(1) Tell me about your background.

My background, for starters: I was brought up in Salford, which is now part of Greater Manchester. My parents: my father was a lady's tailor, and owned, eventually, a factory producing ladies garments, but also started a chain of retail shops, and, in the end, had six or seven shops scattered around Salford and Manchester. I went to the local council school - elementary school, as it was called then - starting in the infants, at the age of five, and going on to senior elementary school from the age of nine till... no, from the age of seven till eleven, or thereabouts. And then went to Manchester Grammar School, after having got a scholarship there, otherwise my father probably couldn't have afforded it. I stayed at Manchester Grammar School for six years, and then went to Manchester University Medical School for six years and trained as a doctor.

Tell me about your medical training.

Medical training, at that time, was six years, starting in 1940 to 1946. It was divided into a pre-clinical course, for the first two and a half to three years - lectures only, we never saw a patient - and at the end of three years, then we started clinical training. It was meant to be half clinical training in the afternoons or in the morning, and alternatively in the morning or in the afternoon, when we weren't doing clinical training, we were attending lectures.

(2) Clinical training was divided into the various subjects we had to undergo We spent some months doing medical training, some months doing surgical training, some months doing midwifery training. And, at that time, midwifery training was very unusual, and rather hazardous at times, because you had to go out on what we called the district; in other words, we had to attend confinements at home. Now, our training school, at that time - and during the whole of the course - was Manchester Royal Infirmary, a very well-known and very respected hospital; the main hospital, the main teaching... well, the only teaching hospital in Manchester. Going on the district meant that we had to have a bicycle. We had to attend patients who lived in the slums of Hulme, which is a desperately poor part of Manchester - poverty was extreme - and, at that time, we also had the odd air raid to consider, so it was quite exciting, at times. Nevertheless, we all managed. The main subject of our clinical training were ward rounds, which were led by the local consultants. The consultants, at that time, were called honoraries, and they were called honoraries because they didn't... they weren't paid for their job; they weren't paid for the time they attended and gave us ward rounds. The wards, at that time, as I remember, were - if I might call them - Nightingale wards; in other words, they were long wards with rows of beds on either sides. The odd curtain divided one patient from the other. There were certainly no mixed wards; that would have been horrifying for sister or matron, at that time. The idea was never even contemplated, as far as I can remember. Hospital infection: well, if there was a case of a hospital infection in a patient, he was isolated. Sometimes, I remember, the whole ward might well have

been closed, to combat the infection. Certainly, as far as I remember, we'd never heard of MRSA, or any of the other horrible bugs that seem to be about at the moment. Any case of hospital infection was dealt with there and then, and strictly.

(3) Can I just clarify the question of these consultants not being paid?

Yes, the consultants had thriving - for the main part - had thriving private practices. They gave their expertise to the hospitals, I think, without payment. I'm not absolutely certain, but that's why they were called honoraries, so I presume they weren't getting payment. Hospitals, at that time, were not funded by the National Health, because the National Health Service didn't come until later. They were funded by voluntary contributions. We, as students, once a year, used to have a rag day, in which we collected money from the population, as far as we had a procession, and we all wielded our money boxes, shaking them vigorously, and attracted contributions from various patients. But I don't know how the hospitals managed, but they did. We never had a shortage of bandages, or... We made do with bandages, sometimes; we had to... and I sometimes saw the nurses washing and scrubbing bandages, so that they could be used again. And I must say that the hospital was kept very, very... the standard of hygiene, in the hospital, was very good. Nurses, if you went into the sluice room, where the... I never saw dirty bed pans. They were always kept spotlessly clean by the nurses, or whoever. I hear horrible stories, at the moment, of the desperate facilities, and the desperate way in which sluice rooms are kept now, and the way toilets are dirty, and not kept tidy and not kept clean. And this amazes me and distresses me, because it shouldn't happen.

During your training, what did you learn about diabetes?

Not very much. We learned the basics, but nothing in very great detail. I think we had an honorary physician who specialises in the treatment of diabetes, as he mainly concentrated on adults and old age. I can't remember ever seeing a child with diabetes in my whole medical training. If I can explain, diabetes was mentioned perhaps one or two lectures at the most, but the main part of our medical training were the main things: medicine, surgery, orthopaedics, midwifery, bacteriology, pharmacology, and I think that sums it up.

Can you remember what impression you gained of diabetes from your training?

Yes, main impressions of diabetes is that it was a disease mainly of the elderly. I'm trying to remember, but I think in the British Medical Journal, some time in the mid forties, there was a large article classifying diabetes into Type 1 and Type 2. I'm not absolutely certain about that, but I seem to think there might well have been this article, and that was the beginning of the division between treating children with diabetes... recognises children have diabetes as well as older people.

So, that came... that recognition perhaps came while you were training?

Yes, it came in the mid forties. There was this large article in the British Medical Journal, as far as I remember.

(4) What did you do after you completed your training?

I did six months as a house surgeon to the Professor of Surgery at Manchester Royal Infirmary, and then did my two years National Service. I didn't encounter any patients, then, with diabetes. They were mostly fit, young men.

What did you do next?

And then, after National Service, I took a locum in a place called Blackpool; no doubt you've heard of Blackpool. I stayed there for three months, enjoyed it very much. It was a very small practice, run by an elderly doctor who'd had a heart attack, and he was off work, at that time, for three months. Six weeks in bed, and then gradual convalescence; quite different to the treatment of heart attacks, I may say, at this time. I then took a locum, for eighteen months, in Rochdale, and helped out a GP there who'd taken over from his father. And it was an old, established practice, next to a cotton mill. And I still, to this day, wake up in the morning, and still hear the clatter of clogs as the workers made their way to the cotton mill. At that time, there was a fair amount of dust at the cotton mills, as you may imagine, which led to a lot of respiratory diseases, which have only, in the last twenty or thirty years, been recognised as life-threatening.

Did you encounter any diabetes as a locum?

As a locum, no. No, I can't remember. After my eighteen months in Rochdale, I kept applying for GP practices as an assistant, in various parts of the country. I went to a mining district in Yorkshire, and I went to another one, in various other places, one in Preston. And eventually landed up down here in the Black Country, and was offered a position as an assistant, leading to partnership in six months, if things turned out to be all right. I joined a very old established practice, started by a Dr Baker, in about 1896. He retired, I think, at the beginning of the Great War, about 1914. And then a Dr Rigby came to the practice, and he stayed till about 1920 or '21. He was not a very well man, I understand - I am told. And then, when he retired, or died - I don't know which - he was... the practice was then taken over by Dr Millington. And Dr Millington stayed from 1920 or '21 till 195... he was there till '57, '58. I joined him in '51, as an assistant, for six months. We had a very amicable arrangement between us. I took to him, he took to me. He was, at that time, about sixty, or late fifties, and he stayed till he was sixty seven or so, and then he retired and went to live down south.

(5) Can you describe the practice to me, when you arrived in 1951?

I arrived in March 1951, and became an assistant. The way I got the practice was rather strange, because it so happened that when I was telling Dr Millington - with whom I joined - my previous experience, and that I'd just finished National Service, I mentioned where I was in National Service. And it so happened that I had a friend or a colleague or an acquaintance, who was also in the same unit as

I was in National Service, and he happened to be the son of Dr Millington's wife. And so, I was offered the post, not because of my medical qualifications, because I knew his son-in-law! I stayed, and started in the practice, which then had a total of nearly five thousand patients. And stayed with Dr Millington, and we worked the practice up, between us, and in the end we had about six thousand two hundred, or six thousand three hundred patients between the two of us. We managed our surgeries without an appointment system. Patients queued, patients had to wait. They didn't mind waiting, because they knew that if they wanted to see the doctor, they could see the doctor the same morning or the same evening, and there was no problem, except they would have to wait in the waiting room. We had Saturday morning surgeries, and, when I started, we also had Saturday afternoon surgeries, but we decided to scrap those, because we saw very few patients in Saturday afternoons. Saturday morning surgeries were quite crowded. We did alternate nights on duty, and we were often called out in the middle of the night, say once, sometimes twice a week, sometimes more than once a night. The most famous time was in a snow storm, when I was called out no less than three times in one night, and also had a puncture the same evening! But we had to start work at the same time in the morning. We didn't have a morning off, we just battled through; somehow, we managed. I know the standard of medical expertise, at that time, was not as strict, or was not as... the standard of drugs, then, was not as well provided, as we have now. For example, when we treated blood pressure, we didn't have the amount of drugs we have now. We didn't have the beta-blockers, and the like. All we had was a mixture of what we called red medicine, which was a mixture of potassium bromide and valerian (rarely), or potassium bromide and strychnine (in fact, potassium bromide and nux.vom.), which we handed out for the treatment of blood pressure, and also we used Phenobarbitone, which was a long-standing drug. Certainly we didn't have, as I say, any of these beta-blockers, and the like, that we have now, where we can treat patients with blood pressure quite well.

(6) You mentioned being called out in the middle of the night. Can you talk about how much visiting you did?

We did a lot of visits, in those days. Between us, we did... let me think now... in the winter, especially when there was a 'flu epidemic, but even in a normal winter, between us we would do twenty or thirty visits. I remember one day - and my wife can corroborate this - the telephone rang, and we had sixty visits.

In one day?

In one day. That has just happened once. But thirty or forty in the winter, when we were very busy, nothing unusual.

Were you ever called out for a diabetic hypo or coma?

No, I don't think we were. My experience of diabetes, in general practice, was mainly to deal with the elderly. We had one or two elderly patients who used to come up with their specimens of urine once every two weeks, or once every

month. And we used to test the urine the old-fashioned method, by boiling the specimen up with reagents, and watch the colour change.

Can you remember what the reagent was?

I think it was either Benedict's or Fowler's; I'm not sure.

Can you describe the process, as you remember it?

Yes. We'd take a sample of urine; not a... we were told not to take a morning specimen. That seemed to be the... we were told to take a specimen one hour after their main meal. Bring it to the surgery. Then we had a test-tube, and we poured a little into a test-tube, add the reagent to it, boil the mixture up in this test-tube - on a little gas flame, which we had in the surgery - and watched the colour change. If it remained green or so, okay. If it remained, and went to orange or deep orange, then we knew we had a bit of a problem, and we had to perhaps raise their insulin a little bit, or tell them to... "what have you been eating these days? Well, stop it!"

This is you doing the testing yourself?

We did the testing ourselves. We didn't, at that time, have a nurse. There was a district nurse, which dealt with our patients, as well as other doctors' practices' patients, but we didn't have a full-time nurse, or even a part-time nurse, until fairly well on. After Dr Millington retired, I then took a partner, who came from Ireland - an Irish chap - who stayed with me for thirty years or so. And, in our first years, we decided we should have a) a part-time secretary - never had one before - and b) a part-time nurse. This we did, and they were a great help.

(7) So, tell me about your memories of patients with diabetes.

We had very few patients with diabetes, and, as I say, mainly elderly. Some were on oral hypoglycaemics, and some were on insulin. And there was a Mr Meredith - I remember his name, now - he was one of the first people in England to be given this new treatment of insulin, introduced by Banting and Best, I think. And that was interesting, as far as I remember.

What sort of state was he in? This would be...

He was a very good... he was very well. He was very well-stabilised. An old Black Country person, lots of Black Country stories, and no problem.

What other patients did you have with diabetes?

Had an old lady, who always used to come up with her little bottle, and it was invariably showed a rather dark orange or red colour when I boiled it up. But she managed for years and years and years. Eventually she must have passed away at a very advanced age, but the diabetes didn't seem to bother her.

What did you recommend to your patients with diabetes?

Recommended they have a diet, they cut out sugars. I managed to scrounge a few diabetic slips from the local hospital, and gave them out to them, and told

them to lead as normal a life as possible. And they accepted this quite well.

Any memories of younger people with diabetes?

As far as I remember, no. I never saw a young person with diabetes during the whole of my time as a GP. Diabetes, at that time... we didn't have a special diabetic clinic. We didn't need one, given so the number of patients. But diabetes, that was treated mainly in the hospitals.

Can you remember what contact you'd have had with the hospitals about the patients' diabetes?

None, really, no. No, we didn't have any contact with them. They just went to the hospital, and were kept under hospital supervision during most of their time. They came to us for replenishment of their drugs, but that was all. And we saw very few. I can't remember issuing more than half a dozen prescriptions for insulin, at that time.

You mentioned oral tablets. Would you have had those right from the beginning, in 1951?

We didn't have oral tablets right from 1951, those came in later. 1951, the main treatment - the only treatment - was diet and insulin. I never saw any big increase... I never saw any increase, as far as I remember, in diabetes during the whole of my general practice, from 1951 to 1989. We certainly didn't have a diabetic clinic, because we simply didn't need one; there was no necessity for it.

(8) It would be interesting to know what kinds of people you were seeing, and what their lifestyle was.

In the first years of my general practice in the Black Country, in a place called Coseley, which was a little area of... it's a little urban district council, taken over, in latter days, by Dudley, and part of it by Wolverhampton, and part of it by Sandwell - the Tipton part, that is. In my early days, the main... Black Country people, lots of them were miners, and lots of them worked in the metal refineries (in fact, metal foundries). We called them metal bashers - they worked in the strip mills. Some of them worked in the chemical factories roundabouts, and their wives, also, when they looked after their young families, then they went out to work and did part-time work, some of them. Some of them stayed at home. Most of them never went far from Coseley, which was perhaps twelve or thirteen miles from Birmingham, but they went to Wolverhampton, mostly, because that was nearer. But a trip to Birmingham was a trip to foreign parts, as far as I remember - in the early days - in the 1950s.

Do you know what sort of diet they had?

Their diet, mostly, was a lot of carbohydrates, a lot of potatoes. Meat, yes, they had... some of them... the odd one kept pigs in the back garden. They always had a mixed diet, as far as I remember. I never saw any case of malnutrition, never ever.

(9) So, if they weren't getting diabetes, what were they getting?

When I first started, we had - most unusual for me, because I'd never seen it before - we had diphtheria. We had six or seven cases a year, for the first three or four years, of diphtheria. And my partner always used to tell me, when he went into a room, he knew a patient was suffering from diphtheria before he even looked down their throat, because he could smell it, which was very strange, very interesting. Diphtheria went out after about four or five years. We had a very good local isolation hospital called Moxley, which used to take them in without any qualms whatsoever, and treated them, and they all got better. I'd never seen a case of diphtheria before that, ever. I certainly saw about twenty or thirty in my time. If you speak to a general practitioner now, he wouldn't know what you were talking about, he would never have encountered diphtheria, because it's all gone, it's all passed away, it's all been treated. Scarlet fever, yes, saw a lot of scarlet fever as well. And those we shipped over to the isolation hospital in Moxley, again, with no problem. German measles, yes, we saw a lot of German measles, which we treated at home, because, at that time, it was a very mild disease - still is, of course. Sometimes it was difficult to diagnose German measles from scarlet fever (intended to say measles), but it posed no problem, really. German measles... Measles itself, yes, we saw an awful lot of measles. Of course, in that time, we had to - well, we still do, of course - have to notify them, on a special form, to the local medical officer of health. As soon as we saw a case of infectious disease, such as diphtheria, scarlet fever or measles, we had to write down on a special form, and send it off to the local medical officer for statistical purposes. Chicken-pox, yes, we saw a fair amount of chicken-pox in children, with no complications. As far as complications from the other three, which I mentioned, I don't think I saw one. I perhaps saw one with middle ear disease after measles, but that's about all. Certainly never saw any with ocular complications or other complications after measles. Miners, yes, we had a fair amount of miners working in a large coal-pit at Baggeridge - Baggeridge colliery - which is situated in a place called Sedgley, and which had a very long tunnel, reaching from Sedgley to - underneath the ground - to Wolverhampton, which was a distance of about four miles. Miners, then, suffered from bronchitis, after various years in the mines, but they battled through. They were the salt of the earth, and they managed it quite well.

(10) Did the miners have lung diseases?

The miners did eventually not only suffer from bronchitis, but suffered from lung disease as well, for which, now... for which, then, they got a pension. Not very much, but still, it helped out.

Any diseases from the other occupations?

Occasionally, I went to see... I did also a job - I didn't mention this - but I did a job as factory doctor, which meant visiting the factories - the local factories - within an area of about three or four miles. And this is where I got my knowledge of the local factories, and how the works was carried out, and the

conditions under which people worked. I went to one factory which was... went to two factories which involved using lead. And the work people there had to be examined, once every month, to see whether they had traces of lead poisoning. It was a very rough and ready examination. We looked at their teeth, to see whether they had what we called a blue line between their teeth and their gums, which was an indication that they were suffering from lead poisoning. And, of course, if this was the case, we shipped them off to hospital. We took blood tests every month to see what the level of lead in their blood was, and this gave us some indication as well. I also visited a factory which was involved with the use of chrome. And the chrome workers, if they were affected, developed an ulcer in their nose. So, every month, we had to visit these work people and have a look in their nose to see whether there was any ulceration present, to give us some idea of whether they had any problem with the use of chrome. And I also had to look at their hands, to see if there was any ulcers on the back of their fingers, which was another indication of chrome poisoning.

Were there quite high incidences of lead poisoning and chrome poisoning?

Not at all, no. It was quite uncommon to see any incidence of lead or chrome poisoning. But nevertheless, it was there, and had to be treated.

(11) So, let's then return to the few patients you had with diabetes. Can you remember what you did to help them?

Yes. The few patients with diabetes, we treated with, as I say, diet and insulin, and regular - three-weekly or monthly - urine tests. Later on, in the 1950s, or was it early sixties, we... there was the introduction of what we called the strip tests. And these were a great boon to us, because we could tell, at one glance, without having to boil the urine up, whether there was any sugar present in the urine or not, by simply dipping a little strip of paper into the specimen which they brought, and watch the colour change on the strip. This was very useful and very time... saved a lot of time. I don't think the patients themselves had strip-test bottles, but we certainly did. The sucrose strips not only tested for sugar in the urine, but also tested for albumin - that's protein - to give us a significance whether there was any trouble with the kidneys or not. And also tested for blood, too. If I came across ketones on the strip, I would, of course, naturally send them to hospital, because this was a very... indication of the severity of their disease.

Did you come across any diabetic complications?

Very few. Occasional eye complications, yes. Complications with arteries, in fact, very rarely. And gangrene, no; never came across a case of gangrene due to diabetes.

Did you test their eyes?

Not really, no; never tested a person's eyes. Had a look quickly to see if there was any evidence of cataract, but that was about all. If a patient developed

or complained of eye problems, we used to refer them first either to the local optician, or to the eye hospital for further evaluation of the condition.

(12) And for historical interest, could you describe what the practice looked like?

Yes. The practice was an old Victorian villa. It was built in the mid eighteen hundreds. It consisted of a living quarter, and then, at the back, there was a servants' quarter, with a separate entrance and a separate staircase. At the back, also, was the waiting room and the doctor's surgery. Behind the waiting room, there was the stables. And at the far end of the back garden, as it were, there was another coach house, which consisted of a large stable underneath, and, on top, a large room. This was in the early days, when I first joined the practice. And it had remained like that for some years, I'm sure. The doctor's room was a large airy room, with a wash basin and a couch - an examination couch. And there was a very narrow off-room, in which the dispensary was kept. This was in the days pre-National Health Service, when the doctor used to dispense his own medicine. He also had a dispenser assistant, at that time, but I never met him or her. There were also a few bottles of ready-made mixture, which were doled out to the odd private patient. But in our practice, after the introduction of the National Health Service, we had very few private patients. Less than five, I remember.

By the time you began, the National Health Service had been in existence for three years, from 1948. So, were the private patients continued after that?

Indeed they did. They were very loyal. I do remember some patients used to tell me, in the distressed times of the mid 1920s, Dr Millington never sent out a bill to any of his patients for twelve months, and he was revered for that.

How did he survive?

I don't know; with difficulty, I expect.

You mentioned the couch in the doctor's room, but there was no nurse to provide chaperoning?

No, there was no nurse to provide the chaperone, so when I had a lady patient who had to be examined, I used to go out into the waiting room and ask someone to come in and chaperone me (but this only happened rarely).

A patient?

A patient, yes. Never had any problem.

(13) To see the patients with TB was very distressing, because, in the early 1950s, there was no treatment, apart from bed rest and fresh air. And they used to linger and linger, and then die. Not many; occasionally we used to manage to get them into the local sanatorium, but that was always full, and it was always a long waiting list. It was distressing to me, sometimes, to see a young girl lying there, dying of TB, and knowing there was nothing

one can do. And this young girl, I remember especially, she was really... had a positive attitude. She knew how desperately poorly she was, but she was always cheerful to the last. I also had patients... a young patient of about thirteen or fourteen, I attended to, who had severe heart problems. Nowadays, that would have been a surgical problem. Then, of course, there was no treatment, and she died. The mother took it all very well. But they're a bit distressing, really.

And you mentioned all the visiting you did. What were their homes like?

Their homes were usually, for the most part - of course, when the doctor was coming, everything was changed - but, for the most part, well kept. Yes, except in the lower part of Coseley, called Swan Village, where there was a lot of back-to-back houses, and a common courtyard with one privy, or two privies. And this was eventually cleared away. I managed to get a seat on the local town council, and did my little bit to help clear the slums away. But it was a problem.

(14) What improvements took place in your practice, during the time you were there?

When Dr Millington retired, I took on a young doctor from Ireland. And between us, we divided the large doctor's consulting room into two, which eased the waiting time for patients. Eventually - after fifteen, sixteen or seventeen years, I can't remember which - my wife got a little bit fed up of the practice, being in the practice house, sometimes coming downstairs and seeing the odd patient in the kitchen! And we eventually were evicted, and a small surgery was built around the corner. This was state-of-the-art, at that time. It had three consulting rooms, nurse's room, and a nice waiting room. And eventually, after twenty years or so, a new - shall I say state-of-the-art, again - practice building was built with aid from the National Health funding. And this was quite super, and cost an awful lot of money.

You say three consulting rooms. Were there then three doctors?

There were then three doctors, yes. The practice had grown to six thousand five hundred patients, and, by the time I left, a third doctor was appointed.

And can I clarify: you said that by dividing your original room into two, that shortened the waiting list, so what happened before that? Did two doctors work together in the same room, or?

Yes, with two doctors, we used to alternate surgeries: morning, afternoon, evening.

And also, I hadn't realised that you lived on top of the practice. Can you talk about how much your wife was involved?

My wife was involved an awful lot, by answering the telephone. And going out on social visits was also a problem, because we always had to have a telephone at hand. And, not uncommonly, we used to decline invitations, because we knew the practice was busy, we might be called out. And this was a problem.

So, your wife was perhaps a kind of an unpaid secretary?

Wife was unpaid secretary, unpaid chaperone, when there were no female patients in the waiting room, and unpaid adviser on the telephone. Doctor's wife - she must know something!

So now, after a pause - and your wife has corroborated that she was unpaid secretary, chaperone and so on - you wanted to correct something about your third partner.

I must correct something about my third partner. We took a third partner on much younger than I had indicated just recently. He was a young, newly qualified doctor - a Black Country man, who came from West Bromwich - and he joined us in the mid sixties.

Among the patients whose memories I've recorded, there are several whose GP - local doctor - failed to diagnose their childhood diabetes. Would you like to comment on that?

Yes, certainly. I had no occasion, as far as I remember, to diagnose or even consider a child that was brought to me was suffering from diabetes. If I had, I'm sure I could have remembered, but I can't.