



Medicine in Alresford

By Dr. Peter Lyndon-Skeggs

Medicine, and the practice of medicine is not static, but ever evolving. To look at the medical services today in Alresford is only to consider one frame in a cine film. It would be therefore of interest, and for our benefit, to look back to the past, before describing our medical services today and then possibly to look into the future.

I am fortunate for after my thirty years in practice in Alresford I can draw on the memories not only of Doctor Meryon before me, but also Doctor Hodgson before him, who practiced medicine in Alresford from the late years of the 19th century. His contemporary was Doctor Jollye and judging from my conversations with Doctor Hodgson their relationship was not always happy. There were then two practices, both single-handed: and covering approximately the same area as our Alresford District cares for today, and strangely with a population little changed. They each had their consulting rooms; Doctor Hodgson in his house, a tiny room surrounded by ten big bottles of medicine. There was no waiting room and he said:- they waited outside in the road and if it rained they got wet" Almost every ill person who lived outside Alresford had to be visited by the doctor. Occasionally a patient would appear outside the surgery door, collect a bottle of gastric mixture, or whatever, and then walk five miles home. Mostly however it was the need for the doctor to visit his patient, on horseback, or by horse trap, with William White to care for the horses; sometimes to spend the night in the patient's house, and then possibly deliver a child, or just prescribe a bottle of medicine which would reach the patient probably via the grocer's van. Hospital amenities were few, and dreaded. An appendix would be removed on the kitchen table, coronary thrombosis treated gallantly at home, and pneumonia treated with cold compresses to the chest, by Doctor Jollye to the disgust of Doctor Hodgson who preferred a hot poultice.

Prior to the National Health Service one could qualify as a doctor, and sometimes with the lowest of degrees - licentiate member of the Society of Apothecaries - put up a plate in Harley Street, or buy the goodwill of a general practice, or squat. There was a squatting doctor in Preston Candover who lived in the old vicarage.

In 1934 Doctor Leishman took over the practice of Doctor Jollye and apart from a brief partnership with him he practised on his own until he made Doctor Riley his partner. I replaced Doctor Meryon in 1951, and remained singlehanded for two years: and so until then there were two separate practices, and two doctors only. There was no ancillary staff, and wives had to be permanently on duty to answer the telephone. There were fortunately four District Nurses. One, who was an excellent nurse: was almost completely deaf, and it was a trial when she would get on the telephone to say "Mrs. White is poorly. Would you go and see her?" One would shout back:- "Which Mrs. White" only to hear her say "That's right. Mrs. White" and you were left wondering which of the many, many Mrs. Whites in Alresford was took poorly. Doctor Leishman made a respectable consulting and waiting room at the back of his house. Doctor Meryon made a surgery in his house, but the room that I used was just a large broom cupboard under the stairs. I could not even stand upright in it.

So the practice of medicine continued until 1968. Doctor Leishman and his partner Doctor Riley working from his surgery in Broad Street. I moved my surgery in 1953 to Cardew House in East Street and took a partner, Doctor Calder: who sadly was to leave me in 1961, to be replaced by Doctor Brill. The district was largely rural, only 3% of the houses outside Alresford having a mains water supply. In the country districts the patients were earthy: perhaps illiterate, but with an extensive knowledge of their natural surroundings. I remember one female, to be nameless, never married but who produced a succession of children. She asked my advice as to the naming of the most recent child, and I suggested 'The Littlest Bastard'; and she thought, and answered:- "I will call him Littlest because I don't know what bastard means" She should have been an authority on the subject.

In 1968 the big change came. The Alresford Group Surgery was built. It was not however until 1969 when Doctor Leishman retired that the two practices united in to one group and 1970 saw the arrival of Doctor Clark. The difference between a Group Surgery and a Health Centre should be explained. A Group Surgery owns its own premises, whereas a Health Centre is owned by the State: and the practices working from this Centre rent their rooms from the State. There are advantages and disadvantages to both systems. A Group Surgery allows the practice complete autonomy - appointment of staff: redecoration etc. The Group is paid a rental from the State for its premises. The staff is paid by the Group but there is a subsidy towards this. Our Group Surgery has attached to it a Dental Unit and this is rented by the County Authorities.

Since 1948, the year of the inception of the National Health Service, the structure of administration of health services has varied, but still remains enormous. Under the three-tier level of organisation of Sir Keith Joseph there was in 1974:

1. Ministry of Health
2. Regional Health Authority
3. Area Health Authority
4. District Management Team

This structure has now been replaced and so let us not worry about the varying areas for which each body was responsible. Today, thank goodness, we have a simpler scheme:

1. Ministry of Health
2. Regional Health Authority (ours is the Wessex Regional Authority which covers Hampshire, Wiltshire, Dorset and the Isle of Wight)
3. District Health Authority (Winchester & Central Hampshire)

Doctors are paid in a strange way.

General practitioners are paid by the Family Practitioners Committee, responsible to the Minister of Health: and independent of the District Health Authority.

Hospital Consultants are paid by the Wessex Regional Health Authority.

Registrars and downwards in the hospitals are paid by the District Health Authorities

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The hospitals themselves are provided for through the Regional Health Authority.

I said it was a simpler scheme but it still gives me a headache. Let us look at our own Medical Practice in Alresford; comfortable, and as efficient as one could wish anywhere.

There are now five partners, albeit one, Doctor Sheila Thorpe, who is by contract 'half time', but works more than the allotted hours. There is usually a 'trainee doctor' allocated to the practice. This needs explanation. Nowadays if a qualified doctor elects to become a General Practitioner he must undergo so called 'vocational training'. After his one year as a 'houseman' in hospital as a qualified doctor he does a further two years of hospital 'jobs' and in this time he will be attached to various specialities. In the following year he will be allotted to a general practice designated as being competent to train a future general practitioner. This trainee doctor is therefore in fact already a highly competent doctor. The practice also undertakes to train unqualified medical students usually from Southampton University. Doctor Thorpe holds a weekly session to train students in Psychiatry.

These five doctors in the practice are paid by the Family Practitioner Committee on the basis of the number of patients in the practice, plus a basic allowance plus an allowance for being a Group Practice. There are other marginal payments - obstetric, immunisations, and even an allowance for visiting a patient in anti-social hours - i.e. between 11.00 p.m. and 5.00 a.m.

The Group Practice has an office staff of two secretaries: one nurse, one filing clerk, and four receptionists of which number two are only parttime. There is a surgery cleaner, an angel who appears in the evening after the surgery doors are closed and reappears in the mornings at the break of dawn.

The appointment scheme for patients visiting the surgery is perhaps a blessing for the patient, but it entails an immense effort by the secretarial staff, to arrange the

appointment, to record the presence of a patient when he appears, and then to verbally usher him to the doctor. The secretarial staff are involved with the request for 'repeat prescriptions'. These requests put a great strain on them. It is in my opinion sad that a high proportion of these requests are for tranquillizers 'Valium', 'Librium' and the like, and largely from newcomers to the district living in expensive houses, bought on a mortgage demanding the necessity of working overtime, or wife out to work or general stress. Virtually nobody in a natural village such as Preston Candover lives on tranquillizers.

There are five District Nurses attached to the practice, and they are rationalised. (They are now called Community Nurses, but I have never heard the title used.) Of the five District Nurses one is a midwife, and she will very rarely be concerned with the birth of a child at home, but will care for a newly born on his return from hospital.

There are also three Health Visitors, one full-time and two part-time. Their duties are varied and cover such subjects as checks on children's health, child development, ante-natal classes and they organise immunisation clinics. They make post-natal visits, and visit the elderly at the request of a doctor.

The Alresford practice is well provided with hospital care, and access to specialists. The Royal Hampshire County Hospital produces much of this care with its established thirty-two Consultants, but those in the Northern region of the practice may go to the Basingstoke District Hospital. A few orthopaedic cases will go to the Lord Mayor Treloar Hospital in Alton.

We are fortunate in Alresford in having Makins Court which looks after the elderly who find the burden of their own homes too much, but Makins Court cannot cope with those who are seriously ill. These latter have to be passed on to St. Paul's Hospital in Winchester, so far away from their life-long homes.

The elderly in their homes have the chance of a home help - partially provided from the budget of the Hampshire County Council. There are about eight to ten of them and they are wonderful; cleaning, preparing meals or even guiding a blind one for his morning's walk.

Those who are mentally handicapped are housed in Tichborne Down Hospital, but their physical welfare is largely the duty of the Alresford practice. The mentally disturbed, and this includes everybody from manic-depressives to alcoholics are treated at Park Prewett Hospital, Basingstoke. Probably few in the Alresford district recognise how many amenities are offered by the Alresford medical practice, and these not through any contractual necessity, but out of a sense of duty to the patient, and I suggest as an example the immunisation against 'flu' for those elderly or ill who might be at risk from this disease. The practice has an electrocardiography an elaborate device which can record the working of a heart, the possibility of a coronary thrombosis or other cardiac disease. The practice is capable too of so many other investigations - gobbledygook to most but to us known as E.S.R. (estimation of erythrocyte sedimentation rate), blood glucose, haemoglobin etc. It also has a binocular microscope for the detection of fungal infection or for abnormal blood cells etc. These researches can be done in the main surgery but there is a

daily courier to the Royal Hampshire County Hospital who collects blood specimens etc. for more specialised investigation.

There are two branch surgeries, at Cheriton and Preston Candover these play an important role in the wide working of the practice. The Preston Candover branch surgery was first started by Doctor Hodgson in 1917, when he arranged with Mr. and Mrs. Murphy to use the front rooms of their house, Forge Cottage, on two mornings of the week. On average two to three patients attended this branch surgery but its attendance grew. In 1972 its proportions had grown so much, and sadly Mrs. Murphy was in poor health, that the surgery was moved to the Village Hall. On average now the attendance to this surgery is above fourteen per session. The Cheriton branch surgery is held in the Village Hall but used to be held in a block of stables which once housed a Derby winner.

Alresford is fortunate in having two dispensing chemists. These are open regularly from 9.00 am. - 5.30 p.m., with an extra hour for dispensing drugs from 5.30 - 6.30 p.m. a duty shared weekly by the two chemists. The Wessex Pharmacy on the corner of Broad Street and West Street is part of the J Loveridge group. Mr. Good in West Street owns his own business.

It would be wrong and foolish to compare one of these chemists with the other, for they are both excellent. However we must be grateful to Mr. Good who is always willing to leave his home at Four Marks should an emergency arise requiring a specialised drug. He is also always willing to deliver oxygen equipment direct to the patients home. As treasurer of the 'Alresford Pigs' he raised a large sum of money to contribute towards the cost of the electrocardiogram owned by the surgery.

If there is any fault to be found with our two chemists it is that they both run out of my favourite lime juice at the same time.

Medicine is an evolving art, administered in an evolving world. Drugs change and improve, Cures are found, but further diseases are discovered. Already the Alresford practice has introduced telephone 'bleepers' carried by each doctor. It is planned that the files on patients' illnesses shall be computerised; records ready at the press of a button, and this is good modern sense. I would like to see a little more - a lot more - concern for the aged who can no longer be cared for by the young in their small houses. We need a carefully considered and more extensive geriatric unit in our town. But when we pause to think quietly, forgetting drugs and medicine, we must remember that life is but a brief pause between a sleep and a sleep: and he who finds in this brief pause fulfilment and an acknowledgement of purpose, is healthy. Germs are such small creatures.

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