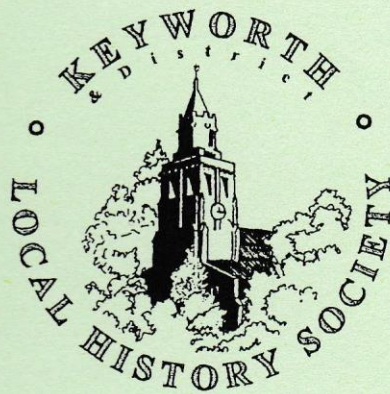


**KEYWORTH DOCTORS**  
**OF THE 19TH. & 20TH. CENTURIES**



BOB HAMMOND

## KEYWORTH DOCTORS OF THE 19th. & 20th. CENTURIES

This account is divided into two parts: the 19th. century, where information is mostly derived from scraps of documentary evidence, including parish registers, directories held by the Nottinghamshire Archives and Local History Library, and, after 1841, census enumerators' schedules; and the 20th. century, based largely on the memory, laced with anecdotes, of residents who have spent much of their lives in Keyworth, particularly that of Dr. Manson Russell, who has also provided insights into the wider context surrounding local medical history.

### The 19th. Century

The earliest reference to a medical practitioner living in the village is to John Fosbrooke, whose name appears six times in the church baptismal register between 1821 and 1830 as the father of five sons and a daughter. The first son died in infancy, recorded in the burial register for 1821. Fosbrooke is described as a surgeon, and lived in a house in that part of Keyworth which was in the parish of Bunny<sup>1</sup> - perhaps what is now 19, Main Street, which was occupied by doctors later in the century. He is also named as the village surgeon in White's Directory of 1832, but then disappears from the local record, so he probably moved on to another practice some time after that - certainly before 1841, when he would have been named in the census schedules had he still been here. His marriage to his wife, Ann, is not recorded as having taken place in Keyworth, and as they were having children at the rate of at least one every two years during the 1820s, it is likely that they moved into the village not much before the record of the first baptism, in 1821. So we may assume that when he was in Keyworth Fosbrooke was a man with a young and fast growing family, who stayed here for at least 11 years. If he did live in 19, Main Street, a handsome house, then no more than twenty years old, he must have been fairly prosperous.

We do not know what his qualifications were because it was only in 1858 that a Medical Reform Act created a body overseeing the education, qualification and licensing of all medical practitioners. He had probably passed an examination of the Company of Surgeons, and been recognised by the Association of General Medical and Surgical Practitioners when this came into being after the Napoleonic Wars. Surgeons in the early 19th. century did not have the social status or income of physicians (there were no anaesthetics until the 1840s, so surgery was limited to procedures which could be undertaken quickly and deftly, to get the agony over

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<sup>1</sup> The northern part of Main Street, along with the north of Commercial Road once formed an enclave of the parish of Bunny right in the heart of Keyworth. Its origin is obscure, but the earliest documentary reference to it is from the 16th. century, the most recent 1878, after which it is believed to have been extinguished.



with as soon as possible); on the other hand, the word 'surgeon' in the 19th. century began to cover the scope implied by the term 'general practitioner', so Fosbrooke was almost certainly the village doctor in a modern sense of the term: visiting the sick, holding 'surgeries' for those not house-bound, and attending to all the medical needs of his patients as well as he could.<sup>2</sup> There would have been insufficient work in the village if he had confined himself to amputations, lancing boils, setting broken bones, stitching and bandaging wounds, and the few other surgical procedures then practicable, while there was no question of commuting to a Nottingham hospital at that time. It is also probable that, like his successors in Keyworth today, he had patients in neighbouring villages - serving the 500 residents of Keyworth alone would not have brought in sufficient income.<sup>3</sup> So he would have spent a good deal of his working time travelling between patients, either on horse-back, or by pony-and-trap.

But while Dr. Fosbrooke had similar responsibilities to a modern general practitioner, the medical knowledge at his disposal was of a different order, and one must assume that he adopted common practices of the time. The profession was still in its pre-scientific phase: standard treatment consisted of bleeding (either with a knife or leeches), sweating, blistering (to raise and extract pus), induced vomiting, or purging by strong laxatives - all to rid the body of 'humours' (poisons) which were supposed to cause most illnesses.<sup>4</sup> Among the most common types of 'physic' (medicine) then being prescribed were opium (addictive, but at least it relieved pain) and mercury, which could be lethal. On the other hand, observation, trial and error had led to the adoption of some effective potions, as in the treatment of ague (a form of malaria once common in England) with juice from the bark of the South American cinchona tree (quinine).<sup>5</sup> Medical examinations were cursory, confined largely to feeling the pulse, looking at the tongue and observing the complexion. Smelling for gangrene and tasting urine for sweetness (which betokened diabetes) were other procedures. Prodding and tapping the body, listening to breathing and digestive noises, were rarely practised, particularly on women for reasons of modesty (all doctors were men); the stethoscope, which was invented in France in 1816, facilitated listening, but

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<sup>2</sup> In the 18th. century, surgeons, in contrast to physicians, were regarded as manual workers who got their hands dirty (with blood), and were therefore considered unfit to be called gentlemen. They learnt their trade by apprenticeship rather than by academic study. At the beginning of the century they doubled up as barbers; later as apothecaries (pharmacists). The distinction between surgeon and physician slowly died out in the 19th. century, only to be restored in the 20th. as different areas of specialism, this time with no status implications.

<sup>3</sup> Keyworth's population was 454 in 1821 and 552 in 1831.

<sup>4</sup> "To be a surgeon or 'medical man' before the 1870s meant bloodletting." Cambridge Illustrated History of Medicine, ed. Roy Porter, p. 124.

<sup>5</sup> The use of "bark" to treat "intermittent fever" (ague) in the 1780s is described in *The Diary of a Country Parson* by James Woodforde, p. 222.

only partially overcame the modesty which at first limited its use, even after its dissemination had brought it to the English midlands. Diagnosis of ailments was woefully inadequate, and treatment often did more harm than good. As Addison observed in *The Spectator* of 1711 (and the same could have been said in 1811): "When a nation abounds in physicians it grows thin in people."

After Fosbrooke's departure there appears to have been a period of between 20 and 30 years when Keyworth had no resident medical practitioner. None is mentioned in either the 1841 or 1851 census, nor in the parish registers or directories of the period. Presumably the village's needs were met by someone resident in another village.<sup>6</sup> Then in the 1861 census, Irish born James McGreevy (surgeon) appears, aged 34, living with his wife Ann, and nine year-old son at 19, Town Street (now Main Street). Both wife and son were born in Ruddington, suggesting that James lived and practised there before coming to Keyworth. Like later doctors, he probably had patients in both villages. Sadly, the son died three years later, aged 12, and the McGreevys appear to have had no more children. They were still in Keyworth for the 1871 census, though they had by then moved across the road to No. 2, Town Street - a smaller property, suggesting that they were not well off. They died in 1875 (James, aged 47) and 1877 (Ann, aged 52). The deaths of all three McGreevys are recorded in the church burial register. Dr. and Mrs. McGreevy had lived in Keyworth fairly modestly for at least 14 and 16 years respectively - in neither census are they reported to have had any living-in servants, at a time when most professional people had at least one, especially by the time they had reached middle age.

It seems that McGreevy had to cope with competition during at least part of his time in Keyworth, for White's directories of 1864 and 1865 name a Charles Joseph Oliver Smith, in addition to McGreevy, as 'surgeon' in the village. By this time, Keyworth's population was about 600 - hardly sufficient to require two doctors, even if surrounding villages - still only accessible on horse back or by pony and trap - were counted in. No further reference to Smith has been found: he does not appear in the 1871 census, so can be assumed to have moved on.

The next doctor to appear in Keyworth's records is Percy Bloomer, aged 26 and married without children but with one servant, according to the 1881 census. His occupation is given as General Practitioner, with the additional note that he was a

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<sup>6</sup> A nurse was listed in the 1841 census - Ann Burrows, a widow aged 66 who had probably been living in the village since her marriage in the previous century. A woman of that name witnessed a Keyworth marriage in 1801 and was able to sign her own name, which most women at that time could not. If she was the nurse of 1841, she was at least literate. But as there was no registration of nurses operating at that time, we have no idea of her professional ability. In 1851 she was an annuitant, and she died in 1855.



Fellow of the Royal College of Surgeons. He was also the first doctor recorded as living at 6, Selby Lane, which in subsequent decades came to be known as 'the doctor's house'. This was a substantial home with space for a surgery and waiting room, as well as stabling for a horse, which would undoubtedly be needed to get about, particularly if patients in neighbouring villages were to be attended. He seems to have been a good deal better off than McGreevy had been.

It is unlikely that Bloomer took over directly from McGreevy: he would have been only 20 in 1875, when McGreevy died. So there was either a short period in the late seventies when Keyworth was without a resident doctor; or one came and went without leaving any record of his stay at a critical time in the life of the village. Not only did Keyworth's population reach a 19th. century peak of nearly 900 in the late 1870s, but the Board School was struggling to establish itself after losing six headmasters in its first two years, one of whom died on the job; the rector, Alfred Potter, was on two years sick leave for a terminal illness; and an epidemic broke out among Irish navvies building the tunnel under Stanton for the new Nottingham to Melton railway, many victims of which were buried in unmarked graves near Stanton churchyard - probably the most virulent epidemic of the century to strike the locality.

Bloomer was the first Keyworth doctor to be recorded as a public vaccinator for the Bingham Poor Law Union, from whose register<sup>7</sup> we gather that he moved out of the area in 1883. From the same source, we can infer that his successor, Henry Charles Linden, served both Keyworth and the Bingham Union between 1884 and 1888. He is described in Kelly's 1885 directory as Keyworth's 'surgeon and physician'. In 1889 a new name appears in the Union register: Hugh Paul Helsham, who also features in the 1891 census, which gives his age as 27. He was then living in the Doctor's house on Selby Lane, and was described as a General Practitioner, though for the baptism of his son in the same year, the parish register calls him a surgeon - the terms seemed interchangeable at the time. He stayed in Keyworth until 1893.

While young men like Bloomer, Linden and Helsham appeared to regard Keyworth as a staging post for a relatively brief stay at the start of their careers, another doctor seems to have come to the village to retire. The 1891 census records John Balbirmie, 'physician', born in Glasgow, aged 80, and occupying

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<sup>7</sup> Nottinghamshire Archives PUD 4/6/4. Smallpox vaccination of infants was made compulsory in 1853, and a register of vaccinations was kept by the Poor Law Unions from the late 1870s. But the law was difficult to enforce: in 1902, after an epidemic, the infant vaccination rate rose to 71% in Nottingham - see T.Fry: 'Eradicating Smallpox in the East Midlands', *East Midland Historian*, Vol. 8, 1998, p. 33.

19, Main Street with his 60 year-old wife. He may have helped in emergencies, or given Helsham advice on occasions, but it is unlikely he had many (or any) regular patients. The church burial register records his death in 1895.

The last two 19th. century doctors of whom we have any knowledge are Arthur Hare and Henry William Vaughan. Hare is named as village doctor in an 1895 directory, but he is first mentioned in the Bingham Union register in 1893. He was elected chairman of Keyworth Parish Council in March 1896, and tendered his resignation in November of the same year 'as he was leaving the neighbourhood' (Parish Council minutes). He must have been a man of public spirit and some personality to have become a parish councillor and then chairman after being in the village for such a short time. He seems to have been another young man on his way up.

Vaughan is the only 19th. century doctor of whom we have some anecdotal recall. He succeeded Hare, and was living at the Doctor's house on Selby Lane at the time of the Valuation Returns for the Bingham Poor Law Union (made for tax purposes) in 1897, though he makes his first appearance in the Union register in late 1896, overlapping briefly with Hare. He also overlapped with his own successor, Alexander Rhind: the church register notes Rhind in 1903, and Vaughan in 1904, as fathers of daughters being baptised in Keyworth. So it is likely that the two men got to know each other and exchanged at least parts of their life stories. Over forty years later, when Dr. Rhind retired in 1948, a similar exchange of stories took place between Rhind and his successor, Dr. Russell, who related one of these in 1999, referring back to Dr. Vaughan a hundred years earlier. Vaughan apparently came to Keyworth from Owen's University College Manchester, then one of three constituent colleges that made up Victoria University (the other two were at Liverpool and Leeds), where he was Professor of Surgery, but had been dismissed for some misdemeanour not serious enough for him to be struck off the medical register - Dr. Russell thinks it may have been drink related. Whatever the reason, he was determined to maintain his surgical skills, particularly with thyroid and goitre operations, which were his speciality. So he would carry out what for the time was 'heroic' surgery on people's kitchen tables, manipulating scalpel and suture, and applying chloroform and carbolic, often under no more than candle light. How many lives he thereby saved and how many he ended is not on record!

Kelly's Directory (1900) tells us something more about Dr. Vaughan: his qualifications were LRCP&S (Edinburgh) and LFPS (Glasgow). Like



McGreevy and Balbirnie before him, and Rhind<sup>8</sup> after, he was not trained in England: a 'brain drain' of doctors flowed from Scotland and Ireland, with their superior systems of medical education, towards England through much of the 19th. century. Also like all his immediate predecessors, he was Medical Officer and Public Vaccinator for the Bingham Union. From the registers it seems that some doctors made it an almost full-time job, while others, like the Keyworth doctors, supplemented their incomes by holding regular, but not very frequent vaccination sessions in their surgeries, to which parents within a radius of several miles brought their babies.

The registers also reveal that Dr. Rhind made a visit to Keyworth in 1898, four years before he settled in the village. He was only 25 years old, newly qualified and probably looking to widen his experience. He vaccinated two children, one of whom, Ethel Disney, was already eight years old - an unusual circumstance. He must have liked what he saw of Keyworth, an impression confirmed by the fact that he devoted most of the rest of his long career to the locality.<sup>9</sup>

Before leaving the 19th. century, we may reflect on how the work of a GP a hundred years ago differed from today. First, patients had to pay for treatment and would have been more reluctant to see the doctor for minor ailments. Second, the range of drugs and other treatments available was much smaller; there was no chemist in the village, and the doctor made up his own medicines in his own dispensary. He had less back-up in the form of nursing and clerical staff, while visits to patients took longer in travelling time. There were no telephones or computerised patient records. He had no partner, so was on call 24 hours a day. Many procedures were undertaken in people's homes which today normally take place in hospitals - most notably, child-birth deliveries. With the exception of vaccination against small-pox, there was no immunisation against common ailments like mumps and measles; while a lower life expectancy and higher birth rate meant there were fewer old people and more children to be looked after, and therefore different proportions of illnesses to deal with: less arthritis, dementia and cancer; more whooping cough, diphtheria, tuberculosis, scarlet fever, mumps and measles.

Altogether, the number of patients for whom a doctor was at least nominally responsible was lower then than now: Keyworth's population today is more than ten times what it was in 1900, so on a pro-rata basis there should be ten doctors in

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<sup>8</sup> Dr. Rhind trained and qualified at Queens University, Belfast.

<sup>9</sup> An additional attraction of Keyworth for Dr. Rhind was its proximity to Leicester, his wife's home; he probably first met her before he settled in the area.

the village today instead of the three full-time and three part-time regulars we have (then as now, Keyworth doctors also served neighbouring villages). The village itself, being smaller and more self-contained (the majority spent most of their working and leisure time in the village), was more of a community, with the doctor an important part of it, exercising with the rector, free church minister and school headmaster, a pastoral role - he was, like them, a de facto social worker, advising people on hygiene in the home, diet, the care of children and the elderly, and more delicate matters like marital relations. His personal qualities - akin to 'bedside manner', but with wider application, were almost as important as his clinical skill.

Nevertheless, by 1900 that expertise was based on a scientific education and a much greater understanding of how the body worked than was the case a hundred years earlier. The germ theory of disease, the importance of nutrition and more thorough analysis of a patient's symptoms and medical history informed diagnosis and treatment, as did the use of clinical thermometers from the 1880s (though invented in the 1850s) and X-rays after their discovery in the 1890s. Advances in outlook and expertise among general practitioners in the 19th. century - particularly its latter half - were probably as great as in the whole of the 20th. century.

#### The 20th. Century

In spite of the Great War, the first two decades of the 20th. century were, in some ways, years of stability in Keyworth. They were the middle period of Mr. Ling's 48 years at the rectory; Henry Neate was the headmaster of the school on Selby Lane throughout, and Dr. Rhind began his 46 years as village doctor in 1902. There is some confusion over the first two years of Dr. Rhind's stay: Dr. Vaughan remained in the house now known as 6, Selby Lane (there were no street numbers then) until he left the village in 1904, while Dr. Rhind rented a house on Wysall Lane. He then moved into 'the doctor's house' and stayed there until 1919, after which he moved to Ruddington, where he also had patients. The house on Selby Lane then ceased to be the doctor's residence, but Rhind continued to use it for his surgery, the rest of the building being occupied by a Mrs. Hickling, whose husband acted as caretaker of the surgery.

Rhind made Ruddington his home for the next 19 years, and there ran a joint practice with a Dr. Hunter. However, while Hunter concentrated most of his attention on Ruddington, Rhind devoted most of his on Keyworth, commuting almost daily to visit patients and hold regular surgeries. They used to stand in for each other during days off for breaks, holidays or illness (Rhind's half-day was



Wednesday afternoon). Then in 1938 Rhind moved back to live in Keyworth again: he had a house built at 9, Bunny Lane (now occupied by the Optician, Michael Winson), and this became his home and surgery for the last ten years of his career. He retired in 1948, aged 75, and died three years later; his wife outlived him by a further three years. A tree in Keyworth churchyard was planted to mark the spot where their ashes were buried, but this has, sadly, disappeared.

Like his predecessors, Rhind got about in pony and trap in the early days, but in 1908 he bought a motor cycle (which frequently broke down!) and later an Austin 7 car, which greatly facilitated commuting between Keyworth and Ruddington, as well as the visiting of patients in other villages. It is said that a favourite recreation in his younger days was to ride his motor cycle along an almost empty Fosse Way, whose dirt-track surface was much as the Romans had left it, so that normal traffic making for Leicester or Newark preferred the longer route through the villages flanking it.

Dr. Rhind was clearly held in great affection and respect, though reminiscences from today's villagers vary. "Some saw him as very quiet and polite; others remember him as stern and tall, very autocratic and strict."<sup>10</sup> Some patients commented on his temper, though Dr. Russell, who lived under the same roof for three months, saw none of it. No doubt there were moments of exasperation or fatigue, as on the occasion when he arrived for a surgery to find the waiting room full and cried "Oh my God!" With no secretarial help, doctors at that time rarely ran an appointment system for surgery consultations - a common complaint among patients in many practices used to be the hours spent in the waiting room before a consultation. But Rhind was a humane doctor: he would waive the fee (a shilling for a surgery consultation, half-a-crown for a home visit) for those who could not afford it, and would get up at all hours to deal with emergencies. On at least one occasion he arrived at the scene of an accident in his pyjamas!

Like all doctors, he sometimes had awkward customers to deal with, as at Lodge-on-the-Wolds farm in Stanton, run by three bachelor brothers with a reputation for aggressive stubbornness. On one occasion during World War II, they threatened a government official with a shot-gun when he tried to tell them what crops they should be growing. So when Rhind was called to the farm, he knew he had to tread carefully. When one of the brothers developed appendicitis, he suggested the man should go to hospital, but this was emphatically dismissed -

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<sup>10</sup> Keyworth 1894-1994: A Century of Change, p.45. K&DLHS, 1994.

again, at gunpoint. Rhind did not press the matter, but treated the patient as best he could. Luckily, the man recovered.

It was during Dr. Rhind's time that Keyworth got its first qualified district nurse-cum-midwife, as the result of a scheme launched by The Plumtree & District Nursing Association in 1918. For an annual subscription of 4s. 0d. and an additional 15s. 6d for midwifery, the employment of a professional nurse for the area was ensured. Treatment was to be free for old age pensioners. This was the only such provision until 1948, when the Association (by then called the Plumtree & District Nursing & Midwifery Service) was incorporated into the newly created NHS. In 1926 Nurse Turner made 2490 visits and attended 14 deliveries (though not all these would have been in Keyworth).<sup>11</sup> At an average of 7 visits per day for 7 days a week, this must have taken considerable pressure off the doctor. Nurse Turner was succeeded by Mary Stubbington, who continued after Dr. Rhind had retired, and whom Dr. Russell described as "a modern midwife before her time."

In the latter part of Dr. Rhind's tenure and beyond until the late 1950s, there was another local doctor, living in Plumtree Park (then in Normanton) called Dr. Wortley. Before the First World War, he had been personal physician to Lord Rothschild and frequently accompanied him to South Africa. During the war he served as a naval surgeon, and in the second war and for some years after, he headed the military medical inspection team in Nottingham, assessing the fitness of conscripted recruits for military service (Dr. Russell became a member of the team after the war). He also ran a very limited practice from his home, treating neighbours and other families he got to know. He had a seriously deformed face, the result of a hunting accident when a student, which may have frightened small children and put parents off coming to him. He was also somewhat eccentric, refusing to have electricity installed in his house on the grounds that 'if candles were good enough for my parents, they're good enough for me'. He did however concede that one candle was insufficient for delicate operations like the removal of stitches from a wound: one former patient remembers him using two; another recalls his supplementing it with a torch, held by his wife. But those who remember him, including Dr. Russell, speak very warmly of him both as a gentleman and competent physician.

1948 marked a watershed in British medical history when, in July, the National Health Service was launched. Until that date, treatment often depended on people's ability to pay; those who could not afford doctors' fees and the cost of

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<sup>11</sup> Ibid, p.46.



drugs could become 'panel patients' who paid for a weekly government stamp entitling them to free medical attention, though a common complaint was that they received second class treatment.<sup>12</sup> Hospital care for those who could not afford the fees depended on charity, insurance policies and sick clubs which gave limited cover against charges. Under the NHS, all medical treatment was to be free, including, initially, prescribed drugs, dental and eye care. It was to be determined by need, not wealth. The take-up by patients was greater than expected, reflecting on the one hand how much ill health had hitherto gone untreated because sufferers feared the cost; but on the other, the tendency of some to burden the new system with trivial complaints because it was free.

1948 was also another watershed locally, when, in March, Dr. Russell took over from Dr. Rhind on the latter's retirement, buying the house and surgery on Bunny Lane for £5500. He also bought the practice for an additional £2500, but this was refunded when the practice ceased to be private and became part of the NHS. At that time it served a population of about 2,500, half of whom lived in Keyworth. Unlike many of his predecessors, Dr. Russell trained and qualified in England - at the Middlesex Hospital Medical School.<sup>13</sup>

The scale of activity increased rapidly in Dr. Russell's early years in the practice. The NHS provided more resources and attracted more patients. On the other hand some conditions were now treated earlier and probably saved time, and certainly suffering, in the long run. The introduction of antibiotics also improved the effectiveness of many treatments (the bacteria-killing properties of a mould called penicillium were first identified by Fleming in 1928, but the drug was only used widely after the war). An example of the dual benefit of free treatment and use of antibiotics was that of ear infection among children, which had often led to discharges and mastoiditis. This common complaint virtually disappeared from the late 1940s.

New and previously unheard-of services were introduced into the practice, one of the first of which was the maternity and ante-natal clinic. This helped cut infant mortality (still, in the early 1950s, three times its present rate), improved the health of mothers, and offered them advice and reassurance when facing problems before and after birth. The clinic was to become particularly busy in the

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<sup>12</sup> The Panel Patient scheme was introduced by Lloyd George in 1911; there were several hundred panel patients in Keyworth immediately prior to the launch of the NHS.

<sup>13</sup> Dr. Russell qualified in 1946 and held appointments as House Physician, Casualty Medical Officer and Registrar before becoming a General Practitioner.

next two decades as Keyworth expanded rapidly, a high proportion of new residents being young couples starting or increasing their families.

A further facility was the provision of a contact point at Plumtree Post Office, for patients at that end of the practice, at a time when most families were still without a car or 'phone. Messages and medicines were left there, and patients' calls were relayed, either to the doctor or to a stand-in if he was not available.

The rapidly growing demands on the health service were affecting general practitioners in other ways. Some of the people who had previously put up with chronic conditions rather than pay for treatment were now coming forward and needed surgery. Hospitals were put under pressure and had to introduce waiting lists, and this affected GPs. Dr. Russell remembers hours spent on the telephone trying to find beds for patients in urgent need - on one occasion he was up half the night ringing round on behalf of a lady who had miscarried.

The main reason for the increasing size of the practice, however, was the growth in Keyworth's population. It doubled in the 1950s (from 1330 to 2652 between the 1951 and 1961 censuses), and doubled again in the 1960s (to 5754 in 1971). On top of this, the part of Normanton on the Keyworth side of the railway line also increased its population by some 1500,<sup>14</sup> while a branch surgery was opened in Cotgrave, also growing rapidly with the construction and opening of the coal mine from 1957. The branch continued until 1965 when Cotgrave, its mine now fully operational, acquired a Health Centre of its own.

The practice therefore expanded in response to this growing demand: Dr. Stevenson joined in 1952 and for some years ran a surgery from his home on the Melton Road in Tollerton, and Dr. Annesley came in 1961. In 1969, Dr. Annesley went, under the auspices of the Save the Children Fund, to Nigeria, to tend those injured in the Biafran war; during the five months he was away, his place in Keyworth was taken by a locum.

The 1960s were the years of Keyworth's fastest population increase, and by its end a fourth partner was recruited: Dr. Laing, the village's first lady doctor, who was succeeded by Dr. Hinchcliffe, and then, in 1974, by Dr. Jenkinson. At this level the practice stopped growing - at least, in its number of full-time doctors. The explosion in Keyworth's population was now over - in fact it began to

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<sup>14</sup> Normanton south-west of the railway became part of Keyworth parish in 1984. There were less than 500 people living there in 1951 and nearly 2,000 by 1984. Precise figures cannot be given because only the population of the whole of Normanton parish is published in the relevant census returns.



decline in the 1980s as the children of young families who had moved into the village in the 1950s and 1960s grew up and left home. Many four- or five-person households were left with ageing parents living on their own, and the age structure of the village reverted to that of a mature community. So, until recently, the only new doctors have been replacements for those who have retired or moved on: first, Dr. Watson, who replaced Dr. Russell in 1978 when the latter retired, but stayed only a few months<sup>15</sup> and was himself succeeded the following year by Dr. Ledger; then Dr. Wood replacing Dr. Stevenson on his retirement in 1983; and Dr. Langridge who has taken over part of Dr. Annesley's work as the latter approaches retirement - they are now both half-time partners in the practice.

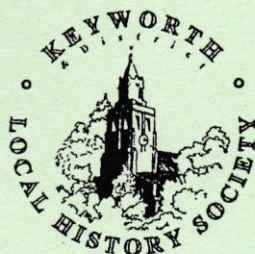
In 1998, the total number of full-time-equivalent doctors was increased again, with the addition of a third part-timer, Dr. Leach. For although the population of the locality has not risen recently, demand for medical attention has. This is in part due to a growth in the proportion of old people, who have more health problems than the young; but also because of the availability of new treatments and a parallel rise in patient expectations. Meanwhile, further ancillary services have been introduced at the Health Centre - a visiting chiropodist for instance.

It would be premature to comment further on today's doctors. Some notable developments will be noted in conclusion, however. The earliest were two moves of the surgery in the 1960s: first from Dr. Russell's home on Bunny Lane to that of Dr. Annesley on Selby Lane in 1963; and then to the Health Centre, back on Bunny Lane, in 1969 - not the most beautiful of buildings but with the space to accommodate the wide range of services the practice now provides. Another development has been the contribution made by the practice towards the training of tomorrow's doctors - until recently, supervising the newly-qualified; and now, teaching undergraduate medical students the practicalities of a GP's work. Finally, mention must be made of the designation of the practice, in 1999, as a 'Beacon Practice'. The award, from the Department of Health, is for an innovation which may be a model for other practices to follow: a system of prioritisation whereby a specially trained nurse screens patients contacting the surgery, giving on-the-spot advice where appropriate, or steering those with straightforward complaints towards a nursing colleague, thereby enabling the doctors to concentrate their time and expertise on more severe or complicated cases. All this is a far cry from John Fossbrook and his leeches!

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<sup>15</sup> Dr. Watson left to become a private specialist in orthopaedic medicine. He lives in Stanton.

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