

GENERAL PRACTICE BEFORE N.H.S.

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I have many happy memories of the days before the NHS and as is the wont of old men, I reflect upon them as 'the good old days'. It has been said that Memory is a Divine gift, which makes roses bloom in December. I was an assistant in General Practice in Neath, when the N.H. Service came to being in July 1948. The changes from pre-NHS days did not come suddenly. It was not like this one day and something quite different the following day. Yet one change was significant after the onset of the NHS - Aneurin Bevan had promised a Service which would be free for all. Prescriptions would be free and we saw big queues in those early days for all sorts of medicine, even tooth paste and shampoos, just because they were free. But as you will remember this state of affairs was soon to change and I dread to think how much an item on a prescription costs nowadays. In 1951 I set up my plate in Llangeitho and in 1954, I was invited to work with Dr. Ernest Davies and Mrs. Nancy Davies. This practice was mostly rural, about 150 square miles with about 3000 persons to look after. Roads were difficult to travel, ditches by the roadside were water logged and one often got stuck. There were very few telephones. We would visit patients in their homes, about 20 or 30 in a day (and night). Surgery attendances were small. The bell ringing! I can recall the conditions and method of Practice in those early days (which were then to last for many years after the introduction of the NHS). I also gathered memories told me by colleagues who had spent most of their working lives in General Practice prior to the NHS. My talk today will not be in chronological order and my tale is therefore rather generalised. I would like to tell you a story about a couple in Neath whom I attended. I hope you, too, will let me ramble a little.

Perhaps, I should mention first, that those days before the NHS were not really bad old days, as we are sometimes told. There was a tremendous amount of good, dedicated and devoted care in those days, - in spite of the limited resources available and the limited knowledge of that day. Money was scarce in those days as it is today, but I cannot remember anyone not receiving the care he or she needed because they were poor, or anyone who could not afford the treatment. Doctors would never take bad debtors to court and the payment would then be allowed to lapse. Yet one remembers that mothers would delay sending for the doctor for their children because of the dreaded bill, which would follow. It was common for the mother not to send for the doctor when her other children were ill. She would base their treatment on the doctor's care of the child already seen. The working people were often favoured patient (at the expense of the wealthy) many workmen had joined their firm's Clubs and Lloyd George's National Insurance Scheme of 1911 was also of some financial help to the worker, but not to his family.

Hospital care was also free; some hospitals, known as Voluntary hospitals depended on donations, endowments and goodwill. There were also excellent hospitals run by the Local Authorities. All these hospitals gave wonderful care to their patients.

There were also excellent nursing facilities run by the local Council Authority and there were Maternity Homes to give maternity care. Nursing became a skilled profession in 1887 and the General Nursing Council was formed in 1919.



Most confinements were carried out at home. There were Sarah Gamps, and also, there were women who attended confinements that they had learned by practical experience at births. They had no formal obstetric training, but were trusted by the community.

When my twin sister and I were born (at home); my mother had one of these nurses to attend to her for some weeks. Our nurse was called Nurse Annelly and from us she went to Bronant to attend the birth of a new baby, who later became my good friend - Grenville Loyn.

Next, I would like to say a few words about the doctors of that period, almost seventy years ago. The well-respected GPs in those days were those who could impress their patients that they were skilful, serious, attentive, upright, who knew what they were doing and who could be trusted. There were no local specialists in those days, but Harley Street was studded with them. There were a few lady doctors and most of them seemed to go into the Public Health sector. In Aberystwyth, for example, the doctors were General Practitioners in the town and they would also work in the hospital as honorary physicians and surgeons. Names, which come to mind, are Dr. Ellis who practised in Aberystwyth and was a surgeon and physician to the hospital. Also Mr. Emyr Owen-Lloyd, Dr. Burrell. Practices in those days were usually run from the doctor's home and the doctor lived 'over the shop'. When I joined the Tanyfron Practice in 1954, I came to live in Tanyfron. In those days, the doctors were often referred to as Dr so and so, the house from where he lived. e.g. Dr. Tanyfron, Dr. Birch-hill in Llangeitho, Dr. Greengrove in Felinfach and Dr. Balmain. Incidentally, when I came to live in Tanyfron, I came to a house where the late Dr. Davies of Tanyfron had fifteen children. Four girls and eleven boys. Dr. Barnardo. The house had to be extended to accommodate these children, the dispensary and the consulting rooms. Now we are just two of us living in this house and you can imagine that it is far too big for us and there are many stairs to climb, as there are in many old Aberaeron houses.

Some well-known doctors in this area were Drs. Tanyfron, Dr. Balmain, Dr. Bach, Lampeter, Dr. Greengrove - a well-known doctor; no one was allowed to die without being seen by Dr. Greengrove! Many a story is told about him. One flippant remark he would say that if he could get the sweat off a roadman, he could cure cancer! A common factor in all these doctors was charisma- by sheer strength of personality, charisma, and by charm.

Yet it must also be admitted that there was some bluffing. They made the patient feel better. The old maxim about doctors, 'Sometimes to heal, often to relieve, always to comfort' was very true of them. They would always give comfort to the patient and gave hope, whatever the illness. They had empathy for their patients (that wonderful feeling of entering into a person's illness, so different from sympathy) patients, as, I am sure, happens today. Their dress was always formal, made by a good tailor, (there were plenty of these living locally in those days). The gold watch and chain always adorned the waistcoat. All this added to the charisma. A feature of doctoring in those days was for the doctor to knock the door to be allowed into the house. He would also wear an overcoat, which would be taken off before attending to the patient. There was always a jug, soap and water with a towel on washing table. The patient would probably have been moved to another bedroom before the visit. All this conveyed a sense of the passage of time and made the doctor's visit quite an occasion! I must remind you of a story in John Humphreys book, '*The Devil's Advocate*'. Preventative medicine must also be mentioned. Smallpox. Jenner*

I must also tell you about the ancillary help in those days. There was usually no receptionist or secretary but domestic help was freely available. A manservant would help the doctors with the day's work.

In the early days he would attend to the horses, a Shropshire lad. Dan was our man - one of the kindest souls you could ever meet. He would breathe for you if necessary, and would attend to the needs of the house as well as the needs of the doctor. He washed my car daily, wet weather, frost or snow. He would go shopping and take the children with him and spoil them. Now the doctors of those days became specialists in one aspect of their work - opening and closing farm gates. Dan often went with the doctor to open and close gates. Another man was Dai Armstrong He was Dr. Balmain's man across the road. Another wonderful character, a twin like me. Account of attending the pregnant lady in Mydroilyn.

The mental services were somewhat underdeveloped. There was a deep-rooted British distrust of psychiatry. Mental disturbances and other personal crosses were viewed as private tragedies, to be coped with domestically, with the aid of a discreet family doctor. A distinguished psychiatrist, a colleague of Hughlings Jackson, gloated in 1916 that psychiatry was rapidly retreating in to the dark and silent depths from which it had emerged. If a person were in need of admission to a mental hospital, the patient would be certified; it was called 'certification' in those days. The patient had to be certified to be of not sound mind by a magistrate as well as a doctor. After recovery, which was usually transient and temporary, the patient would be discharged from hospital with a certificate to say that he or she was of sound mind. Mary Griffiths! I remember the times of the padded cells. The main pioneering individual in spreading the gospel of psychiatry was a Welshman, Ernest Jones (1879-1958).. He was an ebullient personality and a renowned proselyte to psychiatric medicine. He discovered Shell shock and confirmed that it was not cowardice, as was thought in the first World War, which then carried the death penalty, to be shot at dawn.

Fevers were treated seriously and there were many fever hospitals. Tuberculosis was rampant and widespread. Patients were treated in sanatoria, where they would sometime spend years of their lives. Paediatrics as a speciality was non-existent, except in the big cities, but the County Medical Officer of Health would come to the schools and did a cursory examination.

The District Nurse would also call to examine the children for nits and a Harley St. Specialist visited the schools periodically to test the child's eyesight. (Dr. Phillips). Medicines in those days were pure and simple. Living amidst a sea of infections and fevers, the doctors relied on conservative measures - bed rest, tonics, care and hope. The magic cure was in the bottle of medicine and not in a pill. Medicines were dispensed in the 8, 12 and sixteen fluid ounce bottles, with marking on the side and sealed with a cork. The medicines came in Winchester bottles, known as Galenicals and made by Phillip Harris or Sumners. They were easy to prepare - one part of the galenicals to eight parts of the magic aqua. I now wish that doctors would revert to the old harmless Mist Gent Alks, the Mist Mag. Trisil, the Mist Expects, Mist Pot Brom Nux Vom. They were wonderful panaceas or placebos, which are denied to the patient of today.

Lastly, I must say a word about the most important person in the medical services - the patient. Before a patient would come to the surgery he made sure that he came in his best clothes and his shoes or boots shining. He might not have had a bath (there were no bathrooms in those days) and washing his feet was the standard preparation whatever the illness. He would not be expected to undress, and why should he undress anyway; the examination would usually consist of undoing the top two buttons of his shirt, and expose that part of his chest? (Dr. Jenkins Henllan). Any physical examination would have to be done with a proper sense of delicacy and dignity.

Even then doctors knew that they had to tread carefully and keep their eyes fixed on the ceiling while making vaginal or rectal examinations. The new instruments were especially controversial and some doctors would have none of them. Most of them wary of new equipment, remaining adamant that the trained finger on the pulse and the experienced eye, were surer diagnostic aids than any new-fangled equipment.

The wider consumer protection and rights of patients had not been stirred then. The dreadful word, 'entitle' was not in their vocabulary. Compensation and litigation were not thought of. The era of informed consent and other ethical matters had not dawned.

We always appreciated the respect and deference the patient showed to the young and the old doctor. These doctors were truly family doctors and we possessed our patients. You could sense their trust and their loyalty. They were wonderful people. I shall always remember and be grateful for the trust and loyalty they placed in me. And for my part I shall always treasure and cherish their memory for allowing me to enter their hearts and lives. I hope that you now realise why I described this period as 'the good old days'.

Jenner: 1749 - 1823.

English Country doctor. Was a pupil of John Hunter. Clergyman's son.

Among country folk in his native Gloucestershire, Jenner recognized a common condition known as Cowpox, contracted by humans, particularly dairy maids, and this conferred immunity against smallpox. Jenner got a sample of this cowpox pustule, and by arm-to-arm contact. Jenner gave this blister material to an 8-year-old boy called James Phipps. Six weeks later Jenner inoculated the boy with genuine smallpox virus and this inoculation did not take, the boy did not develop smallpox. This practice became world known, supported by Napoleon, who had his army vaccinated. 'Anything Jenner wants shall be granted. He has been my most faithful servant in the European campaigns' Jenner asked for the release of an imprisoned soldier. Became compulsory worldwide. Hostility. Pressure groups. Mormons. WHO took over. In 1966 10 year programme to eradicate the disease. Gradually the disease vanished except in India and Pakistan to 1974 when Bangladesh proclaimed their freedom from smallpox. The last smallpox fatality in the world, was, ironically in Birmingham. In 1978, Janet Parker, a British photographer, was working above a research laboratory, when the virus escaped through the ventilation system, she caught the disease and died. The virus officially exists today in two laboratories, in Atlanta and Moscow.. Rest of the world's stock has been destroyed, if samples are not held in reserve for chemical and germ warfare.