really. So, yes, I was a medical student, but a resentful medical student. And, clearly, the teaching that we had was inadequate, because as soon as I qualified, and had to go into the wards and start dealing with real patients, I was absolutely at sea, because although I knew about taking histories, and, perhaps, making diagnoses, the actual management of patients wasn't taught at all. I mean, many of the practical procedures, I don't think I'd ever taken blood from a vein, or done an intravenous injection, or put up a drip, or put on plaster, or ... or thought, you know, "How do I ... what decisions do I need to make with this patient?"

How did you manage to get by?

The ward sisters tell you what to do, because they know that housemen don't know anything. And, so, although they were fairly termagant people, indeed ... in those days, ward sisters, I was admitted to the London Hospital, as a patient, in my final year, because I had an abscess. And the first thing that woke you in the morning, was the ward sister conducting a religious service, with all the nurses on their knees. And that was fairly heavy.

Was that unique to the London Hospital?

I don't think so, no. So they were very old-fashioned women, you know, career nurses of the kind that hardly exist now. Very fierce, absolutely dreadful to the nurses under them, and, you know, obsessed with proper bed-making, and things of that nature. But they knew how to run a ward, and they knew how to run the housemen. And then, if you were lucky, you had a junior registrar, who took his responsibilities for teaching, because the first thing that you have to do when you've qualified, this was new with the Health Service, was to do two six-month posts, one in medicine, and one in surgery. And then, you either went on to specialise in the hospital side, or you went into general practice, and you could, then, go straight into general practice, having done just that one, one year. So ... if you were lucky, the junior registrar took his responsibilities to teach you, seriously, and I was reasonably fortunate and did, did learn something. But I knew I could never stand hospitals.

What sort of career had you in mind for yourself, at that time?

Well, as you can see, by then ... I, I was married, and we were going to have a child, so there wasn't any question of living in an attic and writing poetry, and being airy fairy. I, you know, that would not ... I mean, if you think of the influence of my father, with his moral systems, that, there are people who would do that, but I couldn't have done that, so I knew I had to practice, whether I liked it or not. And I thought, "I can't stand the hospital, (a) because I'd

never have a career, because I'd always be quarrelling with authority, and (b) I just don't like big institutions." And, so, I got my first job through the Communist Party, cos a chap called Nippy Kassel (?? sp.), was a friend of a friend, and he was looking for a houseman, this is the Orthopaedic Consultant at St. Mary Abbots. And I knew I'd never get ... you see, if you're intent on any kind of career, you want to get a house job in your own teaching hospital. That's the prestigious thing to do. But I knew that wasn't on, not after my behaviour. So I was very glad to be offered this job by him, so that was my first post, St. Mary Abbots.

Just before we get onto that, did anyone at medical school, influence you in any big way?

Well, I think I mentioned this chap Donald Hunter, who was a physician there, but an authority on occupational medicine. In fact, I quite liked the idea of occupational medicine, and I might even have done it, but it would have meant another year doing a Diploma, and I, you know, I knew I needed to earn some money. But, in fact, he, he did inspire me. And anyway, occupational health fitted in very well with my political interests. The other people only influenced me negatively, because I, I reacted negatively against all of them!

What was it about him that inspired you?

Because he talked by parables, like Jesus Christ, you know. He was a very affable man for one thing. He liked his students and spoke to them as grown up people. He never taught by humiliation, but he taught by stories, because he had a great fund. He would say, "I remember this case that ...." and then he would explain the case. So, really, it was a verbal equivalent of what I have said is so important, you know, having the direct experience of managing the patient, and he was inspiring.

Did your experience of, as a medical student, change you in any way?

I don't know. I've never thought of, I've never thought of that. I mean, I was always in turmoil. One is going through lots and lots of changes at that time in life, anyway. It's hard, I can't think of anything that would be a concrete answer to that. No. Maybe, you know, maybe we'll find another, another way into what ... what were you thinking, anything specific? Or just, just generally?

Whether you were aware of being a different kind of a person by the time you had finished your training?

From what I was to start with?

From what you were ... yes.

Well, I think, I think that quality which a real doctor has, of ... understanding people, you know, individuals trying to function in society, is a gradual one, and so I must have started to understand that there's more to people than meets the eye. And by the, by the time I became a doctor, I was, I was clearly seeing people in a much more complicated way than I was when I started as an undergraduate in Oxford. But it's very hard to go back, I mean, I would dearly love to meet that person that was an undergraduate, and talk to him and see, you know, what, what was he really thinking. What was he up to? Because one is, you know, one is sensitised by what one is already, to what one picks up out of that, because I ... all this psychological side to illness, which is now much more obviously accepted by the establishment in medicine, I was already prepared to see as important, by having read so much fiction, because if you've soaked in novels, then you're going to see people's behaviour as motivated by all sorts of things that they don't admit, or even know about, so you're already looking at people in a different way. I mean, I think there is also, and that's one of the problems with general practice, there's a vast amount of very fascinating information in medicine, huge quantities of it. And that always, that ... that always makes a difference as to how you see life and how you see people, and general practice, of course, is very routine in comparison with that, and, to be honest, specialities, although narrowly they may seem to be more intellectually challenging, unless you're actually engaged in medical research, I don't think that's so. I think you're seeing bread and butter things, all the same, day in, day out, year after year. General practice is particularly difficult, because you're stuck on your own, at least in a hospital, you're always mixing with other people. But, looking back on being a student, that ... however, however indifferent you are to whether you're a doctor or not, if you're at all excited by knowledge, it is just a wonderful opportunity.

Do you think you would have made a good specialist?

I would have made a, I would have made a very good psychiatrist. *[End of Tape 3 - Side A]*

... specialists, if they could?

Yes.

Or were they intending to go into general practice?

No. General practice wasn't a popular choice then. It was, it was, to use a famous phrase, "falling off the ladder of success", unless, of course ... there was a substantial number of medical students, at that time, who were children or close relatives of GPs, so if there is this sense of going to join the family practice, then that's a different matter. But, if you had any kind of ambition, then you, you hoped to stay in your medical school and go on to be a specialist there, because that's where all the big prizes were, in money and social prestige.

So general practice was a lower status?

Yes. I mean, there was no teaching of it at all. And, whereas now, you would expect to do some weeks in a general practitioner's consulting rooms, learning about general practice, and how far the teaching of it, and there are departments of general practice in every medical school. I think we had a visit from a GP who came in and talked to us in an amiably sort of way, for a lecture, and that was it. That was all we had.

And so you were, you were completely unprepared for general practice?

Absolutely, yes. I'd no idea what it was about, none at all. And, and when I did eventually, when I finished my probationary year, and went into general practice, it was another of these extraordinary shocks, because, instead of seeing ill people, you see a completely unselected cross-section of the population who have come for all sorts of reasons, most of which have got little to do with illness at all, and you just have to, painfully, find a way through this morass, and I did ... well, if I can go back and just say about my career, because it was, you see, it was chequered. After my six months as the house surgeon to, to this Communist consultant, I was equally unpopular there, because the first thing that happened is that when I arrived in the junior mess, and got to talking about things, they were full of grumbles, in the way the English always do. And I knew that there was this system laid down, in the actual Health Service Act, whereby you could elect representatives. In fact, the, the 1948 Act laid down a Joint-Representative Committee, which was a very progressive measure. It's something akin to Gramsci's workers committees, if you know anything about Gramsci and the Turin factory occupations. It's really like a little soviet, and the idea was that everybody who worked in a hospital, would be represented on the Grand Council, irrespective of trade union, or all those sort of sectional barriers, which is a wonderful idea, because the, if it had worked, it would have led to this feeling of, of a collective endeavour. It would have done wonders for the morale of the place. Anyway, I knew that this existed, and I said, "I can be the Shop Steward for the, for the junior doctors mess, and I can sit on the Medical Committee", which I did. And the consultants agreed to this, because they thought, oh well, you know, it doesn't matter, he can come and sit in. And the hospitals were run then, very much better than they are now, with layers and layers of administrators, by the Matron and this Medical Committee, and the Hospital Secretary, so it cost nothing, and was very immediate, because, I took my duties very seriously. And when there weren't enough transfusion stands to put up drips, I raised this at the next meeting, and I said, "We need transfusion stands." And, "Oh", and I said, "this policy of only, of keeping rooms aside, the single rooms for private patients, is all wrong. There are people in need", and I admitted somebody, a nursing mother with a fracture, so she could nurse her, go on breast-feeding her baby, and be in hospital. And all sorts of things like that. Anyway, they were pretty livid with me by the end of the time, so I didn't get, which is, was conventional at the time, the physicians job there, you sort of crossed over. They didn't want to re-appoint me. So I then spent about three months out of work, where I signed on at the dole, and did supply teaching, which, you know, both of which are very valuable experiences in life, which I recommend to anyone who wants to know what, what life is really about. Although I must confess that I didn't have a proper experience on the dole, because the, knowing I was a professional person, they wouldn't let me queue for my weekly dole, with the hoi polloi, and I had to go into a special room to get my ... And supply teaching was a revelation. That was great. But it took me about 25 interviews to get another job, so I was, you know, I was really desperate to get out into general practice. But I chose to do a trainee scheme, which was unusual then. The system existed, but few doctors bothered with, if they were going to be GPs, either they went into family practice, or they set up their plate somewhere. And the training scheme was intended to give you some teaching, and the chap that I was with, this was in Woolwich, was very amiable, but had no knowledge whatsoever, of teaching general practice, and only taught me two things, both of which were useful - the soft answer turneth away wrath, and never be embarrassed to refer

somebody to a hospital, sooner rather than later. And that was the extent of his teaching. So ... we could stop on that point.

Just before we stop, can, those three months you had on the dole, could you have not done any locum work?

I did do some local work, yes, I did do locums as well, where they were. I went to all sorts of places. I went to Whipps Cross, and I can remember, remember that, because it was so vast, you had to cycle between the different wards. Oh, I can't remember them all now. It didn't pay as good money as supply teaching. Supply teaching was better paid! Which was quite a factor, because we had a child by then, and lived in two rooms, and money was money. I think we got, I think I got £10 a week, as a houseman, and £17 as a supply teacher.

And what year would this have been?

This is '56/'57. [BREAK IN RECORDING]

... that certain types of people are inclined towards specialism, while others are more inclined to become GPs.

Well, there is, there is good evidence that this is so, that there are different personality types, and psychiatrists have, have, well, I mean, just ... just to put it in terms of extreme comment. Psychiatrists are people with a morbid fascination for unwholesome people, and gynaecologists are very smooth, and society oriented, and physicians are, are cautious, and are thoughtful, and surgeons are bluff, no-nonsense, practical men. And GPs see themselves in this very fatherly role. And I think you could construct a set of stereotypes like that, that would have some bearing on reality. And, certainly, what, what general, in my experience, what general practitioners delighted, is adopting this fatherly tone in which everybody comes to them, and, and is ... is soothed and supported, and ...

Why have they adopted that stereotype, let's say?

Well, I think the best way to look at it is that change that has occurred in general practice, is self-image, because that's a much more, I mean, it's a natural thing to do, in a way, because the family doctor, as a name, as a description, a job description, persisted right through from the transition from being an apothecary, to being a general practitioner, but family doctor was an alternative usage. And I think that shows that you saw yourself in that light. The reason being that, in a practical sense, that's what you did, you saw members, people live in families, and you hoped that you would see all the members of the families, because they would pay you, you know, you hoped to, that you would get their custom and that they would come to you from, from grandparents down to the little children. And that's how you worked. And you worked on your own, single-handed, and you didn't aspire to the intellectual prestige of a London physician, and I think you can see in the 19th century novels, how the local doctor, the family doctor would cope, but if there was a real crisis, or the family could afford it, you would bring down a physician from London, in his coach, it's all wonderfully done in —[CAN'T CATCH - 137]. And ... in the National Health Service Act of 1948, general practitioners as a collective body, suddenly had the whole country as their family, because everybody registered. This is really a radical departure, and you registered, by and large, as families, and, in fact, this did become a, a ... an actual demand. And we are very reluctant, in our practice, to take people, if they won't come as a family. And there are people who have organised their records as family records, so they've got all the members of the family together. And, on our computer, we have a, an FR code, so that all the people living in the same address, whether they're related or not, can be called up together, so we can see, "Ah, these people inhabit the same, the same space." So I think, I think there is reality behind that. But ... I think, the other way that I wanted to, to see it, is that general practice was faced with a question. Was it content to go on as it had, prior to the 1948 Act, as an inferior area of practicing medicine, or could it stake out a claim to be a speciality in it's own right? And some bold spirits did decide that that's what they would do. And, of course, the most notable example is the Royal College of General Practitioners, and I joined the RCGP when it started, and, more or less, this is when I, I came to Cricklewood, and they published a journal, and they, they did things like a profession classically does, set out, sets out to have it's own area of expertise, it's own institution, it's membership which is, you have to go through some kind of ritual. And what they, what they soon saw as staking a claim for them, which no other area of medicine could, was in the field of psycho-dynamics, because where else does emotion show its ugly head, but in the family? The family is the fountain origin of all the bad and unhappy feelings that we have. So, by concentrating on family, being a family

x Ballink.

doctor, and this psycho-dynamic orientation, and looking into the emotional aspects of illness, they, they had a claim to an area of expertise, which no one else could have, and, through that, they have actually elevated general practice. They gave it the most important thing, which is a higher self-esteem, so it aspired to do better. Then the actual NHS itself wanted to talk about primary care, because they were interested in integrating the services. They did have an ideal of an integrated, comprehensive service, and so you do need primary care, you need a fully-organised system where people go, in the first instance, before they're referred on to secondary sectors. It's cheaper, more efficient, and it makes sense. And, you know, so you want the district nurses, chiropody, dental, pharmaceutical, all those services should be working together. So this immediately gives the doctor, who says, "Yes, I am the leader of this team", an enhanced role. Then people, this is the era, era of the expansion of sociology, so people start to, sociologists start to look at what's actually going on when people see doctors, which had never been studied by sociologists before. And the, what I call the "Royal College types", took this up, and the study of the consultation became the central feature of trying to understand what is general practice about. And Balink (?? name??) was doing this as well from a psycho-therapeutic tradition. So there was a ferment of, of ideas. Psycho-dynamic medicine was, for the first time, accepted in this country, through the Tavistock Institute, which inherited, well, it actually grew out of the wartime experience. Instead of, as in the First World War, telling anybody who was upset by being shell-shocked, "You're a malingerer, and get back to the front or we shoot you", it was realised that being shot at was actually quite upsetting, and, and there's a big change in psychological medicine, which elevated it's prestige, and it became a worthy study. And the Tavistock promulgated many of it's findings, and GPs saw that they could easily do this, that they were far better fitted to deal with a lot of this than formal psychiatrists, who, who got to look after asylums, have very difficult patients to deal with, whereas a lot of the things that were being talked about in terms of emotional upset in general practice, are not major illnesses at all, so why send them to hospital? So all these different threads came together, and ... in order to do this better job that GPs were now trying to do, they reformed the teaching of general practice, so that they seized, the Royal College seized this system of a trainee assistant, and began to devise training methods for them. And ... now, of course, it's mandatory. But I don't think that would have happened without all that prolonged period of work in which you, you said, "Yes, there is a speciality of general practice, which has to be learned, which can only be taught by other GPs, which has it's own area of expertise, and it's own mystiques, and has to be handed on person-to-person, and which, can then be embodied in law", you see. And now they've really, you know, they've really got a very powerful grip on the medical establishment. And one of the things that departments of general practice, who begin to appear in the sixties, and I think after the Royal Commission on Medical Education of '68, all the medical schools have got them, is, they all teach medical students the consultation process, and none of the rest of the medical school can deal with this, because they don't know anything about it at all. They don't know what they're doing when they see a patient, whereas GPs now do have a kind of ... body of writing about it. So, they're teaching it in, I think, a rather mechanical way, because you, you say to these students, "Yes, you must listen." "Yes, you mustn't pass judgement." "Yes, you must think, why has this patient come now? What are they really asking for? Is it really that pain in their arm, or are they, in fact, upset?" But ... they don't, they don't actually teach people to understand themselves, so the student is left with the idea, there's a little checklist, and as long as he's going through that checklist, he's, he's okay. And I know that when, when they teach by video, which is one of the standard methods now, they video the trainee GP, or they video the medical student doing a consultation, and then they analyse it. And it's invariably threatening, because the students are always looking at it to see, "What did I do wrong?" Not, "Ah, what was actually going here? Isn't this interesting. Where could I have asked different sorts of questions? Where could I have moved this? How could I have found out more about this person than they're willing to show?" What they want is to be able to say, "Yes, I did, I did follow the rules." So I think the process is, it's not thorough-going, but it is, it's very different from the way medicine was thought about sixty years ago. And I think general practice has ... fostered all that. And I felt very excited by these things, but I was always in a dissident position, you know, I was excited by, by Ballin (?? name?) but I couldn't stomach the jargon. And I was excited by the Royal College, but I couldn't stomach their status-seeking, and all their wearing suits and going to posh dinners, and pretending that things were scientific when they were simply

somebody's opinion. And ... anyway, I was busy doing other things. But, do you want me just to ramble on about this, or do you want to stop me?

Well, why, why don't you tell me, I mean, we're going in the direction I was thinking of, but ... when you were doing your traineeship, how long did that go on for?

A year.

And what did you do when that finished?

Well, I then started to ... that was a delightful year, because there really wasn't all that much work. I mean, that's another thing I could go on at length about. GPs make themselves work very long and arduous hours, because they're desperate to find meaning in their lives, and this is how they find it. But, in fact, although it can be very demanding, and emotionally exhausting, and if you're on call all the time, that's wretched. You have a lot of spare time. And when I was a trainee, we had lots of time, and I got a car for the first time, and we used to go out into the Kent countryside, and we had two children by now, and I thought that was delightful, so I stayed on at this place, because it was really, it was a, it was a doddle. It was much easier than life is now, because ... less was expected of you. And I was sort of learning how to be a GP.

So you stayed on after your traineeship had finished?

Yes. I stayed on with this chap, as his Assistant, and, but then I started to look, because I knew I couldn't stay there forever.

Where was this again?

This is in Woolwich. And, and, which is quite a traditional working-class area, and people used to call me "Sir", and this chap had been a sixpenny doctor. He'd been District Medical Officer, and a sixpenny doctor - which is 6d. for your consultation, and one of three medicines - red for cough, white for indigestion, and green for a tonic. And it was very old-fashioned medicine, really. And there weren't the drugs that there are today. I mean, a lot of things that we now treat, we didn't have medicines for. But, I started to go to interviews, which was a terrible process of trying to sell yourself to some GP, and wondering whether it was bearable, because, on the whole, you knew that, where you chose, you'd be stuck for life. It was a big decision.

Was it difficult to find a, a place to practice?

Well, it was difficult. It was a long ... let's see ... I went, towards the end of, late in '57 to Woolwich, so the end of '58 my year was up, and I didn't actually get an Assistantship with a view till February '61, when I came to Cricklewood. And before that, I'd been for some months in Rainham, in Essex, where I'd gone on the understanding that it was an Assistantship with a view to a partnership, but it turned out that he was only keeping, I was only keeping the seat warm for this chap's son, who was then a medical student, and when he qualified, I wasn't, you know, that was it, "Goodbye, thank you." So, but that's quite a long period when I had no security. And, of course, you know, really quite a low income. I remember that this, I got the same salary then as an Assistant as a trainee got, and it was £1,000 a year.

And would a lot of the workload fall on your shoulders, being the Assistant?

Yes. A disproportionate load would. Assistants were, one used to use the word "exploited". I mean, they were badly treated, because you had no security, and the principal could just load on to you whatever he wished. And he would certainly give you more of the night calls, and weekends, and that sort of thing.

How did you come to get the job in Cricklewood?

I was just, well, the procedure is that when a doctor wanted an Assistant with a view, he would advertise in the *BMJ*, so that's where you looked, and you rang up and said, "I'm so and so", or you wrote in, and, and "here's my CV, and I'm interested", and then he'd invite you round, with your wife. And you'd talk, like we're talking, and he'd, you know, he'd make a decision. Either he'd try you out, or he thought, "No, you won't do."

Why would they want to see your wife?

Oh well, because they have this very strong feeling that they want somebody compatible, and what kind of person you are can be read in what kind of wife you've got. And, anyway, you don't want someone with a wife in the practice, because you are a public figure in your little community, who might not be the sort of person you approve of. So, I think there was a couple of interviews, and he obviously, this chap, although it turned out that we were quite incompatible, he obviously thought, "Okay", you know, "he'll suit me." And so I started.

Was this a single-handed practice?

Yes. And he had started a branch surgery, he practiced in ... about a mile away, in Fortune Green, in a practice that he'd set up, I think around the time the Health Service started, or not long after. I think he'd done International Service, and then come and set up his plate, and he had his main surgery in his front parlour, and he'd bought this other house in Shoot Up Hill, and, because the people were very keen, I mean, it's a small general practice, a small business, and if you're at all ambitious, you're keen to expand, and the main way to make money then, was to get more patients, so people often set up branch surgeries. And he had put in Assistants before me who, he worked part-time in this branch surgery, and some of the surgeries were done by Assistants, doing say, two or three a week. And so he, we paid rent on the first floor accommodation, and I had my surgery on the ground floor, and that was his branch surgery. And we were, I was to build up the list on that side, and I would be paid, there was a six month probationary period, during which I was paid as an Assistant, then I'd become a junior partner and get a third share, and that would increase over five years, to half. And, and he was, I must say, he did share the bulk of the ... he had a private practice, he saw people privately and he did various things, I think there was a hospital job. I did a hospital job too, an ear, nose and throat hospital. He'd do a weekly session as a Clinical Assistant, and then he would assist in private operations and do things in nursing homes that we had, and, oh, was a police surgeon. And these are all ways of earning income, and he was quite scrupulous. And if there was any cash involved, at the end of the week, on Friday, but it had to be before dark, because he was an Orthodox Jew, so you couldn't handle money after dark, because that's Shabbat, and he would divide it all out, and we would sit there, and he would say, "A pound for you, two pounds for me. A pound for you, two pounds for me." But it was all, it was all very good.

What would have been your income during your first year there?

I think it rose over the thousand. And I remember, but, you see, I don't think this was a time of high inflation, we're talking about the sixties now. And I remember that when I eventually moved from, when that partnership broke up, and I joined another one, and we had to buy a house, and you could only get a mortgage of three times your annual income. ... *[End of Tape 3 - Side B]*...This house was £7,750, and we needed a 100% mortgage, and we only earned, I only earned £2,500 a year. That's how I can remember the figure. So it had climbed during that period. And we got a Camden Council mortgage, and they, they weren't going to give it to us. And, at that time, there was a lot of publicity about doctors leaving the country, and the Minister of Health had made speeches and said that these young doctors were a disgrace to British manhood, because they were looking to further their career, instead of serving their society. It was, there were some good, I think it was a sociologist called Searle that wrote some good papers on it, and Marie wrote to Camden Council which, anyway, fancied itself, because it was a Labour Council, as being radical, and said, "We'll have to leave the country unless you give us our mortgage." So they gave us a mortgage. I mean, whether it was the letter, I don't know, but anyway, they gave us a mortgage. So, yes, our income did, it went ... I think the practice was earning more anyway, but also my share rose. And when I joined this other practice, they agreed with me that I would get at least what I had been earning. And what I did was simply bring my practice list with me, and we amalgamated, and this was a pre-existing practice of four doctors, one of whom was leaving.

When was it you joined the new practice?

About '66.

And how many patients had you been able to acquire by then on your list?

The joint list, I think, was something over 3,000, which wasn't very large. I think that's right. Three or four thousand. I can't remember exactly.

Was he looking for another Jewish doctor when he employed you?

It might have been a factor, yes. I mean, I'm sure he asked me, and I probably did say that I was Jewish, and probably didn't tell him what kind of Jewishness, and, and I certainly wouldn't have told him I was an active Communist. And I didn't enquire too closely into his Orthodox Jewishness. And, he was a very conscientious, hard-working man, but we simply didn't hit it off, because he, fundamentally, he wasn't like my father, although he had attributes of my father, he was more like my mother, you see. In the end, it was money that counted, and I couldn't stomach that. And then, of course, he being an Orthodox Jew, that was difficult, because I had to keep quiet all the time, I couldn't make fun of him. He would secretly come on Yom Kippur,

which is the holy day of days when you fast all day, when he should be at shul, praying, and lie down in the, in my room, to get away from all his relatives. I've always been troubled by the hypocrisy which lies in the heart of practicing Judaism in a non-Jewish world. And he would, you know, he'd make great scenes about not doing anything on Friday evenings, or Saturday. And, of course, he mixed with all that North London, middle-class, money-making Jewish world, which was not to my liking. And when, the first time that he and his wife came to have dinner with us, which was sort of, you know, a ceremonial affair, having dinner with your new partner, and I didn't have as many books as I have now, but I had a lot of books, and his wife said, "Oh, what are all those for? You don't mean to say you've read them all!" And then he was besotted with Ballint (?? - O52) groups, because he joined one of these groups, and he would always talk to me in quite unrealistic terms about the interpretation of the behaviour of these patients that we had, who were difficult and demanding, and ... instead of, as my current partners do, the three of us are on the same wavelength, talking the same language, and understanding how upsetting it can be to have people shouting at you, or ... deliberately not doing anything that you want them to do, in order to get better, or a whole host of reasons that you get upset, as a GP. And he would always be busy interpreting these people in, in deep Freudian terms, as being anally fixated, and that's why it was, you know, that you couldn't tell them to do some commonsense thing! So I think that as time went on, he got just as angry with me as I was with him, and he dissolved the partnership. And, in fact, he gave up general practice, which was interesting, because he'd always presented himself as a devoted doctor, who was thoroughly fulfilled by general practice. And I had, I remember at the same, about the same time, another friend who was a GP, who used to do the same, although he was quite a different person, he was a genuinely, kindly, caring chap, and he would always be telling me how fulfilling general practice was, and he couldn't understand why I would get in a state about things. And, and that I should do my own night calls, because by then one was already beginning to use deputising services. And then, from one day to the next, he gave up general practice, and went into hospital to be a rheumatologist. And I think, you know, this, this partner of, of mine, had done exactly what I've said about GPs having this image of themselves as, as being noble creatures, who rise above all ordinary human circumstances, and never need to complain or suffer. And they, they pretend to everyone else, and themselves. And then he suddenly gave it all up, and went, ironically, into occupational health. This was a post in Park Royal, at — [CAN'T CATCH - 85], engineering estate, or an estate, in a small engineering company, sort of, they had a small occupational health service, and so he went into that.

Were you surprised when he decided to dissolve the partnership?

Yes, I was. I was very naive. I knew that we weren't getting on, and I never thought that he would dissolve it. I didn't know what I thought would happen, but he just announced it. Or rather he sent me, he got his solicitor to send me a letter, he didn't tell me. And I just got this in the post, to say the partnership is, from henceforth, dissolved. And then we had a very sordid scene, dividing up the bits and pieces. I got the odd carpet, and he took most of it. And, interestingly, I was extremely angry, which was really stupid, because I should have been relieved. But I was faced with a terrifying dilemma, because I didn't know that I wanted to practice on my own, in that, although I wanted to, I knew it would be bad for me, because I was eccentric enough anyway, and to be a law unto myself, unchecked, I'm quite sure it would have been unwholesome. But this opportunity offered that, right across the road, a practice was, one of their doctors was leaving, and they needed a, someone to take his place, and so we negotiated a merger. And they had just had their premises improved, so it looked quite nice, and that's what I did.

Did you go in as a partner on equal terms with ...

Yes. A full ... Yes, a full partner. So that was, that was good, that was a step forward.

Just going back to the previous practice, you said your partner had some private patients.

Yes.

Did you manage to acquire any?

I acquired some, but, of course, I was on the wrong end of the Borough, you see, Cricklewood, actually this, we, this house is in the ward of Kilburn, Kilburn ward of what was Hampstead at that time, and is now Camden, and this is the working-class side, and he lived, as I say, in Fortune Green, which is West Hampstead, which is already genteel, but he had lots of patients in Hampstead proper, and also scattered about all over, through his links in the Jewish

community. So the bulk of the private patients were his, and that was, of course, a source of resentment, because he felt he was bringing in the money with these private patients, and I wasn't.

How did your relationship differ between private and National Health patients?

I don't think that there is, really, any genuine difference. I think that most people who see private patients would agree that you give them the same kind of medical care. But what the private patient is paying for is a sense of status. They feel that by buying their medical care, they are placing themselves in a different class of person, and there are ... some private patients who, when they buy their medical care, also think that they have the right to tell you what to do. But it has to be said that National Health patients are equally prone to do that, because if it's in your nature to be domineering, then you'll be domineering. And the common way in which that manifested itself in National Health patients, was to say, "I'm paying my stamps, you do what I tell you." And one of the, the, the common sort of attitudes of this post-War period, has been the, this, this ... bastardised anti-authoritarianism, which, which, in Army terms, it's called being "bloody-minded", and, in which you're not in ... in the jargon, it's the distinction between being assertive and aggressive. An assertive person can ask for what he or she wants, and feels is appropriate without antagonism. An aggressive person can only deal with a conflict situation by, by actual or potential violence. And people who are half, have only half dealt with their attitudes to authority, are bloody-minded and aggressive, and that's very prevalent, and the Welfare State undoubtedly did foster attitudes of muddling people's class awareness, and doctors were, *are* an easy target, you see, because if you think society owes you something, that that's how the world is set up, that you know you're having a rough deal, but if you push it, you can get more out of society. One of the people who have some power over what you're allocated is a GP, and there are lots of such figures at the lower level of, of society - policemen and social workers, and people in government departments, and wherever - and the way to deal with them is to be aggressive and pushy. And any GP working in a working-class area will tell you they've got problems with all that. So ... it wouldn't be true to say that that private patient ordering you about, is really any worse, it's just a, it's just another class difference in how they express that side of ... the relationship. But what the National Health Service did was, by removing the actual cash nature of the transaction between yourself and the patient, it has fostered a very independent spirit in British medicine, and it's certainly one of the reasons why British GPs prescribe about a third of what comparable countries like France and Germany do, because they know over-prescribing is bad, and they have the courage to be able to do it. And, significantly, only other countries like Holland and Scandinavia, that have similar approaches, have similar low prescribing rates. And what these sociologists who are concerned with the consultation process, talk about, is control of the consultation, and by enhancing the esteem of general practice, and distancing you from your actual cash requirement, you are able to be more objective. And I must say, I have had the pleasure in life, of being able to talk to patients and tell them the truth as I thought it to be, and then finding it unwelcome at the time, and them coming back to me and saying, "You were right." And I don't think that I would have dared to be so independent in my thinking, under a different system of medicine. And I think that it is more difficult to do that with private patients, because they are paying, and the money is very tempting.

Were there many other GPs in the area when you first arrived in Cricklewood?

Well, of course, you don't meet doctors, do you. The only, even if you're what's called a meeting doctor, you know, there is a kind of doctor whose social life revolves around going to meetings of various kinds, and meeting other doctors, and busying him or herself, which I could never be bothered with, although this partner that I had was a meeting doctor, and he used to take me along, so I did meet people, and ... over, over time, I met doctors in the area, but it is a peculiar business that there is no sense of, of communal activity at all. I mean, another place you'd meet them is the chemists. The local chemist is a great centre for, for doctors to meet. At one time, when Health Centres were becoming talked about, he arranged a little meeting with other doctors who were interested, possibly, in getting together to try and persuade the authorities to put a Health Centre in the district. But it didn't come to anything, because nobody could agree on a single thing that was put up as a, as an issue.

Was there any competition for patients?

Yes, well there is, there was tacit competition for patients, which you were aware of all the time, although I have to say that the evidence is that the reason people come to you, is either

because you're the nearest doctor, or because somebody that they know is already a patient, and a lot of nonsense is talked about attracting patients. But it was very much on people's minds, because you were paid, at that time, on a straight capitation basis, that is, according to the number of people you had on your list. So it was very desirable to get more patients if you could. But how you did so was always a mystery, because you couldn't advertise, and, I suppose I have to say something, at this stage, about the great revolution in general practice, because that was very exciting. The other factor in the transformation of general practice was that the doctors who, there were always rows about GPs pay, and one was always being stirred up because it was low, it was considerably lower than the hospital consultants were getting. I mean, it never kept pace with the rising expectations, you know, the population was having a rising standard of living, and GPs weren't keeping up. And there were various belated awards which were never thought to be enough. But, above and beyond this, all those GPs who seized the opportunity to be better, for the reasons that I, I suggested before, were spending more money on their practice. They were improving their premises, they were introducing appointment systems, they were having receptionists, they were having telephones, they were buying medical instruments. They were really lashing out and being extravagant. And they resented the fact that all this came out of their own pocket. So that the better you were as a doctor, the less you actually had to spend on your wife and children. And this caused increasing tension, and eventually, there was a tremendous burst of indignation, and the GPs demanded a new contract, and I wasn't political in the medical sense, but I was then, the General Secretary of the Socialist Medical Association, and I, you know, I can remember that we got very stirred up, and we were ... bringing pressure to bear, through the Labour Movement, anyway, on the Government, to actually accept this demand, because we saw that it was very positive, because what it asked for, was a change in the contract, so that you were given more incentive to spend on your practice. And the changeover to the current system, well, pre-1990 when the contract was changed again, this time, very interestingly, against the wishes of the profession, imposed upon them by a completely different kind of government, and retrograde, in that it put more emphasis on capitation again, and more emphasis on payment by so-called results. But, what the, what the contract in '65, that Movement was asking for, was a basic practice allowance, so that you have security, and incentives to be, work in a group, which was a trend that was already occurring, which has to be a good thing, because people working together are likely to give a better service, whatever anybody says about being a single-handed GP, because, working on your own, under these peculiar circumstances, you're going to end up as mad as a hatter, really. And you've got so much more contact. You've got people you can talk over problems with, and you, you've got people that will criticise you, you know, if you're not doing things properly. So, going into groups ... you'd get reimbursed if you employed ancillary staff, and all, you know, all the other aspects of it. And I thought it was a very positive measure, and I was very excited about it, although the policy, the Socialist policy then, was for a salaried service, through Health Centres, so this was seen as a kind of ... rather inferior alternative, but still much better than the existing system.

Would you have been in favour of a salaried service?

In theory I was, but I had a nasty feeling, you see, I, I have very strong anarchist leanings, and I mistrust any authority, and I could see that a salaried service would be a bureaucrat's paradise. And I didn't see that it would be likely, in any society that I was going to live in, that a salaried service would be run by administrators, and the ideas that I had. So I thought that being an independent contractor gives you some room for manoeuvre. And, above all, you don't have people looking down, looking over your shoulder all the time at every little thing that you're doing. And, of course, what's happening now with this current contract, is that, on the one hand, they're talking about market forces, and on the other hand, they're imposing more and more bureaucracy. And absolutely everything that you do is being scrutinised in a, you know, in a bureaucratic manner. So I thought that's what salaried services would mean, and that you'd never be able to decide about spending anything, because it would all have to go through higher committees.

Just going back to that first practice in Cricklewood, how did you and your partner share out the workload between you?

Well, on the whole, we were running two separate practices. It was a common business, but we were working separately, because I ran, I did the work at the Cricklewood surgery, and he did the work at Fortune Green, except when he was away, and we only had one week's holiday a

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How much time would you get off during the week?

Well, we only had one half day. I say, "only", I mean, that was the tradition, either Wednesday or Thursday was your half day, so we alternated that, and one did a morning surgery from 9 till 12, and an evening surgery from, I think it was 6 till 7, or it might even have been 7 till 8 to begin with, and then one did visits. And there were a lot of visits then.

Could you tell me what a typical day for you might involve?

Well, the surgeries would be unlikely to go on for more than an hour. There really wasn't that demand, unless there was some kind of epidemic. One nearly died in the smallpox scare, because one was immunising, vaccinating people. The whole population, virtually, was vaccinated. It was the last big scare. That was terrifying. I had not taken, as they say, when I'd been done as a baby, and so I wasn't immune, and I accidentally vaccinated myself, and I've got a little scar to prove it, and I was desperately ill, I had a temperature of 104 for several days, and, in fact, more people died from vaccination than died from smallpox. So, after that, public health policy was changed, thereby vindicating the anti-vaccination leagues in the 19th century. Yeh, and then flu would be bad. There would be influenza epidemics and you would be terribly busy. But it, it wasn't ... when I'd worked in Rainham, I could see 50 patients in a morning, but here, I think ... one might be only seeing 12, 15, perhaps sometimes less. It varies. Always has varied enormously, there's enormous fluctuation, so some surgeries can be very light and others much longer, but the average would certainly not take me much more than that hour. And then, perhaps, one might do half a dozen visits, and unless there was something exceptional about them, they wouldn't take you too long. And then you'd do your evening surgery, let's say it was 6 till 7. I got my surgery brought forward, so I could have a proper evening meal with the children. And the rest of the time you were free. And that's why I said that general practice has a great deal to offer, if you're well-organised and don't spend all your time looking for extra bits and pieces of work. And most GPs, I think, are badly, or, rather, not badly organised, but they're organised to make work, and not to achieve free time.

Did you offer any other services?

Over the basic general practice? No. I can't think ... of course, we did home deliveries then, which we don't do now, I mean, that was, it was only late, later in the, towards the end of the sixties, that the policy of having hospital confinements for preference, came in. So I used to do home deliveries, which not all GPs did. I enjoyed that. That was, that was exciting, but terrifying.

Exciting but terrifying?

Yeh, well, terrifying, because something can go wrong. One had, you have a flying squad, the flying squad came out on a couple of occasions, but one of the, one, one never sees enough obstetrics that way, to feel that you're confident that you're really good. And I don't think it's proper, certainly not in Central London. I mean, I think in a market town or something, I think somewhere like Oxford, there's a general practitioner maternity unit, which has better figures for it's results than the main hospital unit, for it's selected cases, because it doesn't, it selects out high risk cases, and they do give better attention and produce better results. But then, I think, they get enough experience that way. But I don't think, in Central London, you can. So I was always worried about it.

Were you able to do any lab tests, or anything like that?

Yes, you, you, we always had open access. That was part of the comprehensiveness of the National Health Service, so ... we ... we had the old ... Hampstead General, which then became the Royal Free, and the Central Middlesex, and St. Mary's nearby would do things - X-rays, investigations - that was one of the things which elevated general practice, you see, because you could do your own tests, you didn't have to refer everybody.

What was the area like when you first arrived here?

It was less ... mixed and downtrodden than it now is. The bulk, the largest single sector of the population was Irish, who were settled, certainly a number were. The area was first built up when the railway came out here, and bus depots and some dairy farms, and there were some ... well, brick-making, and industry of that ... light engineering, industry of that kind, and the Irish came and settled in large numbers in the 1890s and 1900s. And then there were Irish who came, not so much between the War periods, but after the War, builders that would come and go, in the building trade. Then there were West Indians who had started to come in the fifties, and they settled here. There was a big Polish community. *[End of Tape 4 - Side A]* ... Hampstead to the east, and Barnet in the north, and Kensington and Chelsea in the south, so it's, it's a funny area, a total meeting point. You see, you had these Poles who came here from the Free Polish Army, who'd settled in Palestine after the War, and then when the Arab/Israeli War broke out, they all moved to England, and it just happened, accidentally, that large numbers settled there. Then there was a traditional Jewish population here, and there were Jewish shops, there was a kosher butcher's, and a Jewish delicatessen, and greengrocers, and old chemists were Jewish and had been there forever, and things like that. I think they were the main identifiable ethnic groups. But it had always been an area of bedsits and small flats, and not much of an occupation. And so there was a population, a very mixed population, from all over the world. And that side of it has increased, and also the poverty has increased. I think the actual economic level, I mean, the Jews moved out, for instance, and even the West Indians have moved out. The Irish have stayed, but waves of Irish have come in of a much poorer kind. People who have come, not attracted by work, but by the Social Services, who, who can be very difficult, people ... because they can't read or write. And I would say that it was predominantly working-class, skilled and unskilled, with some professional people. It's an area which, again, increasingly, as the income level fell, people will come for a period, say single people starting their careers, or early marriage, and when they have a child they move out, because they don't want to bring up their children in an area like this, and we have, therefore, a very high turnover of about 25 per cent of the patients, turnover each year. Yes, I can't think of anything else.

Did your patients come from any particular social group?

Well, I think that broad, that broad mix is probably as much as I can say about it. So you, you have less children, less old people, than the population as a whole. You've got a preponderance of young adults who are transitional, and ... when I first came, I had the feeling, of course, there was high employment then, but there was also local employment, there were places like Smiths Industries, which were Cricklewood, there's a Cricklewood Trading Estate as well as Park Royal, which was the largest complex of engineering factories in Western Europe, actually, it was huge, all of which have run down, you see, so Cricklewood has parallelled the de-, the de-manufacturing of the country, so there's less work. So I think, I have the feeling that there are more unemployed and unskilled workers now. I mean, our practice, our current practice, and I think there would always be a tendency, has got the highest incidence of any known practice, i.e. any practice which appears in a research paper, of schizophrenic patients. You see, I know this, because we had a ... a study done of the practice, of a number, about 14 practices in London, of which ours was one, and ours came out the highest. So it's that kind of practice, and it's known that schizophrenics congregate in areas where they can, where there's cheap housing, and they can be anonymous. Well, it's also a reflection of the fact that we tolerate them, because in a nearby practice, with a similar demography, has, I think, a third the number. But ... I, I think that one would have said, in the sixties, '6l, when I joined it, that this was a typical mixed area of lower middle-class and skilled working-class, with a, with a few the labouring types. And now, there is, there are perhaps more of the gentrified people, because there's been some gentrification, far less skilled workers, and lots of unemployed.

Was there much poverty when you first arrived?

Well, there were pockets of poverty, and, yes, I mean, there were people living in acute primary poverty of the categories of, say, old people with no other resources, single parent families, which are much commoner now, but did exist, people in casual employment. And, as I say, there are a lot of bedsitters, and so one, you did see real poverty, I mean, people living without, without much in the way of personal possessions, and in, in furnished rooms. And insofar as one can accept these classifications, there is something called the Jarman Index, which Professor Jarman who is the Professor of General Practice at St. Mary's, devised, oh, 15

years ago, or something like that, and has been incorporated into the current payment system for GPs, so all, the whole country is divided by parish, and classified according to the Jarman Index, with a deprivation scale, and you get paid more money, and well over half of the patients that we now have are socially deprived. So they are, and you would regard this as a socially deprived area.

Would it have been classed as that when you arrived?

I think so, yes. Yeh.

Were you attracted to work in an area like that?

You mean, was it of interest to me because these were ... well, I think it was in my mind that I wouldn't wish to live in a suburb, and I couldn't bear the thought of living a suburban life, with people being genteel. Marie, my wife, was born and brought up in Kensal Green, which is only a couple of miles away, and lived in Maida Vale, so it's actually home territory for her. She actually had, one of her close schoolfriends lived in this road, and that was an incentive for her, because she liked the area, and it was very near Central London. But, yes, I mean, I like and have always enjoyed having this mix, and having met people from all over the world with every different kind of culture, that, that's enjoyable.

Did your political views incline you towards working here?

No. I would not describe myself as somebody who thought that it was a good thing to devote oneself to the working-class. That's not my version of Socialism at all, and I think, my idea of Socialism is a society in which there is no working-class left, because nobody, there is no longer ... I mean, I'm ... it's all in Marx's early writings, where the alienation of labour has disappeared, and there's no distinction between work and, and leisure. And anything short of that I don't want to know. So, I know, I've had lots of friends, over the years, doctors, who have gone to work in places like the East End, or deprived areas, or, you know, out in the rural parts, and thought that it was a good thing to devote oneself to ... people who are deprived, and that that, in some way, is being Socialist. But I don't think that's anything to do with Socialism at all. I think that's just social work. And I know of practices that have experimented with having all their income pooled between, amongst the ancillary staff, and, you know, letting the patients participate in running the practice. I think that's all nonsense. I think Socialism is to do with having a different kind of society, where the relationships between people are different, and you don't achieve that by this kind of personal therapeutic work. On the contrary. I've got some sympathy with the extreme sectarians who say that doing that actually hinders the revolution, because you're merely palliating evil, and, therefore, making it legitimate. So, I don't think, you know, I mean, people have often challenged me over that. And I know, over the years, when our nurses, for instance, when they get to find out that I'm Socialist, they'll say all these things like, "Well, how can you be a Socialist and ...", you know, "and earn money", or "have an elite position like a doctor", or "not give all your wealth away", or, "Shouldn't we do this?" And they have a great difficulty in understanding how we feel. But I, that's another way in which I'm not seeing medicine, as such, as expressing me as a person. But that doesn't give meaning to my life. What, what I feel has been valuable about it, is the opportunity to learn from people, and that's why having such a diverse variety of people has been a, a pleasure, and that there ... I think, having so many different sorts of people is something that you couldn't get in any other way. And you do get to know about people, I think, as a doctor, which would be denied to you in any other role.

What were the most common types of illnesses you saw?

I, I think there's nothing very special about the area. I mean, it's all ... been catalogued endlessly. You see people with coughs and colds, and ... muscle pains, and arthritis, indigestions and ... oh, nervous troubles. The thing about general practice is that you don't see a great deal of anything, even the commonest things, when you actually come to start listing it, you don't see much of. But you do see, in time, something of almost everything. So it's very diverse like that. And whilst it's reckoned that something between 95 and 99 per cent of what you see in general practice you can deal with yourself, because it's at that level, I mean, a lot of what you're doing is palliative or symptomatic or, or simply reassuring people that there isn't anything wrong with them. Part of the problem, of course, is to find, is to make sure you don't miss the things that are serious, and that do need intervention, you know, the heart attacks, and appendicitis, and tumours and so on. But it would be very difficult to summarise the actual conditions that you see. And I think that one of the ways that one gets, that one can be disappointed, and, I

mean, I find it in myself, although I'm not, I don't specially want to see myself as a competent clinical doctor like a hospital physician, but one does miss seeing people who are challenges to your clinical skills. So it's always a pleasure for someone to come who requires a lot of management, that will draw upon that skill. And you can't help feeling the ... the lack of that, and that a lot of the time, not much is asked of you. And even the, the sort of conversation filler that you can spend time with people as people, and get to know them, is also repetitious, because, after all, people aren't all that different, and the problems that they bring to you tend to be much the same. And after, eventually, when it was new to me, and I was developing my skills, such as they are, and learning how to get facts out of people and discover that their wife had been unfaithful to them, and they, you know, they were in a terrible state about their finances and, and all the endless things that happen, I enjoyed exercising my skills and, and helping them along, and getting them to understand themselves, and then come to a decision, and do something about it. And that very long, drawn out process, you've got to give them lots of time. But, there comes a time, when they come through the door, and they say, I can tell by their posture whether it's, they've come because they're in a state or not. And they sit down, and I know that whatever they say, that's what I'm going to have to get out of them. And then, within a few sentences, I know what the problem is, because they've given me a key word, like, "It started last Tuesday." "What happened last Tuesday?" "Oh, well, there was this thing at work." So I'm going to have to talk to them about their work situation, and I know what it's going to be, somebody at work, probably in a position of authority over them, that's giving them a hell of a time, and I've got to try and get them to work out a way of dealing with this, or leave, or whatever. And there comes a moment when you don't want to go through it for the thousandth time. You really don't. Because you can see it, and they can't, and you've got to guide them all the way through it. So I think those are the, those are the penalties of general practice, the things that wear you out.

Was much of the illness, that you saw, connected to the social and economic conditions in which people lived?

Not directly, because there wasn't ... primary poverty in which people, like, you still have described in the thirties, people weren't suffering from malnutrition, you know, just not having enough to eat. Yeh, I mean, there, there is illness, people have more illness, just generally, if they're not so well-off, and their housing isn't so good. So there'd be that side of it. But you're beginning to see that change in which the burden of illness in our population depends on, on lifestyle, you know, smoking and drinking and unhappiness, and eating the wrong kinds of things, and not having exercise and being unhappy at work, and getting older and accumulating the diseases of old age. So, they reflected a different kind of political set-up in society from the ones that were traditionally talked about, in which it is primary poverty that causes the illness. You know, you only see tuberculosis now in immigrants from Third World countries, or people with AIDS, and the, the traditional killer childhood illnesses have gone with immunisation programmes. Things like that have, have disappeared.

How would you have assessed the overall standards of health in the area when you began practicing here?

Well, I probably wasn't in a position to give any kind of sincere answer to that, because I just wouldn't have known enough, and we don't, I don't know that the statistics were, were really available, or are now, which would give you proper answers, because you're not seeing a population, you just see a succession of individuals. You don't even see all the people that live round your surgery. Your population is divided between a number of doctors and ... I don't, I don't know that I would have felt able to think in those terms, about it. I think that's part of the way in which a GP might feel hampered and inadequate. You don't really know the scale of the problem, or what you're facing.

How would you describe the kind of relationship you had with your patients?

Oh, well, do you mean, did I get on with them? I like to think that the people who appreciate me for what I am, realise that they've got somebody that they can be open with, and I know that's not everybody, but that, you know, that people, that I am approachable and not, I never had, I mean, I go to work in ordinary clothes, and behave, at work, exactly the same as I do in social life, really, within limits. And that people would say of me, "Oh, he's very frank and outspoken", or, you know, "If you really want to know what the truth is, you go and see Richman." And that, if they do have emotional troubles, that I have skills in that area. So, of

course, people, with a high turnover, you see, there are lots of people you never get to know, so I think they probably just see me in the way they see any impersonal agent, in an impersonal society. It's just somebody who provides a service at the time of request. And, in fact, I know that lots of people will say, "I saw you three weeks ago", and I'll look in the records, and it was one of my partners they saw. So you've got different kinds of patients, and one accepts the ones whom you don't know particularly well, who see you in the same sort of role, just a service thing, you know, as part of a service that you're given, that you're giving, and that they, that they expect to get. And then you see the people who, to one degree or another, you've built up a relationship with, who, I imagine, see me as having the sort of qualities they expect from a doctor, you know, that doctors should be considerate and caring, and knowledgeable. I think that it must be very difficult. I know people talk a lot about ... there are different styles of people, and they talk a lot about good and bad doctors, and there are doctors who are abrupt and bad-tempered, and I know I am sometimes abrupt and bad-tempered, but I think the nature of the relationship, that consultation process in which people are bringing very intimate material to you, and you, in turn, have only yourself to offer, which is another Ballint phrase, that says that the most potent weapon in the doctor's armament is himself, and he has the highest level of side-effects. And that is, you know, I'm sure that is true. I mean, it is, potentially, a very potent relationship. And I think it must, of itself, force these kind of qualities upon you.

Were some kinds of patients a nuisance?

Yeh, well, perhaps I should, I should dig up my, I wrote for our practice, an article on the difficult patient, which I ... I have always found difficult patients a problem for various reasons. One of the main ones being that ... the business that I described to you earlier, in my childhood upbringing, of finding authoritarianism and aggression, you know, the sort of domineering difficult to handle, because I immediately flare up and can't accept it. And so, yes, I find, find it difficult to cope with people who make unreasonable demands, you know, who demand a visit for something that they can come to the surgery for, who ask for a visit in the evening, when they've been ill all day, and knew very well that they should have asked for it in the morning, or even two days before, who, who shout at you and disagree with what you've said, quite unreasonably, who demand things from you like, well, the favourite one is antibiotics, when you don't think it's called for, and won't listen to a reasoned explanation, who, who demand referral to a specialist for a condition that you know that you can treat yourself, and they don't even permit you to discuss with them whether they should be referred or whether you can manage it. People who wrongly accuse you of having mismanaged something, you know, start complaining, and saying, "You did this wrong, and that wrong", when it wasn't so. So it's the whole range of what anybody would find to be unpleasant behaviours.

How do you deal with patients when they make complaints?

Well, I, you mean what sort of things can you do?

Yes.

My trainee, who said, "A soft answer turneth away wrath", was right, and that given the, the nature of the, of the context, one should never become angry, and one should always distance oneself from it. And what I have, what I said in my little paper, which was a sort of summary of experience, is that you've got to learn to recognise the danger signals, that something, because a consultation is like any social interaction, you know, like we met, and we shook hands and smiled at each other, and then we stated the nature of our relationship, and it wasn't laid down on paper, but we immediately set up a tacit contract as to what we were going to do. And we actually accompanied that with a fair amount of material not directly to do with your overt purpose, which is to come and ask me about my experiences as a GP, but social matter, which establishes us as, as equal, and independent, and friendly. And all that has to go into establishing the consultation, really quite quickly, like, a patient comes through the door, you welcome them, they respond with a smile, you say, "Hallo, come in, sit down", and they do that, and they sit straight, and they'll look at you. So, already, you're learning a lot about how they're approaching this. If they don't, if something goes wrong in all that, you've got to be able to say straight off, "Ah ha! Something's going to go wrong here, what do I do?" So then you have to ... you have to wait for them to indicate what, precisely, they've come for, and what approach they're going to take. And make up your mind how you're going to respond, and be able to do it in a neutral fashion. And when you can't do that, it goes wrong. And it takes you a long time to learn that, because it's all very well saying, "The soft answer turneth away wrath", but how do

you learn to do that, given that one's emotional responses are so fast, and unconscious, and you're already into something, you know, you've answered straight off, before you know where you are, and then it's all, it's all gone wrong. So when one goes on a visit that one doesn't want to go on, and you know that it was really unwarranted, you have to tell yourself before you set out, "Don't get into a temper, and don't complain to them, and don't tell them off". It isn't going to work, and you can't do it. So you've got to do your visit. If you then decide that something, that the relationship is wrong, you must either, here you have a further decision, you must either decide to tell them so, and see if they will discuss it, and you can come to a new arrangement, or decide that they, it's no good trying to be their doctor, and take them off. And we now take off, in our practice, quite a lot of patients, because we don't feel that we can get on with them, for whatever reason. We usually do it as a collective, after a collective discussion. But I couldn't do things like that. The first thing, almost the first thing that happened when I arrived in Cricklewood, to be a junior partner, was, I was sent out for, to visit someone, a child with a cold, and it became clear that the reason for the visit was that the father had come home from work, the child was crying, it was interfering with his quiet contemplation of his dinner, and he wanted the doctor. And he shouted at the wife, "Why don't you fetch the doctor." So she fetched the doctor. And when I tried to explain that I didn't think the child was very ill, there was ... *[End of Tape 4 - Side B]*

How much would you tell patients about their illness?

I, I will tell them as much as they're willing to hear. I mean, I, did I mention, last week, that I'm being troubled by a very anxious woman who's phobic about doctors, who came in with what's almost certainly a cancer of the breast. Well, she did come back. She wouldn't do anything last week, so I said, "All right, I'll negotiate with you", and I gave her another week. And she did come back today. And she, we sat and we talked about cancer. And I told her what I thought the chances were, and what I thought the likely way of dealing with it would be. And lots of people would find that brutally frank, and couldn't do it. And I think it's the only way to treat other people. I thought that's what she wanted, and she was very grateful, actually. And she will go to hospital. And I'll always tell people. And people come out of hospital still, today, and haven't been told that they've got cancer, and their relatives are frightened, and the patients desperately want a doctor to say to them, "You've got cancer, you're dying", and listen to them.

So you wait until you get some sort of signal from the patient, do you, before you give them a full description?

Yes. Yes. Yes. I mean, it doesn't have to be verbal. You can see, I could, you know, she shows me a breast lump, and then she looks, and I say, "You think it's cancer, don't you." And then they say, "Yes", and they want to say ... really. And I think you have to tell people the truth. If I think somebody, I think you can only diagnose emotional illness on the positive evidence that they're emotionally upset. Lots of doctors do it to the exclusion, if they can't find anything to account for what the patient tells them, then they say, "Oh, well, they must be neurotic, etc." I don't think that's the right way round. I think, I think you've got to find out why they're upset, and they know that they are. And then you have to tell them, "I think that this is anxiety." "I think you're anxious", or "you're depressed", or whatever.

Would there be any occasions when you wouldn't tell a patient the whole story?

Well, really only if I, if I, if they can't communicate because their language, you know, it is a terrible problem, the people who can't because of their language. And then you're absolutely sunk, usually. I mean, people coming over from Latin America, and Bulgaria, to work in, in catering, or warehouses, or whatever, and can't speak any English, and have got culture shock, and are having neurotic symptoms, and are upset, and you can't talk about it. And I find that very difficult to handle. But I don't think, I don't think, otherwise, I would ever say nothing, except when, as I said before, if I feel that this is only going to uncover a lot of upset, that it's better to move on from. I mean, sometimes I will stop people talking about the past, when I judge that they've done it too often, and people will come with horrific stories, which has become the centre of their lives, and it's all they can think about, like a grievance, really, like people, that's another category. Somebody's had an injury or an accident, and they want to, it's called "compensation neurosis", they want to get back. Or something awful's happened to them, and they feel the injustice of the world rises up against them. And I saw a woman this week, who ... has, you know, she'd seen my partners with eczema and things like that. And then when I saw

her, I knew she was upset, and she, but she knew she was upset too. And the, she disclosed having broken up with her boyfriend, she disclosed a relative dying, they were all accepted, but I never accept the things that people tell you, I always want to know more, because it's the things that they won't tell you straight away that are the important ones. It turned out that her best, her closest friend, whom she'd been flat-sharing with for three years, had stolen money from her. I mean, just briefly, she'd been the one paying the rent, she'd told my patient a rent that was incorrect, and been pocketing the difference. And after doing this for three years, she very foolishly said, "Oh, we haven't paid enough, there's an awful lot of back rent to pay", and asked for a sum of money. And my patient hadn't got the money, she was in financial straits, and so she rang the landlord, and he said, "I know nothing about this." So she confronted her friend, and they had a row, but she couldn't get it out of her system. And all the injustice, and, you know, a terrible blow to her self-esteem and all the rest of it. So, anyway, she told me all that, but then I said, instead of being sympathetic, I said, "It was expensive, but actually, this is very valuable isn't it. You've learnt something that you couldn't have got any other way, and experience is always painful. You should be thankful that you learnt it in a way which wasn't more harmful for you. What are you going to do now?" And I made her stop crying woe, and think about organising her life for the future.

Is it very stressful for you, when you have to tell patients they've got a serious illness, like cancer, for instance?

I don't think it's, no, I don't think it's very stressful, because I don't think that that's what upsets ... this may sound funny, because it's not conventional wisdom. That's not what upsets people. If I can put it another way around. There are lots of people with chronic anxiety states, who are, perhaps, hypochondriacal, always complaining, and, you know, worry. And you know, if you think that one way of expressing this is that their way of dealing with the world and getting sympathy is to complain, it's what they've learnt. And then, they get some real illness, and, to your surprise, only you shouldn't be surprised, they stop all that complaining, and moaning and groaning, because they've got a real illness, and, and they're not upset about that. And I think the upset and distress comes from conflict, and not from unpleasantness. You can, you can stand anything if your relationships are okay.

So you, you don't have a problem, personally, in telling people that they ...

No.

... maybe have only got X amount of time ...

No.

... left to live, or ...

No.

What about when a patient dies, how does that affect you?

Well, I might feel ... ... I might feel sad, especially if, you know, if I knew them well, they're important, and that can be quite upsetting. The, our next door neighbour died of AIDS, and Marie did a lot to nurse him. He was my patient. I diagnosed it in him, which is unusual. It was very difficult, a very very difficult consultation. And ... but he accepted this possibility, which he'd been shying away from. Went to hospital, had treatment, lived another three years, he elected to come home to die. And that was, you know, distressing in a way that these things are distressing. But I wouldn't rate that as stressful. I mean, in a way, I would rate that as privileged, because these are the important things in life - being born, and getting married, and dying, and having babies - are the important things. All the rest is really just, you know, something you have to do to pass the time. But, to have the ... I, I mean, this isn't quite at the same level, but is an example of what I mean by being real. At one time, when we were involved in health education, Marie and I both used to go and work in smoking withdrawal clinics, which is a valuable experience for us. And it was striking how, in that atmosphere, a lot of people's conventional behaviour, which is very much to do with, with fronts and presentations, and evasions, and so on, just disappeared, because they'd made the decision to come to this thing, because they were feeling desperate about wanting to stop smoking and couldn't, and wanted help, and they were all in the same boat, you see, so the other smokers would not permit them to put on this sort of mask. And I found that a very rewarding experience, working with a group like that, because it was real. There was something real about it. And there were people who would come in the first session, when you were getting to know each other, and they'd come out with all this stuff, and then one of the other smokers would say, "You're just making excuses.

None of that's true." You know, and then they would say, "No, it isn't true, is it." And they'd say something much more to the point. And I think people, when they're faced with death, that's, that's true. The distressing thing is coping with the relatives who can't see that this important, and do indulge in evasions. And then, worse than that, display terrible behaviour that I can't cope with, of rejection, and they reject the dying person, because they can't cope with their own feelings, and they won't tell them the truth, and they want ... and they pretend that they can't be nursed at home because their medical condition doesn't permit it, when what they really mean is, "I can't stand to see this person suffer", or, "I never did like my husband, anyway, why should I put up with him when he's, when he's dying?" I find that very hard to cope with.

So you're okay coping with the big issues, if you like.

Well, I think so.

Death ...

I would like to think so, anyway. But it's my aspiration.

What about the day-to-day drudgery, if you like, of general practice? Did you find that stressful?

Yes, I do. And I admit that. I think I said that the routine is hard to bear, and I get bored.

So how do you cope with it?

Well, I've always had, I mean, ... one thing that's pretty good these days, and wasn't good in the past, is the sort of supportive practice, that's very important. You know, I get on well with my partners, really. I mean, we have tiffs and so on, but, to be honest, I think, I think that we suit each other very well, and we would all say we were lucky to be like that, because one of the big things about practices, now that they're ... so many of them are in groups, is that they quarrel, and if doctors haven't told you about that, then you must start asking them, because they do. They don't know how to talk to each other, and they don't talk, and problems build up, and they can't settle disputes, and they have different value systems, and have never tried to sort it out. And they're not supportive, because they think it's demeaning to talk about being upset. I mean, we, when I left the surgery this morning, one partner's away, and ... the Indian/Pakistani lady doctor is too downtrodden, ever, to share in all this, really. She hardly ever says a word, she thinks it's her lot to suffer. But Susan and I exchanged ritual comforting, because she, I hadn't had a particularly bad surgery at all, but she, she'd had her usual battering, and that's daily, and we know, we both know that it's a ritual, but we do it, you see, and it's very helpful. You sort of let off steam, and reassure each other that you're still a nice person. And all the nurses had a bad morning, because it was suddenly very busy, and all, a lot of patients were rude. And they hate that. And so they had to be soothed as well. That's very important. I'm very lucky at the moment, that's one big help. In the past I didn't, I didn't have that.

That's what I was going to ask.

You were going to ask about the past?

When you were a junior partner, did you have that?

No, I didn't. That was terrible. Actually, we broke off last time, just at the point when I was telling you about how hard I found it to cope with difficult patients, like somebody making an unjustified visit, and then being rude and aggressive about it. And this happened to me. I remember this particular case, I had to go out at night, we didn't have a deputising service, there was a child, just fractious with a cold, but the father had made a scene, and so they'd sent for me. And I said, "There's really nothing very much wrong", and I don't think I made a point of saying, you shouldn't have said this, but they sensed that I wasn't taking this in the way they wanted, which was to make a fuss and performance. And they were very aggressive, and even threatening. When I told my new partner, well, my senior partner as he was, about this, he looked at me as if he didn't understand what I was going on about, and said, "Well, that's general practice, you know. People are, can be difficult, and can be demanding, but it's your job to please them. That's what general practice is. You've got to please people, otherwise we won't have a big list." And I didn't like that at all. I couldn't cope with that. That child is now a grown man, and has led it's family a hell of a life, because he turned out to be a delinquent, and had several years in prison, and it's called, shungfroid (?? ph - 205), isn't it, malicious pleasure in someone else's unhappiness. And I couldn't help feeling maliciously pleased in this, because this family had not listened to me, and they were justly punished by God. But I think it's very important. And none of the partners, prior to our, my present set-up, were capable of that. And

I know GPs do quarrel, and I was in practices where, I mean, to go through ... my first GP trainer was a nice old buffer, but really cared more about his roses in his garden, and his vintage Ford car, and cheating the tax man, and, and lived in the past. And then I went to Rainham, where there was a German refugee in partnership with another German refugee, but they never spoke to each other, and hadn't for years, and only communicated through third parties. That was typical. He is the one I said who had Beethoven relayed into his surgery, so he didn't have to listen to the patients complaining, and the speakers would be going whilst the patients tried to make their point. Then, then I came to Cricklewood, and the first partner I had, after an initial sort of honeymoon, he and I drifted further and further apart, and quite clearly hated each other by the time he decided that he'd give up general practice. Then I joined this other partnership, they, there were four of them. One had left because he couldn't stand general practice any more, and went to Tunisia, and, which was a crazy thing for a Jewish doctor to do. He lasted about a year, and then came back, but went into hospital service. So that left three. One had an alcoholic wife, he was a nice chap, but he smoked himself to death. He was, he was a typical, conscientious, hard-working, old-fashioned GP, who'd been a mining, Medical Officer to a mining company in Africa, and then a prisoner-of-war, and come back to this very busy National Health practice, and didn't know what had hit him, and he just, you know, I mean, everything just steam-rollered over him, and he made no attempt to organise or control his practice. So he died, three or four years later. There was a young doctor there, who disagreed totally with my philosophy of life, which was to try and organise the practice and do less work, and he was a workaholic. And I wanted appointment systems, and a deputising service, and set surgeries, and, and repeat prescription procedures, and all the things that, you know, are now standard.

When would this have been?

This is, well, this is ... late sixties. And I was very busy with other things, I hadn't got time for all this being in the surgery. So, interestingly, although he was senior to me, my character was stronger, and he went. And he got run over by a bus in Delver (?? ph - 263), which only shows that, that fate has it in store for people. That left the Polish doctor, who has a life story you haven't time to hear, but he was nice. I used to like listening to his stories. But he was a hopeless organiser. He couldn't keep time, and the ... the patients ... he would come out, *he* would ask for sympathy, because he was on his last legs, really, as a person, but he couldn't give it because he had no understanding of these things. But life was crushing him. Patients, these Polish women, particularly, who were very demanding and wanted their vitamins and antibiotics and tranquillisers, and anything from him, and shouted, and they would hit him with their handbag if he disagreed with them, and he would come over and say, "I've been hit again, with a handbag!" And anyway, his wife turned him out, and he slept in a car, and he was miserable. But he was no help, as a partner, at all. And then we got an Indian doctor in, and he, after an initial period, when he seemed to be hard-working, turned out to be a really bad egg. I discovered, he, he would not turn up for surgeries at all. He would do what he wanted, he would be all over the place, you could never talk to him about anything. He was writing prescriptions falsely, and sharing the money with the chemist. This was a common dodge in the early days of the Health Service, you know, you wrote manufactured prescriptions, took them into the chemist, and you shared the cash between you. And he was charging patients for, for visits, for referral to hospital. Quite illegal, because you can't charge people for any service if their National Health patients, except private certificates. So, and I tried to talk to him about it, and he was very evasive. So I waited for him the next time I was sure he was going to take a surgery, and seized him firmly, and hit him around the head, and said, "You are dismissed." And I'd tried to contact him over the phone and that sort of thing, and make an appointment, and have a proper discussion about this, and he wasn't having any. So I said, "Right. You are not a partner any more. You will not come here again. If you come here again, this is nothing to what I will do to you." And then I went to a solicitor and took out legal proceedings against him. Of course, he told his story, but nobody believed him. And this is ...

Was this at your present practice?

Yes. These are all the stormy years between '66 when I'd left the, well, when the, when my senior partner that had brought me to Cricklewood left, and I amalgamated with my present practice in '66. I moved into this house. I had all these stormy years. Then I got a doctor who had just qualified, in fact, he'd been a house physician in the ward in the Central Middlesex Hospital, where Dr. Reid, who had been the senior partner, the one who smoked and had an

alcoholic wife, he died in that ward, so that's how I knew this chap, and I knew he was finishing soon, and was thinking of going into general practice. And I said, "Do you want to come and join our practice?" And he came here so that Marie could have a, cast an eye on him, and he said, "Well, I don't know about this. I'm not sure whether I want to be a doctor, because, really, I want to be a musician. I play a double bass in a jazz group." And I said, "Good. You're the sort of partner I need. You can do as little work as you like, but come." And he's still here. And that was a wise move.

Explain to me about why he was the sort of partner you needed, after he said that?

Well, because I saw that he had other interests in life than medicine, and that meant that he would not be a narrow-minded person. You know, it was something that I too liked, jazz, and I thought that he would accept organisation, which would enable us to lead a life outside.

Is that why you were so keen on being well-organised? That it would enable you to pursue outside activities?

Yes. Yes. Yes. In Engels famous phrase, "Freedom is the knowledge of necessity", and in order to have any freedom, you have to be organised. And that, that, to go right back to your earlier question, how have I coped with the difficulties of general practice, you know, the boredom and the stress, and the difficult partners and all the rest, is because I had an outside life. And, but you can't do that unless you're very very well organised, and that means meticulous attention to detail.

Can you tell me about your outside life?

Oh, right. Well, I ... ... I ... I don't know what I've said, not to have to repeat myself. I suppose, really, politics was the main concern, only it's not quite as straightforward as that. When I was a trainee in Woolwich, and that was a year and then I stayed on a bit, the Party was in the doldrums because, after Kruschev's speech at the 20th Party Congress in '56, the British Communist Party completely failed to rise to the opportunity to free itself from years of Stalinism, and reform, and have an outward-looking policy, and I couldn't really involve myself in the Party. So the only thing we did there, was to start a CND branch in Woolwich, which was quite fun, and I got involved in that. We were still members of the Communist Party, and went to our branch meetings, and, oh, I think the, yeh, the Party Writers Group, and ... the Party Doctors Group. There was a very famous meeting in the house of a, one of these rich Party doctors in Highgate, whose nursery was large enough to hold a hundred and something people. And —. [CAN'T CATCH NAME - 402], who was the sort of guru of the Communist Party then, he wasn't the Party Secretary, that was then John Golland (?? sp.) who had succeeded Harry Pollit (?? sp.), he made a famous speech in which he dismissed this entire period of Stalinism, as "there are spots on the sun". So what I really enjoyed then, was bringing up my children, you see. And lots of GPs never see their children, and I changed our babies nappies, and, and fed them, and things like that. And that was wonderful. And we had three children under five. So we had them, you know, I mean, we were quite young. I mean, I was younger than the average. I got married at 22, and had all the children before I was 30. And, so when I first came to Cricklewood, I joined the Socialist Medical Association, and wrote that little pamphlet, which you've got, on the "Trials of a Young Doctor", and so I used to go to executive meetings there. But mostly, I seem to remember a very Chicovian (?? ph - 426) existence, and the sun always shone, and I sat in this back garden, and we started gardening, and I read, and read. And as you, as I've said before, that was fine. I read, there were more novelists still to read, and I read, and we had very nice next-door neighbours, who were equally Chicovian (??), very English, and he was something in banking, and they, the women wore sun hats and sat in deck chairs, and we exchanged occasional words. And, and that was quite, quite blissful. But then they made me General Secretary of the Socialist Medical Association.

When was this?

Ah, I can't remember the year. I think it must, it must have probably been '62, '63, something like that.

You said they made you, as though it wasn't a willing ...

Well, no, it wasn't. I, I was still very timid in, I mean, I, I'm a Gemini, you see, I'm this peculiar mixture. I've done all these things which might be considered courageous, like sticking my neck out when I was at medical school, or my first house job, or, or whatever. But, in fact, I am timid, and I thought that being the General Secretary of what was then quite an important post, because it had, although it was not a large body, the Socialist Medical Association had

direct access to the leadership of the Labour Party, so, you know, it was, it was something. Certainly a policy-making body. I thought, to be General Secretary was really quite, you know, something. And I felt ... and it would mean a lot of public speaking, which I'd never done, and the thought of standing up in public and speaking, was terrifying to me. But, in fact, I, you know, I learnt to do it. Of those years, up to, say three or four years ... *[End of Tape 5 - Side A]* ... produced a lot of, new policy things. I produced a campaign ... political bodies then lived on campaigns, that's, you know, that's how you, how you lived. You sold your, whatever your Party thing, press was, your paper, and you ran campaigns, and so in a medical organisation, there was one on Health Centres, and then I started one for a proper occupational health service, and improved safety at work, and I got together a, a committee of leading trade unionists, and these were senior people from, you know, Transport and General Workers Union, and Scientific Workers, and all the big unions. It was really quite prestigious. Actually, it did, did produce changes in the, in the law on safety. And, oh, the campaign on cervical screening, and womens' health. All sorts of things like that. So it was a very busy political life. It really was a sort of full-time political career.

Did it take you away from the practice a lot?

Well, I would reckon that ... being well-organised by then, because when the nominal senior partner died, Dr. Reid, from, from his smoking, and I became the senior partner, and I was boss. And I would do my morning surgery from 9 till 10, and such visits that had come in. And, if I wasn't on call that day, I might come back at 2 and do a surgery for an hour, because we had afternoon surgeries then, or, perhaps at 5, and do a surgery for an hour, if it was an evening one, but not both. And two half days a week, and all the rest of the time was free. So I might, you know, finish at 10, go into the SMA office in Kensington, spend the day there, come back and do an evening surgery. So I was working far more hours on my political work than I was in the practice.

Did you enjoy it more?

Did I enjoy the politics more?

Yes.

Well, Marie will tell you that she hated it, because I would come home and complain to her, but that's probably my nature. It was rewarding for a number of reasons. One is that I learnt a great deal by going around in working-class organisations, talking about health. I learnt an enormous amount of how, I mean, this is obviously a particular section of the working-class, the organised militants, but ... I had a great respect for them, and still have, because they, there's that quality, certain qualities which I think pertain to the British Labour Movement, which can be mopped up by revolutionaries, like decency, loyalty, stolid sobriety, which aren't very glamorous, but I think are the bedrock of human relations, and that's what they displayed. And they were very, they were always very courteous, and they always listened, and they cared, and they wanted to do something about society. And I think it's one of the great tragedies of our subsequent world, that this whole Movement has disintegrated, after, you know, successive defeats. And I don't think one could do that now. But I thought that was ... and I learnt to be a public speaker. I could stand on a public platform and talk for an hour and a half, without notes, I had all these facts and figures. So that was good. And, yeh, there was a challenge, and I enjoyed that, building up the SMA, and trying to change it's direction, making it more militant and trying to get out to other people, instead of just seeing itself in the way that Labour Party organisations do. It's always ... concerning itself with Parliament. And I wrote. I was, *Tribune*, which was then quite important as a Left-wing paper, gave me a job, reviewing books, and I enjoyed that. I used to do one every week. And, oh, we were, I think we were busy again in the Party, there was a local Party branch here that we liked, and so we got on with them. We ... we started something to do with fighting for the rights of immigrant people in the area, chiefly West Indians. And so we would have public meetings, had a branch and fight cases, and do a propaganda. Yeh, it was busy. We had lots of social life too, because that was the period, Britain was changing, you see, people had more money. I mean, we had money. We had a thousand a year as a trainee in Woolwich, but around two and a half thousand a year in '66, when we bought this house, and there hadn't been, there wasn't fast inflation then, and so we felt we were well-off, so we entertained. Everybody was learning middle-class ways of life, which was to do, centred around dinner parties, and mutual entertaining, and learning about France. France was terribly important. French cooking, French films, drinking wine with your meals. This was all very important. So that, that was until ... '66, shall we say. Now, you see, this is very

important in, what shall I say? Keeping me going, because here I had an important area of life which had meaning for me, which enabled me, well, it fed back into the work of the practice, because, knowing about working-class people, in a different role, was very helpful. You didn't just see them in their complaining and moaning life. And often, I could talk to working-class people who needed counselling about coping with work, because they'd told me in their trade union meetings, what work was like, you know. What's it like to have a foreman over you? Or what's it like to be a foreman, with divided loyalties between management and the worker? You know, what are skills? How is time divided up? What, how do you spend your day? So I think I fed, I fed something back into the practice. But then, the Party got stirred up again, because there was a major, I mean, this is significant, this was something that happened in Britain that stirred it up, but something happened in the outside world, and China and the Soviet Union had a major confrontation, and there were Maoist parties in every country, which were really splits within the Communist Party, and Communist Parties are very averse to splits. And we became involved in this. And I wrote, Marie, well, I wrote a document, really setting out why I thought the Communist Party would collapse if it didn't change it's line. I said it had wasted it's opportunities since '56, to alter, and find a way of dealing with contemporary issues. And I think, really, about, if I can find one centre to the argument, that the Party was, as I said, about political organisations, they're response organisations, they campaign on issues which the existing society has presented to them. And, and so they stagger from one issue to another. If, for some reason, they're successful, and the issue is solved, then that's the end of their campaign, and they have to look for something else to keep their influence going. And if they fail, then they fail, and nobody's very interested in a failed political organisation. So I, I began to see that this is a disaster for politics, and political parties of the Left must have a central vision. That vision must be something that enables people to trust each other, which they don't, in ordinary society. Fundamentally, we all mistrust each other, because we're all, we're all at risk. We're all in competition. And a Party has to transcend that by having a central vision, which, which is what Socialism did in the late 19th century, and I think, really, until ... I think the First World War was the watershed. But ... somehow, that had to be ... found. Interestingly, because you can't manufacture these things, but that's what '68 did, of course, it created that suddenly. And ... perhaps I'll come to that if you're really interested. Is this all right?

Yes.

It's all right? So we, we, I produced this document saying that the Party was no longer a revolutionary Party, because it was just concerning itself with day-to-day, mundane issues, and didn't organise people, and couldn't change them that way. And I circulated this, which is an infraction of Rule 15E, because, if you remember your Communist Party history, the Comminturn (?? ph - 127), at it's Second Congress, banned factions. And, since then, all Communist Parties, which are, in effect, subdivisions of the Communist International, would not allow factions. So we were expelled, Marie and I. So that was a new phase in our life, because we entered into one of these small, political factions, something that I would warn anybody against. There was a Maoist faction. And then, the following year, '67, suddenly the Vietnam Movement became important, and, in many ways, this was the sort of climax of our political life, because we, there was a big demonstration in October '67, which was much bigger than anybody anticipated. And ... it spread across the streets, and was, there was even an incident in Grosvenor Square, and there was obviously something happening. And so, it was organised by the Vietnam Solidarity Campaign, which had open meetings, and we went, and we, Marie and I, had a little group, a kind of solidarity group, where people, which met, there was about a dozen or so of us. That's where I met Geoff, or how I met Geoff Crossick (?? - ph 147), through VSC, and he joined this little group, and so we were comrades. And we decided, as a little group which had hitherto only met for support, in just the same way as general practitioners meet to support each other, so revolutionaries need to support each other, and we decided we would go to the ENC, to the VSC, and work. And we went straight to the top, you know, within a few weeks. It was quite clear that, that we were the dominant voices in this Organisation. To the bewilderment of IMG, there was a Trotskyist Group which had, hitherto, been the power behind it, who were bewildered by this. But anyway ... and during '68, of course, then the Students Movement broke out, and the two things coalesced, and you suddenly had this extraordinary situation, which wasn't a bit revolutionary, but felt revolutionary. And I was another generation, you see. Marie and I were older than all these people, but accepted by them, and it was very strange. It was just the same as what I said about being a doctor, we were

mother and father, and they had a big group in North-West London, the North-West London Vietnam Solidarity Campaign, 30 or 40 people, which we organised on very radical lines, as an emotional support group, which existed to help people encompass this impossible task of thinking of themselves as revolutionaries, and living in a non-revolutionary society, in a non-revolutionary period. And, anyway, it was very exciting. So then we had the giant demonstration in '68, and October, which is a big moment in my life, and, and after that, you see, it was, it was, it was ghastly, because it collapsed. IMG spiked the Movement, because they were afraid of it's democratic tendencies, they couldn't control it. So there was a big conference on the next step forward, and there were two lines - our line was "No more big demos", because those, it's like the issue of campaigning, you can't go on doing the same thing again and again, people get bored with it. It's not going to stop the war, so why go again? And what we need is to build up our own inner strength by local organising, which is what we were doing in North-West London. But IMG wanted big, big demonstrations, so they illegally joined to VSC a lot of ... false branches. They just invented them. It's all classic revolutionary politics. And so they all voted this line down. We knew that they weren't real delegates. They were just IMG members that had made up these branches, and they had control of the accreditation (?? ph - 194) procedure, and we lost. But anyway, we knew, we knew it would never work, and so VSC disappeared within about a year. The next demonstration, the following March, was a fiasco, and North-West London VSC changed itself to CMPP - the Camden Movement for Peoples Power. And we did lots and lots of interesting things. And, you know, I mean, I had long hair then, and we went out and did drama, and street theatre, and we had a stall in Queens Crescent market, and did propaganda, and, oh, all sorts of things. We had a meeting every night. And then, in that body, was a film-maker, he was a BBC producer, but he left the BBC to make radical films, and he and Marie and myself, set up a business, called "Liberation Films", and we made films for the next ten years, some of which won prizes, one of them won a silver bear at Chicago, that was financed by the Arts Council, one was in the London Film Festival, that was, two of them are in the archives. We got lots of commissions from the Health Education Council, to make health education films, all of which went into the schools.

What were the subjects of these films?

Well, the community films were based on exploring the idea that you, the duty of a political person is to teach people how to organise themselves, not to organise them. And, if you think back to that line I've been pursuing, that's what politics should be about. If you like, it's a kind of political expression of what the proper relationship between a doctor and a patient should be. A doctor should be enabling a person to make themselves healthy, and not just giving them advice or medicine. And what came into the country at that time, was, well, we started with tape slides, so it's not really contingent on the method. But video came in shortly after. It's a Japanese invention which is wonderful for this purpose. But we used tape slide. So, the basic format was to go into a community, and we started here, in West Hampstead, and we made a film about an organisation which Marie and I had started round the school, called "Play Space". There were, in 1970, it was the hundredth anniversary of the 1870 Education Act, and head teachers were ordered to hold public meetings to celebrate this. And the head of the local primary school, who thought this the most hateful imposition, nevertheless, did what she was told, and invited all these parents, and we sat in rows, and she made a silly speech. And Marie and I were sick of politics after our successive defeats, and resolved to keep quiet. And one of our neighbours poked Marie in the ribs, and said, "What about the school milk?" because they'd imposed, the Government had imposed a charge on school milk, which is a kind of symbolic threat to the Welfare State. So Marie stood up and made a speech. And the Head teacher said, "This has nothing to do with the 1870 Education Act." And Marie said, "It has everything to do with the 1870 Education Act." So afterwards, two other couples, parents with children at the primary school, came up to us and said, "We must do something. We must do something", because there was no Parent Teachers Association at the school. So we groaned, and said, "Okay, we'll do something." So we did. We set up a PTA, but we saw that there was a need for something practical that people could do, and there isn't enough space in this urban area, for children to play safely. And they were playing on the streets which is dangerous. So we thought, "Right. We'll have some direct action. There's lots of wasteland, we'll seize it, and make it children's playgrounds." And we did. So we had about 200 local people involved in this. And it was run without a committee. People couldn't understand how such a thing could work. But it did work. It worked very well, because what happened was that people did what they wanted to

do, rather than waiting for a committee to tell them what to do, so things got done. And, I'm not saying you didn't have to have leadership, that's a different matter. But that was great. So we ran an adventure playground. And we, Tony, our friend who's the film-maker, said, "Great, we'll make a film about this", so that was our first film. And we painted the railway bridge, all the adults and all the children, mostly adults came, and painted the panels on this bridge, as a collective activity, and that film was successful. We took it around, and showed it to different community groups. At this period, disillusionment with Party politics had led to a growth in community associations, which thought of themselves as non-political, but were interested in representing residents' rights, over all sorts of issues, like play space, and amenities, and what have you. And, so we went round to these organisations, showing our film, and trying out our ideas about, how do you get people to organise themselves. And, oh, and then we met a social work, a friend who worked in Hackney. Councils were beginning to appoint Community Development Officers, so she got us a little grant, and we made some tape slide shows in Hackney, and did some shows there. So then we got some money from the BFI, I think, or the Gulbenkian, and we got, used the video, and we went out with the video, and made a little film in Balham, and then they had a public meeting, and a lot of people came, and then we said, "Right, here's the video, *you* use it." So, people volunteered to use this video, and then we filmed what happened. And that, that film, which is called, "Starting to Happen", is in the archives at the BFI. And then we ... we made one about Poplar, of which you've got the book, and we made another one, but that didn't really take off, in Greenwich. Then we got an Arts Council grant to make the one about murals, based on having painted the railway bridge here, and there were a lot of murals being painted in London then, all around community activity. And then, through a contact in Kings College, someone called Dr. Dorothy Dallas, who was an authority on sex education in schools, we got a, money to make a film on sex education. So, we made a lot of sex education films.

Were you still General Secretary of the SMA?

Well, no. What happened was that, in '69, I was until '69, and they were still chuntering on, and, and I couldn't really get them ... what they ought to have done was to have responded to all the radical new people, the medical students, the young doctors and nurses, all the health workers, who'd been politicised, to use that word, by the Vietnam Movement, and they were just horrified by it all, you know, "Oh, don't want anything to do with it." And we were organising blood donor sessions for Vietnam, to send blood to the NLF. Actually, it wasn't really British blood that got there, it used to go to Germany, and German blood was sent instead, but, anyway ... that was the idea. And we, we organised a very successful one in Camden and got lots of publicity. And then we wanted to do one in Brent, and we rented a hall, and Brent Council, which is true blue Right-wing Labour, banned it, and said, "This is ... this is too political, we can't have this." And so we, all our group went to Brent Town Hall and disrupted the council meeting, so there was a local, local GP, throwing things at the councillors! I had one of those blinding moments, you know, like joining the YCL all those years before. What am I doing, being the sort of person that throws things at rotten councillors, because they won't let us send blood to Vietnam? And trying to cope with this fuddy duddy organisation. And so I resigned.

What were the objectives of the SMA?

Well, we had a slogan, "Defend and Extend the National Health Service", and the ... the SMA saw that the 1948 Act was not ... setting up a Socialist health service. It was really a cobbling together of pre-existing institutions. The, the old panel system from 1912, the ... the Voluntary Hospital Service, which was ... in many areas, grossly under-funded, and teaching hospitals, which were also running into financial problems, and the public health side of it which was ill, ill-organised and ill-co-ordinated, so, you know, they were all just brought together, and not much altered, really. And, so, I mean, there were great problems, like inequities between North and South, you know. The fact that the consultants, Harley Street consultants still had a dominant voice in policy, that there were private beds and private medicine, with distortions in allocation of resources, that the hospitals which needed re-building, that public health campaigns weren't being run. I mean, it wasn't until the, after that dreadful fog in '62, when 4,000 Londoners died, that the first Clean Air Act was introduced, that tens of thousands of accidents took place at work every year, because employers neglected safety legislation that GPs were still practicing, single-handed, from old-fashioned premises, instead of nice new health centres. These are all campaign issues. And, beyond that, the NHS wasn't democratic, it wasn't being properly run by the workers within it. So it was, you know, there was quite a

strong radical programme. I know I've concentrated on the medical side, but the intention was that all aspects of the Health Service would be represented, where the pharmacists had their part to say. I mean, nursing, for instance. Yeh, I wrote a pamphlet on nursing too. Nurses were atrociously treated, and have improved a bit, but not, not really enough for it to matter, because they still leave their training in droves, and the NHS is chronically short staffed in nurses. And so there are all these problems. But the way of dealing with them, depended far too much on producing policy documents which were sent to the press, hopefully for review, and sent round to the affiliated organisations, trade unions, and local Labour Parties, and canvassing MPs. So it was all propaganda work. It wasn't organising work. There wasn't anything which could persuade any significant number of sympathetic health workers to join, and make it into a mass organisation. So that was really the, my, my, as it were, bone of contention. And it made what happened there, repetitious, because, year after year, you would be making the same complaints about inadequacies, and it was dominated by elderly people, who were long in the tooth and, you know, set in their ways.

Talking about nurses and the like, there, did you employ any ancillary staff at the practice in Cricklewood, when you first arrived?

We had a part-time, very part-time receptionist at my surgery, not at the partner, my senior partner's. She just came during the surgery to let people in, really. Wives answered the phone, so ... there wasn't anything more until I joined the practice across the road in '66. They had one old-fashioned receptionist, been there forever, but were persuaded to get another, so that they were covered all day, so we could have appointment systems, because you've got to answer the phone, and have somebody there with a book to make appointments. This was a big step forward. *[End of Tape 5 - Side B]*

... relationship did you have, and do GPs have, with ancillary staff, and with people like midwives and health visitors?

Well, it's a very pertinent question. I think you'll find ... my double-bass playing partner, who's, now plays the cello, his father's a GP, he had a ... in Uxbridge, a classic story. Nowadays, of course, you've lots of ancillary staff, and you have practice managers, that's the latest thing. And they employed, as a practice manager, they appointed an ex-Army officer. Within a week, he had caused all the staff to resign, and this is an extreme story. And then they realised there was something wrong. But, GPs being ... you know, what shall I say? Public-school trained people? Have rather an Army attitude to life, and ... obviously it varies, but I think that many practices do have a very strong hierarchy, that they ... in our practice, we all call each other by our first name, we dress informally, we meet, hopefully, once a week, and talk about everything. The nurses organise their own work themselves, completely, and they have a rota of what they do. We looked at them to make suggestions about the changing organisation. But I think this is unusual, and I think they, doctors do have a hierarchical attitude. And just as, in hospitals, the nurse is a nurse, and a doctor is a doctor, so it is in general, in general practice.

The GP usually delegates the work out to the nurse or the health visitor, or ...

Yes. Tells them what to do. Well, health visitors are independent, because GPs don't employ health visitors, they're employed by the local Health Authority to do statutory work, although many practices have them attached so that they can do child health clinics. We don't, because we live in this funny area where we belong to three Health Authorities, so they wouldn't, wouldn't do it, because they couldn't let, none of them could let their health visitor look after patients from another area, you see. That's that kind of childishness. And the same with district nurses, community nurses, they're employed by the Health Authority. But, yes, they usually have a mix of receptionists who are just receptionists, and simply answer the phone and make appointments, and perhaps a secretary or clerical worker who does filing and typing letters and so on. And the nurse will do straight nursing procedures, and nowadays, will do health screening, and health promotion, in sessions. But they don't have a sense of being a collective team, and the nurses don't make policy. And ... we have five nurses - three full-time, and two part-time - and no receptionists, and no clerical workers, because we discovered, over the years, that they caused trouble, because receptionists can't understand as readily as a nurse, what a patient wants, so they're always causing conflict. And we, since we've had only nurses, we've found it far, far better. But then this caused what I hope will be a scandal, or a cause celebre (?? sp O47), that we appointed a new nurse last December, and the nurses are all graded F on the Whitley Council, so that they can be reimbursed, because you know they get 20 per cent of their pays reimbursed to us, and we pay the other 30. And the, they arbitrarily said, "You can't have

her as a grade F, she can only be reimbursed at grade E," and there'd been no, there'd been no previous warning that this was their new policy, and no reason given. And two letters failed to produce any reply, and then we phoned, and they said, "Okay, you can appeal." So we've appealed to the Secretary of State, and Max has written a splendid ... [BREAK IN RECORDING] ... I was just telling you about this appeal. He's produced a magnificent 12-page document, explaining why it makes sense for nurses to work as a team, and, therefore, only to have nurses, that they know the patients, can cover for each other, that they do health work all the time. Every contact with a patient involves health advice and interchange. And that, as a result, our practice costs on ancillary staff are less than the Borough average, than Brent and Harrow's average, and we also have very low prescribing costs, which isn't directly due to having nurses, but is due to our style. Our prescribing costs are 35 per cent below that for the, for Brent, and 45 per cent below national average, and that's because, I think, because we have a different sort of relationship to patients and can give them advice rather than a prescription. So, you know, this is the basis of this document. Anyway, he sent a copy to all members of the FHSA Governing Body, and the Chairman has written to say she wishes to come and meet us, which, I think, is because the Appeals Tribunal has written to them and said, "What's your explanation for this action?" and they haven't got one. So, for the very first time in my entire career as a GP, someone from this administration, who's supposed to understand general practice, and know about the people who work for it, is actually going to come and meet me. And I look forward to this with some trepidation, because I don't know that we'll be on the same wavelength. But, I mean, it certainly is, you know, it's an extraordinary situation.

With people like nurses, for instance, how do you decide what sort of work they should do?

Well, generally, in a practice, they will do set nursing work as laid down by tradition. So they do dressings and give injections, things of that sort. And, that's, that was the bulk of nursing work in a, in a general practice. Since the mid-eighties, this idea of health education within a practice, has become increasingly important, and they will now do health checks. Now, that involves taking a sort of health risk history from a patient and then advising them on what they can do. And ... each practice has it's own card, you know, with a set of procedures. So they'll take blood pressures, and perhaps they can monitor, now, blood glucose, and simple things of that kind. But our nurses do all the work, so they do all the reception, making appointments, filing, sending off notes to the FHSA, some of the administration.

While we're talking about the medical hierarchy, could you tell me what the relationship is like between, or was like, in your early days in practice, between GPs and consultants?

Yeh. I think it's true to say that this, that there was a very strong flavour of condescension, that, in a very English way, the consultant, I mean there are rude ones, but the general idea is that the consultant was nice, in a way that D.H. Lawrence has this poem about how nice we English are, how frightfully nice we are. And so he would be very polite, and he would meet them at something which was done more often then than is now, called the domiciliary consultation, which is the equivalent of the old-fashioned idea where the family doctor would call in the Harley Street man, because it was something serious, and the NHS institutionalised that, and set aside payments for consultants to do a domiciliary visit, at the GPs request. So you could meet at the bedside and discuss the management of the patient, which is a very good idea. It's turned very much, I mean, I only ever use it now for geriatric patients, and psychiatric patients, because it's turned into a way of getting patients into hospital in two areas where it's very difficult, because they are so under-funded, so there's always dreadful pressure on beds for geriatric people, and for psychiatric cases. And, as it's always a desperate emergency when you want them, and as they won't take them in the ordinary way, like, if you want to get an appendicitis admitted, you just ring up the hospital and ask, but you can't do that with them, so you get the consultant out, the consultant gets a fee, everybody's happy. But the idea of the domiciliary visit was that you would consult properly and there you would see the consultant being frightfully nice to the GP and explaining how medicine was done these days, and what we really thought. If you lived out of London, you would know the consultants socially, probably, because doctors mix with doctors, and you'd meet them at your club, or the Rotarians, or the Golf Club, or tennis, or whatever. There would probably tend to be more equal relations, especially as consultants do private practice and rely on GPs to refer patients to them. Actually, I mean, even now, consultants, if they are referred patients often by a GP for some reason, will be much more likely to be matey with them. It's still the case. In a London area, last year, the total income earned by consultants in the National Health Service was greater from their

private practice than from their NHS fees. So, private practice is important to them, but not to GPs. Then you might meet them at meetings, if you were a meeting doctor. But you don't deal with them, certainly not in London, directly. If I need to talk about a patient, to a hospital, I have to speak to a registrar who's, you know, can be very nice, and can be awful. Some of them are very abrupt, rather rude people, who, I mean, Susan had a terrible row with a patient recently. She thought this woman had an ectopic pregnancy, asked the gynae registrar to see, because it is an emergency. He said, "She needs an ultra-sound, you organise it", Susan said this was time wasting and risky, but he wouldn't hear of any alternative. She organised an ultra-sound, the woman did have an ectopic, and had to be admitted in emergency, bleeding. So she's written a stiff letter to the consultant about this gynae registrar. And then the consultant will apologise, but things won't change. So, I think in London, anyway, I would say there are tensions in the relationship, particularly where it's ... when there's pressure on beds ... then it can be very difficult. Hospitals fall down on communicating with GPs, they don't send letters out when they've seen the patients, quickly. They don't send letters out when patients are discharged. They give you inadequate information. They send patients out with inadequate supplies of drugs, and ... they change their organisation, like, one day they'll be offering physiotherapy, and the next day they won't. And don't tell the GPs. So there are tensions of that kind. But I, my ... as far as I know, I think that London tends to be worse about these things, because it's much more anonymous. And I think ... of course, District General Hospitals differ, and some are well-organised and some aren't. But where they're well-organised, I think there would be much better contact between hospitals and GPs, than, than has been our experience.

When you were training, were most of your contemporaries aiming to become consultants? Or was general practice increasing in the amount of prestige which was attached to it?

I, if I remember it, very few thought that they would be GPs. Some thought, "We might end up being a GP, but we'll have a bash at something else first." I really only remember one person who was ... definite that he wanted to be a GP, and he, ironically, gave it up and went into hospital service, and became a rheumatologist, and is now a Professor of Rheumatology at Guys. But, he's the only one that, that I can recall having a strong feeling, "Yes, I want to be a general practitioner."

Have you ever held any hospital posts since you've been a GP?

I did, for a year, do a Clinical Assistantship, this was in, I think, '62. Really, at the instigation of this senior partner, who said, "You must make more money. Make more money. This is a post, you go and do this." And so it was offered and I took it. I must say, I think they're a good idea, because ... it compensated for the fact that I had inadequate training, so at least in one little area, I mean, just as in my house post, the house physician post at the Seaman's Hospital, involved working for the dermatologist and venerealogist, who did sessions there, and needed a houseman. We, they really did have seamen there. We used to admit all these strange seamen with weird diseases and venereal infections and things. It was quite, quite out of Conrad it was. And one of them was admitted to a surgical ward, and brought his gallstones after they'd been removed, and thought they were pills, and swallowed them all! I remember that. And so I knew more, I still know more dermatology, in certain aspects, than my partners who have been in practice for donkey's years. But certain, learning gets more and more difficult as you get older, and get embedded in habits. Very difficult to change your pattern of work. Very difficult. And ... you might call work an addictive disorder, like smoking and alcohol. And, just because I'd had that experience, I had a feel for certain basic things, like eczema, and how to deal with it. And, working in an ENT department for a year, I actually learnt things about ENT, which has stood me in very good stead, but that's only because one is inadequately trained, I don't know that I really needed to be in an outpatient department for a year to do that, but, I mean, there's, there's a common condition called "otitis externa", which is inflammation of the outer ear, which people give antibiotic and steroid drops for, which isn't very good treatment. And what we used to do in outpatients, was to put ictheol (?? sp) in, which is a nice mediaeval treatment. It's, it's witch-hazel ointment, and ... as drops, on a little wick, which is very messy, and things that our nurses do now. And this is actually much better than the up-to-date antibiotic drops. And I do that in our practice, you see My partners won't do it. They know it works, they know it's better. But they can't get themselves to switch over to this. And I learnt that there. I learnt to stop people with sinusitis, or even colds, blowing their noses, and giving themselves headaches. Simple things like that, which are great in general practice, and students aren't taught. Students, when they do an ear, nose and throat firm, are taught about rare mastoid tumours,

but not about how to treat sinusitis. But, when you work as a clinical assistant in outpatients, that's what you, that's what you learn.

How long did you have that job for?

A year. They, again, province, provincial hospitals have more such posts, you know, they tended to be phased out in London.

Are there certain types of patients that you will ask to see? Or certain illnesses?

No. It doesn't work like that. It could work. Some practices do specialise in that way, if somebody will set themselves up and say, "Right, refer all those to me." People will send me anybody that wants to give up smoking, because they know I have a line on it, and I have a little curette (?? sp.) and burn off warts and skin tags, and things like that, which I like doing, and they won't do that, so they send me them. And I think they know that if there's somebody difficult, in the emotional line, I could, perhaps, deal with them. But I would like to see more, occasionally, I will inaugurate a joint consultation with a patient. We don't do enough of that, you know. I think partners should look at patients together. But, some practices where doctors have posts at hospitals, or have had previous experience, or ... our ... newish Indian partner wants to do minor surgery, and I think she gets occasional cases referred to her, like removing cysts or ... ingrowing toenails, and some practices would do a lot more of that sort of thing. But, on the whole, of course, you don't know what's coming, you know, you don't know what's coming in, so you don't know how to allocate them, and there is a tendency to feel that it's your duty, as a GP, to cope with everything. So you're not going to say, "Well, I think ... Dr. So and So would be better at handling your eczema than I can. Why don't you go and see him?"

Have you always had time to read journals and keep up with latest developments?

Yeh. I don't read *The Lancet* and the *BMJ*. The *BMJ* comes to the practice, but most of it's not very relevant.

Have you ever read it?

Never regularly, no. I think, in the earlier days, yes, I did. And ... yeh, because I was a member for a time. And, but one of the big changes in general practice, has been the growth of these free magazines and newspapers, which are an important source of, what shall I say? A sort of feeling, you know, it's like women's ... if you wanted to know about women, and there are some dimensions of that aspect, you go and read women's magazines. I mean, I read enormous numbers of women's magazines from the twenties and thirties, when I was writing health education, because you could see, you could see the way health became incorporated in the concept of beauty, which was a new idea. And then you could see the notion developing, that it was no longer adequate to be just a healthy person, or a nice-looking person, but you aspired to be a star. This was the influence of the star system. And you can see it working through in health advice articles, and the adverts and all that sort of thing. Some aspect of the self-image of GPs is reflected in the articles that these magazines produced. But now, they have a great deal of straight, useful, up-to-date information on medical conditions, which came about through the development of the training, you see, they were angled at young doctors who were in training, who needed this sort of stuff, because the text books were useless, there weren't useful text books on medicine, as seen by a GP. And all this stuff arose to meet their needs. And also, of course, as an adjunct to pharmaceutical advertising, because the pharmaceutical firms pay for them. And then they've got other stuff, you know, chat about doctors' lives, and what's happening in the Health Service, and how to manage your money. And I think, I'd be surprised if there are any GPs that don't read them.

And did you see reps from pharmaceutical companies, on a regular basis?

I used to, in the early days, because they gave you toys. But I got fed up with it, and I will never see them now. Well, I say "never", like, once in a blue moon. I got an atlas, a nice new road atlas of Great Britain, and I had to see the rep to be given it, and so I had to have a little dig, but ... it was shown that they were an important source of information for GPs, in the years when, you know, the, the ... drugs available for GPs increased greatly after the NHS started, because there was a large number of new, therapeutic devices. I mean, all the antibiotics developed, really, in the days after '48, and, oh, drugs for heart failure, insulin treatment, so pharmaceutical companies had a field day, and GPs relied on them for information. And they were, you know, they were important markets for pharmaceutical firms. And their presents were lavish then. Not now. And so I stopped. I got very fed up with them. But, Susan, my partner, still, still sees them.

Can I ask you some questions about your family now? You said you, you married when you were 22?

Yes.

Were you engaged before you got married?

Not formally. We didn't have an engagement party, we didn't have a ring. Didn't really have a ring at all. Marie doesn't wear a ring. I bought her a, did I buy her a ring from Woolworths, for the ceremony? But she never wore it. We agreed to get married, against my political convictions, as it were, and set a date. I think we agreed, in a February, and got married in a June, something like that, so I must have been engaged during that period. We certainly had a long courtship, because we met in August '52, and, yeh, and were going out together, regularly, all the time that I came to London, that was the following year, '53. But we weren't sleeping together, at least, not properly. And, because one didn't do those things then, although there were people who did, obviously. But ... I would, I should think we got married in order to be able to sleep together properly, really. But it was, it was awkward then, to live together. I mean, there wouldn't be a question of getting married now, you know, I mean, people don't. I remember, there was someone in the Party who had, they were married, but had lived together for quite a long, they were older than us, this was late-thirties, they thought that was quite bold, and we thought it was quite praiseworthy. There was a different atmosphere around. I mean, it's just, everybody says the Pill made a difference, I think the Pill did make a difference. I mean, you could get condoms, but they were messy and, and you felt awkward going into a chemist's. The 1950s culture is full of jokes about people, you know, people, jokes like, "What do you do if you don't want to have a baby?" "Oh, you go in Boots." Then the answer is, "Oh, God, boots don't stop you having babies!" Lots of embarrassment and difficulty about it all.

Did you have to save money before you could get married?

Well, you see, I, I tell you, people thought we were mad, I think I said that. To be a medical student and married, was foolishness of a kind which led people at the London Hospital, where I was a medical student, to consider me an unreliable sort of person. When I did my obstetrics, I had to live in, this was a hospital in Hackney, to do, you have to do a set number of deliveries, as a student, and I was married, and Marie wanted to come and spend the night with me. And the consultant, or hospital administrator, or perhaps both, said, "Now, look here, Richman, if you'd like to sleep with any of the nurses, that's your business. There's plenty of room and opportunity." And it was considered quite praiseworthy for doctors to be discovered in linen cupboards with young nurses. But a wife is a different sort of thing, "We don't want a wife brought in here. We're not set up for ..." *[End of Tape 6 - Side A]* ... provided for them to have a proper wedding, and a proper home, and I, one of my first cases in Woolwich, which sticks in my mind, is seeing a young woman with anxiety symptoms, and talking around about it, and she was a healthy, hot-blooded young female, and wanted to sleep with her boyfriend, and didn't dare if they weren't married, and she ... was suffering from straightforward frustration, and accepted this when it, when it came out as being why she felt as she did, and said she'd just have to learn to be unhappy, because she wasn't going to get married for another 18 months, because they were saving. And when I said, "You could just set up home together, it doesn't matter", she thought I was mad. Because that's what we did. I had the money from my Bar Mitzvah, which was nearly £100, with which we bought a line in gas-stoves from British Gas, which was discontinued, for £13, and a bed from Heals, I think, for £20, and a bit of furniture, and had a room, and that's it. And Marie was working, she was getting £4.50 a week, and I was getting £6 a week.

What was she working at?

She was a pattern cutter. She went to a sort of college of further education, or a tech, in Barratt Street, which taught dressmaking, and she learned dressmaking, and then went to Barratt ... where did she go to? Oh, somewhere off Tottenham Court Road, I can't remember the name of the firm, it's quite a well-known pattern ... and she made the patterns which people bought, to make their own clothes. So that was her career, as it were. And she's always made clothes, she made all the children's clothes, and still makes clothes.

Was your father still alive when you got married?

Yes.

What did he think of ...

He came to the wedding. [LAUGHS] It was touch and go, but he did come. And ... but it was a very informal affair. We got, we got to the Paddington Registry Office, and then had a little

reception. And then we went with our, such friends as could come, to Kew Gardens, as a sort of celebration, and it was Whitsun, and, and it rained, of course! And I went with a friend on his motorbike, and Marie went on the bus with some other friends, and then we went to bed for the week, the rest of Whitsun, and then she went to work, and I, and I went back to college. And that was it.

Did your father try and dissuade you from getting married?

Oh, I think he knew, then, that it was pointless. The family sort of came round, anyway, after it was a fait accompli.

And you said you had three children?

Yes.

By the time you were 30, did you say?

Well, Christopher was born in '56, September, so Marie was pregnant when I was still a student, because I qualified in June '56. And that was ... we'd, we had two rooms then, we had a little kitchen, and Christopher slept behind a kitchen cupboard, which was as far away as we could get him, because he was a crying baby, and cried all night. And, you know, I mean, it was, well, it was stressful, because I was then a houseman when he was a baby, and so I could only come home on my nights off, which was three times a week, so it was very difficult for Marie, and we, again, would have the problem that she would, on my week, on my weekends on, she would come to the hospital, bringing Chris in a carry-cot, and put him in a, put the carry-cot in a bathroom at the other end of the corridor so we couldn't hear him. It was difficult. I'm not surprised he cried! Then we had Julian in '59, April, '59, when I was a trainee in Woolwich, and then we went to Rainham, and we had Rachel, she was born in December '60. So I was then 28. Yeh.

Did having those three children, in such a relatively short space of time, create financial problems for you?

Well, there would have been financial problems if we'd ever thought that one had money, but as we never, you know, I mean, that's one virtue of coming from a working-class background. But the awful thing is to move from relative affluence to lesser affluence. But, if you've never had anything, it doesn't matter. I mean, we had enough to eat, and clothes to wear, really, that's all that mattered. And the main rise in social affluence was only just taking place, you know, MacMillan's famous phrase, "You've never had it so good." When we came in, in the sixties, I mean, that was the new generation, when income started to rise, and, and the post-War society really came in, and there was a tremendous boom in consumer durables, expectation of a higher standard of living, and Continental holidays, and all the other things. So I don't think that, that that bothered us too much. I think what was stressful was just the sheer hard work of it. I mean, when you've got three children, and you're getting up at night to do calls, to do visits, and you've got, and you can't afford to buy help, you know, not even a cleaner, it's a lot of work. But then I, you know, I think having your children when you're young, is good, in many ways.

Did you want to bring them up like you were brought up? Or did you ...

No.

... have a different approach.

I made strenuous efforts to be different, but not always successfully. It's hard to throw off. The most dreadful, well, you know this, the most dreadful thing that happens to you, as a parent, is when you suddenly hear yourself talking like your parent, and you think, "My God! I said I would never do this!" We said we would never physically punish the children, and, you know, that ... I think what, Marie had had a different upbringing anyway, her mother was quite a different sort of person from my parents. She's very working-class, she went into service as a young woman, domestic service, and then became a cook. And, during the War, had her moment of glory, when women could go into factories, and she became a shop steward for Lucas's, and was working on a bench. And that was terrific. And so, after the War, she went on working in another factory. But she wasn't domineering and authoritarian, but, my mother was a Truby King mother, and then, I suppose, we were going to be Spock parents. I mean, not that we, not that we read Spock then, I think Spock actually came out later, but it was that, that new, new world, where you treated children as having rights, and that was very important for us, that they would be our friends, and that we would care for them together, that was important. There wasn't, there wouldn't be this mother/father dichotomy. And that we would take them with us

everywhere, which we did, as near as possible. Although they did, there's a little notice in the hall, which I've kept from those days. They had a little meeting, I suppose Christopher must have been about ten, which said, "This meeting resolves that Mummy and Daddy shall not go out more than three times a week", because we were going out every night to our political meetings. But at least you could say that we'd given them the values which enabled them to have, have a democratic meeting! Yeh, I think they paid a price. They paid a price for living in Cricklewood, because we're middle-class, and they should have had middle-class friends, and there weren't middle-class people living round here, with whom they could be friendly. And they were always on the edge. They went to a comprehensive school, and, but the, you know, the middle-class ones went East, to Hampstead proper. And, so they had friends, but I think a certain kind of social atmosphere they missed. And also, it was peculiar, I mean, their parents went to political meetings. Other children watched television, and we didn't have television in the house. We didn't have comics. They didn't eat sweets, except what Granny brought. If you are different, you, your children, without being in a position to choose one way or another, are obliged to suffer for your dissidence. And although they all three now say that they accept our values as being worthwhile, and that they, they see the point of them, and by and large they have them, I don't mean in any of the political sense, although two of them are ... politically very Left, but the oldest would vote Conservative. But, as a person, he's very anti-authoritarian, and anti-Establishment, so, you know, he has shared some of our values. So, yeh, they, they, they do now accept the values, but I think it was hard for them in that sense.

How did general practice affect family life?

Well, they had to put up with ill-temper from me, I think. That's probably the most important thing. Less so after we got a good deputising service. But, being on call on a Sunday, when you all have to stay in, I remember that as a nightmare, and, you know, couldn't go out, or you couldn't go out, you didn't have portable phones, you couldn't go out where there wasn't access to a phone, and everybody felt pent up, and ... if I was tired and bad-tempered, that wasn't good. Of course, I might have been a tired, bad-tempered historian but ...! I, I mean, to some extent, Marie and I, you see, Marie never worked after we had our first child. We both agreed that work is, in many ways, not desirable. But, given that I could work at an occupation which would feed and clothe us both, I would be the one to work, and she could stay at home. And, I think that work does make you bad-tempered, because it imposes a lot of stress. So, at least only one of us was bad-tempered, but then it, you know, it was me, so I, I have to take the blame for that.

What jobs do your children do?

Well, Chris is a computer programmer, and has, in fact, just gone freelance, just given in his notice to this little firm, because he was offered a £3,000 contract to fix up some software that somebody made a hash of, and he thought his firm wasn't going to survive, you know what our economic climate's like now. I'm sure he's right, this firm isn't going to survive. He always wanted to do computers. And Julian is a driver, has a van, and drives ... transports materials, oh, well, dangerous chemicals, wastes, lighting for a lighting firm, that sort of thing. That's not what he wanted to do. Basically, he should have been an artist. He was, at school, a very good potter, and made very good pots, and, and could draw and paint, and, but the system required of him, that he go through, there'd been these reforms, and you couldn't go to art school as you used to, and just be, I don't know, there's this sort of stereotype of the fifties and sixties artist, who had a sort of, "Well, you know, we just sort of muck along, don't we. I mean, I don't care about all that culture, I just paint, don't I." And ... but then you have to be properly educated and do 'A' levels and go to art school, and pass exams, and all that. And he wasn't going to have all that. So, eventually, he tried a bit, after leaving school, but abandoned it, and went to Kent, and, as a hopper, and picked hops, and, but being middle-class, he, he soon rose to the ranks of managing fruit pickers. And he stayed on in Kent for some years, and learnt all sorts of trades. And he would have stayed there, because he liked that. You could be an odd-jobber in, it's not really rural England is it, in Kent, it's just a vast suburb. But, you either had to become a tied labourer on a big farm, which he didn't want, or, have enough capital to buy something, or live in a caravan. And the Council wouldn't let people live in caravans, because they, the Kent Council was run by these awful commuters, or tax-loss farmers, who were only interested in the appearance of Kent, and not it's reality. And so they, they wouldn't let him stay in a caravan on someone else's farm, although the farmer was willing to have them, you know, because they had all these licensing laws. So he had to come back to London, and he fell into driving, through a friend, and drove for him. And, he works very, he works much too hard, you see, so ... But, the

third child, daughter, trained as a nursery nurse, but one of my aunties died, and she was a, a seamstress, she worked a machine for Burton's factory in Leeds. When she died, my father who was the Executor, her Executor, opened her wardrobe and there was thousands of pounds in pound notes there, which she'd saved up, really working-class, she wouldn't, wouldn't put money in a bank. So he distributed it amongst all the nephews and nieces. And Rachel took her share, went to Yamaha's in the West End, and she never learnt music, she'd played a bit on the piano, and had a facility, but never learnt music, and bought a saxophone, and made herself a musician. So she's, she's now a musician.

Did you encourage any of them to go into medicine?

No. I, we were very non-directive. I mean, it was as much as we could do to make them go to school. All our middle-class friends were upset at our refusal to push them. And none of them took 'A' levels. They, they went through 'O' levels and went into the sixth form, and then got fed up, and, and left, and went to work. And ... I'd, if they'd, if any of them had wished to be doctors, I'm sure I would have been helpful. But I can't say I would think that it's a brilliant choice, because it's fortuitous. You know, I said, the things that keep you going are, having a good partnership, or a good set-up, which sustains you. Or having an outside life, which is emotionally fulfilling, and enables you to cope with the job. But, few people in our society, are lucky enough to have a vocation, i.e. to earn their money doing something, which fulfils them as a person. Very few. And so I think it's a gamble, so I wouldn't advocate any particular occupation to anyone. I mean, I, I think, in a curious way, Julian likes driving, he likes that, that sort of ... he likes the manual work, and he likes being independent, and he likes organising himself, and meeting people. Chris was always keen on computers, and so he does actually like developing programmes, although he finds having to teach firms how to use them, a trial. And Rachel likes her music. So they've found things, you know, which, I think, belong to them. And I, I would find it very hard to persuade anybody to do something because it was a good career.

Just a final couple of questions now. What would you say has been the biggest change in general practice, during your career?

You mean the one single thing that ... looking at doctors in general, or looking at me?

Doctors in general.

I think going into group practices has been the motor for the other changes, and the most important thing. I think the, the biggest difference, really, must lie between being single-handed and never seeing anyone else, unless you choose to, from the day you put up your plate, till the day you're laid to rest. And being incorporated in a, some kind of collective world.

And what would you say you're most proud of in your life, as a whole?

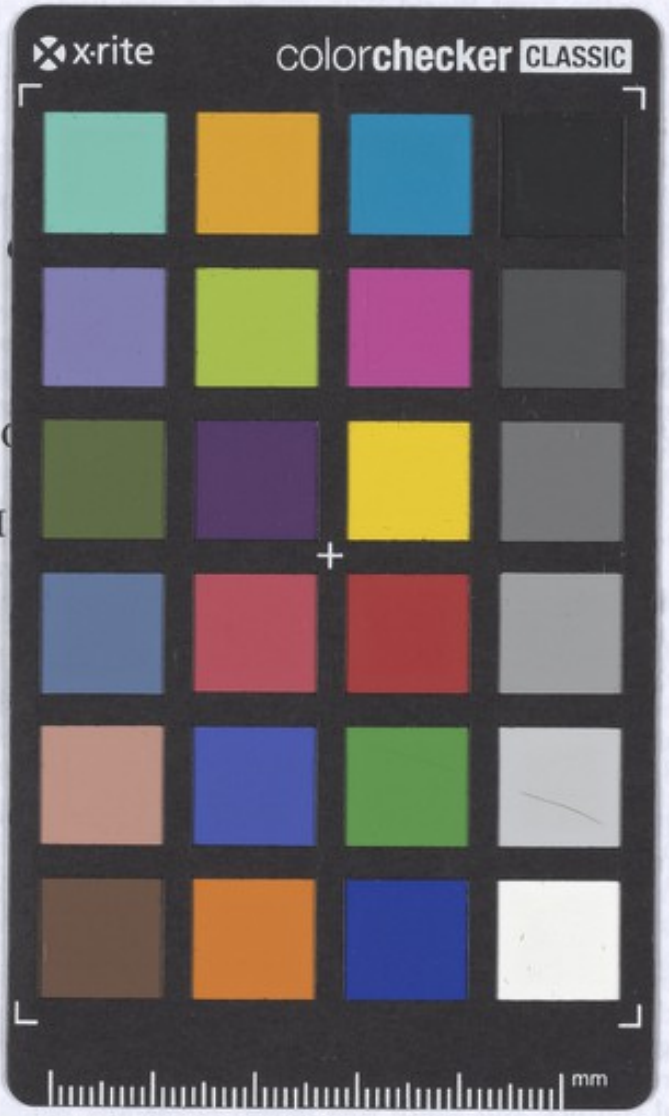
Oh, me as a person? I met ... here's a coincidence for you. The chap who was our doctor, young practitioner, when we first got married, and had our first baby, when I was a student, called Tony Ryle, and he was one of the founders of the Caversham medical practice, and they, and Horder's practice, which are now together as the Kentish Town Health Centre, has teaching practice for Middlesex/UCH, but they were a kind of pioneer practice in new methods. You know, it was a group practice, lots of ancillary staff, patient participation, keen on providing more services, and all that sort of thing. And Communist. Three Communist doctors got together to do it, and had lots and lots of North-West London Communist patients, of which we were two. And Ryle, Fortner and Gottleib, they were called, and their sort of practice managers were, first, Marjory Pollit, and then Elsie Gollan, who were both wives of the CP General Secretaries. So it was that sort of practice. Anyway, after I left Tufnell Park and went to Woolwich, as a trainee, we lost touch, because he'd left the Party, and we were still political, and he went into student health, medicine, which is a kind of off-shoot of general practice. And, so I hadn't seen him for all those years, and we were at the Royal Exhibition together on Sunday, and we saw him there, and Marie said, "I think that's Tony Ryle." So this is 35, 36 years ago, I'm talking about. So we went up and said, "Are you Tony Ryle?" And he said, "Yes." So we chatted about, you know, what we'd done, and he went into psychotherapy, and he's partly retired, because he's 66, and his son's a GP. And we said a little bit about what we'd done. And then he said to me, "Do you still write poetry?" And I said, "Yes, I do still write poetry. I'm 61, and that's the thing I'm most pleased about." Because people write poetry when they fall in love, or something upsets them, when they're young. But you don't write poetry when you're embedded in daily life, you know, unless you're a professional. And even then, for

most people, I don't think that they're writing poetry, I think they're writing verse, because they're literary people, and that's their profession. And that's really how I see myself, as a person.

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

Mmmm. That's difficult. The best thing's easy. The best thing was getting married. That was ... I mean, I don't mean getting married as being married, I mean, having found ... especially the way the world has changed, you know. My financial adviser that I have, so I can retire next year, who looks after our affairs, says that lots and lots of my contemporaries, I think, I don't know if he said "all", but let's, for the purpose of this, let's say. "All your contemporaries are all in terrible trouble. They've all got second marriages, and three families to look after, and mortgaged up to the hilt. And they can't retire because they can't afford it. And you've been sensible." No, I think I've been lucky. I mean, I don't propose to say that finding the right partner in life is a proof of character, although, obviously, your character has something to do with it, I think most of it's luck. I think I've been very lucky. But ... the worst thing that's ever happened. It's difficult. There are different worse things in different areas. My ... grandchild died, my son's child died of spina bifida. I think death, like that, is ... difficult to get over. Having to give up that history job was a blow to me, because all the other things that I've given up, I gave up to go into something else, so it felt like a positive step. Like, I gave up the Party, which was a blow, but it was to be active in some other area. But ... seeing, having a self-image as an intellectual, which isn't very, not a very English thing to say, but, never mind ... when I, when I gave that up, it was a kind of last attempt to feel myself an intellectual in a social sense. So now, my poor friends have to suffer, as it were, my unsatisfied intellectual yearnings, in that they will say ... both my partners will ... a glazed expression will come over their face, and I can hear them saying, "Oh, God! Geoff's going off again!" Because I'm talking about something that's come up, which is quite mundane, and putting it in a setting, which matters to me, but it's not what they want to know about, you know. And so, that, I think, is, is partly the consequence of being dissident. I mean, I could have stayed in the SMA, I could have stayed in the Party, I could have continued to be a Jew, and had a, a sort of social role in those spheres, and simply like an African elder, I would be sitting under the baobab tree and be respected for my years, without doing anything very special, but, you know, you just progress, don't you. You see them in academic departments, they get on, they've never done anything that sets a house on fire, but they're sound chaps and ... but, giving things up in successive stages like that, so I haven't, haven't got that, and then, somehow, being incorporated in history was, which is an intellectual occupation, or ought to be, was sort of a last chance. So when I gave that up, that was a bad moment for me, and it ... turned me in on myself. And in order to pursue my strategy of coping with general practice, by having an outlet elsewhere, I ... took up carving. So that's ... and I started to write novels, and do things like that. But they're very, really very in-turned things, because even if I were to be published, which isn't very likely, or someone to take notice of a sculpture, the actual ... it doesn't very much affect the point of production, which is a very solitary pursuit. And so I, I think that I've, through that, I've lost my social role. So that's what I regret.

TORY OF GENERAL PRACTICE, c.1936–1952



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