Reminiscences from a Fenland practice

F E LODGE

Wisbech, in North Cambridgeshire, is a small market town noted for its splendid Georgian houses on the Brinks beside the River Nene, its apple orchards, and in June and July its fields of strawberries and roses. It has a population of about 17 000 with a further similar number in local villages depending upon it for shopping and medical services. One of the Georgian buildings houses what is today known as "The North Brink Practice." In 1946 it shared with a practice in Cosham, Hants, the temporary notoriety of having the only vacancies in general medical practice at the BMA agency at the particular time I was demobilised from the RNVr.

The practice in which I settled was a specialist general practice and had access to the local cottage hospital. Two principals were fellows of the Royal College of Surgeons; another had a special interest in radiology, having the necessary basic equipment in his own home; another had ophthalmic qualifications; another was interested in obstetrics. I had little to offer except some recent knowledge in tropical medicine and venereology but I had given an unusually large number of anaesthetics in my hospital training at Oxford; this, and the wearisome job of sorting out and interviewing a further 69 applicants, turned the tables in my favour. I was to replace one of the surgeons, Edward Bullmore, who had been in the practice over 40 years and who had a reputation as being an ideal country doctor, extremely competent, and everybody's friend. He had, too, a very special knowledge of the history of the town, had been a churchwarden at the parish church, had a special interest in heraldry, and had produced a finely illustrated book about the heraldic devices which abounded in his church. He was a founder member of the local civic society, was a trustee of the Wisbech municipal charities, was a Worshipful Master at his Masonic Lodge, and found time to keep a considerable number of patients—all private—very happy and contented.

I recall with pleasure my first few weeks in the town, when Bullmore would take me in his chauffeur driven Austin car to meet as many of his patients as was possible in the time at his disposal. His reputation was such that they were widely scattered and he would think nothing of visiting 18 or 20 miles into Lincolnshire. Forty five years separated us in age, and it was evident that the new youngster he had chosen as his successor was accepted only because Edward Bullmore had so ordained. The details of those precious conversations about the early history of his practice, which was so dear to him, have sadly become dimmed in my memory but he did agree to put some recollections on paper in case some future partner could find time to write a history of the practice. Even these do not tell us of the surgical adventures on many a kitchen table, which he had described with such relish to me on his rounds. Now that I have been put out to grass, it has fallen to my lot to record some fresh notes about this interesting Fenland practice.

Beginnings

Bullmore (or Bullie as he was affectionately known) could trace the practice back to 1770, when a Dr Ralph Archbould arrived from Berwick-on-Tweed. His nephew with the same name succeeded him. A memorial tablet in the parish church reads as follows: "In memory of Ralph Archbould, Surgeon of this town who died on the 29th of January 1837 aged 73 years. A man no less esteemed for his

Dr Edward Bullmore.

private worth and excellence than for the humanity and skill which distinguished his professional career during a period of 50 years."

Sixteen more doctors were to join the practice before the coming of the 20th century. At present, pending further research, they are but names to us, but in 1900 Dr Edward Bury and Dr Layton Davis were in partnership together in a firm later to become "The North Brink Practice." The older inhabitants of the town can still remember them, as they do Dr Max Tylor and Dr Copley, who came to another Wisbech practice in 1902. Edward Bury was replaced by Edward Bullmore from Cornwall in 1904. The two practices amalgamated in 1908. As two of these doctors, Bullmore and Tylor, practising 80 years ago in this town were, in later years, well known to me, it is appropriate that I should record some of their reminiscences.

Among my recollections of Bullmore's therapy was his use of gentian violet. He used it liberally in every orifice of the human body. It was frequently effective and I might have used it longer myself had I not realised how many articles of clothing were ruined in the process. Tablets were administered comparatively rarely, the bottle of medicine seeming to be more effective. Valerian, that foul smelling substance, was a fairly frequent constituent and if any lady complained that "it repeated" he would say that she should not complain as it was working a second time round at no extra charge. It was interesting to hear him lay emphasis on the directions for prescribing. Lugol's iodine given for hyperthyroid conditions was always started on the first day of the month—just one drop in half a glass of milk, on the second day two drops, and so on till the 15th day; on the 16th only 14 drops, on the 17th 13 drops, so reducing daily until the end of the month, when the cycle would begin again. "It keeps the patient busy you see," he would justifiably say. A salty mixture, still obtainable as Mist Sod Chlor Co, taken three times daily in half a glass of hot milk and a tablespoonful of rum, proved very popular to ease the dry cough. Wisbech was one of the wealthier towns of England at the end of the war, but one of his recommended

treatments did surprise me. "Would it be all right with you, doctor, to continue Dr Bullmore's recommendation of a bottle of champagne daily?" an 80 year old farmer asked.

Bullmore was especially fond of spa treatment and he himself having osteoarthritis travelled annually to Aix-les-Bains or Le Mont Dore as he thought it unlikely that he would meet his patients there. Seldom was there a time when one or another of his patients was not taking the cure at Harrogate, Droitwich, or Woodhall Spa and this treatment was so popular that I was forced to continue it for many years after Bullie had left. One lady, I recall, went to Harrogate for her arthrosis and while there mentioned her vaginal wall prolapse. She was advised to sit in a cold bath every morning and suck a lemon. (This treatment has always conjured up an interesting picture in my mind and may well be worth a trial.) Another somewhat obese lady who visited the same spa and possibly the same consultant, was advised to exercise herself by rolling on the floor face downwards on a rolling pin.

Dr Max Tylor.

One of the instruments still in use by Bullmore on my arrival was the Hurst bougie, a rubber tube the width of one's thumb and about two feet long. It was filled with mercury so was quite heavy. I had had instruction in its use from Sir Arthur Hurst himself, who believed that it was the best and only form of treatment for oesophageal spasm. Patients would return to the surgery about once a month and seemed to bear no malice after being persuaded to swallow about 18 inches of this unusual device.

One of the first of Bullmore's patients transferred to my care was a prominent citizen's wife who had been seriously ill with anuria. This had been relieved by "cupping," something my medical school had not taught me. In a letter dated 14 July 1948 which Bullmore wrote to the practice he was more explicit:

"I think I was one of the last to do dry cupping—a most valuable remedy in the older days before modern methods and drugs were available. I practised to use them at the workhouse. I don't know whether you have ever used them, but I found it some time before I could do it efficiently; if you did not clap on fairly rapidly you obtained no suction, and if you delayed, the glass burnt the patient or the flame caught a hairy chest on fire—very commonly used still in France for chronic bronchitis etc of the stout elderly individuals."

"I went to Le Mont Dore for a collapsed lung following a strep bronchitis in 1927. In the treatment we walked round and round a room heated and full of Mont Dore vapour; there were spittoons about every yard and we spent our time expectorating into them and coughing and sweating. I could not understand why the back of most of the fat elderly bronchitics had from 9-12 circular purplish coloured areas on their backs. On my return I asked a friend of mine interested in French medicine and he told me that the GP would call and order 8-12 cuppings to be done by the village woman who was an expert, and he said what relief patients had from them."

Bullmore continues: "Before the last war we always had about a dozen leeches in the surgery and their efficiency in relieving pain from deeply seated eye inflammation was marvellous. I believe most of them came from Russia and so could not be obtained and they were not used after the war. Rather repulsive but very effective in suitable cases."

Some years later another principal, already mentioned, Dr Max Tylor, who left Wisbech in 1919, came from his home in Devon to meet old friends. He chanced to visit his former practice. Despite his 89 years he still had a clear and lucid memory and he entertained his young successors with tales of his days in Wisbech, among them the riots in 1913, when nearly all the local doctors refused to take panel patients after the passage of the Lloyd George Insurance Act; their houses were besieged and their windows smashed. He was persuaded to record these reminiscences on paper and his letter was as follows:

5 February 1964.

Dear Dr Lodge,

I am sorry to have been so long in answering your letter. It is with great pleasure that I made the acquaintance of yourself and the others who constitute the hive of medical industry at No 7 North Brink. I am afraid that I can tell you little more about the beginnings of your practice than you already know. In fact the names of the Bury predecessors are new to me.

The last Dr Bury I remember well. He had a dry sense of humour and told me with gusto how he would go off for the day on his country calls with the certainty of getting a very good dinner at the house of one of his patients.

As far as I know, old Dr Fawcett was the predecessor on my side of the practice; and from what I was told by Copley, he had lived at Mounpesson House for a long while. I do not know how long his partnership with Copley lasted, but after Dr Fawcett had died or retired Dr Clarke joined Copley. Dr Clarke I never met; but I heard of his many adventures with an early Wolsey car.

This was the dawn of the motoring era. Dr Harry Groom had a car, and I soon became the proud possessor of a single cylinder 5 hp Vauxhall—tiller steering, no reverse, and max speed 24 mph. It had a huge flywheel on a transverse shaft with a long chain to the back axle, which occasionally came off with an alarming rattle. The starting handle was inserted between the spokes of the near front wheel.

Many were the adventures I had with it and no one knows how many hours I spent tinkering with it. But we did go to London and back on it.

I also had a motor boy who slept in the basement of No 6 The Crescent, in case I should have a night call. He did not like going out at night and I used to wonder why my radiator leaked until I found out that he had bored holes in it. In those days horses used to shy; and many a time on seeing my approach a farmer's trap would stop whilst his wife got out and held the horse's head until I had passed. Dr Copley was a short man, a bachelor, a dandy, and a bit of a "lad." When Dr Clarke died he advertised the partnership and I joined him going to live at No 6 The Crescent. Copley, immaculately dressed in tails and topper, drove a small rubber tyred hooded gig. When he died, I moved to Mounpesson and took on his groom—Mr Godley—very different to my motor boy—rich Norfolk—could not read or write in his youth; rode postillion on the mail coach from Castle Acre to King's Lynn; married at 21 a woman who brought up 12 children.

Dr Copley was a convivial soul. In those days the consumption of port wine in the fens was larger and at many a dinner the port wine ceremonial ritual was performed. At that time also the habit of drinking laudanum, which could be bought ad lib at any chemist, was dying out. Supposed to be a legacy from the days of the fen ague. A curious habit amongst the labouring class was that it was a necessity for a lying in woman to drink a bottle of gin, which was always provided. In those days Dr Walker of Peterborough was the consultant and it was hardly considered proper to die without a visit from him. My partnership with Copley lasted only 18 months for he died of diabetes. He was cremated, an unusual thing in those days and one of the ladies at the almshouses remarked "No, I don't hold with it for I'm certain sure the Lord never meant us to be burnt afore our time."

I was joined by Butterworth and in the meantime Dr Bury had been joined by Davis, who at Bury's exit was joined by Bullmore. After Davis left, Butterworth and I approached Bullmore with the idea of a triple partnership. Thus was formed "Tylor, Bullmore, and Butterworth," which lasted until I left in 1919. T, B, and B was always a very happy practice and indeed it could hardly have been otherwise with a central figure of the calibre and character of Bullmore.

The partnership was interrupted by two major events—world war I, and the coming of the NHI. As to the war, we were all about the 40 mark and while we felt we should do something about it we did not relish the idea of one of us going off for the duration and leaving the other two on the banks of the Nene. So we proposed to the War Office that we should do six months service in turns; and they accepted! It was alright in its way but very difficult leaving at the end of six months our colleagues who were carrying on. I came

third and was lucky for I spent my first six months on a hospital ship going as far as Salonica and being torpedoed off the Devon coast on the way home. The last six months I spent in France and came out after the Armistice to find my partners exhausted after coping with the epidemic of black flu.

The NHI. I was much interested in the paper cutting you sent me about the riots. On the whole an accurate account with some embellishments. It was a most unpleasant time. The coming of the NHI must be a very small beer to you who have been under the (1948) Health Act, but it stirred up the medical profession as never before. Never before had so many GPs become acquainted with each other. Meetings galore, some full of sound and fury, and some very amusing. I remember one at Cambridge: a proposed clause in the Bill was read out which stated that there would be special remunerations for GPs carrying out services which entailed great difficulties and even hardship . . . "such as" a wag remarked "swimming across a lake to a confinement with the forceps in your mouth!" I after often thought what fools we were to stand out: for the NHI was really a good thing. It did away with charges and badly paid parish appointments.

Charges for adults4/- per head per annum.

Charges for juveniles2/- per head per annum.

Yours Sincerely

M F Tylor.

Note: MFT died 1969 aged 94 (born 1875, qualified Oxford and St Georges 1903; Wisbech 1903-19, Dartmouth 1919-35, then retired).

Doctors in any practice can usually think of some unusual case which merits recording elsewhere than their own private diary. Some 25 years ago I was on duty one weekend when I was called urgently to an accident on a council estate several miles away. It was 11 on a Sunday morning. Church bells were summoning their parishioners to Matins. As I sped on my way the siren came to life at the fire station. I thought of it only as an interesting coincidence, but as I neared my destination a somewhat irate fire chief hooted me out of the way. We ended up at different ends of the village square which was otherwise deserted. Clearly we seemed to be on different errands. I entered a house unknown to me and found an obese lady bending over her washing machine. Hanging free from the top of her oversize

dress and unprotected by any "bra" was a large and pendulous breast, the nipple of which was tightly caught in the gearing.

It is of course well known that accidents did happen with the old fashioned washing machines: fingers could get trapped in the rollers, as could human hair, but wisely the manufacturers catered for these mishaps with quick release buttons so that the agony was only temporary. What the makers could not have foreseen was the use of the machine after the gears and cogs which spin the rollers had been exposed by the removal of the metal casing normally hiding them from view. In this instance the lady's nipple—now purple, swollen, and oily—had been caught in the works as she bent unwisely over the greasy machinery.

I was alone with this poor soul, who mercifully could see the funny side of things. The machine had stopped and, so long as the patient kept still and was prepared to bend forward with her nose just above the water line, all was well, but attempts to look up or move very naturally caused agonising pain. My mind flashed back to textbooks on emergencies for the worried casualty officer. What would Hamilton Bailey or Pye have done in the circumstances? I had no such helpful guidance.

At this point the chief fire officer discovered the correct address and entered the room. He was followed by the local constable, the district nurse, a still more senior police officer, six more firemen, and a nearby relative who had heard of the crisis. Outside was the fire engine, a fire tender, police cars, and now an ambulance. I felt that the room was getting decidedly stuffy. We decided on inspection that the gearing would part company with the rollers (this with a last howl of protest). We strapped breast and gearing (still tightly gripping the tender nipple in its teeth), to the chest wall. The patient was carefully transported to the local hospital. The surgeon in turn evidently thought this was not his field of action and promptly called in Bert, the electrician, to institute therapy. Deftly with varying sizes of screwdriver, the cogs were disassembled, the nipple released. When seen the next day the delighted lady announced, "I am so pleased for I have been asking Bert to mend my Hotpoint for ages and now he will come tomorrow."

Dermatology in Edinburgh: The first 100 years

J A SAVIN

Here we sit, smug and snug in our glistening new seminar room. One hundred people, all working in dermatology, 15 of them from our own department, are soaking up the massed wisdom of the country's seven professors of dermatology—all this to celebrate the 100th anniversary of the skin department at the Royal Infirmary of Edinburgh. The professors sparkle brightly, but after a few hours images from the past begin to drift across my mind . . .

In the foreground I see another professor, the late G H Percival (figure 1), proud to have been the first holder of the first established university chair of dermatology in Britain. Pen in hand, he is fully able in his 80s to dash off the 357 pages of his pungent and scholarly treatise on "The History of Dermatology in Edinburgh" (*unpublished observations*), so inadequately condensed to a few sentences here. Behind him stands the bristling Dr Allan Jamieson (figure 2), triumphant at last in his "small dark room" at the infirmary. Beyond Jamieson the line of dermatology stretches back to Robert Willan, graduating from Edinburgh University in 1780. Further away still the early infirmary, founded in 1729 and

royal since 1736, is shrouded in mist. It seems incredible that such a hospital could have limped on for a century and a half without a skin department.

But in those days the general physicians and surgeons here were keen on dermatology. How they squealed when Dr Jamieson, fresh from Hebra's clinic in Vienna, kept pressing for a room in which to see skin patients. Skin cases were not numerous, they said, and the existing consultants were well able to deal with them. And perhaps they had a case.

Joys of lumping and splitting

Who can fault a system that delivered such a fine series of doctors, many interested in dermatology, into key positions in London? Edinburgh had perfected the methods of clinical training started in Leiden, and its teaching during the second half of the eighteenth century was among the best in Britain. Richard Bright and Thomas Addison, both Edinburgh graduates, had flirted with dermatology but their main achievements were to lie in other fields. Robert Willan and Thomas Bateman, however, went on to become the two most important dermatologists of their time. Robert Willan, one of the first to bring order to the chaos of skin diseases, had learnt the joys of lumping and splitting from William