Doctor to *The Archers*

Simon Dover

The BBC advertised for a doctor to advise *The Archers* the BBC's daily radio story of country folk. I applied. I spent a happy couple of hours with the editor gossiping about mutual friends, the Ambridge characters, over lunch. Afterwards she showed me the studio and production office. I would have been pleased even without getting the job.

The story is decided at a monthly script meeting. Four writers, the production team, and specialist advisers sit for a day and hammer out the plot. Usually we'd discussed ideas beforehand, but I could never predict which would be runners. Ideas came from hospital life, colleagues, and the medical press, particularly *Personal View* in the *BMJ* and *In England Now* in the *Lancet*. Script meetings were fun so I went whenever invited. The writers are intelligent, stimulating, and articulate, but their job is lonely and they made the most of the meetings. I tried to resist joining in discussions of non-medical stories.

The story is now about two months off transmission. My next job was to produce concise clear notes trying to anticipate the writers' problems.

Like a real general practitioner, I sought advice from friends and colleagues, most of whom were pleased. One evening after a meeting when two pregnancies had been planned—one unplanned—I was worrying about recruiting an obstetrician when I saw one sitting in his car listening to the programme. Now he is closely involved, helping with infertility, too. My father and other general practitioner friends helped with administrative and financial aspects of general practice. Peggy Archer's polymyalgia rheumatica was conceived over supper.

Eddie Grundy fan

Telephone calls required discretion as listeners were often after titbits; our secretary was a stalwart of the Eddie Grundy Fan Club. Only once did an Archers conversation coincide with a real emergency, but the senior registrar dealt with the problem on the other telephone.

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Joe and Clarrie Grundy played
by Edward Kelsey and
Rosalind Adams

The scripts arrived a few days before recording. The thick white packets with a BBC crest impressed the postman. Sometimes things were less organised and a messenger would come from the BBC. After my move to Glasgow I was a bit unpopular using the hospital fax machine. Checking a week's scripts took about an hour, and usually there were only minor alterations.

The episodes are recorded at Pebble Mill in Birmingham in a business-like way. I enjoyed going to the studio, ostensibly to help, but mainly as an Archers groupie. The sound effects were fascinating, a combination of special recordings and improvisation. They needed some help with casualty scenes and Jack Woolley's collapse. The puff, crackle, puff, and slow hiss of a sphygmomanometer with a Valcro cuff was good on the radio. Stethoscopes make a gratifying click too. Medical pronunciation was an occasional problem. A rheumatologist complained, "All of the characters can say polymyalgia rheumatica without a pause, stammer, or spoonerism. None of my patients can get it right."

I was not rich and glamorous. It didn't pay for a week's skiing each winter and radio is very workman-like. But you do get a nice view over Cannon Hill Park from the office on the fourth floor.

Knowing what is going to happen in the future is as curious as helping to design it, particularly when you can't tell anyone. It's complicated keeping track of what stages in the production various stories have reached, especially what had already been broadcast and could be discussed.

Matthew Thorogood

Padding out the character of the village's general practitioner was more difficult than devising stories. I inherited him as an unformed personality with the unfortunate name of Thorogood. I tried to identify and empathise with him, wanting him to be a good guy. I lost and don't like him very much. As his character developed the discussions taught me a lot about what people think of doctors.

Sometimes he did the decent thing—talking to the over 60s about hypothermia, fetching Mrs Potter's shopping when she had flu, attending village funerals, and making bereavement visits, even dealing tactfully and sensitively with a frightened Kenton Archer. He treated Caroline Bone badly and they parted. He is rather self righteous and pompous. Like the vicar, the village doctor needs to be both part of the community and apart from it. This dilemma was behind Matthew being rowdy and drunk in Florence, when he could let his hair down, and was reflected in the villagers' reactions to Caroline moving in with him.

Matthew is a clever young doctor—does blood tests, makes smart diagnoses, and doesn't give out antibiotics for viral illnesses (except to himself). And he has just done his first home delivery in the village. Nevertheless, I hope that people don't see much of me in him.

We had more medical stories than I wanted; the writers and production team liked them. Although dramatists, they didn't quite believe how dramatic medicine can be—for example, Stokes-Adams attacks—or how quickly polymyalgia rheumatica usually

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Brian Aldridge, who is played by Charles Collingwood

settles after the introduction of steroids. There were no taboos, though bowels, sex, and death required delicacy. I was a bit surprised that we discussed Shula Hebden's menstrual cycle over the national supper table.

The team liked acute illnesses, which could be done within one or two writing months. Chronic diseases are more difficult; they get boring, or else forgotten (like Elizabeth Archer's congenital heart disease and her mother's myxoedema) or they can become a bit of a joke like Mrs Potter's walking frame and Mr Pullen's prostate, which are the curse of over 60s outings. There isn't anyone disabled in Ambridge, though Brian Aldridge mustn't drive now because of epilepsy.

Different diseases

Agricultural and rural diseases didn't provide much scope as most of them had been done before—Neil Carter had had leptospirosis and Tony Archer tetanus. Joe Grundy has farmer's lung, or has he? Matthew wanted to send him to hospital for tests but the old scoundrel refused. Topical farming diseases are difficult because of the lag between agreeing a story and transmission. That is partly why the biggest farming and health story for years, Mrs Currie's eggs, barely got a mention. During Shula's false pregnancy she kept away from Brookfield (her parents' farm) during lambing because of the risk of *Chlamydia psittaci* infection. Brian's head injury resulted from being biffed by a mad cow with bovine spongiform encephalopathy.

We had only one patient with cancer. Nigel Pargetter's father was introduced to die of lung cancer from smoking cigarettes, and thereby leave his son with the need to grow up rapidly and try to sort out the problems of the crumbling Pargetter Hall. This allowed plugs against smoking and for the Borchester Hospice, but I wish they hadn't christened the Macmillan Nurse "SuperMac."

But Ambridge does suffer from an excess of congenital defects. It can't be interbreeding as an appro-

priate spouse appears from somewhere else whenever required. Is it something in the water at Felpersham reservoir? Perhaps there's a nuclear power station on top of Lakey Hill. Neil and Susan Carter's baby Christopher had a hare lip; luckily surgery was a complete success, and as he's a boy he'll eventually grow a moustache so we can forget all about it. Previous defects have included a dislocated hip for one of Pat and Tony Archer's children and heart disease for Elizabeth Archer.

Doctors could learn a lot from *The Archers* about record keeping. The cards told me all about Elizabeth's heart condition. She had two operations for tetralogy of Fallot. A cardiac surgeon was able to tell me whether a vest would hide her scars and reassure me about her childbearing potential.

Before her polymyalgia was diagnosed Peggy Archer, quite rightly, got upset when word reached her daughter, via the surgery receptionist, that the doctor thought Peggy was just a malingerer. Matthew had a firm word with the receptionist, who was contrite. But how much should Matthew discuss with Caroline, his live in girl friend? Not much, he thought. She was hurt. People assumed that she knew all about their insides anyway and turned to her as a substitute doctor's wife.

Coping with deaths

Deaths were tricky. I had Jethro Larkin and Walter Gabriel. The actors had already died, so had been silent for some weeks and the audience knew what was coming. Jethro died in a rather contrived farm accident when a tree fell on him. This caused problems with the coroner and the farm safety inspector. Walter, whose last broadcast words were "I'm going on forever," died at home of bronchopneumonia. After some discussion his son, Nelson, elected to look after him at home rather than let him go into hospital.

Matthew Thorogood does casualty sessions at Borchester General. When a dissatisfied Tom Forrest took himself to hospital for a second opinion and an x ray examination of his twisted ankle he was embarrassed to find his own general practitioner there to give him and six and a half million eavesdroppers a talk about the role of the accident and emergency department. Likewise, when Jack Woolley came in with complete heart block Matthew was there to explain all about pacemakers. That episode marked the day I rotated to cardiology.

Shula Hebden's infertility has developed over some time and has been written beautifully, concentrating on the relationship between her and Mark and showing how hurtful even kindly meant remarks could be. Shula turned to Auntie Chris, who had a stepson, and even Lynda Snell showed some sensitivity. Mark and Shula gradually came to perceive their failure to become pregnant as a medical problem, but Shula was reluctant to see Matthew, who is a friend. Eventually, she embarked on the tests, sneaking away from the village for a laparoscopy, which was normal.

When the papers had stories about AIDS in Ambridge we'd decided that Ambridge would be unlikely to have had a case. At the same time a neonatologist approached me at the hospital clinical meeting to remind me about Jill Archer's myxoedema. Her son, Kenton, had just returned from some years in the Merchant Navy. This widely travelled sailor of unknown sexuality developed an illness featuring weight loss and fever with fear, diarrhoea, and irritability. We scattered the clues over about six weeks—a couple of windows thrown open, the family history, a healthy appetite, and a funny look about the eyes. The patient didn't want any blood tests. Some of the papers swallowed the bait. Colleagues' other differen-

tial diagnoses included hypomania and drug addiction. Eventually a test was done and carbimazole prescribed. So far he hasn't relapsed.

The public's reactions

Our national game is not cricket, it is writing letters to *The Archers*. My favourite came from the senior common room of a Cambridge college, inquiring whether Kenton and Shula are monozygotic or dizygotic twins. As Kenton is a boy and Shula a girl. . . . Congratulatory letters came particularly about Walter Gabriel's death, the evolution of Peggy's polymyalgia rheumatica, and Shula. Many letters were sad—for example, from women whose diagnosis of polymyalgia had been long delayed.

Letters from doctors criticised Matthew or suggested interesting diseases for Ambridge folk to develop. Many pressure groups wrote asking for publicity. Usually they came too late. There was one from the hare lip people, but we didn't write back "congratulations you've hit the jackpot." Other vested interests wrote—drug firms to say that their hay fever tablets didn't cause drowsiness and pharmacists complaining that Shula and Jennifer Aldridge went to the doctor and not the chemist for a pregnancy test.

Reactions in the press were usually sympathetic. I particularly looked forward to Dr Tom Stuttaford's *The Times* medical briefing a couple of weeks after a story.

My bosses were tolerant and usually interested and amused. Some tried to get me to spill the beans. One affected uninterest and intellectual snobbery about it, but he often knew what was happening—a closet *Archers* fan. Writing articles for specialist journals gave him an audience of a few thousand at best, whereas *The Archers* could aim to influence over six million listeners.

The Archers was conceived as an educational exercise to teach city folk about farmers' problems. Although

primarily an entertainment, it allows some public education, but how effectively? Angie's overdose on *EastEnders* was studied retrospectively.² Our prospective study of the effect in the West Midlands of Peggy Archer's polymyalgia rheumatica was not a success.³

Handing over to a real GP

I moved to Glasgow and offered to resign but carried on for a while. Eventually, it got too difficult. Although disappointed to leave, I was glad to hand over to a close friend who is a real Dorsetshire general practitioner. I had a lot of fun and met excellent people. It certainly gave me something unexpected to talk about at dinner parties and job interviews.

The straightforward things I learnt were about aspects of medicine that cropped up, a bit about drama, broadcasting, and the BBC. I sometimes use words like subtext now. Most importantly, doctors normally deal with disease and struggle to understand the consequences to patients and their families. Here it was the other way round—diseases designed for their consequences. It has broken the magic of *The Archers* for me. I can't really believe it any more. I know that it's all made up and can see actors in the studio when I'm supposed to be in *The Bull* or a milking parlour. I still enjoy soaps, especially *Brookside*, which is set in my home town.

I should like to thank all the friends and colleagues who helped me with advice, suggesting stories, or simply tolerating my occasional absences and telephone conversations. I was enjoying myself in a fantasy world while they did the real work in the real world.

1 Bamji A. Medicine and the media. *Br Med J* 1987;295:1055.

2 Platt S. The aftermath of Angie's overdose: is soap (opera) to your health? *Br Med J* 1987;294:954-7.

3 Symmons DPM, Dover SB, Murray AJ. Polymyalgia rheumatica—did Peggy's plight have any impact? Birmingham: Midlands Rheumatological Society, 1988.

Cutting prescribing costs: learning from Birmingham in 1913

Guy Houghton

In 1911 Lloyd George introduced the National Insurance Act through parliament. This was intended to organise basic medical cover for the employed population earning less than £2 a week by a system of compulsory medical insurance. These lower wage earners would then be able to join the panel of a general practitioner, who would treat them along with his private patients and those who had independent insurance through "sick clubs" and friendly societies.¹

There had been no prior consultation with the profession, and there was no provision for medical involvement in administering the scheme. The act was soon found to be unworkable without the cooperation of the doctors, and local elected representative bodies were required with official recognition.² Statutory local medical committees were instituted under Clause 62 of the act to represent general practitioners in the district of each health committee. By January 1913 the Birmingham Local Medical Committee was recognised by the National Health Insurance Commission. At the third meeting of this statutory local medical committee on 6 May 1913 a pharmacopoeia subcommittee was formed to advise on prescribing and liaise with the local chemists. They would also be responsible for analysing prescriptions submitted from the insurance committee to keep prescribing costs at a reasonable level and curb

extravagant prescribing. With the cooperation of the Midland Pharmaceutical Association a local pharmacopoeia of stock mixtures was drawn up for use by all panel doctors. By 14 June 1913, 500 copies had been sold and it had saved considerable time in prescription writing as well as standardising dispensing.

On 8 September 1913 the chemists of the city met with the pharmacopoeia subcommittee as prescribing costs were in danger of overrunning the insurance budget. In the second quarter of 1913, 237 000 prescriptions had been dispensed, at an average cost of 8½d each (about 3 p). It was agreed that a limited list was required to reduce costs, following the example of Essex. The medical benefit subcommittee on the advice of the local pharmaceutical and local medical committees in that county had imposed restrictions disallowing oxygen, sera, vaccines, various foods, and also such surgical supplies as elastic stockings and kneecaps, spectacles, trusses, eyeshades, lamps, and clinical thermometers. This was published in the *BMJ* in August 1913. The Birmingham list did not disallow the surgical items but instead anticipated the generic substitution of today by requesting that "Proprietary articles should not be prescribed when similar preparation is widely known." Figure 1 shows the full list. Furthermore, the panel practitioners were informed