Thomas McQuay, Blackburn

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

Catalogue No. 44

Thomas Alexander Ireland McQuay

(*b.* 1921, Belfast)
MB BCH; BAO (Belfast, 1945)

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

Could you tell me when and where you were born, please?
In Belfast, 1921.

And could you tell me something about your family?
My father was a headmaster, three children. And ...

Were they older than you?
One older, one younger. My ... older one became a, she's a mathematician, a teacher, a headmistress. And my younger brother went into business.

What sort of business?
He was ... he imported bricks into Northern Ireland! [LAUGHS]

And what sort of school was your father Headmaster at?
What was then a public elementary school, a large public elementary school in Belfast.

And what was he like?
He was very much a man of his time, an Elder of the church, very interested in church and educational matters. I think very popular with the staff, and I think very good at his job.

What church did he belong to?
The Presbyterian Church in Belfast.

And what was your mother like?
She had been a teacher. She had been a teacher, but she retired. She gave up teaching when she married, in order to look after the house, again, as was the, as was the custom of the time.

Whereabouts in Belfast did you live?
In the Knock [?? - 022] End of the town, which is East Belfast, on the, on the periphery. My father taught on the Shankill Road, his school, his was a big modern school on the Shankill Road, but we lived in the east side of the town, or city, rather.

What sort of house did you live in?
A fair-sized semi-detached house. A typical headmaster's house of the time! [LAUGHS] And we were very typical of the era! [LAUGHS]

Did they have any help around the house?
No. No, my mother did it all. Well, she did, she had help in the latter years, but that was really whenever she wasn't terribly well. But when we were children, she did all the work.

Do you remember your grandparents?
Yes. My grandparents, I remember one set of grandparents, not my mother's grandparents, my, I remember my father's mother and father, very well, for they had a farm in Eire. He came from County Monaghan. And I spent a fair number of holidays there. So they're quite memorable. They had a medium-sized, well, a 40 acre farm, which was medium-sized in, in Irish terms. They were regarded as, they were quite prosperous on their 40 acre farm. But that would have been nothing compared with the 400 acre spreads in Oxfordshire! It's a different farming world here.

But were they thought of as being prosperous?
Oh yes. Indeed they were prosperous, yes. They employed several people on their 40 acre farm.

How often would you go and see them?
Oh, twice a year.

And what about your mother's parents?
They were dead.

Were you close to your grandparents, would you say?
I was close to my paternal grandparents, yes. Yes.

Did they play any part in your upbringing?
Not really, no. I suppose they influenced it, but I don't think ... but they didn't play any part in it.

Was there any one of your brothers or sisters that you felt close to?
I think just the average.

Did you ever move from that house that you were born in?
No, we lived in the same house, and, indeed, my sister, who is unmarried, still lives in that house.

How much contact did your parents have with the neighbours?
Average. Yes, definitely average contact.

What sort of area was that, of Belfast?

Middle-class, suburban Belfast.

Did your parents consider certain things as being important in life? I'm thinking of things like manners, the way you spoke ...

Manners, yes. I don't remember anything about the way we spoke. But they ... it was very much an upbringing of its time. Life centred around the church and the school, and educational things. My father was very involved in education, and he was Secretary of the Teachers Union for a time, and then he became a headmaster, and it was a very ... teachers came to the house. It was quite academic, I suppose, in a way.

Was he a very hard worker?

Yes, he was. A very hard worker. A very conscientious teacher. Took it very seriously, very involved in the ... it was very much the school and the church. Very little interest outside that.

Was he ambitious for you?

I wouldn't say he was ambitious for us. He wanted us to do, to go to the, to go on to secondary, what were then called secondary schools, and university. That was always the ... it was implied, it was understood that you would go to school, secondary school, university, that was your path. I can't remember it being discussed, it was just assumed that's what you would do.

Did he expect you to work hard?

Yes. He did.

What about your mother?

And she was the same. Very much of a, of a type, very much a common aim, a common purpose.

How were you expected to behave towards your parents?

You did what you were told. [LAUGHS]

Or?

Or? There was no or, really! You did that.

What would happen if you didn't? If you did something that you weren't supposed to?

I suppose they remonstrated ... you, you, you didn't ... it was quite a firm atmosphere. It's very different from my son's attitude to his children. I mean, they bounce about and there's a much more free and easy atmosphere. Ours was very much ... we had our stations, and they had theirs, and there was much less free and easy discussion. You did your work and got on with it.

Was that typical of a Presbyterian middle-class family?

Yes, yes, very much, and very typical of, of, of society as a whole, then. And certainly very typical of a middle-class Presbyterian family in the 1930s.

Would they have thought of themselves as being middle-class?

No. No. I don't think that was ever discussed. It was just there. There was less family discussion then, much more. I mean, again, my son and his family and daughter, and her family, there's far more chat round the table, they're far more outgoing. I mean, they will say to their parents, "Look, that's a load of rubbish you're talking". I mean, we would never have said that. That just wasn't ... what my father said was law. It's a tremendous change in that respect.

Were you able to talk much to your father?

You talked a bit. There was never that free and easy discussion that there is in the 1990s household.

Did that apply to your mother as well?

Yes, it did. Less so. Probably less so. Yes, much less so.

Were you able to share your worries with them, then?

Oh yes, you were.

Were you closer to your father or your mother?

My mother.

Why was that?

Well, he was very much the headmaster figure.

Was he out of the house a lot?

Yes. He was out of the house a lot. He was involved ... teaching, and teaching politics, the Teachers' Union, the Church, the Sunday School, Church Meetings, Elders Meetings, his life revolved round such things.

Was religion important to you?

No. It wasn't, no. Not in the way it was to that generation.

How often did you attend services?

We went to church most Sundays. The church to which he was attached was a fair distance away, so we gradually distanced ourselves from it. But we certainly went to church on Sundays.

And how often would your father go?

He would go in the morning, and he was the Superintendent of the Sunday School, and he would often go to the evening service as well.

This would be on a Sunday?

Sundays, oh yes. Yes.

What about in the week?

Just church meetings, several church meetings. But we gradually distanced ourselves from that.

Didn't he try to encourage you to take more of an interest?

No, as long as we trotted along to church on the Sunday, he seemed quite happy.

But religion was important to him, was it?

Oh, very, yes. And religion and the administration, and all that was to do with this.

He liked running things, did he?

He did, and he liked running, to run things, or to be involved with them.

Did he take an interest in politics?

He was interested, but not actively so.

How about your mother?

She was interested, but again, not actively so. She had three children and looked after the house, and she was pretty busy. Indeed, again, by the standards of the time, she was very busy. I mean, there was no washing machine, no fridge, and she, she worked! She, in the household sense, looking back on it, she was very very busy.

Did she ever return to teaching?

No. She didn't, no. Again, she had three children, and she gave, she stopped teaching. I mean, they were married, and never returned to it. Never discussed returning to it.

Do you know how your parents would have voted in a General Election?

Oh, Conservative! And no messing! [LAUGHS] First stop Unionist it was, then.

And this would have been a Protestant School that he was the Headmaster of?

Yes, is the short answer. Yes. [LAUGHS]

What was his opinion of Catholics?

Oh, he ... he looked down on Catholics. He, he ... ... he looked down on them from a ... it's so difficult to, to define this, but he certainly ... no, I don't think that's quite fair to say that he looked down on them, but there were many of them who were, nowadays, you would call them "economically deprived", and he would have called them "shiftless". "Large families and shiftless." He, he didn't have many friends. He didn't have many friends who were Catholics. And yet, in the, where he was brought up, there were many ... he was quite friendly, and my grandfather was quite friendly with the Roman Catholic farmers in the same economic bracket, but they all tended to look down on the labouring classes, many of whom were Catholics, and some of whom were fairly shiftless. So this was partly religious, and partly political, and very largely economic. But in his working life, my father didn't come across many Catholics. Their paths just didn't cross. And I can see it more in the, in the rural setting, in this farm in County Monaghan. I can look back on that and see it much more clearly. The Roman Catholic farmers there, who, there were quite a group of them running a similar size, 40, 30, 20 acres, 30 acres, 40 acres, 50 acre farms all around, and most of the labourers were Catholics, and some of them weren't very ... energetic! [LAUGHS] And they came in for a lot of stick from the farming community in general, generally. But how much of that was religious, how much was political, and how much was just economic, I wouldn't know.

Did your grandfather continue farming down in that part of the world?

Yes. He continued farming until he died.

How did your father get to be in Belfast?

In search of a job, teaching. He qualified as a teacher in Dublin, and then went on to the school in Belfast, as an ordinary assistant master, and then became a headmaster.

Couldn't he find anything in Dublin?

I don't know. I think jobs were easier to get in Belfast, particularly for a Protestant, for a Presbyterian. I don't think a Presbyterian looking for a teaching job in Dublin would have been top of the ... top of the league table! [LAUGHS]

You said he didn't have many friends?

No, he ...

Catholic friends, did you mean?

Catholic friends, oh no, no, no. But he had a lot of friends in the teaching community. An awful lot of people who came to our house were teachers. Oh, he had a lot of friends in the teaching community.

Did he have any close friends?

Yes. He'd fair number. But again, they were nearly all teachers.

And how about your mother, did she share the same circle of friends or not?

Oh very much so, very much so. Their circle was very similar.

Teachers again?

Teachers again.

Could you describe to me some of the things that you and your family would have done for enjoyment, while you were growing up?

Well, once I went to school, my life centred round the school, you were playing games and suchlike. We used to go down, as a family, we used to go down to Monaghan. But we didn't go out very much as a family. We went to the cinema. But once we were at school, again, my life began to centre around school friends.

Why was it that you didn't go out much as a family?

Because our interests were different.

What sort of things did your father do for relaxation?

Oh, he would, this was all centred round school and church and so on. That was his relaxation.

So he drove himself quite hard?

He worked hard, but he enjoyed it.

Did your mother have any hobbies?

No. It was all to do with the ... much the same - the kids, the kitchen and the kirk! [LAUGHS]

Are you like your parents in any way, do you think?

I think we're alike, but there's such a social change that's taken place, that we're alike in some characteristics, but the whole setting, the whole society has changed. Our lifestyles are so different.

How would you say you're alike to your parents?

I don't think I'm qualified to answer that! [LAUGHS]

Did you have any close friends?

At school, yes.

And did they come from a similar background?

Yes. Very similar backgrounds. Well, not necessarily teaching backgrounds, but very similar socio-economic group.

Did you come into contact with Catholic children?

No. Minimally.

What would your parents have said if you'd have brought one home?

The question just didn't arise. Oh, there were some lived ... there were some lived farther down our street, farther down our, well, it is called a Gardens, farther down our particular housing set-up. And I remember my mother was quite friendly with them, she'd talk to their mother, certainly. And I used to talk to these children. But, once again, once you get and go to school, you become bound up with your own friends at school.

What were relations like between Catholics and Protestants in Belfast, then?

Very good. I was not aware of the divisions that were growing up, that were ... that were building up at the time. I was, curiously, unaware of that. I was aware of the difference, I mean, they went to one church or one school, and we went to another, but there was nothing like the present awareness.

Was any member of the family ever seriously ill, while you were growing up?

No.

What was your own health like?

Fortunate. Very good.

And do you remember your own GP?

Yes, I do. Yes. One does. [LAUGHS] A Dr. Holliday. Yes, I can still ... I was taken to him when I fell off my bicycle and cut my eye, and that sort of thing. That sort of thing.

Do you remember any deaths in the family?

I remember my grandfather's death. I remember going to my grandfather's funeral, although nobody died, I was never close to death. My grandfather's death, and my grandmother's death, I remember going to their funerals, but no, no close acquaintance with death, as a child.

Do you remember what happened when they died? Was there any period of mourning, or anything like that?

No, there wasn't. No.

I'd like to ask you a few questions about your education now. How old were you when you first went to school?

About three and a half. I went quite young, to a little local school, where the headmaster and some of the staff were friends of my father's. So I went down there when I was quite young. I think I was about three and a half.

How long did you stay there?

Now, we moved houses. We'd moved over to the other side of the town, and they moved there, probably until I was about seven. And I then went to another, what was then called a public elementary school. And I stayed there until I was about 13.

And then where did you go?

And then I went on to the secondary school. It was a large ... secondary school. It was called the Royal Belfast Academical Institution. It was *the* big Protestant one in the centre of Belfast, popularly known as "INST". And there I stayed from 13 to 18.

Was this a fee-paying school?

Yes it was. I had a small Scholarship that lasted, one of these endowed things that lasted for three years. But it was, basically, a fee-paying school. And this small Scholarship was fairly nominal. It didn't pay the fees. It didn't pay anything like the true fees.

Was it an expensive school?

Not particularly. Just the usual grammar school, what we would now call a grammar school. We called it a secondary school.

Would it have caused your father any financial problems to find the fees?

No. I don't think so. I mean, although we were, although there were three of us, he was, by the standards of the time, he was fairly well-rewarded, we were always comfortable, although you were aware that an awful lot of people weren't in the 1930s, you were aware that an awful lot of people ... you were aware of the huge unemployment and the Depression that was going on.

Did you attend the school which your father was headmaster at?

No. Never. Never. He was against that for some reason.

Did he say why?

No. No. I don't think it was ever defined. But I got the impression from my mother that he didn't think it was a good thing, to try and teach your own children.

What were your favourite subjects at school?

I suppose I was into the sciences fairly early on. Yes, it was very much the, the mathematics and suchlike, were my favourite subjects.

Was there any one particular teacher who influenced you, while you were at school?

No. I got on pretty well with most of them. Played games and ... no, I had no ... no one influenced me, no.

Were you a hard-worker?

Yes, I was. Yes.

Did your father keep an eye on you with your work?

Not really. It was just expected that you would get on with your work. The atmosphere was such that you got on with your work. It wasn't discussed all that much. You just did it.

What were you hoping to become, while you were at school?

Oh, I wasn't very definite. I was never set on doing medicine. And then it just ... made up my mind, later on, at school. I drifted into it.

Had anything else crossed your mind?

Not really, no.

What sort of career do you think your parents had in mind for you?

Well, something like medicine.

One of the professions?

One of the professions, yes. Definitely.

So they'd have been happy if you'd have said, "Look, I want to study law"?

I think so. But law was never discussed the way it is now. They wanted more of ... yes, something like medicine.

Would teaching have been acceptable to them?

He wasn't very keen on us going into teaching. He wanted ... I think medicine suited him nicely.

Do you think he saw it as an improvement?

Yes. He did.

So he wanted you to get on?

That's right. He wanted us to get on. That puts it in a nutshell, yes!

Did your parents encourage you, once you had decided to do medicine?

Yes, they did.

So what age would you have been when you finally decided to study medicine?

Oh, between 17 and 18, which was the, very much the par for the course.

And did you take exams?

Yes.

In what subjects?

The science subjects. What was it? Mathematics ... we did what was called the Senior Certificate then - geometry, arithmetic, algebra - a whole list of things like that, into those, something like that. But it was largely mathematical things.

What sort of things did the school consider as being important in life?

Oh, very much the ... very much getting on. Passing your exams, getting to university, that was the ... to some extent, that was the be all and end all.

So there was stress put on academic accomplishments.

Academic accomplishment and games. Games were very important.

And you travelled home every day, did you, from the school?

Yes. The bicycle. I commuted on my bicycle!

Did they accept boarders, or was it just a day school?

It was almost entirely a day school. I think there were some ... I don't think there were any boarders. There may have been at one time, but it was essentially a day school, yes.

So how old would you have been when you left school?

I think I was 17. Yes.

And where did you study medicine?

At Queens University, Belfast.

And why did you choose there?

Because it was the local one. They never thought of any other one. Now, the intake into this big grammar school that I was at, Queens was the logical next, next step. It was only up the road, so to speak, from, from the school. And going to any other university was never discussed.

Did it have any particular tradition attached to it's medical teaching?

No. *[End of Tape 1 - Side A]* ... and I commuted. A lot of sort of did it out on bikes, that was very much the mode of transport at the time. You could use public transport on bad days, but the bicycle was an essential.

Was it mostly a Protestant intake into the university?

No, it wasn't. It, it, yes, it was mostly, is the correct word, yes, it was mostly a Protestant intake, but there must have been 30 per cent Catholics, and they went to a different hospital. We used, we used the Royal Victoria Hospital, and the City Hospital. And the Matter Hospital in Belfast catered for the Catholics. But we mixed in at lectures, and so on, and got on well with the, with the Catholic students.

Why did they go to different hospitals?

Tradition. It was always there. Nobody questioned it. They went to the Matter Hospital. They didn't all do so. I had a friend who, a friend who ... went to the Royal Victoria Hospital and City Hospital. But very largely they went to the Matter Hospital in Belfast.

What was life like, as a medical student, in those days?

Oh, very enjoyable. Again, we worked pretty hard.

What did the training consist of?

We did anatomy to start with. We did, we hadn't done biology at school. A lot of medical students do biology. And we did science for the first year, and then went on to physiology and anatomy, and then on into clinical stuff after three years. No, I'm wrong. Two and a half years, and then we went on into the pathology and clinical studies after that.

Did you have much contact with your lecturers, in your pre-clinical training?

Very little social contact, but discussions and, yes, we had good, we had good teachers, very good teachers.

What did the pre-clinical training consist of? Was it lectures and tutorials?

Yes, it was. Lectures and tutorials.

And, with the clinical training, how was that organised?

That was ... teaching on the wards, lectures, teaching on the wards, and then living-in as a, what they called a "Ward Clerk".

Was it the same system as in England, where you were attached to a firm?

A firm, yes. The very standard ... yes, very much the same.

And what sort of work would you have to do, as a student, as part of the firm?

You took the, admitted the patients, took the notes, did some of the preliminary tests.

How were students treated by the other members of the firm?

Quite well, but you had to know your place! [LAUGHS] You didn't step out of line in the hierarchy!

Yes, what was the hierarchy of the firm?

Oh, it was very much the consultant was the tin god then, compared with now. The consultant, and then you had, there weren't registrars then, but there was a senior houseman, and a houseman, and then there was the ward sister and the staff nurse, and the probationer. And the consultant, those were the days of the voluntary hospitals, of course, where the consultant gave his time free in the mornings, and then ran his private practice in the afternoon. So whenever he arrived at the voluntary hospital in the morning, he was treated like a tin god, I mean, you were expected to be out there, the doctor and the sister, and the students were ... they opened his car door, and bring him in, escort him in. Well, nowadays, the consultant is scratching around looking for a nurse to help him! He arrives on his bicycle and ... has to find a, go and find one of the nursing staff to, to help him. But in those days, the sister used to hold his coat for him! So there was very definitely, a very definite hierarchy that doesn't exist today.

Did you have much to do with consultants, as a student?

No. Well, yes, they taught us, but we didn't have a lot to do with them, socially.

How were you expected to address them?

"Sir", and no messing!

And, as a student, were you expected to dress in any particular way?

No. But you, you weren't expected to dress in any particular way, but you had to conform. You had to wear a tie. I mean, it could be a scruffy tie. But I remember one student who didn't wear socks, and this was pointed out to him in no uncertain fashion that he should wear socks.

How did the consultants treat students?

In ... ... they treated them very much like glorified schoolboys. As long as you conformed and answered questions when they were put to you, it went very well. And nobody, very few people stepped out of line. People knew their place then. [LAUGHS] Nobody ever argued with a consultant. It was never up for discussion. In other words, you conformed.

And did students accept that?

Yes, they did. They accepted it. Very much so.

Didn't they grumble amongst themselves about consultants?

They grumbled to some extent. Yes, they did grumble. But that's the way it was. You conformed.

Was it hard work?

Yes it was. We had to commit an awful lot to memory. More, I think, than the modern students. The anatomy, for instance, we learned an enormous amount of detailed anatomy, and that really was hard work. You had to grind away. And the failure rate was very high then. At the end of the first year or so, certainly at the end of, the end of the second year, when we did our anatomy and physiology, I mean, we lost about nearly 30 per cent of the intake. They were weeded out later then. Nowadays, if you have passed your 'A' levels, and you've got your A and two Bs, or something like that, you're almost certain to qualify, the wastage is very low. But then you could get in with possibly lower qualifications, but the big wastage came at the end of Second MB, the anatomy and physiology, and there was a very big drop out rate then, those who didn't pass the exam. So there was a fair amount of pressure on people.

Did you feel that pressure?

I did. I think everybody felt that pressure. They had to swot up these enormous number of facts, the actual memorising the origin and insertion of muscles, and the different vessels running round your elbow, that had to be memorised. And the same applied to the physiology.

Did you enjoy that hard work?

I did. Yes. I enjoyed the hard work and the competitive atmosphere, and all your friends, and discussing what you knew, and saying you weren't doing any work, and them saying, "Oh, I was out every night last week", and you knew jolly well they weren't! Yes, I think most of us enjoyed that.

Was that because of your background, do you think?

Yes. I do. Children were brought up in the tradition of getting on with their work.

Did you have much time for social activities, while you were training?

Yes. We ... Yes, there was a certain amount of social life. We went to dances and suchlike. Played a lot of snooker in the Students Union!

What were your impressions of the training you received? What did you think of it at the time?

Yes, we thought it was a good training. But there was a lot of grumbling, because you had to learn far too many ... this was the main, that was the big grumble, particularly in the anatomy, and to some extent, in the therapeutics. Once we started, this was after we had done Second MB, we did a therapeutics course, and you had to learn an awful lot of reactions about drugs and treatments and therapy, that was, even then, beginning to go out of date. And we had to assimilate all these facts and figures. And we complained a lot about that.

Was that because you didn't feel it would be useful in the future?

Yes. We did. We could feel the change. And some of our teachers were quite elderly, and I think we could see the change coming, in a way that some of them couldn't. Don't get me wrong, these were very good, these were very eminent men.

What were the most important events for a student, during the course of the training?

I suppose passing the exams! [LAUGHS] As simple as that!

What was it like doing that first dissection?

I, I had no trouble with that. You started off doing frogs and so on, and you just went into it naturally. There was so much you had to do. I had no, no qualms about that at all. Very few people had. I can't remember anybody being ... you hear about people being sick and things like that. I can't remember that at all. We just moved into it. You just started dissecting an arm and a leg first of all. The smell of the formalin, we had bodies that were from the old City, unclaimed bodies from the City Hospital, and, no, we had no qualms about that.

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

At that stage, the War was on, and I pictured myself then, when I qualified, going into the Army. But then, of course, the War finished by the time I was qualified. At that time, no ... I didn't see beyond qualifying and going into the Army.

You wanted to go into the Army, did you?

It was assumed that you were doing medicine and, with a view to going into the Army. But then the War ended just before I qualified, and that all evaporated.

There was no conscription in Northern Ireland, was there?

No. There was no conscription, no.

So you didn't really have any plans as regards a medical career, then?

No career plans at all. That was the, that was the ... the light at the end of the tunnel was qualify, and go in the Army.

So what year would it have been when you qualified? 1945?

'45, that's right, yes.

And what year had it been when you first went to University?

'40. Yes.

Did the War affect your training, in any way?

It affected it in that a lot of the young men were away, and we had a lot of elderly teachers. It had that effect. I said we got a good training, and we certainly were taught by very senior men, and they, the younger ones who possibly would have replaced them, were away at the War.

Do you think your training prepared you for general practice?

I think it did, to some extent, yes.

Were there any gaps?

Well, I won't say gaps. [LAUGHS] Huge gaps! But, it was quite established at the time. It was a good, it was a good training. No doubt about that.

Where were those main gaps?

That's a good question! [LAUGHS] There were gaps in obstetrics, there were gaps in paediatrics, there were gaps all over the place. But it's impossible to, to cover the whole field.

What were people's attitudes towards general practice, at that time?

Well, can I go back to that, and qualify that?

Yes.

You were given a training, although there were gaps, you were given a training for which you were qualified to fill those gaps. So it was a good training, we had a good, we had a good schooling, a good training. And it was up to yourself to fill the, although there were gaps, it was up to you to fill them. You were made aware of the gaps. You were made aware of the, of any, if there was a vacuum, it was up to you to fill it. And the reality to general practice then was, it was, to some extent, looked down on, as being those who, who ... Wilson, the President of the Royal College of Physicians called it, "those who fell off the ladder", there was a very definite ladder there. But it was much more difficult to get a consultant qualification then, I mean, once you were qualified, because of the poor pay of house physicians or, or house surgeons, resident doctors were very ill-paid then.

So unless you had ... a source of income, you couldn't really do it?

Either, either grim professional determination, or supplementary income, support from home, you couldn't do it. Mind you, a lot did it. A lot did it by sheer grim, and sheer professional determination. And a lot of them postponed marriage, of course, for quite a long time. But those who wanted to, who qualified, and they wanted to get married within the next year or two, were fairly committed to going into general practice. And that made up the minds of an awful lot of people.

What were your own opinions of general practice, then, can you remember?

It was a, it was a good living, a satisfactory life. But one would have liked to have gone on and become a consultant. No doubt about that.

Was that purely because of the prestige attached to the job? Or was it something else?

The prestige, the money, the professional satisfaction, the standing, the greater interest in, in ... becoming more perfect in one field.

I mean, you said professional satisfaction.

Yes.

What satisfaction does a consultant get?

Because he ... he becomes ... much more dominant in one field. Much more, he becomes much more accomplished in his more limited ... in the more limited field in which he works.

Couldn't you say that the GP becomes accomplished in a particular field?

Its become increasingly difficult to do that. Medicine has become so ... wide, so all-embracing, that it's difficult to be an expert in all those fields. There's, there you find the gaps in your knowledge ... various things.

So you'd have been happy to go into a consultancy?

Yes, I would, yes. I would have liked to have gone on and done something else.

For all those reasons?

Yes.

Or is there one which you would pick out personally?

I would like to have gone into surgery, and ... and I think I'd have got greater professional satisfaction out of that. Possibly contributed more. [LAUGHS] But that's water under the bridges.

So you spent five years training?

Yes.

Did your father have to pay for your training?

Yes. He did.

Did that mean the family making sacrifices?

I think there might have been some sacrifices. But my father hadn't, hadn't very expensive tastes anyway. He didn't run a car, he didn't appear to want a car. He was, he was happy enough in his life. He was busy and involved. There were, there were sacrifices, obviously. I mean, he could have gone, he didn't, he didn't appear to want to go on luxury holidays, he didn't do so. Now, I don't know whether he ...

Was he the sort of man who would have wanted to go on a luxury holiday?

I don't think so, no! Is the short answer! He wouldn't. He would have been out of place on a luxury holiday. But he certainly didn't do so. But he, I was never given the impression that he was saying, "Look here, I'm paying for your education, therefore I can't go on a luxury holiday". So he, there must have been sacrifices. But again, headmasters were fairly well-rewarded, by the standards of the time.

He would have been happy, happier paying for your education, rather than spending it on some sort of ...

Oh, well, I can't assess his happiness! I'm not qualified to do that! But there was a ... we were never wealthy, but we were never hard up. But I doubt, we were talking the other day, I was saying to my sister, I think it was, "Did my father ever earn £1,000 a year?" And she didn't think so. Such is inflation. But that's not really relevant to this!

So what did you do after you qualified?

I came to England. I was a house surgeon in Bolton. Jobs were hard to get in Belfast, and they were a little bit better rewarded in England, and I came over here.

Was that a wrench, leaving Belfast?

Not particularly. They say that in Ireland, medicine always leads to the Liverpool boat, so ...

Did lots of your contemporaries leave Belfast?

Yes. Yes. An awful lot, yes.

And how did you find the job in Bolton?

Oh, I slotted in there very well.

How did you find it?

I liked it.

How, no, how did you actually find the vacancy?

Oh, the columns of the *BMJ*, there were lots of these vacancies, and Irish doctors were very welcome then. There was a great tradition of Irish doctors coming to England, and they had a lot of good, good, hard-working doctors from Dublin and Belfast. So we were quite welcome there.

Was there an Irish community in Bolton?

Not, no, I was very much tied up with the hospital community. There was no real Irish community, as such.

So this was a house job?

This was a house job.

House surgeon?

House surgeon, in Bolton, for six months.

And what did you intend to do when that finished?

Oh, well, by that time, I was ... I was engaged then. I got engaged when I qualified. I was going to get married, and I was just doing that. And I started, then, looking for a general practice to take up at the end of my six months in Bolton.

So when had you decided that you were going into general practice?

Oh, in my last year at Queens. And once the War ended, I was definitely going into general practice.

What made you give up the idea of specialising?

Well, I was engaged to be married then, and I couldn't see it, I suppose I put, I'd read a few books then vaguely, but basically, I was down for general practice.

So you spent six months in Bolton.

Yes.

Then what happened?

Then I left Bolton. I could have stayed there, but I couldn't see much future in it. And I did locums, I did general practice locums after that. I did general practice locums between leaving Bolton in the summer, and the following Christmas.

Were they all in Lancashire?

No, I did one in Hull, and one in Newcastle, and one in Yorkshire.

How did you find those?

I went to an agency in Manchester. There was an agency attached, it had some connection with the BMA, and they would find you a job, and take, I think it was 10% or 15% if they found you a locum.

And what did you think of the standards of medicine in those practices?

Some good. I did one at a place called Upper Mill, which I think is just into Yorkshire, it's on the Yorkshire/Lancashire borders, and that was a well-run practice. I did one in Newcastle-upon-Tyne, and it was terrible. It was an enormous practice, with no records at all, and you'd, one really worked all day and half the night as well, doing the calls, more or less as they came. And that was an enormous disorganised practice, where the standards were really appalling. There were all sorts of undiagnosed things, lurking in the undergrowth! [LAUGHS]

What were the reasons for these people employing a locum?

Holidays. These were all holidays, all the locums I did were holiday locums.

So how long would you have spent in each one?

I spent a few weeks in Hull, a few, two weeks in Upper Mill, three or four weeks in the one in ... in Newcastle. Yes, that's right.

Was the locum expected to do more than their fair share of work?

Oh no, he was, he was expected to keep it was going. I was on my own in all these, when the, when the single-handed GP went on holiday. And you were really expected to keep it going.

That must be difficult, just moving into someone else's practice, and taking it up?

It's difficult, but it was very much the ... the way it was done, in those days. That was the standard procedure then. And, without any prior training for general practice, you just embarked on this and got on with it. I mean, that would be totally unacceptable nowadays.

I mean, when you went to that practice in Newcastle, for example, did you think, "Oh, what have I let myself in for?" Going into general practice!

No, well, I was quite lucky to get the work then, and, of course, whenever you're young like that, you think you can cure anybody! Your confidence! Now I'd be appalled at the thought.

How much were locums paid?

About ... £700 a year, £14 a week. I think the most I earned was £15 a week then. That's from memory, and I think that's correct. I know when I took over my practice, I took out an insurance policy, which paid, which, if I had been ill, and needed to employ a locum, would have paid that locum £14 a week. And I still had that policy, and we still paid the premiums on it when I retired! And I was looking at it when I retired, and thinking, "Well, what sort of a locum would I get for £14 a week, in 1980-something!"

What sort of fees were the patients charged?

3/6d. was fairly standard. 3/6d. for a visit and a bottle. And that included medicine. Three shillings for a consultation. And I found that that was nationally very even, and that was round the one in Hull, and in Yorkshire, and in Newcastle, it was very much the same. It was 3/6d. for a visit and a bottle of medicine, 3/- for a consultation and a bottle of medicine.

More for a night visit?

I can't remember that, but I don't think so. I can't remember any out of hours supplement. You, you read about a guinea having to be paid up front, but I never encountered that at all.

Were there differences in payments, as regards the class of the person you were going to see?

Now, I can't remember that when I was a locum. I can tell you much more about that in my own practice.

Now, you did these locums then.

Yes.

How long did they last?

That lasted until some time into the autumn of 1946, and I then got an assistantship in the autumn of 1946, in Lancashire.

Whereabouts was that?

In a place called Newton-le-Willows, near ... between Warrington and Wigan.

What sort of practice were you looking for?

I was looking for an assistantship with a view to a partnership, or succession to the practice.

Were you looking for an urban practice, or would you have been prepared to work in the countryside?

Either. Whichever came up.

So you had no ...

I had no preferences.

No strong feelings about where you wanted to work?

No, no feelings.

Okay, so you got an assistantship in Newton-le-Willows.

In Newton-le-Willows.

With a view?

With a vague view. It's ... *[End of Tape 1 - Side B]* ...And I don't think it would have held two, I don't think the economics of it. It was a busy practice. Well, it would, well, it would have held two by modern standards, but now, two would have been hard-pressed to make it two good incomes.

Had he had an assistant before you had arrived?

Yes, he had. Yes, there had been assistants before, but I don't know what happened to them. But I got this job, again, through the, the agency, the BMA Agency in Manchester. Although it wasn't the BMA's, you see, but it had some relationship to the BMA, and the bloke there was very good, and he got me this for £700 a year.

Was that a good income at the time?

That was the standard assistant's income then. The, the ... bloke I worked for in Newton-le-Willows then, that was about ... I got married then, just before the Christmas of 1946, that's right, and we, my wife and I moved over there, and he provided a flat above the surgery, and provided a car. So, along with the £700 a year, there was a flat over the surgery, which was pretty grotty anyway, and a very grotty motor car! But you were lucky to get that! Jobs weren't easy to come by then. So we stayed there, I worked there, as I say, for £700 a year, and those were, the fees were roughly 3/6d.. He varied them a bit. Now, he did, he did have some class patients to whom he charged five bob a visit and a bottle of medicine. And, of course, they had a dispenser there who did their own dispensing. The panel patients went to the chemist, to give prescriptions to the chemist.

Would you see the private patients?

No. He saw largely the ... the private patients. But I saw any that came my way. The private patients, of course, were those whose husbands were on the, on the panel, they were in the insured. And he also was the Public Assistance Committee Medical Officer. He was the MO to the old PAC, which had green prescriptions. And there was a small fee from the ... who paid that, now? It wasn't ... the Board of Guardians had gone. It was the, the local authority were responsible, it was the local authority, the Public Assistance Commissioners were responsible for paying that. And he made quite a whack of his income from that.

Was it a big practice?

No. Saying that, it wasn't all that big. I can't remember the panel figures. But it would have been hard-pressed to provide a decent income for two partners.

How long did you stay there?

Approximately six months. I went ... I didn't hustle him about a partnership. I wasn't all that keen on him anyway, I wasn't all that keen on the practice, and I became determined not to stay there. And I went to see this bloke who was, actually, very good to us, this bloke at this bureau in Manchester, this Agency. And I said to him, "What about ... I'm not all that happy here." I was happy enough, I liked the place, I liked the people round there, we got on well, and I was doing well enough in my relationship with the patients. But I remember going off to see this bloke, with Doreen, with my wife, we went off and we saw this bloke, and I said to him, "Well, what are the possibilities of a general practice on one's own?" And he said, "Well, you're either going to have to look for a partnership", and he gave me a whole list of partnerships where you could work for five years for a third of the income, and then a view to partnership, or half share for another ... it was usually a third share for five years, and then sometimes it was a half share for another five, and then parity. And I didn't like this at all. Some were ... half, I can't remember the ratios, but it was nearly always starting at a third share. And I said to him, "Well, what about buying a practice?" And he said then, "Well, you're taking a chance if you buy a practice", this was into the spring of '47, he said, "for the Government, obviously, there's going to be a National Health Service in 1948, you're going to take a chance if you lay out your money on this practice, whether the Government will simply take over general practices, and you will not be refunded your outlay". But

then the BMA were saying, the BMA people were saying, very definitely, there will be compensation, there would be some compensation. You may lose some money. " And it might be better", he said, "also, on the other hand, after, if you wait till, after July 1948 when the NHS started, you will have to apply and be appointed". And he pointed out then, that it might be better to get in on the ground floor, take a chance on losing money on the compensation, and be an established GP when the NHS comes. So Doreen and I went to see him several times in Manchester, and had a long discussion with him, several long discussions with him. And he said, "Right. Take a chance and buy a practice." So we decided to buy a practice.

Were you nervous about going in for that?

Yes. Nervous about it in a way, but you've more confidence when you're young. And I thought I could make a success of this. So we bought a practice in Blackburn.

What was it that made you decide that you didn't want to stay in Newton-le-Willows?

I couldn't see any future there.

Do you think he was leading you on, as regards a partnership?

Well, he wasn't. I never said to him, "Look, is there a partnership here?" I got the feeling ... there was no, there was no ill-feeling or anything, I got on quite well with him. But, of course, I worked pretty hard then, I was prepared to get on with it. But I just had the feeling that ... well, I didn't think it was big enough for the two of us. I thought I could run it on my own, quite honestly.

Would you have been happier working on your own?

I would, yes, temperamentally, I would have been happier working on my own. I would always have been happier working on my own. But, in the nature of general practice, with needing the cover for half days and nights, and holidays, and so on then, it's then that you need the partners.

Why do you prefer to work on your own, if you can?

You're responsible for yourself. You make your own decisions and you, you have the profits of the, if you do well, you make the profits.

Okay, so you found the practice.

Yes.

In Blackburn.

Yes.

What had happened to the, the previous occupant?

Well, the previous occupant had run it all during the War, and he had decided to go into public health. He was still relatively young. I don't know what age he would have been, around 40, say, but he had decided that he would go into public health, he was quite ambitious. And he thought that the public health doctors would run the National Health Service. And he went off, he sold his practice, did pretty well out of it, and went off to do a Ph. ... not a Ph.D., a D.P.H - a Diploma in Public Health - so that he would be involved in the running of the Service.

Was that feeling widespread?

It, it was ... no, it wasn't widespread, it was debatable. Nobody knew who would be the, the big boys in the coming NHS.

So you had to buy the practice from him?

Yes. I gave him the ... the BMA people were very helpful. The practice was earning two and a half thousand, and we've just been, Doreen and I have been talking about this, and I've just been refreshing my mind about the figures. Two and a half thousand, and I paid him a year and a half's purchase, which was £3750. Isn't that right? Yes, it is, yes.

How did you manage to lay your hands on that amount of money?

The, the bureau lent it to me. And again, they were very helpful. I, I, I got the house, the house was ... this was a big Victorian, end of terrace house with a surgery at the back. We paid, I think, £2,000 for that. And the Halifax Building Society lent me the money on that, and the bureau people laid out the money for the practice.

Did you think you would manage to get hold of a bargain there?

No. It was no bargain. It was the market price. That was the going rate, and this was a good practice, a flourishing practice, for sale, at the time. It was flourishing because the bloke was still young. He wasn't, it wasn't, it hadn't gone down the nick. No, it was no bargain at all. It was very much the going rate, The one and a half year's purchase.

Did you look at any other practices?

Oh yes, indeed we did. We looked at Stockport, we looked at an enormous house in Stockport, but Doreen just looked at the windows, and said it would take a year's income to put curtains on those! We looked at another one in Chester. And it's hard to recall, the number we looked at ...

Were they all in the same sort of region? I mean, in the North-West?

Yes. We, for some reason, we seemed to settle here. Well, you had to really, we were working from Manchester. We went to some in Yorkshire as well. Yorkshire, Cheshire and Lancashire. But by that time, I was looking, we were looking for one that had a decent panel, to give you a basic income immediately. The panel, of course, being the insured patients. And then the private, largely tied up with that, was the women and children belonging to the panel patients. And it was having borrowed so much money by the standards of the time, we needed basic income. So the practice we looked at in, in Chester, was too largely private, and if you don't go down well, your private patients can drift away, and you'd no panel cheque coming from the Insurance Committee it was, who paid the, the panel fees.

So a large panel gave you the security you needed?

When you'd borrowed the money, that's right.

How many patients did you have when you joined that practice?

I think we had a panel of ... 1500. Yes, I think we had 1500 insured patients, which was responsible for about half the income of the ... £2,500 gross. Yes.

And the private patients, how much would you have charged them?

Well, oh, that was the same.

The 3/6d?

3/6d. that is, is fixed in my mind. And we were 3/6d. for everybody, and we didn't inflate it for the ... we didn't raise it for the more affluent.

Why not?

Because we wanted to attract them in, whenever they ... we wanted as big a number as possible. This was in the summer, we went there in the summer of '47. And the NHS was then definitely coming in in 1948, so we had only a short time, we had, we had less than a year before the National Health Service started. And we wanted, then, to ensure that as large a number as possible registered with us in 1948, in the ... July 5th, 1948.

Was it difficult trying to attract new patients to the practice, being a newcomer to the area yourself?

Well, it was really a matter of retaining the ones in the existing practice. I didn't go out of my way to attract new ones, you just got on with your job and tried to give a decent service, in the hope that new ones would come. But we weren't ... it was a substantial practice anyway, it was a good enough living. We'd laid out our money on a good practice. And it was a matter of getting on with your work and keeping the customers happy, so to speak.

Was there any difference in the relationship you had between, as with panel patients, as with private patients?

No. None whatever. I took jolly good care that there was no difference, for an awful lot of your private patient was Mrs. Smith, Mr. Smith was panel, so you couldn't separate the two.

What about those who didn't have a member of the family as a panel patient, but who were fairly well off? Did they expect a different kind of treatment?

I don't, I don't think so. And I, certainly, in that short time, didn't give them a different type of treatment. This practice in Blackburn was approximately half way between the town centre and the boundary. We were on a main road, approximately half way between town centre and what was then the tram terminus, so that we took in a sector of Blackburn, which included the, the less affluent in the town centre, the, nowadays you'd talk about the deprived or something like that, and the fairly affluent suburban, and semi-rural ones. But we, we went to great pains not to make any difference, for they were all going to be the same after July 5th, 1948. So we, we set our stall out just to, to provide a decent service.

But did some of them expect a different kind of service?

They did, and they got it. Indeed, they expected it, some of them. Yes, they were used to, to that. But that's life! We had some who, we used to call them the "front door service", who came knocking on the front door for attention at all hours. But you have to put up with that.

How many other doctors were there, locally?

The usual. It was very much ... it was neither over-doctored nor under-doctored. There were other practices nearby.

Was there any competition for patients?

Yes, there was competition for patients. But, on the other hand, we got on pretty well. There were no, there was no holiday cover or anything like that, particularly in ... there was a Thursday rota running, but we weren't members of it. This was a Thursday, a Thursday afternoon cover, was the only co-operation that went on. And it was appreciably into the National Health Service before we, a group of us, met together and formed a Thursday afternoon rota. Apart from that, you did all your own night cover.

Was that because things became less competitive under the NHS?

Yes. Absolutely. Yes, it became rather less competitive. But even so, even in whatever ... the National Health Service started, they were aware of patients changing, you had to look after your corner.

I mean, were there any cases of patient poaching before the NHS?

Oh, indeed there were, yes. Well, my experience before the NHS is pretty short. It's, what, it was August to July, so less than a year, call it ten months, so ... I'm sure there were some poached from our practice when I took over. I was aware of that. Years later you'd become aware, "Oh, I used to be in this practice ages ago", and you became aware that a fair number were poached. But we didn't lose all that many. We, ours held together pretty well.

Did you enjoy that competitive aspect to practice?

Oh, you're young then. Yes, I did. Yes. You enjoyed it. And particularly in retrospect, I mean, there were worrying aspects of it at the time, and some of these GPs who are now, before I left, I remember saying to somebody, I remember you ... that competitive stuff. And he says, "Oh, it's all water under the bridge just now!"

Did that ever cause problems in the relationships between doctors?

There must have been, but I don't know much about that. No.

So what would your income have been in that first ten months, say?

It worked out as predicted. We were just over the two and a half thousand on which the income was based. We made a bit more, we made about two thousand, and, adjusted for the ten months to July 5th 1948, I think we made something like £2,700.

Were you happy with that?

Yes. Yes. It worked out all right. We ... you're afraid of making big losses. You were afraid of running into ... you had laid out this capital, you had borrowed this money, and you were afraid of losing. So we were quite happy to, more or less, break even. And we did a little bit more than breaking even.

Just going back to the fees you charged, how was it decided that it would be 3/6d. for a consultation?

I don't know. It was amazingly standard, nationally. I was surprised at this. I don't know how on earth they arrived at 3/6d.. And, and this ... a lot of it was made ... the low fees were based on a lot of visits. We visited obsessively, way into the 1950s, right through the 1950s, because the GP, prior to 1948, had had to make ... for instance, a chicken pox, he would visit a chicken pox two, three times. He would visit a measles, certainly four times. So that the small fees were ... a large number of visits compensated for the small charge. And you visited quickly, you went in and said, "Oh, that measles is doing quite well. You can pull the curtains back now. Get up in X number of days. And don't go to school until such and such a day". These were quick, a lot of quick visits. Maybe 30, 40 visits in a day. Well, nowadays, you're very busy if you do half a dozen!

Why did you do so many visits?

Because the patient expected it. It had been built up. And the patient expected it because the old GPs had gone there to earn a lot of 3/6ds., and that, but that's lingered. People still expected it when the National Health Service ... when the National Health Service started, GPs still expected you to do a lot of visits.

Patients still expected you to do a lot of visits?

Sorry. The patients expected, the patients' expectations come into it.

But doctors weren't so willing then?

They, but very gradually, you're afraid of missing something. And, of course, before there were antibiotics, measles were, measles were a much more serious condition, therefore you did trot backwards and forwards to see your measles, to look at their eardrums and suchlike, and see that there wasn't any infection there. So the patient was conditioned to it, we were conditioned to it, and, to some extent, it was necessary. But then we started then, with, say, a chicken pox, you would visit once, and sometimes that didn't go down all that well. You had to explain, "Oh, well, it's up to you, let us know if its —" normally a chicken pox is okay. It's a self-limiting thing, it's safe enough.

Were most people able to afford the doctor?

Yes. Most people were able to afford the doctor ... because my predecessor ran a big collection business. People who couldn't pay ready cash were put on to the collector's list, and he employed two collectors who went

round on a Friday night, and he would take as little as 3d. a week. And some of these people had an on-going bill. They just sent them a bill at the end of the quarter, and the collector continued to go. A lot paid 6d. a week, a shilling a week. And, and we inherited ... these bad debts went with the practice. So we inherited that, and those patients continued these collectors. I wish I'd kept these. I chucked them in the fire not all that long ago, these old collector's books that went way back. And I remember looking at one of them, and in 1937 he had put the ... the preceding doctor, who wasn't the one from whom I'd purchased the practice, he had simply crossed out some huge bills that were never going to be paid. Well, there was 40 quid, which, in 1937 was a lot of money. And he had ... and in the Depression of the thirties, he just put his pen through a lot of these. There was no point on going on at it. Threepence a week paying off 40 quid! Which was probably being added to when there was illness in the house! So we inherited the collector and these books. And he brought this cash in on a Friday night.

Was this his sole profession, this collector?

No. Oh no. He worked in a mill. He was a mill foreman or something like that. A chap called Hargreaves. And he made a bit, he took, I can't remember what his percentage was for doing this, for being the doctor's collector. And this continued. And then the dilemma was, whatever, in 1948, his dilemma, our dilemma was, well, would those bills be written off or not? But in point of fact, they weren't. And the collector continued until, I think, 1950, going round recovering increasingly smaller sums, diminishing sums each week. And years later, a woman came into me and said, "You know, whenever the National Health Service started, we owed you five quid and didn't pay it, and here it is now, they're all working now". This was years later! And I'd forgotten all about it!

Was that acceptable, under the NHS, that these debts were still able to be collected?

Yes. The others went on collecting. It must have been acceptable. I don't know whether it was legal or not, but it never came up. Oh yes, it must have been, it was legal, these were debts incurred *prior* to the coming of the Service.

What would happen if someone couldn't pay anything to the collector?

Oh well, you just carried on. But that very seldom arose. We had very few actual bad debts. Looking back through those books years later, it was those 1937 ones where he had put his pen through, the preceding, the previous doctor had, had just axed a lot of them. But most people, during the War, there was, there was a reasonable amount of money knocking around in Lancashire, and we had very few actual bad debts.

Did patients ever pay in kind, or give you gifts, or anything?

Oh yes, oh, we were given a lot of gifts, yes. But nobody actively, we had no barter system, nobody paid in kind. But we were given a lot of stuff at Christmas. There were a lot of bottles of whisky and good-will presents. But you always had the feeling that if they give you a bottle of whisky, they've bought it over 12 months ... a bottle of whisky at Christmas for good attention in the forthcoming year!

Okay, so you were working on your own in a single-handed practice.

Yes.

Were most of the other practices single-handed in Blackburn?

It was mixed. It was about 50/50, but partnership ... it was more than that. No, I'm wrong in this. 1948 I should say 70% of them were single-handed. What, on the financial aspect again, what worried us was this matter of compensation for the practice. We had quite a tricky time then, for we couldn't ... you were to be compensated again, at a year and a half's purchase for the practice, but I hadn't been in it for twelve months, and you had to provide a year's accounts, and I had only been in ten months. So our accountant dealt with it, and he went to London on an appeal thing, and got it accepted. They took our ten months, and the preceding two months of the previous doctor, to provide a year's figures, and we got our money back again then.

When did you get it back?

Oh ... years later. It wasn't to be paid, it was ... it was ... it was held in your account as long as you were in practice, and they paid you 3% interest on it. So we, I can't remember what way that worked now. We gradually paid off what we owed, anyway, and the compensation from, for the purchase ... the Practice Purchase Compensation Fund, held our money and paid us this 3% interest for years and years. And then I think it was about 1970, they finally paid it out, for there were a diminishing number receiving, who were still entitled to the compensation, and who were still receiving that 3% interest. So they paid it all out, from memory, about 1970-something.

So there were more single-handed practices, really, than partnerships?

There were, yes.

At that time.

Yes. Yes.

How would you describe the area in which you practiced?

Industrial. Largely industrial. But, as I was saying, towards the centre of the town, poorer people ... towards the edge of the town more affluent. So we had a mixed bag. We had a good practice, from that point of view.

Was there much unemployment around then?

No, there wasn't. No. The unemployment came much later. It was quite affluent. Cotton was doing fairly well then, and there were other light industries, light engineering ... stuff like Philips and people ... there was a big ... paper-making, a place called Scappa that made paper-making machines. *[End of Tape 2 - Side A]* ... primary poverty due to national conditions, and secondary poverty due to indolence and too much beer.

But you said your patients were a mixed group.

That's right.

Were they mainly working-class?

We, we didn't break it down into social classes I, II, III and IV, but I can't remember it now. But largely working-class, but with a good mix. But they were certainly predominantly working-class.

What were housing conditions like in Blackburn, then?

When we went there ... fairly poor, an awful lot of the housing stock had been run down during the War, and there were an awful lot of outside toilets, and what would, nowadays, be looked on as overcrowding. But then, in the sixties, the process of urban renewal started, and made a huge difference to our practice, because the, when the, initially, when I bought the practice, I should say ... 70% of the practice lived within a mile and a half, or two miles of the practice. That changed tremendously during the sixties, because they knocked down between our surgery and the town centre, they demolished a lot of property, and built council houses on the periphery, so that we had to travel much farther to see patients, and patients had to travel much farther to come to the surgery.

What was the overall standard of health like in Blackburn, when you first went there?

Compared with now, it was, it was poor. But ... but compared with health nationally, in 1947, it was very similar.

How did it compare with some of those other places that you had worked as a locum?

Very similar. I, I can't put my finger on any great differences. But, certainly, compared with, compared with today, we had a lot of things like tuberculosis, that have been eradicated. Measles and it's complications. And we did a lot of midwifery. In 1947, 1948 ... in 1947, it was a big item in your income, you had to be able to do it. You had to look after your own maternity cases, largely at home then.

Did you get any special training in obstetrics in Belfast?

No. No special training. None whatever. Just what I did as a student. You were expected to learn on the job. You were expected to learn it as you went along. And I was always pretty lucky as regards that. We had no tragedies. The tragedies that I remember, happened before I arrived on the scene. I remember one woman, this was in 1949, one maternal death, and she had had four previous babies, she was having her fifth baby, and I was called in by the midwife. There was a system then, where, if the patient hadn't booked a doctor, the midwife could send, and she sent, she sent an urgent message that this woman was bleeding heavily. I went immediately, and when I arrived, she was dead. That's my only maternal death. And that must have been, that must have been before ... I'm wrong. That must have been before the National Health Service started. It must have been in 1947.

But midwifery was an important part of your ... practice.

A very important ... a very important part of the practice. They used to say that if you had a patient, if you attended a successful maternity case, those were your patients then, they were established as your patients. But what appals me now, about that one who died in 1947, this was a note from the midwife requiring medical care, actually they rang in, but they provided a note to say that they needed medical attention, for which you were paid by the local authority. I went along, and the woman died of post-partum haemorrhage. And I just wrote up a Death Certificate about that. There was no enquiry at all. It was just accepted. The measure of acceptance. And the four kids, there was no social services then, the four kids were just farmed out to be looked after by relatives. And that was the end of the matter. And the husband remained a patient.

Was this because the maternal mortality wasn't that exceptional an event?

It, that's correct. It wasn't an exceptional event. It was, it was one of the risks of life. But now there would be an inquest, there would be an inquiry, the Social Services would have to look after those children, and then I just, he came and collected the Death Certificate, and that was the end of the matter. And that was, actually, the last I heard of it, until he came in, the husband came in for treatment a month later, about some other matter. And the matter of his wife's death wasn't even mentioned. Another one I remember about the same time, a woman, again having a baby, in a parallel street, this was ... fairly down the market housing, and this

was a shoulder presentation, she hadn't had any ante-natal care at all, and it was a shoulder presentation. We had to get her into hospital urgently. The standard of ante-natal care then was abysmal. A lot of women just sent for the doctor, or sent for the midwife when they were, more or less, coming into labour. And certainly, compared with contemporary standards, it was pretty poor.

Did you enjoy midwifery?

Yes, very much. Yes, the involvement. I did.

What do you mean by the involvement?

Well, the ... the, the attention given to the family. The setting up the thing, the involvement with the family. I got great considerable satisfaction, and although you learned on the job, you picked it up pretty quickly as you went along. And we used to think nothing of putting on a forceps in a house, and getting a neighbouring doctor to give an anaesthetic, or ... and this was open chloroform then ... just dripped on, the chloroform dripped on ... chloroform and ether. Or, giving, inducing the anaesthetic yourself, and then getting the midwife to continue the anaesthetic while you did the forceps. We used to average then, as the practice built up in the early days of the National Health Service, as the practice built up, I reckoned to do a maternity case every week.

So you had a lot more responsibility with maternity cases as well. The GP was expected to do a lot more.

Yes.

Rather than ... send them to hospital.

The GP did the lot. And it wasn't until after the ... it wasn't until after the National Health Service had been established some time, that we got a midwifery consultant, a midwifery specialist. That was about 1949. Up till then, the, one of the general surgeons had done the consultant midwifery work. He was the specialist who was called in. And he admitted he didn't ... he had a chauffeur, and he said he always asked what the complication was, before he set off from home, so that as the chauffeur drove along, he could look up his text book in the back seat, and see what he was expected to do!

Did ... were you upset by the death of that woman?

Well, it was the sort of thing you remember years and years later. I suppose I was upset, but you have to get on with the job, and I, I, I wasn't responsible. It was just a massive — she should have been in hospital. She was a hospital delivery by any standards. This was her fifth baby at home, and it wasn't the midwife's fault, it was nobody's fault, it just happened, she just had a massive post-partum haemorrhage and died, and died instantly. There was nothing you could do about it. I wasn't upset. I mean, we had people dying from TB then, dying from things that are treatable now.

How did you cope with the deaths of patients?

It's something to which you have to adjust fairly quickly. You, you have to come to terms with that fairly quickly. You haven't got to be unduly upset or it will impinge on your work. But, on the other hand, you haven't to be casual about it. It's the sort of thing with which you have to come to terms.

Were you ever given any training?

No. No training whatever, no.

And you said there was quite a bit of TB about.

Yes.

Are there any epidemics of anything which stand out in your memory?

An epidemic of ... poliomyelitis, but that's comparatively recent, that's ... I can't remember the year, it would be about 1970, we, we, we immunised vast numbers of people against polio.

Now, you arrived just before the start of the NHS.

Yes.

And you got experience, obviously, afterwards. Do you think that before the NHS came into being, people would put off calling the doctor?

No. I didn't notice any difference. I don't think that ... those who were, we weren't big chargers. We charged, as I say, a fairly nominal sort of fee, and those who couldn't afford it, simply paid the collector. This collecting thing was big, big business, we didn't have a club or anything like that, but we had a, in some ways, the collector thing was similar to the club. And I have no evidence of people putting off calling because they couldn't afford the doctor.

Would they often try to treat themselves, before calling you?

They most, yes, there was a lot of that. An awful lot of people, before ... but this persists up to the present day. An awful lot of people have used proprietary remedies in quite a big way, before they, because they don't want to bother the doctor.

Do you think they would also consult other members of the family?

Yes. The family was a particular unit then. Before the ... city, inner city renewal started, our practice was much more tightly-knit, and you always had a grandmother, an auntie, and so on, to consult. And I'm sure that that helped families. Very few people were on their own. Very few people were single-parent families then, or very few single-parent families then, and I think that helped, helped the GP.

What sort of relationship did you have with your patients?

A very good relationship. Lancashire people are very easy to get on with, not at all stand-offish. They're very good. You just open the door and walk in. In fact, one old GP said the first thing he did whenever somebody was seriously ill, was to say, "Bring the bed downstairs. Bring the bed down, and it will be easier for you to look after him". And it wasn't really for the, for the carer's benefit at all, it was so that he didn't have to go upstairs! And this bringing the bed downstairs was very common in Lancashire! Bring the bed down into the front room of a two up and two down!

What did the patients expect from you?

Basically, they wanted to get better! [LAUGHS] They expected that you will give them some medicine, and they expected a courteous sort of visit. There was no frills. They wanted a down-to-earth sort of service, to be told what's wrong, and what ... a reasonable outline of the prognosis, and whether therapy would be helpful.

How much would you explain to them about their illness?

As much as I thought ... it sounds like playing God! As much as I thought they should know! [LAUGHS] I always tried to give them a reasonable down-to-earth explanation.

Did you have to simplify things a lot?

Yes. Simplify things, and an explanation that I thought they could understand. But I always tried to give them an outline of it.

How good an understanding did they have of their own bodies?

A fair insight. A lot of our practice were artisans, sensible people who worked in mills, overlookers who, who looked after cotton looms, or paper-making machinery, or something like that. And I always thought that they were the best of the bunch to treat. These were the people who came, and nothing fancy in their requirements. They came with ... and they could understand what was communicated to them, sensibly. No frills sort of treatment.

Could you understand what they were communicating to you?

Yes, readily, yes. I had no trouble with that sort of thing.

And were some patients a nuisance?

Oh yes, indeed they were, yes. Terrible nuisance. We had some lame ducks who limped through life, leaning heavily on the GP. They were a nuisance to me, but then they were ill.

What was their problem?

An awful lot of them were economically and psychologically, and physically disadvantaged. A whole range of things. And there was this problem in ... Lancashire were always great medicine-takers. In 1940 ... before the Health Service, in 1947, Lancashire was top of the national league table of prescriptions issued, and costs per patient. They were great medicine-takers. And there was a code of doctor dependency. But that still exists as an on-going thing.

Was there an explanation for that?

It wasn't a terribly healthy place. It was damp and ... a high level pollution, all those chimneys in 1947, I think that's part of the explanation. And part of it was that the doctor was inexpensive, and frequently used, high usage of the doctor.

But these lame ducks, are you saying that, really, they didn't have anything wrong with them?

Oh no, I'm not, no. They had a lot wrong with them, or something wrong with them. They had something wrong, and then they became very dependent, and the doctor had to support them. And then after the coming, early in 1948, the threshold at which people sent for the doctor was lowered, people came with very little, with a bad cold, a congested nose, and, looking back to my relationship, say, with my grandmother in a rural Ireland, whenever she sent for the doctor, or used the doctor at all, things were terrible. I mean, somebody was gravely ill. Well, in Lancashire you toddled in as a semi-social thing! A bit of a cold in your nose, and you toddled in to have a chat with the doctor.

What caused that change?

It was the coming of the National Health Service meant some of it, and, and there may be regional differences. Rural fortitude may enter into that.

So it's the fact that they didn't have to pay?

Well, it certainly applied in '48. But in, in '47 they had always used the service, it wasn't terribly expensive, and they had always used the doctor.

So it's a cultural thing?

It's a cultural thing, exactly, yes. Its, those mill towns, I think, all had, had, had doctors who were pretty heavily used, and in 1948 it certainly increased.

So the ones you considered a nuisance were these people who kept returning, time after time.

Yes. Yes, they were a nuisance. And yet you had a certain sympathy for them.

Would these have been men or women, mainly?

Largely, largely women. A lot of the men, particularly men in responsible employment, even if they were engineers, foundry workers, we had a fair engineering whack in Blackburn, and they didn't, they were very responsible. But their, their womenfolk, and bringing the kids in for things that were just marginally wrong, and my grandmother would certainly have ... for which my grandmother would, grandmother would certainly have used domestic remedies. I noticed in Lancashire the difference, that they brought the kids in with very little wrong with them.

Now, what you've told me about these people, I've heard from quite a few other doctors I've spoken to, and they've often classified these people as neurotics.

Yeh, I think that oversimplifies it. These were people disadvantaged in some way. And we didn't have a lot of purely neurotics. But a lot of them leant very heavily on, on medicine for their, for their support.

Would they expect to be prescribed something ...

Yes.

... when they came to see you?

Yes. And this goes back to the ... the expectation of a bottle of medicine went back to the old, the tie-up between ... which goes way back between their consultation and the bottle of medicine. And the 3/6d. that was charged, included the consultation, the consultation and the bottle of medicine went together. So that when the National Health Service started, people expected a prescription. Whenever my, the bloke from whom I ... bought the practice, introduced me, he stayed on for a fortnight to introduce me, and he said, "Tom, always give them something, some treatment, some medicine, and give them a quote. Tell them this is the worst kidney case. Give them ... they must have a medicine, and they must have a quote!" [LAUGHS] "This is the worst renal case I've ever seen since I qualified." [LAUGHS]

I mean, the medicine you would give them, pre-NHS, would that be more of a placebo, than anything else?

Oh, an awful lot of them were placebos. But, on the other hand, there were some very powerful things. I mean, the old ... the use of things that are illegal now, the use of kaolin and morphine, the old Chlorodin, it was a very potent remedy. It really stopped diarrhoea. It really worked. And the use of morphine in cough medicines, those anti-tussor [CAN'T CATCH - 316] things, we had some of those in the surgery. The dispensary I took over was, of course, very limited. Those so-called private patients in 1947, was very limited, the stock mixtures which you diluted down into the bottle of medicine, were very, very poor stock indeed, compared with present times.

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

Indeed, yes! Well, those so-called neurotics. The people who came again and again with something wrong with them, for which you could do very little. And they were inadequate, they were people with an inadequate personality, and medicine was inadequate for their requirements. And I didn't look forward to those.

How did you deal with them?

Well, that was up to you, just your own personality came into it. But we are the same now, aren't we. Whenever we took over the practice, the surgery was attached to the back of the house, it was an integral part of the house, although it had been extended many years ago, it had been built as a doctor's house, but our bedroom was immediately above where the patients waited, those who came very early before we opened. And even before we got up, we could hear this bloke coughing, outside the waiting room door. And Doreen used to say, "He's here again, and it's only a quarter to eight". And they used to come and queue up quite early on. There was no appointment system, there was no receptionist. We were one of the first ones to get a receptionist in Blackburn, and this was 1950-something. They, they just came and waited their turn in the waiting room.

But how could you dissuade that type of patient from coming to see you so often?

It was very difficult even to attempt to dissuade the bloke. He didn't want to be fobbed off. He came for his bottle of medicine every week, for his cough.

Were these things psychosomatic?

To some extent, psychosomatic. But that was never a big, it was there, but it was never a big component. An awful lot of it was for real. This bloke had a horrendous, an old-standing bronchoectosis that went back to the First World War, and for all the good his bottle of medicine did, did this bronchoectosis, he may as well have been drinking cold water! But that was the crutch on which he leaned all this time, and I couldn't really say to him, I couldn't say to him, "Look, there's nothing wrong with you", for there was an awful lot, I mean, it was for real, his bronchoectosis. But I couldn't say to him, "Look, go home and put up with it", so he just came once a fortnight, or something like that, and stood coughing outside our bedroom window, until it became intolerable, and we had to get up! [LAUGHS]

And you said there were lots of TB around.

Yes. There was a lot of TB in Blackburn, and a lot of bronchitis.

How was TB treated?

It was the, the old treatment, we had a lot of them had been in sanatoria. Some of them had had a thoracoplastney [?? sp. - 387], some of them had the diaphragm, the, what do you call it? Putting air into the thorax, the old treatments. This was before the anti-TB drugs were introduced. That must have been in the 1960s, and treated by sanatorium treatment, and nourishment and so on, and just general attention to their general health and well-being.

Were there other types of illness that were prevalent then, that became less so?

Yes. Particularly bronchitis. We saw an awful lot of respiratory infections in Blackburn, people working in cotton mills, inhaling dust, and working in — and cold moist, a cold wet environment. And, of course, as time went on, the outdoor workers became better clad and better nourished, and a lot of diseases just went by the board.

Were there any diseases that you noticed increasing, during your time in practice?

That's a good question! No, I don't, I can't think of any on the spur of the moment, put it that way.

How about mental illness?

Well, I don't know whether that actually increased. In the early days, we tended to sweep that a bit under the carpet. I mean, we dished out, I remember, in the dispensary, we had a large ... Winchester, full of concentrated mist. prop. bromide [?? CAN'T CATCH - 426], which you diluted down a third, into a bottle, and then you made it up with water. And we used an awful lot of potassium bromide, and we had a huge container of phenobarbitone. And the, your psychiatric pharmic appeal was pretty well limited to potassium bromide and phenobarbitone, and your mental ailments were largely submerged, under those sort of, well, they're not exactly placebos. But whether it actually increased or not, I don't know. *[End of Tape 2 - Side B]*

Could you remind me whereabouts in Blackburn your surgery was situated?

It was situated on a main road out of Blackburn, roughly half way between the centre and the tram terminus on the, on the periphery. Almost exactly half way between the two.

Was it easy for your patients to get to?

Yes, initially it was. When I took over the practice, it was very compact, and a very big percentage lived within a mile. But, and this meant the practice was easy to run, one could walk to many visits. Quite easy to run. On the other hand, a certain number of patients had moved out, but they had stayed in the same sector of the town, on ... farther out along the main road, on which the surgery was situated. So, in the 1950s and 1960s, the practice was easy to run, but that changed tremendously with urban renewal, with the demolition of the inner part, and many of the streets between our surgery and the town centre were sub-standard housing, were knocked down, and big council estates were built in the surrounding countryside, made the practice much more difficult to run.

That involved much more travelling for you?

Much more travelling, much more. And people ... less ... people more reluctant to come to the surgery, because it often meant two buses, a bus into the centre, and a bus out. So the practice was much more manageable early on.

Did you live on the premises?

Yes, we lived in the premises from ... when we bought the practice in 1947, we lived in the premises till 1960, and we lived in, we lived alongside the Vicarage, so that really, there were just the vicar and myself who were ... better off and who had been to a university, we were the only two there who had been to a university. And we lived then, I was, then, earning what, two and a half thousand a year when we took over the practice, maybe £3,000 in 1949/1950. Well, the people living nearby, were largely earning, what, £10 a week, something like that. We, we lived largely among artisans, factory workers, largely sensible, by no means slum-dwellers, but good working-class people. People who were weavers, overlookers in cotton mills, spinners, weavers, and

workers in the ... in the ironworks, those who made looms, loom-making was big. But there was this gulf between us and the people we lived amongst.

Did you feel that?

Yes. I was always aware of that, this social gulf and economic gulf, the cultural gulf between us and the surroundings.

Did that make you feel uncomfortable?

No. I felt at home in the place, for they were easy to get on with, but I was always rather aware of this.

Did that affect the attitudes of the patients towards you?

Yes. We were treated with more respect then, rightly or wrongly! We certainly had more respect then. A request for a visit, for instance, in the late 1940s, and the 1950s, and, indeed, into the 1960s, was often prefaced by something like, "I am sorry to disturb you, doctor, but ..." On the other hand, in the 1980s, I can remember when I was covering for another practice, and they rang me, they didn't know me at all, and this was just, "Can thee get the bloody doctor up here straightaway?" And you would never have heard that in the 1950s. And, in the same way, we had proportionately less night visits in the 1950s and early sixties, for people thought much more about disturbing the doctor. But this changed then, later on in the 1970s, 1980s, it became their right to, the service was there, use the service, just send for the doctor, in some cases, just like turning on a tap.

Were there any disadvantages about living on the premises?

Ah, there were more from my wife and family's point of view. My wife just got used to it, she ... we had always lived on the premises, from our marrying. And she was used to people coming to the door, and answering the phone endlessly. People coming to the door requesting visits, picking up their medicines in there, before the Service came in, people used to come to the front door to pick up their medicines that had been prepared and left ready.

Could you describe the surgery to me?

An end of terrace Victorian building. Big, huge rooms, what, four or five bedrooms, a couple of reception rooms. But it was purpose-built originally, it was built in 1870 as a doctor's house, with a surgery and waiting room at the back.

And you kept it in that ...

Oh yes, it stayed like that. The first big change we made was in the waiting room. We sub-divided the waiting room about 1952, and employed a receptionist. Her main function was, well, first of all to answer the telephone. Her main function then was to get the records out, so that whenever a patient came in ... prior to that, whenever I took over the practice, well, my predecessor kept most of his records in his head. I started, then, getting the ... you kept the records in the surgery, got them out of the cabinet when the patient came in, which is very slow. Her main job was to have the patients' records out, and ready for you. That helped by saving an awful lot of time, and it also helped because you knew who was coming next. You'd none of that trying to recall patients' names. But my predecessor certainly did, he kept very little in the way of records, and he had a marvellous memory. But, obviously, there are times that's fallible, no matter how good your memory is. But, all during the War he worked like that. He made minimal use of writing and filing things. He threw an awful lot of the reports away. When the pile became unfileable, he read through them, and memorised as many as he could, and junked them!

Were there any official record forms available?

Oh yes. We, we used the old Lloyd George forms, the old 1911, wasn't it? They were all there. And it was very important to keep those in, in good alphabetical order, for they were called in if a patient died or left the practice. They had to be sent in, and not to send them in in a reasonable length of time was looked on as a heinous offence!

How was the surgery equipped?

Basically. The basic things. We boiled up our own syringes, we had the scalpels, forceps, things like that. Decent enough basic equipment by the standards of the time. And my predecessor, whenever I went there in 1947, he had been there during the War, and he ran three surgeries a day, from 9-10, and 2-3, and 6-7, and those, of course, dragged on. The morning one went on, certainly, to mid-morning, the afternoon one dragged on, and the evening one went on fairly late into the evening. So he worked formidably hard. He did those three surgeries, and he visited in between. And I inherited that. He ran a Saturday evening surgery. And his lifestyle reminded me ... my grandfather was a small farmer, and this bloke, Higgins, from whom I bought the practice, his lifestyle was rather like that of a small farmer. He just did the work that came in. He bumbled round all day, just the same as, as a small farmer looked after his livestock and worked in the fields. Well, this bloke, in his general practice, his life was like that. He did the work as it came in, and he had very few hobbies. He went to watch Blackburn Rovers on a Saturday afternoon. And patients were aware of this, was living in a tightly-

knit practice. People knew he had gone to the Rovers, and they would wait till, if there was anything blew up, any emergency blew up on a Saturday afternoon, they would know he was there, and they would simply wait until he got back, and be waiting at the door, for most of the calls came in at the front door. A very much smaller proportion of people had telephones then, and an awful lot of requests for visits were made at the front door, or by a little note, "Will you please call and see Mrs. Bloggs", sort of thing. Now, 99 per cent of requests for visits come in by telephone.

So he would work as hard as was required, or as little as required?

He worked steadily all day, as hard as was required. But he literally worked from when he got up until he went to bed. And this was the pattern of the time. Everybody worked harder then, and the surrounding, the artisan community, around the, they worked Saturday mornings, some of them didn't finish in the cotton mills until two o'clock on a Saturday afternoon, and that was their only half day, for, at that time, we had Thursday was the half day, and sometimes, he would go to Blackpool on a Thursday afternoon to shop with his wife, and he took the Saturday to go to the Rovers, and then he did the Saturday night surgery. But this was, this ... all the doctors then worked harder, and had far less hobbies, far fewer leisure interests then. They were very unaware. I remember going to a meeting about 1950/51, when a fair number of doctors retired shortly after the Health Service started. They stayed in until 1948 when they received their compensation, and then retired with that money. And I remember going to a meeting called by some of the younger element, who had been appointed to practices in the 1949 and 1950, to replace those who had retired, and I remember going to a meeting to discuss more formal rotas, and more off-duty. And there was an old boy there who ran three surgeries on a Saturday - Saturday morning, Saturday afternoon, Saturday evening. And also a Sunday morning surgery. And they were proposing to abolish Saturday afternoon, Saturday evening, and Sunday morning surgeries, and this bloke said, "Well, what will I do with myself on a Saturday afternoon and a Sunday? I've always run these surgeries". That was his life. And he had no, he had no leisure ambitions whatever. He said, "What shall I do with myself?" A very different set-up from today.

Was your surgery up-to-date, would you say?

It was up-to-date by the standards of the time, yes. Very, it was, it was reasonably well-equipped, with a blood pressure thing - a sphygmomanometer, stethoscopes, a range of ... we could do minor surgery there.

Did you?

Yes. A certain amount. We did our own circumcisions, for instance, that type of thing. And that was a Sunday morning task.

I see. So you set aside a special time to do that?

To do that, yes.

How often would you buy new equipment?

As necessary. We, we kept it going reasonably well. When I took it over, it was reasonably well-equipped, and we kept on going.

How did patients arrange to see you?

They just came, there was no appointment system. We, we didn't start appointments, we employed the receptionist about 1952, and we were one of the first in Blackburn to do that. This was a whole new thing. Probably about three or four practices did it then. We were ahead of the time then. But we didn't start an appointment system until the mid-1960s.

So people would just turn up ...

People just came to the surgery and waited their turn. And, and, with running the three surgeries, it spread the workload. Those who just ran two surgeries used to have enormous ... people waiting for an awfully long time. And I remember doing a locum in Newcastle-on-Tyne, and he had enormous surgeries in several branch surgeries. Again, he worked formidably hard. People used to queue up outside on the footpath thing, the footpath was the waiting room there, for the waiting room was quite small, and they spilled out on to the, on to the footpath.

Was your waiting room comfortable for your patients?

Quite comfortable, yes, it was. As I say, it was purpose-built in 1870, and it was quite comfortable. But it was then ... became, whenever we got the receptionist, and she took over part of it, it became rather cramped.

How did your surgery compare with others in the district?

Oh, ours was quite good. I was on a ... a sub-committee of the local, it was the Executive Council then, and I was on a sub-committee of that, appointed to inspect doctors' premises, and report back to the, to the ... to the Executive Council. And I was horrified by some of the places in which people managed to practice medicine. Some of the ones in, particularly in central Blackburn, were terrible, hadn't been painted since before the War, and wallpaper peeling off, and minimal equipment.

Now, when you were working single-handed, what would happen if an emergency came in while you were in the middle of a surgery?

You had to leave. Go. It didn't happen very often. And people were very understanding. If there was an emergency and people had to wait, and saw you actually putting on your coat and dashing out, they didn't complain. What annoyed patients, what would annoy patients, and still is, if you come in late, and they hear the teacups rattling, and somebody chatting, something like that, then you'd deliberately flogged them, and kept them waiting. That's what annoyed patients. And we never did that. We always started on time and got on with it. So the patients didn't mind if they were kept waiting because of an emergency, for many of them would simply say, "Well, it could have been me".

Just remind me how long you worked single-handedly for?

From ... till 1960. From 1947 till 1960, and then I got an assistant.

Didn't you ever consider getting an assistant before then?

Yes. I did. But, financially, it would have been difficult, and I was content to wait until we had a big enough list. I was quite young then, and energetic, and worked pretty, pretty hard then, and was content enough to wait until the list was big enough to carry two in comfort.

And what size would have been the list in 1960?

In 1960, we had approximately 5,000, between 5 and 6,000.

Compared with what, when you first arrived?

Well, I started with a panel of 1500. But then, that was in 1947, that was panel plus the private, which, of course, was the women and children, and those people who weren't insured. Then, as far as I can remember, in 1948, we registered about three and a half thousand, and that gradually built up to ... until about ... between five ... we had about 5,000 in 1960. Certainly enough for two then. And then we had an assistant for three years, and a partner from 1963.

Wasn't single-handed practice a strain for you?

No, it wasn't. I was young then. It was a way of life. But, with the benefit of hindsight, I have more sympathy now for older doctors, middle-aged and older doctors, who were working ... steadily enough in 1948, and then were faced with this tremendous increase in workload that occurred after the Health Service started in 1948. There was enormous pent up demand after 5th July, '48. An awful lot of stuff that needed treatment, had gone untreated prior to that, so that I have more sympathy now with, a lot of the older doctors complained bitterly, indeed, they complained all the time about this increase in their, in their workload, without a commensurate increase in their, in their pay. And, at the time, I hadn't much sympathy for them, but would have now. I wouldn't like to be hit with that great increase in demand, increase in requirement that occurred after the Service started.

How did you cope with weekend and nightwork, on your own?

I, you just had to make some arrangement. We had fairly good neighbours who would cover you. And we started a rota, a Thursday rota, and a Sunday rota, about 1949, so you were always guaranteed Thursday lunchtime, 12-12, something like that, and again on Sunday. And then, if you wanted a Saturday, you could do it by arrangement, by ringing up one ... there was a fairly good ... a fairly co-operative younger lot had come in then.

Were they single-handed as well?

Yes. Oh, the proportion of single-handed doctors then, was much higher than it, than it is today.

What about nightwork?

Nightwork, you just did it as it came. But again, there's more nightwork now, oddly enough. People then were hesitant. And you would get a lot of calls about people who had hung on, people would hang on till half seven or eight o'clock in the morning, and then ring up. And you would very often do a few visits before you started your morning surgery. Well, nowadays, those people would ring up during the night. There's a significant change. And an awful lot of our nightwork was connected with midwifery, we did a lot of midwifery. I reckoned to do a midwifery case every week. And an awful lot of your getting out of bed was to go on maternity calls.

Did working single-handedly affect your own health in any way?

I don't think so, no. We just bumbled on!

What did you do with your leisure time?

Well, I, I used to go to the Rovers, as everybody did then! Going to watch Blackburn Rovers was ... half the town went! And I played golf on a Thursday afternoon then, about, from about mid-fifties I started that. And

there was a group of doctors met up there, and that was a welcome chat. You met quite a lot of friends who played golf on your Thursday afternoons.

Were most of your friends other doctors?

Yes. Most of them were.

Was that through conscious choice?

I wouldn't say ... well, I had other friends as well, but you'd tend to meet with people with whom you've a lot in common, with common ground. And I played golf for years with a couple of ... another GP, a consultant, a vet, a dentist, a group of people who had the same sort of interests.

Do doctors have their own particular outlook on life?

I don't think so, no. I don't think we're as exclusive as that! But ... the difference when I started ... in 1947, I think they were all acutely aware of patients leaving their practice and going elsewhere. Doctors were much more conscious of that, much more competitive. Well, that all changed in the 1950s and '60s. People really, by 1960 people couldn't care less if a patient left the practice, whereas that was a big blow. Part of that was to do with the buying and selling of practices, where, if patients left, and the income went down, you had a capital interest in the value of your practice, and there was more to it than just a patient leaving. If a sizeable number of patients left and your list went down, and your number of patients went down, it wasn't a list as such then, if your number of patients went down, then your gross income was affected. The value of your capital on which people based their ... people sold their practice when they were going to retire, and if the capital value of that went down, the doctor was much worse off.

And that eased after the NHS?

Gradually.

Gradually.

Gradually, yes, that gradually changed. And apart from a patient leaving the practice for no apparent reason, apart from the blow to your pride, and you're wondering what was wrong, why? It didn't really matter much financially. For whenever we started in the National Health Service, the capitation fee was a, it was purely capitation then, and I think the capitation fee in 1948 was 15 shillings per patient. So, to make up your two and a half thousand, yes, that would be about right, so roughly 3,000 patients bringing in £2,500 a year. That's about right.

Do you have to be a good businessman to be a doctor, as well?

No. But it helped. If you're reasonable, I don't think you needed to be a good businessman, but to be sensible. And I think if, I think if you were giving a reasonable service, you didn't need to worry all that much. The money came in anyway. And there were no bad debts then. There was no collector going round on a Friday night. The government paid you quarterly then. The government paid you every quarter. So that side of it was easier. You didn't need, you needed to be reasonable, to be sensible, but you didn't need to be a good businessman.

Did you have to employ an accountant?

Oh yes.

Or did you do that yourself?

No, no, we employed an accountant. We stayed with the accountant employed by my predecessor, and stayed with him until I retired, well, his successor. He had a couple of successors. I had the same accountant from the beginning to the end. But it was fairly straightforward, you took the books into him, and he did them.

How much annual holiday were you able to take?

In the early stages, a fortnight. In those first few years, the surrounding practices, a group of the surrounding practices, covered you for a fortnight, and we covered them. And we stuck with that till ... I think it was about 1955. And then we started to take the month of August, and employ a locum for the, for the whole of August. And we stuck with that for, until the children had finished school, about ... say 1970ish, we stayed with that. And then by that time, we had a partner anyway. And, oh, then, we didn't need that. I did for my partner, and my partner covered for me then, from 1960 onwards.

When you were single-handed, were you able to go out with the family together at all, apart from annual holidays?

Oh yes, Thursday, we always went somewhere on the Thursday, and certainly Sundays, we always went somewhere on a Sunday. And we used Saturdays as well, to some extent.

Were you forever being called out, or having to leave them, because the patients were getting in touch with you?

Yes, we were, to some extent. But again, I don't think the patients ... the patients knew you were single-handed, and I don't think they required ... the requirement wasn't the same as it is now. People have grown up with the National Health. It's a whole generation now, who, who have ... who have always been aware of the National Health Service. And the doctor was there, it was his statutory responsibility to appear when they sent for him. Well, in 1948 that wasn't so. They requested you to come. And if you were out, you were out, and they would wait a bit. But that wouldn't happen now. They'd be ringing the police, and ringing the ambulance! Ringing all over the place! But if the house was closed up, and you were out somewhere, they, they waited until you came back again.

Did you enjoy the hard work involved in a single-handed practice?

Oh, yes. I think we were involved with the thing, and enjoyed it, yes. And, as I say, at that time, that very busy time, I mean, we were younger then, and more or less on top of it. But, as I say, this makes me, with hindsight, have more regard for those who were 40, if you were 45 or 50 in 1948, you had a hard time.

Didn't you mind working late?

Ah, we complained about it, but ...

In the night or whatever?

Not all that much. But again, it was a way of life, and everybody worked harder then. And we complained about it, I mean, doctors always were chuntering away about it. It was hard-going, but, I mean, you got on with it.

Did you attend church, as an adult?

No, it lapsed early on. No.

Did you take an interest in politics?

Oh yes. I always read the paper and followed politics, but I was never active, politically, but I was always very interested.

Did you vote in General Elections?

Yes.

And who did you vote for?

All my time in Blackburn, I voted Conservative. When I was a student, I voted Labour and Liberal, and, yes, I always voted Conservative in Blackburn. Although we had a good ... Barbara Castle was our MP in Blackburn, and she was a very good constituency MP. I was never involved with her directly, but the patients often were, and I have provided reports to her, about patients, and I thought she was a very good constituency MP. Her so-called surgeries were very well-attended, and she was very caring, very good to the patients.

What made you vote Conservative?

I associated with Conservatives, and I ... identified more with their policies, through the years. I mean, Labour became identified with feckless, rightly or wrongly, feckless financial policies, and high taxation, and it didn't suit one. As one matured, I think one ... one gives no heart ... no head when you're a ... a young man who votes Conservative has no heart later on, oh, I can't remember the quotation.

Just going back to your practice now, could you describe what a typical day would have involved for you, when you first arrived in Blackburn?

Yes. That involved getting opened, opening, we opened, we had breakfast, opened the waiting room ... *[End of Tape 3 - Side A]* ... before nine, usually about ten to nine, to get a decent start. Finished that surgery, usually before eleven. Then we'd have coffee and talked, and we, we used to congregate in the kitchen of the house. And people would drift in there. Doreen would make coffee for quite a number of ... the local chemist would come down to get some prescriptions altered, and people knew you would be available about that time, for non-surgery business. Sorted out the visiting list by about quarter past eleven, started visiting then, and visited until about one o'clock. Had some lunch, then started surgery again at two. Surgery from two till, two till three, strictly speaking, and that usually ran on till half past three or a quarter to four. Then did the rest of the visits, and any other visits that had come in. Came home again about five to half past five, had a meal, started surgery at six again. And that surgery went on till, that was six to seven, usually finished half seven or a quarter to eight, and then you might have another visit to do, and then ... so we always went out Thursday evening, when we were covered, we always had a baby-sitter and go out Thursday evening. But we didn't go out much the other nights. But we had a fairly permanent baby-sitter for the Thursday night.

How many patients would you see in the course of a surgery?

On average, 20. We used to see about 60 a day.

So it would remain the same at each surgery, would it?

It would remain the same ... in 1948, it was a lot quieter in the summer time. I notice, nowadays, particularly in the practice here, it's quite even throughout the year. But then people, the outdoor worker wasn't all that well-clad, wasn't all that well-protected against the elements, and there were a lot more manual, outdoor workers then, and they suffered a good deal in the winter time with respiratory infections and suchlike. So that in the winter time we were pretty busy, and we would certainly see more than our 60 a day then, and probably considerably less in the summer time.

How much time would you spend, on average, with each patient, do you think?

Oh, around five minutes. That's a rough and ready average.

Did that change over the years?

Not all that much. For whenever we started an appointment system, and that would be about 1965, we started off with a ten minute, on ten minute appointments. But then the girls, whenever they booked in ... that's ... six an hour, whenever they'd booked in 12 for a two hour surgery, they would then start infilling, and it could well get down to one every five minutes, even with appointments.

Do you think that was enough?

It was flexible, in that some patients would come in and have something like a routine certificate, and be quite prepared to come, go, to come in and get out quickly, they didn't want a lot of your time. And that was probably compensated for by people who stayed a bit longer. But it was never enough, no, there was never enough time. And that applies to the present day just as much.

Would you examine every patient?

No, indeed you wouldn't. No. There's no way you could. Indeed, you examined a very small proportion of them. And I knew doctors, now this never applied to us, for we had a good, quite a good set-up, an examination couch and suchlike, right. And another little room, a dispensary. But I know of some patients who would say, "Go home and get yourself undressed, and go to bed, and I'll come and examine you". But I've never liked that practice, but that was quite widely done. And it was a very bad practice then, for it put a greater emphasis on home visiting then, and our whole idea was to keep the home visits down, try and persuade people, or indoctrinate people into the idea of coming to the surgery. And this certainly was ... this was one thing at which we were successful, more and more people came to the surgery, so there were less home visits.

How did you manage to persuade them?

We put a persistent pressure, once we got the receptionist, she would always ask, is it possible ... whenever a patient requested a home visit, she would always ask, "Is it necessary? Could you come to the surgery?" That was her constant, it was a constant pressure, a constant awareness that we wanted people to come to the surgery, that we could see more people in the time available, if they would co-operate by, by coming to us, rather than us going to them.

How many visits would you be likely to do during the course of a day?

Oh, in the 1950s, we visited pretty obsessively. Around 20 a day, on average. But this went up to 30ish in the winter, and 10 in the summer, in that order. That was pretty quick visiting. But again, that was easier in the 1950s, when you had this compact practice in Victorian terraced houses. You, you would pop in and out quickly. And the patient didn't expect you to linger, they wanted a diagnosis, a bottle of medicine. They expected a reasonably brisk service. They accepted ... you could get round pretty quickly then. As the practice spread out, it became more difficult.

So that was the patients' expectations?

Yes. Pretty —[CAN'T CATCH - 076] that's absolutely true.

A quick diagnosis and a bottle of medicine.

Yes, mmm. Some of them wanted you to linger and have a cup of tea, and around Christmas time, they expected you to have a drink with them. This was the great thing in the early days of medical practice, giving the doctor a glass of Co-Operative Society port wine, or such things like that, around Christmas time, and that, of course, finished whenever drink driving, whenever that changed.

Weren't you worried that you might miss something serious with a patient, if you were only say, seeing them for five minutes?

You were worried, but I think when you're young, you think you can cure everybody. As you get older, you worry more! Yeh. But you had to be pretty sharp and make your mind up about who was ... about who needed further investigation. I mean, looking back on it, back on the ones ... one was sharp enough.

What might be the typical illnesses you would see on a routine day?

In Blackburn, in the 1940s and '50s, we used to have an awful lot of respiratory infections, and an awful lot of stuff ... there was a backlog then, of stuff that had been, needed treatment, and was either untreated, untreatable with what medicines were available at that time. I mean, we inherited an awful lot of people, say, with running ears, for instance, people whose ears had ... people who had a, had had an inner ear infection in their childhood, back in the 1910s or 1920s, no antibiotics available, the ear went on and on discharging, chronic long-term damage. Again, there were a lot of people with bronchoectosis, there was bronchitis and bronchoectosis. People who, whose lungs had been damaged by childhood infections. These were the things that could have been treated simply now by an antibiotic. And people lived with those disadvantages, lived with those ailments, for many years.

How did you define the work of a GP at that time?

Well, we referred, it was your own judgement. We referred what ... things that one couldn't deal with. There was a, there was a line of things that were clear-cut. If a patient had an appendix, you sent them in. But there also was a grey area, when you could sense that the patient would like a further opinion. Well, it wasn't all that ... when there wasn't all that much more available, but yet the patient would like, one felt that the patient would like a further opinion, so you sent them off to see a, a consultant.

I'm just thinking that with someone like an ophthalmologist, or a paediatrician or psychiatrist, it's fairly obvious what their ... the core of their work is.

Yes.

I mean, what is it with a GP?

All the chronic degenerative ailments, the acute ailments, the childish ailments, I think that side of it is fairly clearly-defined. But this grey area, the ones who, who would probably like, just like another opinion.

And you said you did some minor surgery.

Yes.

Did you offer any other kinds of services?

No, we didn't. No, we had enough on with ... with the routine work. We did some minor, particularly up till 1948, it paid, you know, it was quite an extra source of income, taking out a sebaceous cyst, or, as I say, we did a fair number of circumcisions then. But talking of things that ... one thing that ... we had an awful lot of varicose ulcers, ulcerated legs, that you never see now. In 1948 that was very common, so-called varicose ulcers. People who had, a woman who had a baby and had had some bit of phlebitis, or some interference with the leg circulation, developed ulcers. And I remember a doctor saying to me, about 1960, "You know, I've cleared all the ulcers in my practice". And I reflected then, well, I've only one or two, people were coming in for these dressings and their varicose ulcers, and they've had these for years. But this goes far back in medical history, ulcerated legs. And those gradually cleared up. You never see those now at all.

Did you offer inoculations?

Yes. Oh yes, we did our immunisations, immunisation of the babies. But then the, by, we did a lot of that in the forties and fifties. But then the local authorities gradually took that over, and that remained the way until fairly recently, when it has drifted back to general practice.

Were you glad to see that go to the local authorities?

I was, yes. I was quite glad to see it go.

Why?

It had become a bit of a chore then, and keeping track of all these, and the local authorities were better equipped to do it. And we didn't have a nurse actually at the surgery, we never did. Now, with nurse attachments, its quite a nice side to the practice.

How about preventative medicine?

No, not a lot. Just common sense advice. Well, it's difficult to define preventative medicine. There was always on-going, we were always chucking out bits of advice about what you should and shouldn't do. The preventative medicine was there, but it wasn't formalised.

How about tests, were you able to do any lab tests?

Now, we got access to the laboratories, but that wasn't until the late sixties, as I remember it. And we were among the first to get access to the laboratories, and access to the X-ray department, and that was on, that was ... after a lot of pressure from what was then called the local, well, it still is the local Medical Committee.

That wasn't until the sixties?

Yes. That was until, as I remember, that was about 1965, or '66 somewhere.

You say patients came to you for advice, what sort of things would they come for?

Well, you, I think you tended, no, they didn't often come for advice in the early days of the Service. They came with something wrong with them, and I think you tended to chuck in the advice, that you should be saying, "You shouldn't be drinking so much", "You should get your weight down", "You shouldn't be smoking so much", something like that. You tended to chuck that in. But, no, very few people came for advice about preventative things. They came when there was something wrong with them. They came when there was something tangible.

Did they come for advice about contraception?

No, no. That's a very ... that was definitely well into the sixties. Nobody ever discussed that. My memories of that, really, are ... girls, we used to have girls, more or less dragged in by their mothers when they were three months pregnant, and we used to have this fairly regularly. The front of the house, Doreen used to be knocking around the kitchen and the dining room, and she reckoned she could tell people walking up the, she could see people coming to the surgery, and she could tell by the expression on the mothers and daughters face, that that daughter was coming in because she was pregnant. And she could size them up, she said, "She always was a fast living little piece, and there she is, coming in with her mother now, and I can, I can venture what that is!" But, of course, there was a terrible stigma there, even pre-nuptial pregnancies, there was a terrible stigma. People now, they just, they don't care about that at all, this has all changed. It's a whole new ballgame.

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

Indeed I did. I thought they had a very fair crack of the whip. Yes. I think, for what we were paid, we, we gave an excellent service. Mind, in the back of your mind, you're always aware of the ones that went wrong. You have that, you have those you have to live with. Those are the ones that could have been better treated, more smartly treated.

Were they always lingering in the back of your mind, those cases?

Well, they weren't always lingering, but you sometimes think about them, and certainly, by the standards of today, an awful lot of people had a poor crack of the whip. Well, not an awful lot, most people, we did well for most people.

Can you think of any ways in which the service might have been improved?

Oh, if the government had pumped in an awful lot more money, and paid more, and a smaller practice, and more ancillary staff. I mean, we had to fight every bit of the way to get the, that new contract that came, the Doctors Charter, in 1967. We had to argue every inch of the way to get that, and that made a big change. I can't remember the exact date of that, I think it was '67. But we had to argue every inch of the way for that.

What was the most satisfying part of being a GP?

I think the midwifery, in the early days. That was the satisfying part about it. And there was a certain job satisfaction. I mean, a lot of people are very thankful for what had been done. Yes, I think it was a large, the general job satisfaction, the maternity cases and people who were acutely ill and recovering quickly, and somebody with, say, a surgical abdomen, you sent them into hospital and they came home better.

And what was the most frustrating part?

Oh, the chronic illnesses. The people for whom you could do very little, for whom medicine had very little to offer. And people with the ... the neurotic patients. And patients who had something wrong with them, and had the associated functional side of it, the worry they ... worried ... who worried about their disabilities. That was a chronic on-going problem.

Were you able to keep up with the reading of journals and books, while you were practising?

Fairly well. I don't think one was ever adequately briefed, but I always kept, more or less kept up-to-date. We ... had, whenever I started in practice, there was a Medical Society, quite a flourishing Medical Society, but it just met once a month, and that was your sole contact. They had an invited speaker once a month, and that was your sole post-graduate, formal post-graduate education. And we had a BMA Division that had, a speaker came once a year for a formal BMA lecture. But that's the way it was until, again, I think it was about 1970-something, whenever post-graduate education became a formal matter.

Were there no refresher courses available?

There was. I went to one or two of them. But you had to give up a week of your vacation to go on that.

Who would have organised those?

The various Medical Schools organised those. And then the government started again in the 1960s, the government started making an expenses grant towards those, that would pay for a locum. But in the fifties, it was entirely up to yourself, to, to what books you read. I always took the *British Medical Journal*, and then *The Practitioner*, a monthly magazine, was of high standing, and it was very good from a GPs point of view. I thought *The Practitioner* was one of the best of them. But then, later on, there was, we were inundated with

medical stuff. The various drug companies started publishing magazines like *Pulse*, and *Doctor*, and *GP*, and so on, for advertising purposes. But that didn't start, again, until the 1960s. So that during the 1950s, I was certainly dependent on the *BMJ*, and *The Practitioner*, which, actually, was a very old-established thing, an old-established magazine, that goes way back to earlier than the *BMJ*.

Were there any books being published about general practice, at that time?

No. The general practice books didn't start until mid-sixties. There were no books about general practice, as such, as an entity.

Did you feel that was a gap, at the time?

No, I didn't. I wasn't aware of it. It's up to you to keep up with skins or obstetrics, or whatever else. It's up to you to, to get the books about that subject.

I see. So did you feel that midwifery was your special interest?

Yes. It was. Yes, very much so. We, as I say, we did one a week, and it was very important to be up-to-date with that, for if, if one went wrong, well, well, you had your own professional pride first of all, but it was very bad for the practice.

You said that the drug companies produced some magazines for the GP.

Yes.

How often would the reps from the drug companies come and see you?

Oh, they came regularly. They were regular visitors. And I suppose they were one source of post-graduate education! Some nice blokes. Some of them were a nuisance, but there were some nice blokes that you came to know through the years, came to know quite well. And they were always on the ball. I, I used to quite enjoy them, unless they came too often. Some of them were a bit of a bind, but most of them were very good, very well-trained, and very much on top of their job.

And they were useful for picking up bits and pieces of ...

Oh yes, indeed.

... knowledge.

Yes, they were, indeed, very well-informed. Sometimes I thought some of them knew more medicine than I did!

How did you choose which drugs to use, or buy from them?

Well, I ... by reading and ... this was always a problem. This was a perennial problem, in practice, which drug. For they would come round with some new thing, with all sorts of clearance for it. And you had to be persuaded that it was ... of it's advantages over the one you had been using. I found this quite difficult to, to assess what to go on to. But there was, again, there was a fair amount of literature. There was enough about them to make up your mind.

And you said you were a member of the local Medical Society.

That's right.

And the BMA.

Yes.

Were you a member of any other medical organisations?

No, just those two.

Did you hold any other medical appointments?

Yes. I had a few, off and on. I was Medical Officer to a mill day nursery, for quite a time. And then I had another appointment to a, a home for delinquent boys. But I was never really, I never really looked for much work outside the practice, there was enough in the practice. I did these two little things that came my way, and I quite enjoyed them.

Why did you choose those two?

They came my way, they were nearby. They were within the practice.

So they were things you could fit in easily with your practice?

Yes, that's right.

Would you have liked more, if you could have fitted them in?

Well, I couldn't really. No, I wouldn't really have liked more, for I couldn't fit them in. It would have meant altering your whole schedule.

And, just going back right to the beginning of today's session, where you said the patients had more respect for the doctor then, were they more inclined to, let's say, do as they were told? That if you gave them advice about what they should do, they would go away and do it?

Oh, I don't know about that, now. I don't know whether "respect" is the right word, but there was this, as I say, this social and cultural look, and there were very few people around us went to university then. It was a different world in that respect. A number of, the vicar and myself, we were the only ones. Nowadays, in any practice, there will be far more kids going to university than there were then. So, we were certainly ... I don't know whether respect is the right word or not, but there was this gulf between us. I mean, to some people, some people thought the doctor was God, and I suppose some doctors played God, and enjoyed it. I don't think I ever did. But ... I think they respected your advice. But you would tell people to stop smoking, and they took no notice of it. You would tell people to get their weight down, until you were blue in the face, and it made damn all difference really. So I don't know, I don't know whether they ... preventative medicine ever really worked.

And you said you employed a receptionist in 1952, for the first time?

That's right, yes. At £7-10-00 a week. That sticks in my mind for some reason. And we employed a young girl, and she was very good for, for a time. She stayed a few years, and then she left to get married or something like that. And we got another one then, who had been trained by a doctor in Preston, and she was a middle-aged married woman, and she was very good indeed. And she stayed with us for many years. That was our second woman. Then, of course, inflation was happening, and their pay gradually went up, the £7-10-00 soon became old hat!

Did you just employ the one receptionist?

Yes. We employed the one until, I think, it was 1963, when we ... or till 1960ish, whenever I moved out, we moved out of that Victorian surgery, and altered the whole set-up, extended it and altered it, and went on to an appointment system, and then we employed two receptionists and then three, and we ended up with about four working part-time.

Did you ever employ anyone else, apart from receptionists?

We employed an assistant for a time, and then he eventually became a partner.

How about nurses, or dispensers, in those early days?

No, we didn't, no. I did my own dispensing between the August of '47, and July 5th 1948, when the Service started. I did my own dispensing then. We never employed a dispenser. And then, of course, the dispensing finished entirely then, it all went to the chemists in, in 1948.

How about people like cleaners?

Oh yes, we always had a cleaner. We've always had a cleaner, from, from, from ... I was married. When we went to Blackburn in 1947 until I retired, we always had a cleaner. We don't have a cleaner now, in our retirement.

Did you ever hold any kind of hospital post?

No, never.

Would you have wanted to?

No. Well, when they started the clinical assistantships in the 1970s, I was no longer interested then. I mean, even then, retirement was on the horizon, and that appealed much more to a younger generation. But if those ... there was a much more rigid line between the hospitals and general practice in 1948 than there is now. To be a hospital consultant was a, or to work in a hospital was a jealously regarded privilege. The clinical assistants and GP assistantships in the hospital are a relatively modern thing, and certainly would have appealed to me, if it ... if it had come up at the time.

Did any GPs work in the hospitals prior to 1948?

No. Not that I know of. No. Now, there were several of the old GP consultants, who retained their consultancies, although they didn't have the necessary qualifications. But, by length of tenure they, they retained them. But ... these were, yes, GP consultants. There was one, a couple of physicians and an anaesthetist stayed on in 1948. But there was an awful lot of talk about that at the time.

What did that talk involve?

It involved a young man coming with an FRCS, who had been a registrar at Manchester, or somewhere like that, and his relationship with an older doctor, who had no such qualifications whatever, and yet was on the same, on a par with him, as a consultant in the hospital.

And what was the general feeling about that, amongst GPs?

Our generation were all for the bloke with the FRCS, suitably qualified. And ... but the ... I remember an acrimonious discussion at one of the local, no, at the, at a Medical Society meeting, because an old boy who had

been ... some sort of an orthopaedic consultant ... yes, he was, he was a GP and a consultant at the hospital, and he wasn't allowed to do domiciliary visits ... *[End of Tape 3 - Side B]*...Well, the new consultant wouldn't go, wouldn't give way on it at all. He said, "I'm not inundated with domiciliary visits, and there's certainly no need for another one who's not really properly qualified to do these." So there was a certain amount of, of acrimony, about this, as I remember it. But then, of course, that problem solved itself for that older generation, who had worked very hard during the War, after all, and given their service on a voluntary basis to the hospital all during the War. They gradually retired anyway, so the problem solved itself.

How many hospitals were there in Blackburn?

Two. The Blackburn Infirmary, the general hospital, the voluntary hospital, and there was the old Purlough Institution at Queens Park, and it housed the maternity services. But when I went there, the attitude to, to Queens Park, to the old, the old Poor House, I remember people objecting most vigorously when it was suggested they go in there. It became an ordinary hospital in 1948, but the stigma of the Poor House hung around that for years and years. Years later, people would come in there, even to have a baby, would say, "But that used to be the workhouse!" And there, there were memories of some great aunt or somebody who had to be sent in there, and this, this hung around in Blackburn until modern times.

How often would you refer a patient to the hospital?

Oh, pretty frequently. I, I haven't got the figures, but we, we did a lot of referrals, through the years.

What was the procedure for that?

In the early days, you gave them a letter, and they went to the hospital outpatients, and waited. But, about 1950ish, they started doing it by appointments, and we, we sent the appropriate form to the hospital, and the patient was sent an appointment.

Was it always that simple?

It was always that simple, but then the length of time the patient had to wait for the appointment, that became a big thing. But that only came in in later years. A lot of people, you see, just preferred it, in the early stages, whenever you went to the hospital outpatients with your letter, and even if you waited a long time that day, two, three, four hours, at least you were seen that day. It might be late in the evening.

And what was the procedure for getting a patient admitted?

We didn't have a lot of trouble with that. We, we could ring up and get a patient in. And we had a good lot of consultants, they would do domiciliary visits, come and see the patient at home. This came, this came in with the, with the Health Service, and a consultant would come and see the patient, and ... and see if a hospital admission was necessary. And we used that quite a lot, and that worked very well, for we, as I say, we had good consultants. It changed a bit. I remember when I was an assistant, having a consultant out to see a patient, and this was in Newton-le-Willows, and this consultant came from Manchester, in his Rolls Royce, with a chauffeur, and there were very few cars around, and I can still see this, very few cars around in this particular street, in ... this was 1947, and there was my car and the doctor I worked for, and this Rolls Royce, in that street. And every head was out to see what was going on! And the patient, I think he charged four guineas to come from Manchester in his Rolls Royce. And I remember the bloke I worked for, the doctor, saying, "Come on and we'll do this. I'll show you how we used to do this. This used to be a very formal thing. We'll meet the consultant at his car, and then we take him into the house, and we introduce him to the patient's wife. And then we walk upstairs in a very definite order." I think ... I was trying to, I can't really remember the order. The woman of the house went first, and then I, as the most junior one, went next, then the senior GP, and then the consultant came last. And that was the order of going up the stairs. We were then, we then introduced the consultant to the patient, he took a little history, examined the patient, and we then retired to another bedroom. He said to the lady of the house, "Is there another bedroom where we can go and have a word among ourselves?" So the three of us went into the other bedroom, and this was, ostensibly, to discuss the patient's condition. But, in effect, what happened was, the consultant said, "Well, I know damned fine we'll have to take him in, and operate on him, and see exactly what's going on in there", and he then went on to talk about a race meeting, or something like that! And we spent, so that the woman would feel she was getting value, and the patient and his wife would feel they were getting value for money! We stood there chatting about racing or something like that for another five minutes. Then we reappeared. He told the patient and his wife that he would have to have him in to hospital, and operate on him, and he would get this arranged straight away, and "we'll sort it all out for you". And we then went downstairs in the reverse order. But the patient was most impressed. They really got their, there was something about that visit that sticks in my mind. The patient really got his money's worth. And everybody was impressed. They'd had the consultant out, and everybody felt everything possible was being done. And this is very different from a modern domiciliary visit, where the consultant goes scratching around on his own, and they're all watching the telly, and, "Oh, upstairs, doc!" They don't switch it off! The whole place came to a standstill!

Did that ... type of event continue after the NHS?

No, no. This was very much private practice. It continued, to some extent. I used to meet the consultant and, and go with them, when they came out on a domiciliary. But then, very often, they were busy, and they couldn't fix a definite time, and they just would say, "Well, I'll come on my way home from the Infirmary". And it lost it's formal ... there was something about that consultation. I think medicine lost something, the respect for this.

Did relationships between GPs and consultants change, over that time?

Not an awful lot. We always got on pretty well with the consultants. I don't think there was any big change. With the great ... there were some of them were odd fishes, but most of them were very good indeed. We had one or two oddbods. But the ones I used, I found them very good indeed. Very co-operative.

How did you rate the quality of service you got from the local hospitals?

Oh, pretty good. We were well looked after by the local hospitals, apart from these waiting, waiting times. But that's more a problem of recent years.

Once you had a patient admitted to hospital, were you able to maintain any contact with them?

Yes, I used to go and see them. This was, this was a big thing, going to see your patient in hospital. I used to do this, very often, on a Sunday morning, I used to toddle round and see them. But I'm afraid, in recent years, that lapsed.

How did consultants feel about that?

Oh, they liked that. Oh, they liked a bit of co-operation. And it was largely, I wasn't interfering with their treatment, I was really going to see how they were getting on.

Did the consultants show any interest in the work of GPs?

No. Not really. No. In the early days of the Service, there was a bit of a gulf between the consultants and the GPs. It was very much you're the ones who have fallen off the ladder, in Lord Horder's words. Was it Lord Horder?

Moran.

Moran it was, that's right, yes. Those who had fallen off the ladder. And that was, that was apparent with some of them. But again, in recent years, I've found them all very co-operative.

That phrase, "falling off the ladder", what effect did that have amongst GPs at the time, do you remember?

Oh, indeed, I was very aware of that. I think most of us were, acutely aware of that.

And how did you feel about it?

Well, it brought home to you how a lot of consultants felt about GPs. But, oddly enough, that has disappeared in modern times. I've a son a consultant, and his family regard their GP as a ... a proper doctor, whereas, "Daddy goes to work in the hospital, on his bicycle"! [LAUGHS]

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

No, not a lot. No. I'm afraid I never got ... we had oddbods as local, as Medical Officers of Health. I had no, no contact at all. I notified diseases to him, but ours weren't very good, through the years.

When you say they weren't very good, what makes you say that?

Well, they didn't mix with the GPs, they didn't come to any of either the BMA, or Medical Society or anything like that. They were never part of the community. And, to me, they didn't seem very good. Some areas they had good ones who mixed with GPs, mixed with the consultants, and so on, but ours were, were some, I thought they were an odd bunch, through the years.

Did you have to use your district nurse much?

Yes. Yes. Good relations through the years. Very good, reliable district nurses in Blackburn.

What sort of work would you get them to do?

Oh, dressings, all sorts of things. General nursing care and attention, dressings. Mainly general nursing care and attention, so we got on very well with them, they were very good.

Where would they have been based?

They were based, they were based with the local health authority. The early, the first one, I remember, she went round on her bicycle, she was a law unto herself. But I got on very well with her. She was an odd one! Used to take her sandwiches and eat them, sitting on a little wall, and her bicycle parked beside her!

And how would you get in touch with them?

By telephone. They were, yes, they worked from the Medical Officer of Health's offices. We ... direct attachment is a recent thing, and we just used the district nurse who was coming to several surrounding practices.

And how about the local midwives, did you use them much?

Well, it was the same. Yes, we used them a lot, yes. And again, got on very well with them. Very co-operative. Very good service.

Would they attend all your confinements?

Yes. Yes. The home ones. We did a lot of home confinements. And there was a local authority Maternity Home where we did a lot of work. And then there was a private Home run by nuns, that started ... it must have been in the 1960s it started, and they were very good indeed, a good service.

How about health visitors?

Yes. There was always a health visitor. And again, we got on well with them. But that's a fairly recent thing, the health visitors. I can't remember when health visitors started. But it was the district nurse was the backbone of the Service, and the district midwives.

How did you see their role in relation to your own?

Oh, very much complementary to ours. And I think good relations with them were very important, and I never had any trouble there. They didn't like it if you dictated to them, of course, and we, in our practice, avoided that, and found them co-operative and efficient.

Did you hold any clinics with the district nurses or midwives?

No, we didn't. We didn't get around to that at all. And certainly ... that's a ... a recent phenomenon. We did our own ante-natal work, rather in isolation. But, in a way, there was a lot of telephone calls, but we never had any of the district nurses or the midwives in.

Did you hold your own ante-natal clinics?

Yes, we did, yes. That's right, yes.

Would you set aside a particular afternoon for that?

No. I did at one time, but then I found it was just as easy just to, yes, I did that, until we started appointments. And then I stopped it, and they just made an appointment at the time that it suited them. But we ran an ante-natal clinic until we started appointments.

Were there any local authority clinics in Blackburn?

Yes. Yes, there were local authority clinics, yes. But, and of course, the Schools Medical Service provided quite an efficient service, but it was very separate from us. We had no part in that whatever.

What did GPs think of the people who staffed these local authority clinics?

We weren't, our paths didn't cross much. And ... they always seemed to have oddbods! I don't know why, but we always were on good terms with the consultants, but for some reasons our paths, we just didn't have much time for the local, for the public health people.

Wouldn't that kind of work have appealed to you? Nine till five job.

No, never crossed my mind. It didn't. I think, in a way, it's what you get, maybe it's just hindsight. It might have been all that pleasant at the time, but you get into the way of the hurly burly, and the ... being involved in the thing. And I suppose you did your share of the moaning and groaning at the time.

Can we talk about the NHS now?

Yes.

Why was it that there was a demand for a National Health Service, at that particular time?

Of course, this arose during the War. It was an on-going thing ever since ... it was a gradual process, away, it goes way back to 1911 with Lloyd George, and the ... the workers. They all, those, what was it £450 a year, it was originally much lower than £150 a year, wasn't it, something like that, was entitled to free, at the time, medical care, from 1911. And then the figure, after the War, was £450. And there was the anomaly that the workers were entitled to free, at the time, medical care and medicine, and his wife and children weren't. And people were increasingly aware of that. And, of course, Beveridge worked on it with Harold Wilson, back in 1943 wasn't it, 1945. And the demand certainly was there. There was no doubt about it. All the workers were acutely aware, "Why am I getting free medical attention, and my kids aren't?"

How closely did you follow the negotiations?

Oh, very closely. We were very, very closely involved in that.

How did you keep informed?

Well, it was largely radio then. We didn't have a telly until 1952, or something like that. Through the radio, and above all, through the papers. That was the medium. We always got *The Manchester Guardian*, and they followed it very very closely. It was then *The Manchester Guardian*.

What were your views about the NHS, at that time?

Oh, I felt it was bound to come. It was going to come.

Were you in favour, or not?

Yes, in favour, but regarding it as inevitable it was going to come.

How did your colleagues feel about it?

Oh, we went to all those meetings in 1947, and ... the older colleagues resented it bitterly, didn't want it at all.

For what reason?

Oh, general ... welfare state business, opposing the welfare state, and the "nanny state", and all that it stood for. People should stand on their own two feet, and look after themselves. That was the attitude among a lot of them. But our lot, really, wanted it on good terms. We were far more interested in what sort of terms we were going to ... and at that time, of course, the BMA, there was all that stuff ... old Morrison wanted it to be run by the local authorities, and we certainly didn't want that, for our Medical Officer of Health, at that time, wasn't a very vigorous bloke at all, and the last thing we wanted, was the whole thing to be run by the local authority. We wanted it to be run nationally, with a good capitation payment. We never thought beyond a ... some of us, many of us wanted an item of service payment, but it became obvious, in 1947, there was no way we were going to get that. The government would not undertake to write a blank cheque, and pay item of service, therefore we wanted a good capitation payment. And we had to settle, in the end, for something about 15 bob, which was ... which was very little, really, even by the standard of the time, for looking after a patient, the responsibility for a patient, 24 hours a day, for 365 days a year. And we had a lot of meetings about this. But you could see, I remember an old boy standing up in a big meeting in Blackburn Town Hall, about this, and he was saying, "Look ... you're not ..." some of them were saying they would, under no circumstances, sign on the dotted line, and go into it. And this old boy stood up and said, "I was, in 1911, I was at a meeting just the same as this, and people said exactly the same thing. But then they realised, that whenever it came to midnight on the, on the appointed day", was their great phrase then, "whenever it came to midnight on the eve of the appointed day, they all would sign on, because in 1911 exactly the same thing had happened." People couldn't afford to stay out of it. And the doctors who were quite bolshy about it, and said they would never, under any circumstances, join a National Health Service, were, nevertheless, acutely aware that the whole capital value of their practice would disappear overnight, if they didn't sign on the line, in order to get the compensation for the sale of their practice. So there were, there were ... in the ... that was by Christmas '47, and during the early months of 1948, there was an awareness of it's inevitability then. It was coming. and it was up to us to get the best terms.

Were you happy with the outcome of those negotiations?

No. No. We would have preferred, and the blokes, my circle, wanted to go for item of service, realised it was impossible, and were not happy about it, no. And then ... after July 1948, it became increasingly aware that our workload had increased enormously, and the remuneration had stayed much the same. And there was a lot of dissatisfaction then. There was this pent up demand that exploded on us. Things that were, rightly, needing treatment, and going on ... had gone untreated all during the War years, then people came in ... looking for treatment, that was often unavailable, or unsatisfactory.

What were the main differences between pre- and post-NHS practice, for you?

Well, I, I found difficulty, our list increased then, pretty steadily, so the workload went up. But I always had great difficulty in analysing what was due to the National Health Service, and what was due to just the fact that the practice was growing anyway. But there was certainly some measure of an explosion of pent-up demand, but I found that very difficult to, to sort out.

Was there any increase in paperwork, or bureaucracy, at all?

Not a lot then, that came later. No.

So it was just, really, the increase in the amount of work you were having to do?

Yes, that's right. But our practice was growing. And, as I say, a certain amount of increase in work was due to that.

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

Long term I think it did, it didn't benefit immediately. But it had to come. It was inevitable. It was ...

What was the main success of the NHS, and the main failure, let's say?

Just the general, the main, the main success was that people had access to a gradually improving quality of medical care. Of course, you can't separate that from the explosion in medical know-how, at the same time.

And the failure?

Well, there again, the failure has been ... to keep up with demand. But, with an ageing population, more and more people needing medical care, and more and more degenerative diseases, arterial diseases, the diseases of an ageing population, there's always the failure to look after everybody's ... ... ageing diseases, and chronic disorders.

Did your colleagues' views about the NHS change during those early years?

No. Those who were vehemently against it, remained so. But the younger generation, the younger lot, I was one of the younger lot then, they accepted it. They complained a lot about it. During the 1950s, there was an awful lot of complaining, and, of course, the negotiations for better terms went on and on. That went on all during the 1950s. And the threat to resign about 1956, I think that was, the collecting of the resignations, that ... and then the big improvement coming in the sixties, with the Doctors Charter.

Do you remember the reports by Collings, Hatfield and Taylor, in the 1950s, about practice?

I do, I remember reading those, yes, on the quality of the Service. And those were greatly ... focussed people's, people's attention on the shortcomings, and how poor some, and they drew attention to how poor some doctors' surgeries were.

What did you think about them, at the time?

Oh, I thought they were very good. I thought it was a good thing to draw attention to that.

Do you think they were accurate?

Yes, I thought they were. Accurate overall.

Did many of your colleagues read them?

I can't remember them ever being discussed with my colleagues, but I remember having copies of, of reading all those, and thinking what a good thing it was that they were putting the thing under the microscope for the first time.

I'll just ask you a few questions about your family now. What year was it that you married?

I married ... 1946.

And where did you meet?

In Belfast.

And did you get engaged?

Yes. Engaged six months. And we got engaged in this, well, we got engaged when I qualified, that's right, in '46. Married December '46. And then my wife and I came over ... my wife joined me in England then. By that time, I had got this assistantship in Newton-le-Willows, and we lived in a flat there over the surgery, until we bought the Rendland practice six months, roughly six months later, in the August of '47.

Was your wife working when you met her?

No, she wasn't, no. She's never worked since we married. Well, she's never worked outside the practice!

I was going to ask that, did she help out with running the practice?

Oh, very much so, yes. She was the cornerstone of the thing in, in Blackburn, in 1947. She endlessly answered the telephone, and she developed an awful lot of know-how among the patients. They knew her. She used to answer the telephone in between looking after the kids ... baby in one hand, and the telephone in the other!

Did you have to save before you were able to get married?

No, we didn't. No, it was all borrowed money. I think I told you about borrowing it from the BMA, and the Halifax Building Society did the house. And the ... this BMA bureau in Manchester put up the money for the other. You could never have saved this sort of money. As an assistant, I earned 14 quid a week, and you could never have saved it. It was pointless. I think you had to take the plunge.

What did your parents think about you getting married?

Oh, they, I don't think they had any comment at the time, it was just the natural thing.

Did they help you out in any way?

My father lent me the money for a car. But he ... he certainly wasn't in a position to contribute to what was a ... the practice cost - £3750 - I think it was, a year and a half's purchase, and he certainly was in no position to raise that sort of money. And I wouldn't have expected him, it just wasn't expected. But he certainly lent me the money for the car, which I needed when I started in Blackburn.

Now, how many children have you got?

Three.

And when were they born?

1948 and 1952 and 1953.

And did having children create any financial difficulties for you?

No. Once we got cracking, we had no financial worries. It worked very well, because the worries were always the volume of work, I could have complained about the amount of work that had to be done, but you were always pretty well on top of it then.

How did you share the responsibilities for bringing them up?

I think my wife did most of it! There was never any formal business. We just mucked along together. There was no formal whatever, it never even came up for discussion. We just got on with it.

Were you out of the house a lot?

Oh yes, an awful lot, yes. But in the night, I was actually around the house more than my son is, for he goes out in the morning to, to the hospital, and he's often not back until late in the evening. Well, I was always there breakfast time, coffee time. I was always there lunch time, unless a call came in, I was always there lunch time. Tea time, I was in and out more. The house was much more a focus of the thing. *[End of Tape 4 - Side A]*...Well, I don't think it affected it very much. As I say, I was always around the place, in and out quite a lot, but not away for a longish time, the way a hospital consultant is. I notice the difference now.

Did you encourage your children to go into medicine?

No. The, the elder one went into medicine, but he, he seemed to go into it without an awful lot of discussion. He was good at the maths and sciences, and he, he went into medicine. The other two didn't. One read history at Oxford, and went into teaching. And my daughter's a solicitor. So there was no, no push any way.

Did you encourage your eldest son to become a consultant, rather than a GP?

Yes, I did, yes.

And why was that?

Well, he didn't seem to need much encouragement, but it was always, oh yes, that ... this goes back to your falling off the ladder business, you know, and the opportunities were better for him going on. And he had the aptitude and, and got on with it. And there wasn't all that much saying, "You must do it", or anything like that. There wasn't all that much encouragement. He seemed to, to lap it up, anyway.

So you still think there are those differences between the status of a consultant and the GP, within the profession?

Yes. I still am very much of that generation, that, aware of that distinction. And it doesn't apply now. They're much more on a par now. And there are people with ... I notice now, the number of people with Fellowships, going into general practice, who have higher qualifications, the number, particularly in this area, the number with higher qualifications is, is quite, quite large.

Do you still regret not being a consultant yourself?

I suppose, yes, at the bottom, you do! But I don't think about it now!

Just a few questions then, to sum up. What were the biggest changes in general practice, during your career?

The big change came in the 1960s with the Charter, the coming of ... the direct reimbursement for your ancillary staff. You could then employ more. Ours grew from no receptionist, one receptionist, into four or five, and that made a big difference. That was the big change. And then the coming of appointments. And smaller lists made a big difference, you'd more time then. Those were the big changes. And, of course, we ... and, again, you can't divorce it from the pharmaceutical side of it. We have far more potent drugs. I mean, when I started, there were no antibiotics in our surgery, the M&B things, the sulphonamides were the only, were probably the most potent things. Then came penicillin, then injectable penicillin, then oral penicillin, the Pill in the 1950s, and the more potent anti-hypertensives, all those things. You see, you can't really accept, you can't really divide general practice organisational improvements from the improvements engendered by the pharmaceutical companies.

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

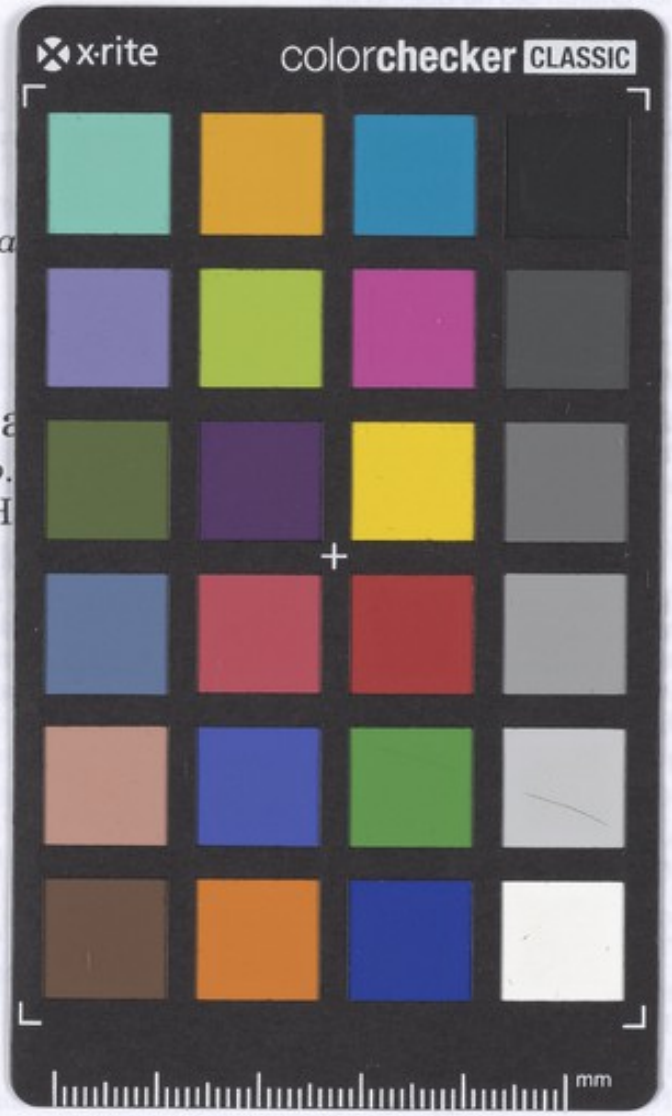
[LAUGHS] Staying alive! I don't know the answer to that at all! I couldn't answer it, no. [LAUGHS]

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

You always ... the worst things are when something goes wrong, when you feel you should have said something, you've always got memories of things that went wrong — [CAN'T CATCH - 51] Well, I went into it single-handed, and I came out of a three man partnership. I suppose that's the positive side of it.

Thank you.

RY OF GENERAL PRACTICE, c.1936–1952



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