

My Memories of Aberaeron Hospital

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My first memories of Aberaeron Hospital were as a young child when my father would take me, my brother Rhidian and sisters Miriam and Ruth to visit the staff and patients on Christmas morning. As young children, we would be delighted to see, on climbing up the front steps and entering through the big wooden front door, a large adorned Christmas tree situated in the corridor between the men's and women's wards – the lights and Christmas baubles being reflected on the highly polished floor. I remember the nurses being so smart and welcoming in their starched aprons and hats – lead by Matron Mattie Jones and later Sister Betty Evans.



Matron Mattie Jones

My father would give gifts of wine and sherry for the staff and patients and we children would receive gifts from under the tree. I don't recall what treasures I received but my sister Ruth, ever the tomboy and always seen riding her bike, remembers that year on year, she was given a plastic toy iron! We would then be escorted from bed to bed to wish every patient a Merry Christmas. The atmosphere was one of happiness, mutual respect and professionalism.



Mrs Edith Herbert; Helen, Rhidian and Miriam cc1960 (left) and Ruth cc1968 (right)

Other early childhood memories were of standing in the garden of the hospital on Carnival Day and having a bird's eye view as the procession passed by.

It was originally built as the Workhouse in 1839 and, in 1843, soldiers were billeted there during the Rebecca Riots. During the First World War, it was used to treat wounded soldiers. Mr Watkin Jones, Lampeter Road worked as a Red Cross Volunteer during the war and the picture below shows him proudly standing outside the hospital with a nurse on duty and his beloved Riley car. After the war the building was known as Aberaeron Cottage Hospital.



Mr Watkin Jones, Lampeter Road with his Riley car and nurse on duty

My father, Dr Hugh Herbert, joined Dr Ernest Davies in practice in 1955. Dr Davies was one of sixteen children living in Tanyfron and his father and some siblings were also doctors and surgeons. Local residents would tell stories with pride of having been operated upon in the operating theatre situated on the second floor of the hospital, by members of the Davies family. Many an appendix was taken out there! They would convalesce in the wards until well enough to go home.



Dr Hugh Herbert



Tanyfron; South Road, Aberaeron – surgery until 1986

In 1984 I returned to Aberaeron to work as a general medical practitioner in Tanyfron Surgery, with responsibilities for caring for the inpatients of the hospital and treating patients who attended for accidents and emergencies. I was born in 1956, the first daughter of Dr Hugh and Edith Herbert, Tanyfron and I

have lived all my life in Aberaeron apart from periods when I studied in Guy's Hospital, GP vocational training and subsequent hospital jobs.

When I returned in 1984 to join my father and Dr Geraint Hughes as a partner, the surgery was in Tanyfron, South Road and our family “lived above the shop”. The surgery moved to Aeron House (previously Moulton's shop), Pwll Cam in 1986.



1986-2019 Tanyfron Surgery, 7-9 Market Street



Staff of Tanyfron Surgery, 7-9 Market Street

We had shared responsibility for the hospital with Dr Denis Rees and later Dr Dorothea Williams and Dr David Roberts. After the retirement of my seniors, joining Tanyfron Surgery were Dr Gerwyn Thomas and Dr David Evans. Dr Jonathon Price Jones joined the Oxford Street Surgery. In the early years, my father and Dr Rees would cover for each other during times away – setting precedent for cooperative working between the practices over the years. The doctors from New Quay also used the hospital from time to time.

As general practitioners, with the consent of the Bronglais Hospital Consultant responsible (Dr Gareth Hughes and later Dr Philip Jones) we would admit and care for patients in the hospital. The admissions usually related to an elderly patient “going off their feet” due to an acute illness or someone who was not well enough to stay at home but did not warrant an emergency hospital bed in Bronglais Hospital. At the other end of the spectrum, Mr Ian Macfarlane, consultant orthopaedic surgeon, admitted his patients to the hospital for weight loss prior to hip surgery – a short-term policy which ended when it was realised that the patients were secretly escaping to buy chips in the town!

Patients would be transferred from Bronglais Hospital after major surgery for periods of convalescence until they were well enough to go home. Physiotherapy aided the recovery period but unfortunately this was gradually curtailed in the later years – a reason used to decrease the number of inpatients. The food was excellent and Betty the porter ensured that the small garden in the front of the building and rear court yard was spick and span. The inpatients were very well cared for by the nursing staff. One could sense the pride that the staff took in working there.



Denise Lewis, Pat Forbes, Sister Beti Evans and Doris Lloyd

As a young doctor, fresh from medical school and GP vocational training, I had been taught to record the patient history in a systematic manner using the headings of Subjective, Objective, Analysis, Plan (SOAP) and I recall Sister jokingly rebuking my father by saying, “Now this is how doctors are supposed to write up the records.” Historically, the notes tended to be rather spartan – litigation against your doctor had never been considered. Having said this, I learnt a huge amount from my father and the senior doctors - especially their traditional values of generalist clinical skills having to deal with a wide range of diagnoses, continuity of care and always the patient’s advocate. I tried to use these values to underpin any future changes in our general practice over the next thirty-six years.

A GP visited the hospital at least once a day to review the inpatients and the Bronglais hospital consultant would visit every few weeks. The surgery blood samples were collected from the hospital by van in the late morning to be taken to Bronglais. We would rush to deliver the samples at the beginning of our morning home visits.

Often our ward rounds were routine but I remember one instance when an emergency call was sent to both surgeries as a patient had swallowed his false teeth – Dr Dorothea Williams expertly extracted them using a long forceps and all was well. Another unforgettable memory related to an elderly lady suffering from dementia, whose passionate and loving husband visited daily – so much kissing and passion that the nurses had to draw the curtains around the bed! The care provided in the wards was kind and clinically professional – many patients did not want to return home.

Health Board policy changed over the years with restricted budgets, veering towards care in the patients home rather than places such as cottage hospitals. The numbers of patients being admitted gradually decreased and eventually the wards were closed in 1999. I remember Sister taking me into her office on the day it closed as I wept tears of disappointment and frustration. We had lost the battle. There was never any satisfactory answer to what had happened to the Bessie Jenkins legacy of £1million left to Aberaeron Hospital.

Consultant outpatient clinics were also provided at the hospital – held in a small room in the courtyard with a waiting room opposite. These included Geriatric Medicine, Antenatal, Gynaecology, General Medicine, General Surgery, Psychiatry, ENT and Ophthalmology. The Community Health Services included

Child Health, Audiology, Speech Therapy, Chiropody, Psychiatry (Community Psychiatric Nurse) and Family Planning. These clinics were well attended and records for 1979 show a total of 2,742 attendances. As the consultants were attending Aberaeron, it also provided an excellent means of informal contact between GPs and Consultants to discuss patients of concern.

The other service offered was 24-hour accident and emergency care, provided by the GPs and nurses on duty in the hospital. There were reviews from the Health Authority about this service, arguing to close access for emergency care in Aberaeron Hospital and that the emergency treatment should be referred to the surgeries of the local GPs or the A&E Department of Bronglais. The local GPs, led by my father, fought hard to defend the continuation of the service. In practice, it provided a service for patients in their locality, close to their homes and aided the doctors in having nursing support and a room, especially during the night hours.

GPs were very isolated in those days, working alone providing 24-hour care, without paramedic support, telephone support or practice nurses. It was of mutual benefit to patients and clinical staff for patients to be seen in Aberaeron Hospital. An audit of workload undertaken by the Health Authority in 1979 showed Casualty attendances of 2,349, approximately two thirds treated were local residents. The nurses also offered treatments such as change of dressings, removal of stitches and treatment of leg ulcers – thereby assisting the community nurses.

Following ward closure in 1999, the community nurses, health visitors and administrative staff were accommodated in the Hospital until it finally closed in 2020 and they moved into the Aberaeron Integrated Care Centre, Vicarage Hill, Aberaeron.

My father taught first aid on behalf of St John Ambulance and the sessions were held in the hospital. He meticulously prepared educational picture slides and resuscitation was practised on Resussie Ann. Both he and his pupils enjoyed the sessions and he would return home relating funny stories from the evening. One candidate, a police man, responded to every clinical question with the same response: “Desire to urinate”! I think it may have been the same policeman who was on duty in Aberystwyth when a donkey died in Chalybeate Street. It was necessary to write a report of the incident but he was unable to spell Chalybeate – so instructed those with him, “Come on boys, let’s move him to Mill Street”!

Goodness knows if that was a true story but was one of my father's favourites. It was my role to be the first aid examiner at the end of the course – and obviously, nobody failed!

The NHS has changed beyond recognition in the last forty years. Clinical medicine has improved greatly but sadly, on a daily basis, the national news reports that “the NHS is broken” - quoting long waiting lists and substandard care. I don't believe that the NHS is broken, excellent care is provided but one does wonder if successive governments and health board policy ignored the opinions of those working at the grassroots level. With an ever-ageing population, properly resourced, efficient community hospitals such as Aberaeron might benefit from a resurrection.

When Aberaeron Cottage Hospital closed in 1999, little appeared to be spent by the Health Board on the structure of the building. It was eventually sold in 2020 and knocked down in 2024 to be replaced with flats which are now under construction.



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