

## Those were the days, or were they?

### A one-time Lenham GP reflects

*By Dr. Martin Porter*

It was on August 1<sup>st</sup> 1969 when Liz, my wife, and I started work at the Lenham/Harrietsham Practice. We had come straight from Orsett Hospital in Essex where I had been a Senior House Officer. We had a four month old son.

I had always wanted to go into General Practice and following the untimely death of one of the Partners at Lenham, I was offered a post. There would be a six months mutual appraisal. Lenham was then a small village with some fairly recent residential development. The big local industries were farming, Lenham Storage, owned by Mr. Tolhurst, Marley Tiles, and the bacon factory.

There was no training before starting in General Practice. You just had to get on with it with



the help of your senior partner's advice. It was rather daunting to face the responsibility of looking after not just patients in hospital, where you had plenty of back up, but whole families. You needed to give the impression that you knew plenty about the myriad illnesses that might present. I remember my first patient who came in with a painful shoulder. I did not realise then that over 90% of conditions presenting to a GP get better on their own. Poor chap must have thought he was dying when I suggested blood tests and an Xray.

On many occasions there were things I did not know. There was so much that was new and so much to learn. I was always able to ask my senior partner, who never complained; I certainly needed his wise advice, and appreciated his patience.

I finished my first month in the Practice and was given my first pay cheque for £220. I could not believe how much I had been given. My monthly cheque at Orsett was for £60, but that did include accommodation.

The surgery was in the basement of Stanfield House, now RB Plant. After a few years we moved to Tithe Yard, off Church Square. It was much roomier, and slowly the number of partners increased. By this time we were three. We communicated with each other every day, and at coffee would chat about our problem cases and catch up on what was happening locally. One GP was on call for emergencies so if you were called out of surgery it could cause problems. I never had a patient complain about having to wait while I went out on an urgent call. We each had our own list of patients who were either assigned to us or chose us when registering. Clearly that has changed now, when patients see whichever doctor is available.

Things were so different in the 70s. One bonus was that you got to know people very well, not only in the surgery but also by visiting them at home, which was almost always very educational. We did so many things that people other than GPs, do nowadays. We took all our own blood tests, wrote all the forms and labels, wrote all prescriptions by hand, did all our own dispensing, and immunisations. We also undertook home births, with our midwife, which I always thought were very risky as we were several miles from the nearest hospital. I worried about it. Thank goodness the powers that be also came to the same conclusion, so all deliveries were then carried out in hospital. Dental anaesthetics were administered by two of the partners but not by me. When I was a medical student we were taught anaesthetics and the first patient I tried to 'put under', got up and walked away from the table halfway through the injection. That was the one and only try I had ever.

Computers, very primitive and huge, were mainly to be found in London. I remember Edward Heath coming on the television holding what I think he called a microchip in his fingers, saying that this tiny thing would take over our lives soon. I thought, 'What a load of rubbish'. I was so wrong. We kept patients' notes in Lloyd George envelopes, and all were hand-written and kept on shelves in the office, or later, whirligig rotating shelves which were much more economical on space. You could write whatever you liked about patients, which would give your partners insight not only into their illnesses but also any relevant characteristics.

When I started, people tended to trust the advice we gave. Nowadays most people have visited various websites and come to the surgery armed with knowledge from different sources. Some can justifiably be called ‘dubious’; for example, the anti-vaccination ones. It must cause problems for the current partners.

Our staff were wonderful, almost without exception. The partners always did the interviewing, which was fun, as opposed to today where



The former surgery in Church Square

Practice Managers have the responsibility. There is an old adage which says that you make up your mind about a person within five minutes of meeting them. I remember one lady who came for a job. She ran her own antique business and at the end of the interview I asked her in a suitably sombre voice if she sold antique GPs. She got the giggles (and the job).

I want to tell you about the daily routine that I had. It must have driven my family mad and caused problems with their routines. My wife never really knew what time I would be back for meals or in the evenings, so ‘mealtime’ only existed for her and our three sons. When I was on duty she had to be at home to answer the phone every evening, night and weekend, if I was out. It meant that the boys could sometimes not be taken out. I would get up at 6.00am and have breakfast, usually fish fingers (a left over from my days in digs), then go to do routine home visits. There might be up to 15 of those, and they were more social visits than needed for medical reasons. After these visits I would go through the post at the surgery. Before the morning surgery started I would dictate letters on an ancient dictaphone. Surgery started at 9.00am and went on until around 11.00am. We would have coffee and then go out on home visits; these requests were never questioned by the receptionists, and anyone who asked for one would be entered in the diary. It was not considered safe to bring feverish children to the surgery in those days. The visits could last for a couple of hours, but if I could get home I

would, to see the family and watch the very first episodes of 'Neighbours' with the boys. I loved it.

Initially contact with us when away from the surgery was a problem. We looked into buying a crystal radio but it was prohibitively expensive and would not always work. We had bleeps for a while but you always had to find a phone to phone home or the surgery to see what was going on. We had a single mobile phone eventually; one single phone for all the GPs which was carried by the on-call doctor.

As soon as lunch was over it was back to the surgery to see if any further visits had come in. Then we had a cup of tea and a chat. It was back to our own surgeries, (all booked by appointment) which might finish at seven. Sometimes I would not get back until 10pm so Liz had to keep my supper warm for a long time. If I was on duty I could expect a call or two at night. The dreaded phone would ring and the inevitable question came. 'Is that the doctor?' I would find out what was going on and on the rare occasions that I gave advice on the phone, I could then not get back to sleep in case the advice had been wrong. So most times I would get up and go to visit the patient. Once done I could get back to sleep for a bit. Weekends were rather different. The duty GP was on his/her own and did a surgery on the Saturday morning and then visits. The rest of the we waited for the phone to ring, which it always did. Most night-time phone calls were necessary, but I once was phoned by a lady at 3am who asked if I would leave her regular prescription out for her when I got to the surgery in the morning.

We had to cover the Christmas period and that was a problem. On one Christmas Day I had 30 visits with 3 deaths and two miscarriages. It was a nightmare.

When emergencies occurred, it was the custom to visit or see the patient before calling an ambulance. In those days if you wanted to send someone to hospital, you always phoned first to speak to the houseman on call and then arrange transport. We were lucky to have the services of the Lenham St John Ambulance who had their own ambulance. They were an amazing group of men and women volunteers who provided a quick and pretty efficient service. They were not equipped like today's service, but often knew the person they would take to hospital. I used to give lectures on First Aid to them and one of the crew would shut his eyes and always nod off as soon as I started. He had heard my talks so often before. I am not surprised that he found them tedious in the extreme. I got my own back by always asking him a question when I was sure he was asleep.

When I started at the practice my senior partner soon became a trainer for future GPs, and when he left the practice in 1975 I took over. Training of these newly qualified doctors took two years then, one in general practice and another in hospital work.

I was taking my second trainee, (now called registrars) on my visits to see patients I used to call on once a month. He asked me why I did that and obviously thought it was a waste of time and these visits should be done by someone other than a GP. This remark was prophetic as within a fairly short time a GP in the Medway area came up with the idea of the 'Collective' approach, in which groups of GPs from many practices joined to cover the whole of the Maidstone area for 'out of hours' duty. They were centred in Maidstone and called 'Maiddoc'. When working for the organisation a very small number of doctors would cover the whole area with one at the centre for phone calls and another in a chauffeured car, doing the home visits. The doctors worked six-hour shifts. We partners initially rejected the idea as we were rural and seven miles from Maidstone. We were told that the distance was not a problem, so my partners all joined. I did not. I felt that to be dealing with patients one did not know and whose notes would be inaccessible was not for me. I never did join, but all other Kent GPs apparently did.

One effect of the change was to free GPs from living within their practice area.

For me this was the start of my disillusionment of general practice and why I decided to retire at a relatively young age. To be fair the number of night calls dropped dramatically, maybe because patients came to know that the chances of seeing their own GP were remote and the thought of going in to Maidstone put them off.

There were some very good times and some horrible ones and have to tell you about a few of them.

Perhaps the most upsetting times were with children. During my years with the practice I had four children who died from malignancy. It was always so sad and the bravery of all four was humbling. All were cared for at home by their wonderful parents. There were no hospices, but also no complaints about being cared for at home. I hope that all four died peacefully and happy to be with their families. I found it emotionally draining but that, of course must have been tiny when compared with the anguish of the families.

One winter night the phone rang at 2.00am. It was snowing hard and the worried husband said that his wife was in labour and the ambulance could not get to them because of snow drifts. I would have to walk down to Lenham from our house on the Pilgrims Way. There was a blizzard

outside, so I covered up well, picked up my medical bag and walked down. By the time I got to the house in the Maidstone road I was frozen. I had no maternity equipment with me as I had no time or chance to get to the surgery. I knocked on the door and someone opened it and said that the lady had just gone off to hospital. The ambulance had got through. I have never been so relieved.

I was called to a campsite one day to see a patient who I knew well. He was having a psychotic episode and I was far too naïve. I went to talk to him. I was punched in the face and broke my glasses. It was a good lesson on over-self-confidence.

On one occasion I had to visit a patient who I also knew well. He was aggressive and had a loaded shotgun on his bed. I sat beside him and persuaded him to let me have the weapon. He then ran off.

I was called one day to a local business where one of the workmen had caught his hand in a machine. We could not get it out, so in the end I had to operate on his hand to release him; the anaesthetist was there, thank goodness.

One night, when I was very new to the work, my phone rang and I was asked to visit an old boy who was very unwell. I asked his wife what the problem was. She told me that she did not know but he had never been as bad as this. When I got to the house, the poor man had clearly been dead for some considerable time

There were many rewarding times

One of my sons had been taken acutely ill and I was summoned home from my surgery. At that moment a nice but very regular visitor to the practice came to see me and I am afraid I was rather short with her. 'I am so sorry to have troubled you Doctor, but I only came to bring you some eggs.' I will never forget the shame I felt.

On two occasions things happened that were beyond belief. I was to go on holiday the next day and I had two patients who were terminally ill. I told my partners about them and they said they would visit. When I returned from the family break I asked my partners when the patients had died. 'They haven't', was the answer. I went to see the first and she was near death but opened her eyes and said 'so you are back. I have waited for you. Later that day she died. I went to see the second lady who was unconscious. I stood talking to her lovely husband. There was a shuffle in the bed and the lady summoned me closer. She gave me a hug. An hour later she died. General Practice teaches us humility.

I was out visiting a patient one night and when I left the patient and got in my car, the phone rang and Liz told me that another call had come in from a mother in the same hamlet. I phoned the lady back and told her that I would come to see her child, as requested, but it might be a while. As it happened I was parked outside her door. Her expression when she opened the door, was something I will never forget.

Another time I was asked to go and see a child with earache. I found out that the child had lost a tooth that night and as I was leaving I left a coin under her pillow. Years later when I retired I was sent so many cards and letters wishing Liz and me a happy retirement. One of the cards was from the little girl with earache, now an adult, saying thank you for being her tooth fairy. I was moved to tears.

Finding directions was never my strong point and one day when I opened the door to go out of a house and shut it after me I found that I was shut firmly in the broom cupboard and had to be released. Another retirement card reminded me of this.

When I joined the Practice in 1969 I was frequently berated by my senior partner for my inability to remember people's names. Over the years I started giving patients nicknames. I cannot divulge what these were but I know that on many occasions when I went to the waiting room to invite patients in to my surgery they would not respond to their proper names. It was great fun and rather silly.

I retired in 2000. I could not come to terms with the changes in General Practice. But was it the right career for me? On the downside, I worried all the time about the threat of litigation, and what would happen if I got struck off. Not one of my sons went into the medical profession and that was fine. They had seen what it was like. I learned so much about people but would not have survived without the support of Liz. On the upside, I worked in a lovely village and met so many amazing people.

The day after my retirement I took my surgery keys and left them at the surgery. No longer would I be able to see how my patients were getting on. It was very strange and I would miss them all.

A few months later, in the Tithe Barn opposite the surgery, and thanks to the generosity of the owners, there was a village get together. When it got late Liz and I decided to leave, but this was vehemently opposed by our lovely friends on our table so we stayed, and soon after the band stopped playing and our oldest friend, who incidentally was, with his wife, the first person

we met in Lenham, took the microphone. He said something like, ‘All of us are well aware that our senior partner in Lenham Surgery recently retired. What he does not know is that Lenham Library has been collecting written memories, contributed by his patients. Many cards have been sent as well. I have two folders here full of these, so without more ado I ask the good doctor to come up to the stage’. I was utterly amazed and had no idea that such things could have been going on in Lenham without my knowledge. I found it very emotional and it was hard to speak. People had been so kind, not only with their messages and cards but with

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Liz and I  
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patients coming up to me and telling me how they are, and I love it.