The Royal College of Physicians and Oxford Brookes University
Medical Sciences Video Archive MSVA 120

Professor George Adams CBE in interview with Dr Max Blythe
Oxford, 22 January 1996

MB Professor George Adams, 1946 I want to begin your story in. 1946, the year in which you came from the Forces, military service, as a…

GA Ex-service…

MB …surgeon, sub-lieutenant, as a … you'd better tell me?

GA Surgeon and then a commander.

MB Commander, I'll get that right, and returned to Belfast?

GA To the Royal Victoria Hospital, yes.

MB Where there were a lot of people returning as well? And there were probably less jobs than people.

GA Well, they were a very generous government at the time. They brought us back as ex-service registrars on £400 a year to get a refresher as it were in medicine in your former hospital. You started as a junior registrar, and provided you got your higher degree you became senior registrar at the, at £600 a year, a vast amount of money.

MB Yes, colossal, what a great job. You came back, anyway, you were settled, and I think your ideas at that time were to become an obstetrician?

GA That was what I had in mind, but the professor of obstetrics said 'Go get yourself an MD first.' He was shrewd enough to realise that a little knowledge of general medicine, or a little better knowledge of general medicine would be a good idea, so I...

MB So who was that who shunted you to get an MD?

GA He was our professor of obstetrics, CG Lowry. A great man. He was on the point of retirement, but still taking an intelligent interest in the university.

MB And was it an MD that you went to develop at that stage, did you start a research programme?

GA No, we went to, back to whichever ward would have us and I was lucky enough to go back to the ward I'd been a houseman in with Professor Sir William

Thomson.[1]

MB Yes. We've got a photograph of William Thomson, he's such a seminal figure in your story that I think we should, we should have a look at Thomson in a special light.

GA Yes, well the … he was a physician in the true Oslerian tradition and a marvellous man, an idol whose feet of clay we never discovered.

MB He'd been a tutor of yours when you'd been at medical school?

GA I was his pupil, houseman, and then registrar, yes.

MB And when you returned to his wards in the Victoria Hospital, Royal Victoria, what actually happened? What was the progress that you made having returned there?

GA Well, you … we started in on ward rounds and outpatients and got back to the books with the idea of getting an MD. In those days you could do it by examination, which is what most of us did, and...

MB Right, so it was just getting clued up on a whole range of medical cases ready for examination?

GA Yes, mm.

MB Yes. So that was the scene. But it didn't work out quite like that?

GA Oh yes. The examination was in June, I was lucky enough to be successful in that. But then the next step was the Membership in London.

MB MRCP [Membership of the Royal College of Physicians]?

GA Mm. So I went across for that in December, and I wasn't successful. I blame that partly on a migraine and partly on the bad weather and partly on a very cantankerous examiner, but...

MB Sounds like a whole lot of bad circumstances.

GA And when I came back rather disappointed with that… And that involved of course Sydney Allison who might … I might have joined in neurology at that time had I got the exam, but I didn't so…

MB Have we got a picture of Allison there, George?

GA There's a, there's a picture of him somewhere there. You had it.

MB I shall turn it out because, again, another important figure. Let me just do that.

[1] Known as 'WD'.

GA Yes, he was ex-Naval too. But anyway, WD Thomson, the professor, appreciating my feeling of having let the side down rather said 'You'd better go to Hammersmith.' So I was despatched over there in June 1947...

MB 1947 was going to be an incredibly seminal year. Off from Belfast to the Hammersmith, and then some research programmes that were going to be conducted over the next twelve months.

GA Yes. I got involved with Russell Fraser on diabetes and…

MB Glucose tolerance?

GA …glucose tolerance.

MB Yes. Did that research go really well?

GA Well I got a paper out of it. That was the whole object of the exercise, you know, publish or perish.

MB It was as bad as that then?

GA Hmm. But when I got back, Professor Thomson wasn't as much interested in that as he was in a visit I happened to make to the West Middlesex Hospital, as a result of meeting a former friend in Queen Square one evening, and he was working with Trevor...

MB Can I just ask what you were doing in Queen Square at that time?

GA Well, we all went once a week, Queen Square at that time set up an evening lecture on something neurological. It was a case conference really that brought the patient out and they very skilfully demonstrated some particular diagnostic triumph…

MB This was the neurology field, this was neurology?

GA In neurology. Very good lectures and … oh, very well attended too. Anybody in the postgraduate field went to these things, and...

MB George, was there a bit of you that felt you might be a neurologist?

GA I, well it was WD's particular interest, and I would have followed him into that if this man had been open to, I mean if he'd opened an offer to join him. But he was looking for somebody who had the Membership, and he got the chap he wanted who was successful.

MB I'm picking up a story at this stage of you not quite getting into neurology, but having started off being an obstetrician pushed sideways by Lowry. Not a great start.

GA A neurologist pushed sideways by this chap, yes. I got the Membership, of

course, during the time in Hammersmith, and came back with it to carry on in general medicine. But having met this chap in Queen Square and gone to visit him in Battersea, I met Marjorie Warren.

MB Right.

GA And it was the afternoon in which they … Tom Wilson's, my friend's, chief had invited Amulree[2], Brooke[3], Marjorie Warren and Cosin[4]. And this was, Trevor Howell had set this up to create a society for the medical care of the elderly.

MB George, I'm just putting this in its perspective. This was St John's Hospital which was a London County Council hospital where Howell worked, and your friend Tom Wilson was actually working with Howell at that time. And you went over to see wards there?

GA Having met Tom at this Queen Square meeting, he invited me to go with another third friend and see what he was doing. And it just coincided with this afternoon meeting of these people, so they invited us to have tea with them, and we became founder members of this society without any intention of doing so.

MB They were just setting it up that day, they were just setting up the Medical Society for the Care of the Elderly?

GA Yes.

MB The first step in what was going to be a massive … massive transition in geriatric care?

GA Hmm. It became the British Geriatric Society about ten years later.

MB And from what you've said earlier I gather that was about November 1947?

GA No. Well, that was in the summer…

MB Oh, that was in the summer?

GA …June or July, but I met Marjorie Warren and she asked us to go and visit the West Middlesex, which we did in November.

MB But you'd heard of Marjorie Warren before?

GA I'd met, oh yes, I'd seen something she wrote in the *BMJ*. No it was the *Lancet* … *BMJ*, sorry.

MB *BMJ* in '43, was it?

[2] The Right Hon Lord Amulree.
[3] Eric Barrington Brooke.
[4] Lionel Cosin.

GA In 1943, that's right, mm.

MB And did that make an impact? Was that a paper that had really made impact on you, the '43 paper?

GA For some reason it was very lucid, very explicit, and it stuck in my memory. I mean, in those days travelling in the North Atlantic convoys in this little aircraft carrier we hadn't much to do. My chief job was taking the wind speed for the take-off. You were given a little hand anemometer and went up to the prow, and as soon as the wind reached the appropriate height for a Swordfish to take off, you gave them the signal and ran for the, ran for the bridge to get out of the way of this thing before it cut you down.

MB So a bit of medical reading was...

GA So, you either did that at the bow of the ship, or else you went off to the stern into the sunshine and read the *BMJ*. Nothing much else to do.

MB But, Marjorie Warren was saying quite exciting things. She was the first of a whole new class of doctor?

GA Oh well, she was <u>the</u> pioneer. She started in the West Middlesex as deputy superintendent in 1933, promoted to that level on sheer ability, because it wasn't very often that women got anywhere in the LCC top echelon.

MB Well I think it was by accident that she started dealing with the chronic, elderly sick.

GA Well, as superintendent she had the general medical run to do, but she also was lumbered as it were with a block of about three hundred patients of so-called chronic sick who'd been there, many of them, for fifteen/twenty years. And she started in … she was enlightened enough and interested enough in them to review the whole lot of the patients individually. She took months to go round and look at them all and decided a lot of them ought to be back on their feet and out. In those days they were kept in bed in case they would fall and injure themselves.

MB So they just became permanent bed cases…?

GA They became, they developed fractures ... fractures(?) and stayed where they were. And she got about a third of them onto their feet and farmed them out in the residential part of the workhouse as it was. Well it had become an LCC hospital I think, round about that time.

MB But these were very much still workhouses, of course?

GA I mean, it had become … upgraded to a county hospital.

MB But when you looked at the wards and you see some of the pictures of them,

they were very, still workhouse establishments.

GA When the blitz came, they farmed out a lot of the patients from some of the London city hospitals that were bombed or they were in danger of being bombed … were pushed out onto the fringes of London. And she acquired about a hundred and seventy six from … I've forgotten which hospital, and she got half of those onto their feet and out. And that's what she wrote the paper on, the success of this, in 1943.

MB Right, the seminal issue(?) of a paper?

GA The seminal article, as it were, on...

MB And it just flagged interest for you, even though you were going to be an obstetrician it just flagged interest for you in that wartime period?

GA It was a very good paper. One or two others stuck in my memory, but that one stayed in it. I remembered it when we met in St John's. She was a remarkable woman of course.

MB And when you met at St John's, you were already meeting other people who'd been enlightened by that Marjorie Warren kind of turn of events?

GA Oh yes, the others I mentioned. Amulree, of course, was working for the Ministry.[5]

MB Yes, Lord Amulree was quite … quite a caring person who'd shown caring in a number of directions and looked at health services.

GA Well, he was a radiologist and radiotherapist by training, from UCH, and he was appointed to the Ministry in that role. And in fact the radiotherapy people, the technicians, thought so much of him they made him an honorary member, which was a measure of the man. He was a very nice man. But he got interested in this field of chronic incapacity much as Marjorie did because it was wished onto him by Jameson[6], who was the chief … incidentally Jameson didn't himself attend that meeting. He sent one of his deputies called Anthony, or Tony, Boucher, and Boucher became another very prominent activist in this field. But anyway, that's how Amulree got drawn in. The others, Cosin was in Orsett Lodge and he had a lot of...

MB Where was Orsett Lodge actually, George?

GA Down in Kent or Surrey, south of London somewhere.[7]

MB Right, because he came to Oxford subsequently and I'm just trying to work out where he was before?

[5] Lord Amulree was working at the Ministry of Health.
[6] Sir William Wilson Jameson, chief medical officer at the Ministry of Health.
[7] Orsett Lodge Hospital was near Grays, Essex.

GA The Nuffield people appointed him to a Nuffield appointment in Cowley Road. Brooke was at Carshalton[8], and he was the medical superintendent there. And he had a very enlightened and original idea of dealing with these patients as, on the basis of day hospital care, that's where that originated. Howell of course in St John's, and Marjorie Warren in the West Middlesex…

MB You'd been to see Howell's wards...

GA And those are, those are the four.

MB Yes, they were the pioneers. You'd been to see Howell's wards at St John's at Battersea. Was he really enlightened … had he…? Enlightened? Had he followed Marjorie Warren's example?

GA He followed his own example. He … he was a physician, was a, he was an Edinburgh Fellow, at Edinburgh College. And he got into St John's Hospital, I think from the Chelsea Pensioners Hospital, where he met a lot of old crocks amongst those people and got interested in their well-being. And he wrote one of the very early papers on old age.[9] He was primarily interested in the problems of ageing; the physiology and pathology of old age.

MB That was quite innovative.

GA And he decided he wanted a field of activity where he could get at the failures as it were of acute medical care, before they reached this stage of total incapacity which the hospital system really created pre-war. I mean you, I can give you an illustration of the routine system which lacked the sort of humanitarian outlook which the geriatric physicians later brought. As a houseman, even under a very compassionate and very brilliant physician like WD Thomson, when we got somebody in with a stroke, in those days in the thirties, if they were back on their feet and showing a reasonable chance of getting their independence at the end of a week, fortnight, maybe three weeks, you might keep them a little longer. But by the end of three weeks things were, time was running out for them. They either had to go home, and they could maybe come back for some physiotherapy, or else you got a quiet hint that it was time for them to move on to long-stay care somewhere. And the somewhere of course was the workhouse infirmary. And this is where the build-up of these old crocks that Marjorie Warren had found came from. You couldn't stay in an acute medical ward for longer than a week or two because the turnover was fairly brisk. And even though we had a very high mortality of course in the winter months with pneumonia and that sort of thing, you had to clear enough beds for a take-in of maybe seven or ten patients every five days. And that's how it was done, you shifted them...

MB So you pushed them downhill into a, into a chronic care situation that…

GA That's right.

[8] St Helier Hospital, Carshalton.
[9] Trevor H Howell, *Old age; some practical points in geriatrics*, London: HK Lewis, 1944.

MB …that tended to proliferate the need for chronic care?

GA Yes. Well, it must have adjusted itself. The block we sent them down to, which I later discovered, came upon, had four hundred beds and...

MB This was a unit in Belfast?

GA ...with an average age of admission of maybe the second half century, the turnover in terms of mortality would be fairly high.

MB George, you're painting me a picture, if I can just consolidate you're painting me a picture that before this momentum and this move into geriatric care had really begun, we were stuck with kind of county council hospitals, units for the chronically sick, the elders who were chronically sick, who were in large numbers in wards that weren't well designed, there was no purpose built treatment unit in any place, and that rehabilitation was low on the list of priorities?

GA There were no physiotherapists or … there was no rehabilitation for these people and, as I said earlier, they were kept in bed rather than risk falls which might bring trouble on the, on the staff. And the staff found it easier just to keep them tucked up. Anyway, you'd find a ward of maybe sixty beds with one sister, two nurses and a couple of ward auxiliaries, and that was the total staff on duty.

MB And usually the wards were pretty … pretty unpleasantly designed?

GA They were unpleasant … they were unpleasant in a lot of ways.

MB I think you saw some of those...

GA You needed a clothes peg on your nose sometimes. They were indescribable. To paint a picture of what they were like these days would be, hardly be believed by anyone practising in hospital today.

MB I know you can't totally capture that flavour, but George give me a few examples just to help me understand better what they were like?

GA Well, there are surveys from the Rowntree Survey[10] to our own published, and then Thomson's Lumleian lectures in 1949 all paint the same kind of picture. The wards were indescribably dingy. They were usually painted bottle green or dirty brown, and probably hadn't been repainted for years. The annexes were indescribable. For example, the sixty bed wards that we had had what they considered modern annexes added in the early thirties. This was in the workhouse infirmary in Belfast. And they had two baths, two loos and one sluice, a pretty inadequate sort of sluice, for a ward of sixty beds. Now the rate of incontinence was probably upwards

[10] *Old People. Report of a Survey Committee on the problem of ageing and the care of old people, under the chairmanship of B. Seebohm Rowntree*, London: Published for the trustees of the Nuffield Foundation by Geoffrey Cumberlege, Oxford University Press, 1947.

of thirty per cent. And one of the worst practices which we tried to get altered straightaway was they piled all the bedpans into the baths in the morning, and the first job the probationers – these two junior nurses – had coming on in the morning was to wash that lot out in the patients' baths. I didn't discover that for a few months and we'd some trouble putting, finding some alternative. If they'd been asked I think the nursing staff would have given anything for bedpan washers, but it, they were only just being introduced in the early forties and they weren't readily available. At the other end of the ward was a miserable kitchen with a huge teak worktop and a single sink, biggish, probably three or four feet by two. And it … it was full of pretty scummy water because they only had enough forks and spoons – no knives, too dangerous for the patients – and enough plates to feed one third of that sixty-bed lot at once. I never quite understood why they did that, because you had to feed one lot and bring the plates back, wash them in this filthy old sink, give them a rub with a dirty cloth, and out they went with the next lot of skilly or whatever they were giving them, rice puds and stews and something they called soup, large loaves of bread cut into hunks. They got by on it, but they didn't put on a lot of weight. And as for the laundry, that was another problem. They hadn't got enough, enough basic bed linen to deal properly with it, but they managed. And they worked very hard. They hadn't any, anything as original as bed lights. They sent this huge ward… That's one of its advantages when it came to renovate them; they were very wide, long wards with one, two-thirds upper section and about a one-third lower section. And all they had by way of lighting was a single bulb at intervals down the centre, and in my recollection of having to go there ever at night was a nightmare. It certainly frightened the wits out of any of the junior doctors who had to because you'd have all these people snuggled down and some of them snoring and some of them grunting and some of them grumbling. And it was really Dickensian to go in there at night, in this, because the bulbs were about 60 watt you see and you had to be jolly careful you didn't fall over things. But, you read what Sheldon wrote about the wards around Wolverhampton that he surveyed at that time[11], and he described them as human warehouses. And that's about what it really amounted to, but Sheldon was writing this as late as the sixties. We started in 194-, 1948...

MB To put things, to put things on a better footing. George, I shall come to that in a moment, but I just want to stay with the order...

GA You want to know how I got there!

MB In a moment, but I just want to stay with the order of those old wards, that workhouse kind of inheritance, and the situation. Patients could stay there for many, many years without anybody ever trying to, trying to get them back on their feet?

GA My description I should say of the wards in Belfast were outmatched by Charles[12] … I'll forget my own name next, down in, who wrote the surveys in Cornwall, and his description of some of the Cornish workhouses were even better. He didn't even have electric light in them. They were truly nightmarish. And Charles

[11] Joseph Harold Sheldon, *The social medicine of old age: report of an inquiry in Wolverhampton*, London: published for the trustees of the Nuffield Foundation by Geoffrey Cumberlege, Oxford University Press, 1948.
[12] Charles Andrews.

… was a most enlightened Fellow of the Royal College of Physicians and one of the real pioneers, I've written something about him...

MB [You wrote] about him in your, in your notes, which we shall turn out. But…

GA But it was uniform all over this, all … from John O'Groats to Lands' End, those conditions applied.

MB What of the patients, I was just coming back to this idea, what of the patients? You must have seen some pretty frightful cases … when you first got involved?

GA Well, it depends what you mean by frightful. In medicine, if you were brought up in the thirties in medicine, you got pretty case hardened and the war left you fairly case hardened. I mean, when I say case hardened, you developed [a] carapace to work under as it were and keep off the over-emotional reactions to these things, because that's what life was like. You might have been horrified, but I found it a fascinating pathological museum because behind all the … the people were quite content to accept these conditions because that's what they had to do I suppose. Like the man who'd been there, oh, twenty-five years after a stroke at the age of 42 or 43. And he'd nothing to do except sit curled up with his contractors in bed; he was still quite sensible. He should have been back on his feet of course, twenty years earlier, but he must have been discarded by friends, relatives and everybody else for some reason. People didn't find themselves there unless they were discarded, because it wasn't the kind of place you'd have readily accepted for one of your relatives if you could do anything to avoid it.

MB George, when you got to 1947 and this meeting, you came back you said after that meeting with Marjorie Warren and her colleagues, and told … told Sir William Thomson about it. And that led to steps in your career?

GA Yes, as I've said to you before, he was much more interested in what I told him about the Battersea and West Middlesex hospitals than he was in anything I'd been doing in Hammersmith.

MB Glucose tolerance, yes.

GA Yes. Well, he … he was essentially interested in neurology anyway, and he sent me over there to make sure I did get my MRCP the next time. And he had been involved in the Nuffield Provincial Trust survey of workhouse infirmaries in Northern Ireland.[13] They set up, I think there were various ministry committees set up, they'd asked … oh yes, the King Edward's Fund did some of them and the Nuffield Provincial Trust did a lot of them. And we had a Nuffield Provincial Hospital [Trust] Committee of which he was a member, a sensible sort of chap to have as a member too. They were a very enlightened committee and I was very beholden to them later on. Anyway, they did these surveys of all the Northern Ireland workhouse infirmaries. And WD was appalled as he told me by what, by the conditions that he came across

[13] Nuffield Provincial Hospitals Trust, *Survey of the hospital services of Northern Ireland*, Belfast: Nuffield Provincial Hospitals Trust [Privately printed for the NIHRC], 1944.

and by what his profession and the clergy had been condoning for so many years because, as he said, they were the only people who had a right of entry to those wards other than the board of guardians and the people who ran it. For example, the four hundred bed unit in the City Hospital, or the Belfast Workhouse Infirmary as it was, was a kind of appendage of the senior physician to that hospital. Now, he had two acute wards in the infirmary itself – a male and a female admission ward – and he also had an appointment in the Royal Victoria, which was the teaching hospital, where he had two wards. And the two wards in the acute(?) hospital of course really took up his time. What he did to get through his day – and remember he, prior to the NHS, this chap gave his services free in the Royal – he had to get through his outpatients up there, deal with the two wards, get his letters out in order to keep his contact with the GPs who were going to give him his living as a consultant physician… And in the wards, in the wards of the Royal at that time there were eight secretaries in that hospital. Five medical units, five surgical units, midwifery and all the rest. Eight secretaries. There are about, I think, two hundred and fifty now, something like that. But those chaps worked jolly hard. And Howard Crozier, who I'd been with for a while as a pupil in the early thirties, he went in there at 8 o'clock, he looked round his two acute wards and he asked the houseman was everything all right in the four hundred bed block, and then he went off to the Royal to do his day's work. If the houseman thought there was somebody he ought to see in this block he would say so, otherwise he very rarely put a foot in it. He hadn't the time. And that's how … that was the medical cover. I'm sorry, I've lost your original question...

MB No, no. It's fascinating. So these people tended to be bypassed. I mean, that's what we're saying, they tended to be bypassed quite often, by senior staff?

GA Well, they weren't considered to be ill, you see. If they got an acute infection of some sort … the nursing staff would look after them with the best efforts of the houseman, and he would bring the consultant along if he wanted him to look too.

MB George…

GA Or they moved the patient out of the chronic block down to the infirmary to his acute ward for...

MB Right. Temporary treatment.

GA ...for temporary treatment. They went to the surgical wards in the same way if they got some, if they fell and broke a leg or something like that.

MB George we've referred to the kind of pioneers like Marjorie Warren and Howell, people of that ilk, and Lionel Cosin. But can we come to the influence of the health service beginning to come about, the move towards a National Health Service. That also had its big part in stimulating this kind of development.

GA Oh yes, they…

MB Because you've talked about William Thomson's survey, the survey he was associated with in Ireland?

GA What I was going to interpose just before that was what those four can claim as their original contribution was to make a clear distinction between illness and disability. The trouble with medicine before the NHS brought geriatrics on the scene was that people very often, especially older people who take much longer to recover and make the most of recovery in convalescence, what they need is time, and time under a supervised regime, regimen of encouragement to make the most of their recovery. That's what they didn't get, and that's what we gave them through the NHS. And … the reason why the NHS meant so much, not just to these people but to people like me, was we were at that time at the bottom of the curve. We didn't know what the future held. We had to hope that we wouldn't have to go back into medicine on the kind of lines I've just described for a chap like Howard Crozier who, pre-war, gave his services free in the hospital in order to be able to make a living as a consultant with the GPs that he…

MB Private practice.

GA …dealt with through private practice. We were given an income, we could see a shining future ahead in … if we could get a hospital appointment, and hospital appointments were expanding. And I went back to WD with, back from Hammersmith, intending to join the general medical field, and in fact was subsequently told I'd sold my birthright for a mess of pottage[14] in not sticking on the corridor in the Royal. Well with, I mean having had my entire career, medical career really in the department of medicine with the professor there I should have had a very good chance of finishing up in either general medicine or neurology. But WD, when I got back there you see had already taken on a series of new people and there wasn't very much for me to do. And he said 'Why don't you go down and see if you can make anything of that place down there because it's a nightmare, it has to be dealt with, we need to know what needs to be done.'

MB These were the chronic wards?

GA Yes. And I got this stint as a part-time job of an afternoon. I did some teaching in the morning and a few clinics or whatever, and I went down there...

MB So you were very much a part-timer at the start?

GA Oh yes, starting in 19 … the summer of 1948. Just as the NHS, inception of the NHS as it came in. And this became a very engrossing activity because it, as I say it was a pathological museum, the notes were appalling, there were no notes on a lot of them. And this man Canevan(?) had been there for twenty years. They only had a sheet, semi-cardboard sort of thing, with notes scribbled where he'd been given some cough mixture or something at an odd time. And the house, if the houseman chose to write something on it, it was written. If he didn't, nobody else did. And … it was quite a job to get through this enormous number of people. I managed to get some of the, my colleagues to come and work on a survey on these people but gradually they got other appointments and they fell more and more on my plate. And WD, great

[14] i.e. exchanged something of lasting value for something of value for a short time.

interest, fascinated with it, he would never come and set foot in it. He said he'd had too many nightmares thinking of the wards he had been in. But he was going to set up a lecturer for students in geriatric medicine to combine, give me a combined job between the Royal and the other hospital...

MB Yes, the other unit in Belfast city.

GA ...and then he got a coronary and died, and...

MB So that never came about, that joint appointment?

GA No, never.

MB So why did, how did you come … I know you moved into full-time work fairly quickly, how did that happen then?

GA Well, it happened the way things did happen in those days. If your chief with his retinue departs this life, the retinue goes too because the next chap coming in brings his retinue with him. And I was faced with the … they, by chance or by virtue of the fact that… Oh, I should have said that WD before this disaster befell him had negotiated with the regional board, or the hospitals authority as it was called, an advertisement for a consultant appointment. And I got that in 1949.

MB Right.

GA Which gave me an assured status.

MB So, that's how your full-time work actually was put on a proper footing?

GA Yes. But the lectureship … or at least the joint appointment with the Royal fell through. And I got the lectureship as a result of the dean of the faculty who knew what WD had intended…

MB Eventually inviting you in.

GA …and I got the first lectureship in the UK.

MB In geriatric medicine?

GA Hmm.

MB Yes. George, if we could just take two or three points. When you got that full-time appointment, I don't think you were called a specialist in geriatrics even, were you, because I think there was some pressure against that?

GA No, no. It was advertised, I think you've got the … I think as an, as an appointment in geriatric medicine. Geriatrics was a word coined by a chap called

Nascher[15] in America from *'geros'*, an old man, and the *'iatricos'*, the practice of medicine. And they imported it – I think it was Marjorie Warren who probably imported it – and they did advertise it as an appointment in geriatric medicine.

MB Yes, but not as a consultancy. You were talking of becoming a consultant. I didn't think it became a consultancy right away?

GA Yes. It did.

MB Aha, right. Because you were talking in these notes...

GA I had the first consultant appointment… The second consultant appointment; the first one was Wilson[16] in Cornwall in 1947, or '48 rather, and mine followed in 1949.

MB I'm obviously checking my thoughts that you didn't become a specialist or consultant in geriatrics because there was a feel you gain from your notes that you said that a lot of the, a lot of the physicians at that time tended not to want to have a, to have a consultant geriatrician on the staff.

GA Oh, that was universal throughout the UK. There were some very exceptional and enlightened physicians like Professor Thomson, like JH Sheldon, like Ronald Tunbridge of Leeds, Sir Ronald, and this man Charles Andrews in Cornwall. Now those were all Fellows of the Royal College of Physicians who were imbued with the same desire to do something positive on behalf of these...

MB Chronic elderly sick.

GA ...this section of, or this aspect of medical care which had been so totally … neglected formerly. And, but the vast majority of general physicians disparaged this. They said 'We look after our old people all right, what's all the fuss about?' And they didn't want to see two things. They didn't want to see their right of disposal, that was the great word… They wanted to be able to dispose of the unwanted wreckage from their wards into an open, uninhibited depository, repository, which the former workhouse had been. And they could foresee that with the appointment of a bulldog on the gate being choosy about who they'd take on and who they would not might make...

MB The easy disposal had gone.

GA ...might make things difficult. And the other thing was they resented the idea that they should be in any way falling short in their care of their elderly patients. Quite understandable. What they didn't see was the results of the former policy of uninhibited admission to chronic wards. It was a disaster. It still is a disaster if it's practised, and if it becomes practised in these nursing homes that they've been setting up all over the country. That's another story.

[15] Ignatz Nascher.
[16] Thomas Scott Wilson.

MB Mmm. We're not quite there yet, George. We'll come to that later. Just getting you established now. You've become a consultant in geriatric medicine.

GA I became a consultant in December1949, and WD sadly upped and died the following year…

MB Yes, so we've got you…

GA …and thereupon I was faced … I, hitherto you see I'd had a toehold in the Royal in this ward. Now, I was faced with either applying for the next appointment in the Royal as a general physician, or staying with the appointment they proceeded to make in the City Hospital, and I was far too deeply involved by then. I had six, I'd got the two seery gumps(?) that we found in two of the wards, we got them quietly, what's the word, redundant, made redundant, and we got two junior enthusiastic young nurses. The nurses loved this. I mean they, through the war the seery gumps had been gradually eliminated from this block, and replaced with young and enthusiastic ward sisters. And they were only too pleased to start this, and undertook the rehabilitation of these patients before we got a physiotherapist, because physiotherapists weren't very keen on it either.

MB George, could you take me stepwise through the way in which you tried to change things from having a substantial appointment there. What were the steps by which you changed things?

GA Well, first of all we got the hospital workshop, which was a very good one. I mean it kept that ramshackle establishment going. I got them to build parallel bars, very easily made with … two arm rails or bits of old piping and stands and things. We made them about twelve feet long, two feet, three feet wide or whatever, and we fitted them into every ward. We got six lots of them for the six wards. Marjorie Warren, a very pragmatic and practical woman, had invented what she called 'bed-end exercise'. You can't have them in modern hospital beds, but these old iron bedsteads, she got what she, I think was one of the most miraculous inventions of all time. It was a piece of wood, four feet six long and two by four, two inches by four inches thick, and you put that across the bottom legs of the bed and you put a chair opposite it. You got your patient out of bed, sat them in the chair, got them to hold onto the rail on the bottom of the bed and stand up. And it was an absolute miracle. They had to be held for weeks until they were steady enough. And Marjorie's point was you are wasting your time asking a patient to walk until they can stand and balance themselves. And these people who'd been lying in bed for so many generations had lost their sense of balance, and it took weeks with many of them to get them steady enough on their feet. First of all they had to lift their right leg and touch the bar with it, and then the left leg and keep still. Do you play golf?

MB A bit.

GA Well, you know how important it is to keep your head still. They had to measure themselves up against the other bar at the top of the bed and keep their head still, you see, and not sway. And it sounds very stupid and very simple and why did

nobody think of it before, but I think it's one aspect of Marjorie Warren that's never been given the accolade that it should have earned her.

MB And so you fitted these bed boards?

GA And the sisters could do this, you see, they didn't need any junior nurses or any, or the ward auxiliaries. We were building up the staff, we were getting them more nurses, we got the matron interested and so on, we had absolutely first-rate backing from the management committee and every aspect of … of the hospital management.

MB It sounds as though you were putting a team in place, George, that was the...

GA Once you could do that, stand, you were moved over to the parallel bars, and not before, and then they would walk up and down. And the ward turned into a hive of activity because this was going on with everybody who could possibly be induced and be fit enough to withstand it. And, you see, it was graduated exercise. It wasn't asking too much of cardiac invalids or respiratory invalids, it was something they could cope with. So that introduced … a sense of life into the place.

MB It must have changed the morale...

GA Transformed them! And then you gradually sifted the ward into three groups. The ones at the top end were heading out through the door, the ones in the middle were in balance and the ones at the bottom were long-stay. They were there for keeps; even our best efforts couldn't deal with them. But the ward sister could keep her growing staff moving between the three. They weren't getting absolutely saturated in incontinence and management of these, dumped at the bottom, you see. They got a bit of everything.

MB So this started quite early on, from 1948?

GA Oh yes.

MB It was moving. … Tremendous. And you brought in…

GA I sent, I sent each of the sisters in turn, well they went in pairs, over to the West Middlesex to Marjorie Warren – the hospital management agreed, paid for them to go – and they each got a month with Marjorie, and they came back with new life.

MB So instead of having a couple of nurses and a sister there, all of a sudden you were getting trained nurses there with a, with a new approach. But also you were bringing housemen in, I think, as well, you were bringing medical staff in in increased numbers.

GA Oh yes. I had a battle, but eventually I got a houseman. The previous system had been that the chap on duty on take in was on call for the wards. He never had the time or interest really. I got a houseman. At first there were… The first of them, a chap called Keenon(?), I remember him still. Poor man, he used to sneak up there in

the dark more or less so that his friends wouldn't see where he was going. It wasn't regarded as a prized job for a houseman's appointment. But gradually they got bitten too, and eventually our housemen came as volunteers and not as conscripts, and we got a physiotherapist the same way. We went through several who couldn't stand it before we got one who really had the … the Warren spirit. And we got the first occupational therapist in Northern Ireland. She trained in Dorset House here. Svines Clinton(?), marvellous woman. Some very funny things happened with her. We had a little man, one of the ward… One of the ways that they ran the ward of course with such short staff was they recruited patients who were ambulant as they said and employed them as ward orderlies. And that led to all sorts of rotten nonsense too. It took me a long time to discover that if you wanted a drink of water, this was in the early days in 1948, you had to bribe him with cigarettes, you see, or payment. The poor old patient who couldn't get out of bed and go and get a glass had to be dependent on one of these characters to carry, he had to give him a bribe. Great racketeers, they were.

MB Was there a lot of smoking at that time, George. Did these wards have smoking?

GA Oh, they all smoked like chimneys, yes. Dreadfully dangerous because there were wooden floors and wooden staircases and they were as old as workhouses were, 1840s, that sort of thing, and a fire… Thereby hangs the tale of how we got our renovations later on. But … I've got off the track. I was telling you something.

MB George, what I'm...

GA Oh yes, I was going to tell you about the occupational therapy. Miss Svines Clinton had trouble finding accommodation, but we eventually got her half of what had been a chapel. There … there were two churches attached, little brick chapels, and we decided that there wasn't any reason at all why the clergy shouldn't get together and operate from one chapel. Mind you this was quite a step in Northern Ireland in 1948, and it took us into 1949 to succeed in getting them to agree on this, and then we turned the other one into a combined physiotherapy and occupational therapy unit. But, Miss Svines Clinton had a little man who'd been a schizophrenic I think from the shipyard, who'd been in a mental hospital for … oh, something like thirty or forty years, and was burned out or whatever they considered them, you know, they could turn them loose then into the workhouse from the asylum. And he'd been sent down and had finished up in this block. He was a charming little man, but a bit eccentric. But he had been a first-rate craftsman in the shipyard in his day in Woodbirk Joinery(?). And the ward sister of our rehabilitation ward, the one that we concentrated on for the admission of the strokes and so on, had a wooden cupboard about three feet by four feet, and it only had one shelf in it and she said she wanted it converted into a proper medicine cupboard. So, I suggested to Miss Clinton maybe this wee man might do the job because this would keep him out of our hair during the day. And so the cupboard disappeared down into his workshop. And he was equipped with a toolbox which had been brought in by a man, oh, years before as part of his belongings. And it had sat in the storeroom for years, and he'd died and it still was sitting there, and so we gave it to him. And it had braces and bits and hammers and chisels and whatnot. Weeks passed, months passed, and Sister Cinnamon(?) said

'Where's my cupboard?' 'Oh', he said 'it's coming.' And sure enough, it appeared and it had been converted into the most beautiful doll's house. He'd put a big door across the front, or at least he'd changed the door into … cut windows and doors and things and he'd put on a roof with an attic and chimneys galore. Beautiful job. Totally useless as a medicine cupboard, but this was the sort of mentality you had to cope with now and then. Anyway, that's by the way.

MB A kind of therapy, nonetheless.

GA Oh yes, he was a very useful character.

MB George, talking of building your team and taking over a chapel, I think you also took over a coalhole as well for a secretary because, so she could keep better records?

GA Yes, it was an old building with a stone floor and the only one that we could find to put her in. It didn't last very long. We gave her a corner of the church too.

MB But a team was … was being built?

GA Yes. By the end of 1949 we'd a physiotherapist, an occupational therapist, a secretary and a houseman and a registrar.

MB What progress.

GA Mm.

MB And you'd also started to thin out the beds. The wards were far less…

GA Yes we…

MB …populated.

GA We cut it down from four hundred to two hundred and forty in about eighteen months.

MB So people had space?

GA Well, we reckoned that if we burned a bed by getting somebody on his feet and farming him out to residential care, which was starting then under the welfare system, then we could dismantle that bed.

MB That was progress.

GA So we took down one bed for every two we sent out, until we got to a reasonable level. We reduced the ward from sixty to forty.

MB By 1949, George, you became involved in a survey of the kind of conditions in which old people were treated, and not only in the workhouse kind of environment,

the hospital environment, but also at home. Perhaps you could tell me a bit about that because it led to a substantial report that I've been treasuring here[17]?

GA Yes. Well, we got a committee together, a geriatrics committee on the regional board or hospital authority, with Alan Stevenson who came here as professor of genetics … some years later. He was our professor of social preventive medicine; Scotsman. And he was very enlightened, and very helpful because he ran a course, the social studies … teaching for social workers in the university. And he undertook the domestic survey of homes with some of his students – both medical students and social survey students, or social studies.

MB And you were deeply involved in this, and the writing up of course.

GA And I had an almoner appointed to go with me and do the hospital survey, and we went round all … all the workhouses, in fact all the hospitals, county hospitals as well. We listed…

MB How far was this? All of Northern Ireland?

GA In time, yes. We looked at every patient over … age 65 and over, in the hospitals.

MB And found some pretty, still some incredible needs, I mean especially out in the community?

GA Oh yes. We found down … down in the backwoods of the country some of the hospitals which matched Charles Andrews' efforts in Cornwall. We used to exchange anecdotes.

MB Do you want to say anything about those conditions, George? Probably not.

GA Well, the only difference between them and ours was they were worse. We didn't actually find any of the third floor occupants still there; they, the top floor, or second floor rather… They had a ground floor, first floor and a top floor; the pattern of workhouses built throughout Northern Ireland.

MB That was the pattern was it? Three floors?

GA Oh, throughout Ireland.

MB Aha.

GA All the workhouses in Ireland were the same. They were all built a days' march from each other, because you wouldn't keep a hobo longer than, I think it was three days or a week or something.

[17] George Fowler Adams, *Old people in Northern Ireland: a report to the Northern Ireland Hospitals Authority on the medical social problems of old age*, Belfast: Northern Ireland Hospitals Authority, 1951.

MB So then they tramped to the next?

GA Then they had to move to the next one. And so there was no, the county, that particular county didn't have to cope with them any more than … a certain time of each of these travellers. And on the top floor they had only straw, on raised plinths on either side of a central channel. You can imagine what the central channel was used for. There wasn't any water or services of any sort at that level. And these places were actually still in use when Professor Thomson went round in 1944 in the…

MB To begin that survey.

GA …provincial hospital survey. These were to, gave(?) [him] a real nightmare.

MB And were they still there when you went round?

GA Those were infirm, or rather camps really. And there were plenty of those still about then. But those, by the time I did this survey in 1949, those had been… Well, the Nuffield survey had … insisted that they would close them down.

MB Well, had progress really been made though? They'd been closed and altered but … you found it still pretty bad…

GA Well…

MB …I read this with some…

GA …some of them, one or two of the local authorities were more enlightened than others; it depended very much on the board of guardians. And in Ballymena, for example, in the workhouse infirmary there there was a remarkable man called Dr John Armstrong. The system in those days was to appoint in each county hospital surgeons who contended… He was the almighty; he ran the show and … his word was law. He operated, he was a physician, surgeon, raconteur(?), master of all arts. And some of them were extremely good and were quite remarkable men in what they achieved. And he was one of those; great man. And for some reason, it may have been the size of his particular workhouse infirmary in Ballymena, during the war when the blitz hit Belfast, they'd see very severe raids in fairly quick succession in 1941/42, and they evacuated a lot of the patients from the infirmary in Belfast up to him to look after, and he put them where he could. But he got, he must have been imbued with the same outlook as Marjorie Warren because he set to work to get these people going again. He realised they weren't as 'chronic', in inverted commas, as some people thought. And he persuaded his board of guardians, and in this they were quite unique, at that time 1942/43 he persuaded them to renovate one of the chronic blocks in this place. And he cottoned on, he must have read some of these articles from Marjorie and Cosin and others, he referred to this as a geriatric unit long before anybody else in Northern Ireland got a, got this notion. And he had this place renovated, and his signal achievement was persuading the board of guardians to appoint a general practitioner, who was approaching retirement and a bit tired of his … I think he'd been ill or something, but anyway he was appointed as a geriatric physician. He

wasn't a consultant because he hadn't got the qualifications…

MB But the first…

GA …to be a consultant. But he was the first…

MB The first specified appointment in geriatrics in Northern Ireland?

GA Yes, yes.

MB One of the first in the whole of the United Kingdom.

GA And that was 19…

MB It was forties … mid forties?

GA 1945 I think.

MB Yes.

GA Just before the end of the war.

MB So he was your predecessor in a way.

GA Yes.

MB And you came across him and…

GA Oh yes, we ran … we ran a very tight ship for the next fifteen years, as the only two physicians.

MB You were the only people specially appointed and specially interested?

GA Yes. Fifteen years.

MB For fifteen years?

GA Mmm.

MB Before you got it really, really moving, and other people came in?

GA No, before they, before they appointed another one. They didn't even advertise another one. What they did in Northern Ireland was they appointed general physicians to each of these county hospitals, the six county hospitals, and they had to be general physicians, and…

MB To take in…

GA …these were the…

MB …geriatrics?

GA Well, they … take them in, they were there, they had to do as best they could with what they inherited. And then they had the (?) of disability and failure in their own admissions coming on top as well, and I think they were unsung heroes because they did extremely well. And I've tried to pay a tribute to them in the write-up I did, because they'd never got any special recognition for this. And, as I say, it was fifteen years before another geriatric physician came in to help them.

MB George, if I could just bring your write-up into … into the story. *Geriatric Medicine in Northern Ireland: Conception, Gestation and Delivery '47 to '74*[18]; this is a document that you've lodged with the, with Queen's University, Belfast, with references and details of the whole of that enterprise in which you were involved.

GA Yes.

MB And so anybody really involved in, wishing to get involved in that story could take it up with your writings quite easily there?

GA Oh yes. There was nobody else in that time to write it. These chaps I've mentioned used to call me, to come down and talk to the GPs or their staff and that sort of thing. And I did two surveys subsequently at the behest of a very enlightened … oh, the chap appointed to the regional board, what do you call it, chief administrator, medical officer.

MB That's in Northern Ireland?

GA Yes. But he came from, came to us from … he'd been in Oxford for a while at the regional board here, and then he went to Birmingham, and he came to us from Birmingham as chief … our senior administrative medical officer. And he was very good indeed, and instituted two further surveys. But prior to that I used to go out now and then with the, one of our administrators, senior administrative people, and we'd go down to these various places and talk to their staff. And I admired very much what those doctors were doing, because they realised jolly well that what we'd achieved in the workhouse infirmary in Belfast, and would have liked very much to have done better than they were doing with their own units but they hadn't the staff … or the facilities, or the money.

MB But you supported them through those years; you gave them a lot of, a lot of personal support.

GA They were old friends. We got on very well.

MB George, if I can just turn to these surveys, because the first survey still interests me a great deal. Did you think the survey work that you carried out, both in the homes

[18] George Fowler Adams, *Geriatric medicine in Northern Ireland: conception, gestation and delivery*, Eynsham: the author.

of elders in Northern Ireland and in the hospitals, did that really get results? I mean, you put a lot of recommendations out and you put a lot of the problems on the line for people to read about, but I'm getting at the same time a feeling that nothing much was done for fifteen years in terms of additional appointments.

GA Well, that was the blueprint, really. A lot, I think a lot of staff at other levels were built up. And of course we were a training school; when I refer to it as the workhouse infirmary in Belfast, with the inception of the Health Service it became the City Hospital. It acquired the consultant staff to build up as a general hospital, and it became a very good general hospital, and has now in fact, with its new … new block which was built, or started being built about the time I was retiring, it's now really inheriting the mantle of the Royal Victoria. It's…

MB It's grown in status over the years.

GA There's a row going on in the papers today because they're talking of shifting the entire maternity unity from the Royal… The Royal Victoria, CG Lowry's maternity unit going to the City, it's an outrage, absolutely unbelievable. The fuss. But that's…

MB That's the way it's gone.

GA …the way things have gone. And this … our hospital as a teaching centre started sending out not only housemen as registrars and then consultant appointments to these other areas, but nursing staff. And all of them had gone through at least three months…

MB Specially in geriatric care.

GA …with us. This was part of our very enlightened management committee's insistence, and medical staff insistence that as far as possible we got… Well, we got them through as students coming to case conferences and one thing or another, they couldn't all have come as housemen because we, our housemen's appointments were three months so we only got four as housemen. But some of them came then as SHOs or registrars.

MB George, you were pretty hard worked in those years. I mean, you worked hard for many many years. Did you have a feel from that kind of footing on the floor, the hard, the hard floor of changing things, that you were pioneering developments that were influencing and shaping things for geriatrics in Great Britain? Did you, did you feel that you were…?

GA It wasn't hard work; it was fun. It really was. I didn't think of it as hard work. Think of the enormous kick that you, that anybody would get out of the enormous licence I was given in this place, and the backing I got from the regional board and the management committee, and my own medical staff, and the staff … and the University. I mean, we had Sir Eric Ashby as vice chancellor in those early days…

MB In the late forties and early fifties?

GA Yes. Absolutely marvellous man. And he was of course at the back of the day's Nuffield Trust activity, and the professor of physiology was the secretary. Those two people … did an enormous amount to help, outside the academic side and the practical hospitals authority side, to back us. We got money for research activities. We did, we set up a … a mobile physiotherapy unit to go out and deal with patients with strokes in their own homes. I ran that for three years. It probably would be still running if the GP hadn't lost interest, for some reason.

MB Yes, that was an amazing part of the story. It … it all of a sudden dropped out through lack of use.

GA They, they couldn't be bothered for some reason.

MB But it was an excellent idea. You got people going to homes…

GA Well it's popular now, I mean its been written up recently in different parts of the country here, as if they'd never heard of that, and nor did they probably. But we got the first recovery home in … Northern Ireland and the second recovery home in the UK. Marjorie Warren had one for a while in London, but it only lasted for a year/eighteen months.

MB This was courtesy(?) of South Africa was it?

GA Yes. South Africa sent an enormous gift to … the Queen, Princess Elizabeth as she was.

MB Right. In the late forties.

GA And … the Nuffield Trust got a part of it, which they decided they would devote to the care of old people, and so they, Leslie Farrer-Brown handed it over to the provincial trust, who offered it to England, Scotland, Wales and Northern Ireland, to use for developing a recovery home. Now, recovery homes were partly [Howell] and partly King Edward's Fund idea. [Howell] ... [Howell] had the first one, the idea being that you needed something to bridge the gap between geriatric rehabilitation and return to life in, independent life in society. I mean, the time came when, undercover of a scheme like ours, you got your patient on his feet, able to dress fully independent, but under the umbrella of nursing care in hospital. A lot of them shot out of that back to their own homes in the community, or even into residential care, fell apart at the seams again because they weren't just quite ready, though the recovery home would give them this transition phase. An absolutely(?) brilliant idea. Scotland never tried it, don't know what they did, they did with the money in Wales. But Marjorie set up hers at Stanmore, and we got Sea Park House in Northern Ireland, which was a beautiful house down on the Lough, the Langture(?)[19] family who had passed it over for…

MB Where was that actually located, Sea Park House?

[19] Professor Adams might mean the Greer family.

GA At Carrickfergus.

MB Right.

GA And … or Greenisland, just short of Carrickfergus.

MB Beautiful spot.

GA Marjorie's only lasted a couple of years for some reason, and they decided to do something else.

MB But yours went on…

GA And ours went on until it was, for some God forsaken reason they closed it down, what, three years ago. Much to the, to the fury of the people who used it because it was a superb set up. Worked extremely well. The money, the costs were shared between local authority and hospital board, so that there was no quibble about that. All the patients admitted had to go through a geriatric unit. So originally Doctor [Armstrong] in Ballymena and I ran this thing to start with, but subsequently any of the geriatric physicians that were appointed later had a, were entitled to send patients there. And we opened a second one, down the Lough, over the other side of Belfast Lough, which has also been shut. This is reform.

MB Mm. This is improvement and everything, isn't it? Modern … modern improvement, political expedience. George, in the 1950s, I'm just looking at the whole progress you were making, in the 1950s…

GA You're not getting a bit bored?

MB No, no, not at all. Not at all! I hope you're…

GA I'm not talking too much?

MB No. In the 1950s, you've got this all underway, and so, just moving on a bit, just tracing a couple of developments. The Medical Society for the Care of the Elderly which you've been there at the … the pioneering meeting of in 1947, that held rather important meetings on a quarterly basis and brought a lot of people together. And there started to be international congresses, in the whole field of geriatrics. It started to become a really academic, and a research area of some respectability.

GA General physicians still didn't like it.

MB No. But there were some exciting papers read, and some exciting developments.

GA Well, the first … the society, the MSCE – Medical Society for the Care of the Elderly – began holding as you say [a] meeting every quarter. Mainly to take, to sow the seeds as it were on behalf of people struggling in other areas to get started, against

the tide, because they weren't getting the backing they should have. And … I mean, no names, no faces(?), but you'd go out to one of the bigger centres and you'd find that nobody really turned up at the meeting with any, from any higher level of … interest. So there wasn't any, anyone to preach to. You were only preaching to the converted, which would be the local superintendent of an infirmary struggling to get somewhere, and he knew what he needed without you coming to tell him. But in other areas, you'd go somewhere like Leeds and you'd find someone like Ronald Tunbridge, a professor of medicine of who…

MB Remarkable man.

GA Oh yes, great man. Have you ever come across him?

MB Yes, I did indeed.

GA Nice man. I'm very fond of him. I'm fond of him for he's one of the few people who ever offered me a job. But … I didn't go. I often wondered… But as my own professor said 'What would you go there for? There's plenty for you to do here.'

MB Absolutely.

GA Yes he … he appointed Hugo Droller as physician there.

MB But was deeply committed to what you were about as well. But I think when you had meetings in Northern Ireland…

GA But…

MB …of this Medical Society for the Care of the Elderly, I think he actually attended.

GA Yes well, you see, he's one of the people, as I said, the few general physicians in those, of any seniority, who supported the idea. He joined the society and … they all backed the society. But it was extraordinary the kind of rancour that the general physicians tended to hold agin us. I don't know why really…

MB Because you weren't the most prestigious branch of medicine, George?

GA Oh no. But then … there were so many of these men. Grieg Anderson[20] in Aberdeen, Stanley Alstead in Glasgow, Ronald Tunbridge in Leeds, and in Birmingham there was Sir Arthur Thomson who wrote his Lumleian lectures on this subject, but he didn't really back geriatric physicians. Or he didn't seem to me to, anyway.

MB So they had supporters and supporters.

GA Yes.

[20] Alexander Grieg Anderson.

MB Just looking at some of the academic…

GA What they…

MB …developments…

GA Sorry, about that…

MB Oh, sure.

GA The … the great thing that those four I've mentioned – Tunbridge, JH Sheldon, WD, Charles Andrews – those four men really threw their weight in to make sure that before a geriatric physician was appointed he would first have the qualifications and experience required of a general physician. That meant having a Membership of the College. And Stanley Alstead wrote an article some time near the … late forties/early fifties, somewhere round about 1949, and it was he who said in that explicitly that qualifications as a general physician would be essential, but the general physician, geriatric physicians with it would be welcome. And … Thomson I think was a bit ambivalent about that, but he said much the same thing in his lecture. And the College welcomed that and stuck by it, and so did the country in the appointments that were made, at least in the early days.

MB So they were made at a senior consultant level? So that was safeguarded?

GA Yes.

MB George, I just wanted to talk about one or two of the academic developments that seemed to fascinate me when I read your account of developments in Northern Ireland and nationally. I read about the whole feel for heart disease and strokes, and for the dementias. A whole range of research was focussed on classical fields that you had to get into. You were providing better care, better beds, rehabilitation, but also there were kind of illness areas that you had to understand better, and I think that the later fifties seemed to be a seminal period for that development of academic geriatrics.

GA There were four real … what would you call them, aims, objectives. I'm never quite sure whether people agree semantically about the difference between an aim and an objective. But anyway, first of all this business of distinction between illness and disability, and rehabilitation … or before that there was the treatment and investigation of acute illness of course. You weren't spending your life entirely on the crocks. You started admitting your own patients. And the general idea was that they would be 65 and older. But it came about that we did so well by the patients with strokes that we began getting them very early on, and in fact the neurosurgeons were our, some of our most active and interested customers, sending brain damaged patients to us. But by and large they were the oldies, over seventies for the most part. And we investigated their treatment and treated their acute illness just as they would have done in the general wards. And we inherited a certain proportion of disability from that. Then there was the rehabilitation side, which was our … main prerogative I suppose, as I've told you, getting these people back into independent lives out in their

homes. And then there was the research side. Little by little, a lot of it was operational research in the sense of … investigating things at work like district survey and so on, but we did a lot, in our unit anyway, on strokes particularly. And last but not least of course, teaching. And they … I don't know to what extent you could ever estimate the influence that these units have had in the upbringing of doctors and nurses, which is something I fear which may be going to be lost, having scrapped… You see, we had the whole package; everything from admission to terminal care. And terminal care was of course Cicely Saunder's work – she played a great part in setting up… Never mind Sobel House and so on, the geriatric physicians in the early days were, especially on the international conferences you mentioned, got a lot from Cicely.

MB You started to treat patients in a, in a far more enlightened way after her … her exploratory kind of adventures in the better use of drugs and terminal care.

GA Oh yes, she helped enormously.

MB So that was another influence.

GA But since we were practising her ideas, that was another aspect of the teaching that people got out of coming through our unit. As I say, we'd the whole package, right down to that. Now they've … my heirs and successors have cast off long stay care and continuing care. They don't regard it as their business anymore, apparently.

MB Of course you have the private centres, private homes, a whole range of…

GA Scattered all over the place.

MB …centres.

GA And where are you going to get continuity of teaching and standards…?

MB So your view is that things are, are getting more risky for, in this field of care of the elderly? Or am I…?

GA I think that what they're going to lose is this, as you say this…

MB Centralised expertise.

GA Centralised… I was never wholly convinced that geriatric appointments as they came about were the right thing. My idea, and I think WD's idea would have been, I think Stanley Alstead's, or Ronald Tunbridge's thinking would have been in an academic centre, in a university centre, a teaching hospital set up, you should have your geriatric department as we had it; the full works. But I think in the district hospitals or … or whatever is going to be spread out in the form of primary care units, you want doctors who've been trained in these centres, you see, and they will carry this, they carry the banner out into the management of their own patients in their own [practices]. You don't really need university teaching set up in every blessed district hospital all over the country. Every general physician should, and general surgeon for that matter, should have his own quota of information about this subject just as he

does about ophthalmology, dermatology, any other ology on the way through in his training. But he doesn't have to be a specialist.

MB George, just two … two questions. We're running towards the end of this particular reel as it were. Just two questions. In the development of your unit and the services you provided there became a kind of domiciliary aspect of this, a prevention at home service that you set up.

GA Oh yes. I'm not so sure that wasn't one of our first… That grew out of … several of the general practitioners in Belfast were people I knew very well, one of them had been my senior medical officer in the navy, other than(?), and … they began to come to our postgraduate seminars. And going round the country at the request of my colleagues, as I said, down in these county hospitals that were isolated, out in the sticks, and talking to groups of GPs down there, it became fairly obvious, apart from defending ourselves against admissions that weren't appropriate, it'd be a jolly good idea if we provided a service for them at their request of going to see patients. And I did this, started off with some of the people in Belfast and gradually the, I suppose the word went round, and we used to go out twice a week. I would take an almoner with me. We didn't do these as domiciliaries in the sense of the paid domiciliary that people in private practice were doing; if you were a part-timer you see you could go out in our evenings, on a fee-paying thing. I did that for the first three months of the consultant appointment, and very quickly realised that what was happening was if my colleagues in general medicine went out and saw somebody they didn't want to admit, because he was old and done and not very interesting, they would say 'Why don't you ask George Adams to go and have a look at him?' And I didn't see why I should take a fee for doing something he'd already been paid for doing, you see! And it would be easier if I could do these in my own time, because the GPs didn't always want to go a second time anyway. So we arranged this. We did it in hospital authority time, in the afternoon, twice a week. Took the almoner with me because she could get the relatives and, you know, and have a … chat them up and assess the domestic situation while I was looking at the patient. And we could do … oh, it would be, we used to do five or six of these of an afternoon – 2 o'clock till six or whatever. You would get round quite a few, you would decide the priority for admission or the urgency, or whether it was an appropriate one or whether it was another diagnosis and something else could be done. And they were, it was very successful. It still works.

MB And you prevented a lot of people being unnecessarily forayed(?) to … to institutions?

GA Well, apart from that you got a good idea of what they were up against, and you know where you were sending them to if you were sending them out. And you could decide whether they needed a recovery home rather than direct(?) return. You could talk to the relatives, make a Dutch uncle. The GPs appreciated it. It worked very well, and, I mean, it was so obvious though.

MB George, we've come to the end of this particular session, in which I've learnt an enormous amount about how you pioneered a whole range of developments in Northern Ireland.

GA I pinched a lot of other people's ideas and worked them…

MB But you had to work pretty hard to pioneer what you did. And for going through that with me I'm immensely grateful to you. For the moment, thank you very much.

GA Well, thank you … for the interest.