Recollections: General practice 60 years ago

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General practice 60 years ago was not as it is today. Although I would not claim that my experiences were typical they certainly were not unusual and may perhaps be of interest to overworked GPs today.

In 1942 just before joining the army a short time in general practice as a locum seemed to be a very useful way to broaden a somewhat limited medical experience. The practice was in a small town on the River Tyne and its industrial life centred on its two shipyards then busy repairing and building assorted frigates and destroyers. Although the barefoot children of the Thirties were no longer seen, signs of past poverty were everywhere, in the houses, the overcrowding and the shops. Many children were undernourished and signs of old rickets were common. Although there was an immunisation programme, the uptake was far from complete and one still saw the occasional child dying from diphtheria or measles. Most of the working population were employed in the shipyards or local coalmines and were just beginning to enjoy the high wages the war had brought. Social life centred on the numerous public houses, particularly on Saturday nights.

The practice, with two GPs, had a list of 20,000 or so. The "Lloyd George", the precursor of the NHS, covered medical care for those in work - mainly men - by a capitation fee but spouses and families had to be paid for privately as were drugs and dressings. There was a substantial private practice but the local worthies came in through the front door and were seen in the house. The common people came to the surgery attached to the house. I was never allowed to see the “proper” private, probably wisely.

The practice was a dispensing one (no Dispenser) and one soon learned the easiest way to dilute stock solutions of Mist. Expect. stim. and so on as well as the differing properties of white, pink and yellow aspirin. Surgery hours were 9-11a.m. and from 5p.m. every weekday except for Thursday afternoons. It was an established convention that no one was ever ill from lunchtime on Thursdays until midnight. There was, of course, no appointments system, and morning surgeries, especially on Mondays, could be a nightmare at times with perhaps 65 or 70 patients to be seen before 11 o'clock if one wanted to finish dispensing and house-calls before evening surgery. Fortunately many were routine - certificates, repeat prescriptions (white, pink or yellow?) and one rapidly learnt to separate the sick, to be seen at (relative) leisure, from the lame and lazy. Chronic bronchitis, T.B., hypertension, assorted "rheumatic" disorders and angina were the stock problems. The major female complaints were tiredness (a "tonic" required) and pregnancy, wanted or otherwise. The practice of course did midwifery although there were two midwives employed by the local authority. Emptying a drawer for the new baby was almost routine. Tuesday afternoons were occupied by a session of Industrial Medicine at one of the two shipyards and every other week the practice was on call for emergencies at the local Cottage Hospital, where we also gave anaesthetics for visiting surgeons. The other week the other shipyard was covered by the other practice in the town.
As well as routine house calls we had a number of "chronics" who were seen at home every 4 or 5 weeks. These included a few, mostly elderly, but some of working age, who were loosely labelled "hysterics"; perhaps we should call them "psychosomatics" nowadays. One of these was a man of 45 or so who had been off work for many years with hysterical sensory loss in both legs. His day was spent lying in bed smoking Woodbines and drinking the occasional bottle of Newcastle Brown Ale. On one of my fleeting visits he complained of loss of voice. Although looking back the diagnosis was obvious, I immediately thought, "Ah hysterical aphonia". Within weeks his bronchial carcinoma became obvious and progressed rapidly. His severe pain was treated with increasing doses of morphine. One evening, after a massive dose, I warned his long-suffering wife that he was unlikely to survive the night. Much to my surprise no one appeared at morning surgery to collect a Death certificate. In the afternoon I saw him sitting up in bed saying "That was wonderful stuff you gave me last night. Best night's sleep I've had for years". He died some weeks later.

Looking back over 60 years one realises how medical practice has changed. Perhaps the most important change is the availability of powerful and specific drugs which I need not list. Apart from morphia, digitalis and sulphonamides, faith and nature were the main standbys. How could we have coped with the numbers of patients we saw, particularly compared to the numbers now thought to be excessive, without hands-on experience? Today I feel I cannot comment.

I have never forgotten much of what I learnt from my short experience of the real world but three things in particular remain in my mind: that one should never jump to conclusions; that morphine resistance at massive levels was a very real phenomenon not stressed by our teachers and that general practice was not for me. My subsequent life with the Rifle Brigade was much less stressful and I also discovered that intravenous morphine at the appropriate dose was one of the best ways to begin the treatment of gunshot wounds, in 1943 at any rate.

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