

THE NHS IN MOLESEY IN THE 1960s

Part of a talk by Dr. Ken Brown to the Molesey Local History Society on 6 March 2008.

What I would like to do is to give a personal snapshot of how the NHS worked in Molesey in 1960. I will only touch on the huge changes in the NHS since then and I will try to steer clear of political controversy.

Dr. John Humble had been at school with my father in Dumbarton, 15 miles west of Glasgow. He contacted us because Hurst Park was about to be built on and they were looking for another partner. I was looking for a group practice with direct GP access to laboratory and X-Ray investigations and access to a cottage hospital. Molesey provided all these facilities and that was how we came to settle here.

In August 1960 I drove down from Scotland to join the Practice of Drs. Humble, Bowling, Rodger and Munro as what was officially known as "an assistant with a view to partnership".

The deal was that, provided it was mutually agreed after six months trial, I would become a partner and buy the plot of land at 25, Seymour Road from the practice and build a house incorporating a surgery

My wife, Gay, and our eldest son, Ian, then aged 4 months, were to follow in a few days by air and we were to stay with Percy and May Rodger until we found a house to rent during the probation period.

It was a very tiring journey because there were virtually no motorways in Britain at that time. I had spent an hour and a half stationary in the middle of Doncaster, where a bridge over the River Don is a terrible bottleneck on the A1.

Shortly after I eventually arrived, Percy Rodger said that John Munro was on holiday. It was a good time to introduce me to the practice patients and I was to take Dr. Munro's surgeries starting at 08.30 the next morning. I asked if he could show me where the surgery was and where things were in the consulting room. He clearly thought this was a bit strange but he did take me that evening and waited while I got my bearings. The next morning I bought a street map of Molesey and got on with it. I had done what amounted to general practice in the RAF because we looked after the families on the base as well as the men but this was a far cry from the lengthy and gentle introduction new entrants to general practice seem to get these days.

The partners all had a personal list of patients and surgeries in their own homes.

Molesey Hospital was the hub of the practice. We would meet for coffee in Matron's sitting room after morning surgery and share out the new visits and report on other doctors' patients we had seen. We brought with us any blood samples or other specimens for the lab and these were collected and taken to Kingston Hospital daily by van.

Molesey Hospital was a busy place with an operating theatre and surgical and medical inpatients. There was an active outpatient department with consultant clinics, an X-Ray department, a physiotherapy department and a room for doing minor surgery with a proper theatre light. The purpose of these lights is to minimise shadows but you need to be aware that they also sometimes allow the patient to watch what is going on in a reflection.

At that time outpatient clinics were held by Mr. Franklin in general surgery, Miss Marie Calverley in gynaecology, Mr. Kelly in urology and Dr. Bernard Meade in haematology. We were able to go up to these clinics informally to discuss our patients with the consultants.

Firmly in charge was the Matron, Miss Grace Elwood.

She was tall and slim, very strict but fair and she demanded very high standards. She had run a hospital ship at one time and had been offered the post of Matron at Kingston Hospital but had preferred to come to Molesey because she wanted to continue to do practical nursing rather than administration – much to the benefit of Molesey Hospital. She lived upstairs in the administrative block at the hospital and had a vegetable garden just outside the window of the operating theatre. She was the theatre sister as well as the Matron and she could open up the theatre at any hour if it became necessary.

A consultant anaesthetist came out from Kingston Hospital, usually Dr. John Gordon who lived in Esher, and Miss Calverley and Mr. Franklin had operating sessions at which some bigger operations were undertaken as well as more routine procedures such as hernia repair.

Dr. Bowling did a list removing tonsils and adenoids for a time until there was a problem with a little girl who continued to bleed after the operation. They had to take her back to theatre and eventually controlled the bleeding and she was OK but Dr. Bowling got an awful fright and did no further operations after that.

The GPs assisted in theatre when another pair of hands was needed for one of their own patients and I have assisted Miss Calverley when she was doing a hysterectomy or removing fibroids or ovarian cysts and Mr. Franklin when he was doing a partial gastrectomy or removing a gallbladder. We were responsible for post-operative care.

Mr. Franklin was a consultant at Kingston Hospital, a very quiet gentleman and a superb surgeon – very experienced, very accurate and very gentle – and his patients did very well after their operation.

On one occasion bacteriologists were sent out from Kingston Hospital (we suspected with a view to getting surgery stopped at Molesey) and swabs were taken from all over the operating theatre. Nothing grew on culture from any of the swabs except one from the mop which was used to clean the floor.

Surgery at Molesey Hospital did inevitably stop when the new surgical block was built at Kingston Hospital in the 1970s.

Miss Elwood's second in command was Sister Lilius Robertson who ran the outpatient department. She had been a nurse with the Eighth Army in the Desert War and was quite prepared to take responsibility. She unofficially ran a casualty service for the factories in Molesey and would for example dress wounds or burns, put in stitches, remove foreign bodies from eyes and refer patients to Kingston Hospital if necessary. There was no contract or payment for these services but they were appreciated by the businesses in the factory estate and in return they made donations to the League of Friends.

There were no disposable syringes or needles in 1960 and we had to carry metal cases with syringes and needles in spirit. These were washed after use and then sterilised by boiling at home which was not very satisfactory. Kingston Hospital had a sterilising department which used autoclaves with much higher temperatures under pressure. Sister Robertson and Dr. Meade

arranged for the practice to purchase some aluminium boxes containing syringes and needles of various sizes as used in Kingston Hospital. After use we took the boxes to Molesey Hospital and they were taken to Kingston Hospital on the daily van run, re-sterilised and returned to Molesey Hospital for collection by us without any further charge. They even sharpened the needles for us which we had no way of doing previously. Some of you may well have suffered rather blunt needles. There are now disposable syringes and needles which are very sharp and of course used only once which is much better.

Sister Robertson was keen for her outpatient department to be fully used and, when I asked if I could hold an antenatal and minor surgery clinic there on an afternoon when she had no other clinic, she just fixed it. Again there was no payment or contract. She provided sterile packs from Kingston Hospital containing towels and the instruments needed for minor surgery such as removing sebaceous cysts.

As far as I know Miss Elwood and Sister Robertson did not have university degrees and they did not need them. There was no problem with their status I can assure you.

The League of Friends had raised funds vital to the running of the hospital prior to 1948 and they were continuing to do so in 1960 (and have done to this day) mainly by holding fêtes in the hospital grounds. They have also received very generous legacies, often from local residents who had not been at all well off. The League has played a large part in funding improvements to the buildings of the hospital and providing medical and nursing equipment as well as amenities for the patients. Les Goddard of the League of Friends put up a real fight for Molesey Hospital later when Kingston Health Authority tried to take over money given specifically for Molesey

The NHS was organised in three divisions at that time and it all seemed so simple:

- The Hospital Service which looked after ill people in hospital
- The Family Practitioner Service which looked after ill people at home
- The Public Health Service which dealt with control of infectious diseases, supervising working conditions and with preventive medicine.

Most hospital services were provided by the District General Hospital – in our case Kingston Hospital. The cottage hospitals were administered from the District Hospital and provided a most useful additional service.

The Regional Health Authority – in our case SW London – dealt with the overall planning of the NHS in the region, the designing and building of new hospitals and the provision of regional centres for specialised services such as neurosurgery, plastic surgery, severe burns and radiotherapy.

The maternity and psychiatric services had strict geographic catchment areas. Otherwise GPs could refer their patients anywhere in the NHS. We were very lucky in Molesey to be near the famous London teaching and specialist hospitals and we could and did refer patients to Guy's or St.Thomas' Hospitals, children to Great Ormond Street, cancer patients to the Royal Marsden Hospital, chest patients to the Brompton Hospital and so on. There were waiting lists of course and, if they were very long, we referred people elsewhere. I cannot see that any new system being trumpeted today could possibly offer more choice for patients than we had in 1960.

Requests for routine out-patient consultations or investigations were sent by post or the hospital van but, if the case was more urgent, we could ring the hospital and speak to the consultant's secretary or to the consultant directly to get them fitted in quickly.

When we needed to send someone in to hospital as an emergency, we wrote a letter giving details of their history to go with them and spoke to the resident doctor on duty who would usually accept the patient for admission directly into a specified ward so that they did not have to go through or wait in the casualty department.

There was also a system of domiciliary consultations which allowed us to request that a consultant came with us to visit a patient at home. The consultant received a fee from the NHS and hospital admission could often be avoided.

General practice was a bit of a cottage industry at that time. The practice did employ one secretary who did sessions at each house in turn and rather more at Dr. Humble's house where the practice administration was centred. Tom Bowling and Percy Rodger did not have the slightest interest in administration and it was all left to John Humble under the eagle eye of Mrs. Jean Humble.

We did not employ receptionists and we had to answer the phone during surgery hours ourselves and look out the patients' notes in the consulting room. I wrote my referral letters longhand, usually in the evening, and there were always hospital letters and lab and X-Ray results to file.

We did not have an appointment system and could not notify our patients when we were going on holiday. This made it impossible to share the extra workload. When Percy Rodger went on holiday, for example, people would go to his house in Spencer Road, read the notice saying he was away and come straight through Clinton Avenue to me at Seymour Road. Those double surgeries could go on from 08-30am to 12-00noon and from 5-00pm to 9-00pm.

We also did not have the records of patients on the other doctors' lists, which caused problems at times. Two respectable elderly ladies who lived in Langton Road came to see me shortly after I started holding surgeries at 25, Seymour Road. They were Dr. Bowling's patients and did not want to change but, to save them going all the way down to 5, Wolsey Road, would I mind terribly giving them prescriptions for the sleeping tablets he gave them. I complied but soon afterwards Tom Bowling rang me and said would I please stop giving these two prescriptions because they were continuing to get them from him as well.

Hurst Park was an active race course in 1960 and the practice provided medical cover. There had to be one doctor on the course when there was flat racing and two when there was jumping. Dr. Humble was very keen on horse racing and he always went. The jockeys had some spectacular falls at the jumps but the following horses seemed to be able to avoid a jockey lying on the ground and I never saw any serious injury.

At the end of racing, when the race course car parks emptied, Hurst Road, New Road and Hampton Court Bridge were completely gridlocked sometimes for hours.

I could not have managed without Gay's help. The telephone had to be covered 24 hours a day and in 1960 Molesey was a manual exchange. The telephone did not have a dial, never mind buttons. To telephone you lifted the handset and the operator said "Number please". It was possible however within Molesey exchange to have calls transferred to another Molesey number. If Gay wanted to go out, she had to ring round to find someone willing to take our calls and then

ring the operator to arrange it. When she came home, she had to ring the exchange to bring the phone back and then ring to see if there had been any calls for me.

At least one of the partners was on duty at all times. There was a duty rota for weekday evenings and for weekends after midday on Saturday. Calls were transferred to the duty doctor but you were expected to take calls for your own patients after midnight every night during the week and to do your own maternity cases at any time.

If I was on duty, Gay was as well. She had to stay in because the phone had to be covered if I was called out.

The administration of the practice was simple and my partners worked hard for long hours and spent virtually all their time seeing patients. As a result they had built up clinical experience and clinical judgement and were very astute doctors.

For example – we had neighbours, Liz and Ray, whose son Anthony was prone to attacks of asthma as a child. Dr. Humble had sent him into hospital with bad asthma and rang Liz later to hear how he was getting on. Liz said the asthma was much better and Dr. Humble then said “and what about his pneumonia?” The hospital staff had said nothing to Liz about pneumonia but a chest X-Ray had been done and was reported as showing a patch of pneumonia. Dr. Humble had clinical skill.

My definite opinion is that, if you heap too much administrative work on doctors or nurses at the expense of time spent doing clinical work, they soon lose their clinical skills and cease to be competent to look after sick people. I am sure the same thing happens in many other types of work.

The maternity services were very different from today.

In 1960 the hospital maternity units would not book low risk expectant mothers for delivery in hospital and we would be expected to deliver at home, for example, a normal first pregnancy in a healthy woman between the ages of 19 and 25 years with a suitable home. If she had a normal second pregnancy after a normal first delivery, there was no chance of booking her in hospital.

The Molesey District Midwife was Miss Holdaway who lived in Merton Way. She was very experienced and very good and created confidence all round. There was a well organised Flying Squad based at Kingston Hospital and an obstetric registrar and a hospital midwife would come out by ambulance very quickly to help if anything did go wrong. We also delivered patients at Rodney House maternity home in Walton and were dealing with a sufficient number of deliveries each year to maintain our competence.

However after a few years the birth rate fell, more patients were being accepted for delivery in hospital, Miss Holdaway retired and Molesey had to be covered by the Claygate midwives. I had two home confinements at that time when the baby arrived before the midwife and we had to manage without her. We were not dealing with sufficient numbers of deliveries.

We discussed the situation with Mr. Fairbairn, Consultant Obstetrician at Kingston Hospital, and it was agreed that they would guarantee to book all expectant mothers for delivery in hospital and we would stop doing home confinements.

The principal Molesey District Nurses were Nurses Burke and Furbur who lived together in a house in Molesham Way. People knew where they lived and contacted them directly for advice.

We had a very good working relationship with them and with the Social Workers who dealt mainly with problem families.

An extremely helpful colleague was the Psychiatric Social Worker based at the psychiatric hospital at Brookwood. When a patient was referred to a psychiatrist, she sat in on the outpatient consultation and followed up the patient in hospital and at home. She had the authority to admit voluntary patients to the psychiatric hospital directly herself. Amazingly the Psychiatric Social Workers were later phased out.

There were five pharmacies in Molesey in 1960 – Kent's and Gould's where they are now, Rippin's opposite the Europa and a further two in Bridge Road.

Kent's was run by Ian Mitchell, a tall ginger headed Aberdonian who lived above the shop in a spacious flat. He was very knowledgeable about medicines and I used to go in to discuss new drugs with him.

Prescriptions were handwritten – not printed out – and, if he thought there was a mistake in a prescription, he would ring up and check before dispensing it.

The local Medical Officer of Health had an office in Esher. I understand that he advised the local Council on health issues and he dealt with control of infectious disease and with preventive medicine clinics. There was a list of notifiable diseases which we had to report to his office and so he had an overall view of infectious disease in the community which an individual doctor or practice would not have. If there was a suspected outbreak of food poisoning, his staff would take samples from patients to ensure they were no longer infectious and from contacts and would try to identify the source of the outbreak. They also had the power to enforce action to rectify it.

The Medical Officers of Health disappeared after one of the many reorganisations the NHS has suffered and to me this seems particularly unwise. Epidemics of infectious disease have always been with us in the past and will undoubtedly come again.

At the risk of sounding “corny”, I would like to try to describe the spirit there was in the NHS in 1960. When I started as a medical student in 1950, the NHS was only two years old and, when I came to Molesey in 1960, it was still only 12 years old. Perhaps because everyone had been through the ordeal of the Second World War together, there was a camaraderie in the NHS. People worked together and helped each other with the common purpose of providing a service to the community. They were not in it for the money.

There was support for the original aims of the NHS:

- It should be a comprehensive service - covering less glamorous services as well as the obvious ones. For example long term psychiatric care or looking after people badly affected by Parkinson's disease or multiple sclerosis.
- There should be equality of access for everyone.
- Priority should be determined by need.
- It should be free at the time of use. The NHS is not free, of course - it has to be paid for - but it should be free at the time of use, so that financial worries about affording care are not added to worries about the illness.

I realise that the NHS of 1960 has gone forever but I am unhappy with some of the changes I have seen.

To my mind the whole idea of different elements of the NHS competing against each other financially in a market is fundamentally wrong. They should be co-operating with each other to provide a service as they did in 1960.

There have been big medical advances and it is possible to offer far more in the way of treatment but there is a limit to the resources any nation can spend on health.

Healthcare rationing in some form is absolutely unavoidable. The problem is to do it fairly.

Those who have to make these decisions could do worse than reviewing the arrangements in 1960 when the NHS provided a comprehensive, competent and personal service with dedicated staff and very low administrative costs.