



Warders Medical Centre

The History of a practice in
Tonbridge and Penshurst
1808-2021

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This is the story of the Warders medical practice as it has evolved in step with the developments in medical care and the way in which it has been delivered over the past two centuries.

Although it has been produced primarily for the patients of Warders Medical Centre and local residents, we feel it may also be of interest to other general practices and medical historians. We were surprised at the variety and depth of our own history which includes:

- The first description of a rare form of epilepsy.
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- A Victorian polymath whose research interests included the weights of human teeth and the study of shells and the compound eyes of insects.
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- Research leading to an alteration in the UK Driving Regulations for patients with epilepsy.

We hope this site will encourage other practices to research and publish their own histories and perhaps produce a virtual history of general practice.

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Early days 1815-1894. West and Gorham

In 1815, Tonbridge was a small market town with a few thousand inhabitants. A long narrow High Street led to the Big Bridge over the Medway, which was overlooked by the Norman Castle. This had been built to guard the bridge, which carried the main road running from the eastern Channel Ports across the Weald of Kent, to London.

On 3 February that year **William James West** from St Albans qualified as a Member of the Royal College of Surgeons (MRCS). He came to live and practise from a house by the River Medway, near Tonbridge Castle, but why he came to Tonbridge, we do not know. He was the first in the uninterrupted line of doctors that we can trace to what is now Warders Medical Centre. It is possible that he took over the practice of John Fuzzard, a member of the Worshipful Society of Apothecaries of London who worked as a surgeon and apothecary in Tonbridge from 1783 to 1814. Fuzzard was apprenticed as an Apothecary in London in 1775.

John Morris, also from Tonbridge, soon joined West. Morris had qualified by gaining the Licence of the Society of Apothecaries (LSA) in 1815 and the MRCS in 1816. These two qualifications were the usual ones for a surgeon apothecary, who was the forerunner of our general practitioner. Nothing else is known about Morris, and by 1832 he no longer appeared in the medical registers.

In 1828 West took an apprentice, **John Gorham**, a local boy then aged fourteen, who had been educated at the local Grammar School, now Tonbridge School. Gorham went to Guy's Hospital in 1832 to complete his medical training. By 1840 he was back in Tonbridge, in partnership with West and living with him in the High Street. He initially received one third of the profits of the partnership, but by 1846 they were shared equally. In addition to medicine, both partners became deeply involved in town matters, meeting local dignitaries who might subsequently become fee paying patients for the practice.

Changes in General Medical Practice

The Poor Law Amendment Act of 1834 divided the country into unions of parishes centred round a workhouse. The Tonbridge Union included the parishes of Tunbridge Wells, Hadlow and Brenchley with the workhouse at Pembury which later developed into Pembury Hospital. The Tunbridge Wells Hospital which opened in 2011 was built on the site. Only the original Victorian chapel remains.

The appointment of the Poor Law or Parish Doctor was put out to tender, the successful candidate being the one with the lowest bid. Under the contract, the doctor was required to both pay for and dispense any medicines required, and pay for assistants and horses. This was the first time that doctors were contracted to a government department and they resented being managed by a lay board, the Board of Guardians.

So, it is not surprising that in 1835 local GPs were upset that their salary would be less than under the old Poor Law. West, representing Tonbridge, was one of four GPs who was delegated to negotiate for the GPs of the area covered by the Tonbridge Union. He told the Board of Guardians that he 'felt the appointment [of the Poor Law Doctor] was being forced upon him.' The Board did not yield, West resigned, and the Guardians appointed Peter Brown, a doctor who was new to the area and who had not done the work in the past (cf. William and John Pickance of Penshurst p.52). The GPs then decided to form the Tonbridge Medical Association of the Tonbridge Union.

In 1845, Gorham was appointed Medical Attendant for the Tonbridge area of the Tonbridge Poor Law Union which had 6,176 residents and 500 'paupers' who received Poor Law relief. As well as caring for the poor, he was responsible for: providing midwifery services excluding confinement; vaccinating against smallpox; supplying the medicines, applications, dressings and leeches. It would have been difficult not to appoint him, as he had glowing testimonials from thirteen distinguished doctors from Guy's, including Richard Bright, Thomas Addison, Aston Key and John Hilton. Later Gorham also had considerable problems with the Guardians of the Poor Law, as he often complained that he felt his workload was too heavy and that he

was underpaid. In 1849 he saw 521 paupers, while in 1854 he visited forty to fifty houses a day because of a cholera epidemic. By 1853 he was caring for 1300 paupers. The Poor Law records show that in 1849 he operated to remove a tumour on a shoulder, treated a hydrocoele and reduced a clavicle and a lower jaw. His area as Medical Officer increased from being within a mile of his surgery in 1845 to including close to Pembury and Penshurst by 1856.

The Guardians could be bureaucratic and over-supervising and complained about Gorham's poor record keeping. There were also complaints from patients. In 1855 he corresponded with the Association Medical Journal including his correspondence with the Board of Governors in which he complained that the work had changed over the previous ten years with a trebling of the number of paupers receiving 'medical relief' and the decrease in pay over the 10 years. In 1850 he earned £141 and in 1855 £105. In 1856 Gorham again grumbled to the Tonbridge Union Board of Governors about the decreasing pay for his work as Medical Officer for Tonbridge. He was concerned that medical relief for a pauper did not cover confinement. Eventually, in 1875, Gorham resigned as a Poor Law doctor having been accused of charging for services not rendered.

In September 1844 the local GPs met in Tonbridge about their concerns to a proposed Medical Bill. It resulted in the first meeting of the South Eastern Branch of the Provincial Medical and Surgical Association, with West being elected Chairman for the meeting. (This was the forerunner of the British Medical Association). It was felt that many of the clauses would be prejudicial to GPs. Gorham moved a motion to have GPs on the proposed Council of Health. At the end of the meeting West was voted President for the ensuing year, with John Pickance of Penshurst as Vice-President. West expressed 'his deep sense of the honour manifested upon him, which, being entirely unexpected on his part' and 'he feared that he was ill prepared adequately to discharge' his duties. After the meeting, the attendees dined at the Rose and Crown, under West's stewardship. West was Chair for the first annual meeting in 1845 held in Tonbridge which was also attended by Gorham and Pickance. Concern was expressed at the meeting about the Royal College of Surgeons' proposal to introduce an examination for Fellowship of the College which would have had an effect on the standing of those surgeons who merely had the Membership and worked in general medical practice. West and Pickance attended the 1846. annual meeting of the Association in Ashford. In 1847 at an annual meeting in Ashford, West was elected Vice President of the Association while Gorham and Pickance were elected to the Management Committee of the Association.

We know as little of the day-to-day work of West and Gorham as we do of other practitioners of the time, for such work leaves little documentation. What we do know, is that in 1845 West and Gorham were jointly asked to advise locally on the best way of dealing with the potato crop, which was in danger of being hit with blight. Their results were printed in a handbill which was circulated in the town.

An insight is given on the type of treatment given to patients in their publications and in West's Account Book. The practice has a collection of medical equipment from this time including a full set of dental forceps, a pair of obstetric forceps with wooden handles and a scarificator (a blood-letting instrument). From the accounts, a laryngoscope was purchased in 1875 and ophthalmoscope in 1885.

In the census of 1841, and in their publications, the doctors are recorded as surgeons but from 1851 Gorham is recorded in censuses as a general medical practitioner. Mirroring the rise in status of local doctors from tradesmen to professionals in the mid-nineteenth century, West and Gorham were styled Esq.

During the course of the century the size of the town had trebled, from about 4,000 in 1840 to almost 12,000 in 1900. Clearly there was need for more doctors. Throughout this time there had always been one other practice of comparable size in Tonbridge and other practitioners

came and went. However, none of them had the continuing fame of William West with his eponymous syndrome, nor published as prolifically as John Gorham did.

William James West 1793 - 1848

William West was the son of the Reverend William West of Wavenhoe, Northamptonshire and was baptised in July 1793. In June 1828 William West married Mary Halsey Dashwood, who was born in Southborough. Their first daughter, Julia Mary, was born in July 1829. A son, William Robert was born in 1834, and their last child, James Edwin followed in 1840. In the electoral roll for 1837 and the 1841 census, West's address was given as the High Street. In the later census, West was described as living with his wife Mary, three children and John Gorham.

West was a prominent resident of Tonbridge. He became a manager of the Tonbridge Savings Bank, a vice-president of the Tonbridge Literary Society, and was on the committee of the National School. He was a Fellow of the Royal Geological Society and prior to 1845 he presented three specimens of fossils (ammonite and belemnopsis) to the Reverend Albert Badger of Chelsea.

West died in 1848 from dropsy (fluid retention). This was a tragedy for the town. It was a personal tragedy for his wife, Mary and daughter, who were left with little financial support. Mary left Tonbridge shortly after her husband died and went to live with her daughter Julia in Winchelsea. In the 1861 census she described herself as the widow of a surgeon. By 1871 she was living in Lambeth but by 1881 she had moved to Eastbourne where she lived with her son William and her daughter Julia. She died in 1891 in Eastbourne, while living with her daughter in law, from a flu-like illness.

In March 1874, Gorham, in an article in the *Lancet* concerning the early days of Ovariectomy, appealed for financial support for West's daughter, Julia. At that time, she was living at 13 Darnley Street, Gravesend and was running a small school for ladies and acting as an agent for governesses. In May Gorham wrote again on the same subject appealing for money through the West Fund to support her, which he said was endorsed by Sir William Gull, Spencer Wells and Samuel Habershon, all eminent London consultants. The *Lancet* received letters from Julia on 23 May 1874 and 6 June 1874. Whether they were letters of thanks or supplication, we do not know.

West Syndrome

William's youngest son James was a fine baby until he was four months old. He then started having attacks in which his head bobbed up and down. These increased in frequency and power until his head was forcibly drawn down to his knees, followed immediately by relaxation to the upright position. This happened between twenty and thirty times in the space of a few minutes. He had two to three episodes of these attacks a day, each of which was preceded by a 'strange noise.' Initially he was unwell and lost weight, but after a few months he recovered and looked fit.

Unfortunately, it was soon noticed that he was developing neither physically nor mentally as he should and, by the age of one, he could not even hold his head upright. This was ascribed to some irritation of the nervous system associated with teething. His father treated him in the contemporary way. He was purged, had leeches applied and had his gums lanced, all to no effect. William West took him to London to the foremost specialists, Sir Charles Clarke and Sir Charles Locock, both of whom had seen a few cases previously and called the condition a

'salaam convulsion'. They had no treatment to offer. West took further advice from physicians in Dublin. Neither could they help.

Sadly, West wrote to the *Lancet* in 1841 describing the condition and suggesting that it was a condition in its own right that had previously escaped the attention of the medical profession. The letter was published on James's first birthday, 13th February.

child. As there has been no opportunity of a post-mortem examination, the pathology of this singular disease is totally unknown.

Although this may be a very rare and singular affection, and only noticed by two of our most eminent physicians, I am, from all I have learnt, convinced that it is a disease (*sui generis*) which, from its infrequency, has escaped the attention of the profession. I therefore hope you will give it the fullest publicity, as this paper might rather be extended than curtailed. I am, Sir, one of your subscribers from the commencement, your faithful and obedient servant,

W. J. WEST.

Tunbridge, Jan. 26, 1841.

P.S.—In my own child's case, the bowing convulsions continued every day, without intermission, for seven months; he had then an interval of three days free; but, on the fourth day, the convulsions returned, with this difference, instead of bowing, he stretched out his arms, looked wild, seem to lose all animation, and appeared quite exhausted.

The last paragraph of West's letter to the *Lancet* about James' illness

From 1840-1848, William's wife, Mary, kept a dated journal on James' health. In November 1848, after the death of her husband, she donated her private journal from 1840-1848, which contained James' medical history, to William Newnham, a surgeon apothecary at Farnham. Newnham had found a similar case two years before the publication of James's case in the *Lancet*. Newnham's monograph of 1849 described four cases, one of which was James and he quoted directly from West's letter to the *Lancet* and Mary West's journal.

The attacks continued, and by 1842 James had additionally developed identifiable epileptic fits. All of his development was delayed. By the time he was three he could just get himself up into a chair and he started to walk. In July 1846 he had episodes of 'violent fits of laughter' and, separately, 'shaking of the head'. At the age of seven he could understand what was said to him but could neither feed himself nor talk. Aston Key, a surgeon at Guy's Hospital and later surgeon to Prince Albert, suggested that he would benefit from the society of other children. James was sent briefly to a day school and then a residential nursery. Such care was unsuccessful and he returned home. In July 1847 he was able to feed himself with a spoon and drink from a glass but his unusual laughing and head rolling episodes continued. Unfortunately for James, his father died in May 1848 but William had left a third of his estate for his care. That year James was admitted to Park House in Highgate, a home for the mentally subnormal. In 1854 all the patients were transferred to Earlswood Hospital and James came under the care of John Langdon Down. James Edwin died from tuberculosis in 1860 and was buried with his father in Tonbridge.

At a conference in Marseille in 1960 the condition was named 'Syndrome de West'. Otherwise, it is now known as 'infantile spasms' or 'infantile myoclonic encephalopathy'. (In 1989 damages of £441,527 were awarded against a general practitioner who failed to diagnose the syndrome in a baby.)

Two successful treatments

In 1831 West wrote to the *Lancet* about a fourteen-year-old boy who, in February 1830, had been thrown from a horse and had an extensive fracture of the right side of his skull, near the coronal suture. It was an open fracture with the brain and membrane protruding. West removed some of the loose bone and described how he had treated the case. After about two weeks, there was sloughing of the protruding brain which West estimated weighing between ten and twelve drachmas (thirty-five grams). Nearly a year later the boy had made a seemingly full recovery with no side effects.

In 1833 West had been asked to the delivery of a lady aged forty-five. On ante-natal examination he found an ovarian cyst in the pelvis which he was able to push upwards into the abdominal cavity. She had a normal labour. But by 1837 the cyst had grown so large that life was becoming very difficult as her breathing had become compromised. She had previously tried other treatments, so, after much discussion, she agreed to undergo operation. West, assisted by two local practitioners, opened the abdomen without any anaesthetic, and drew more than twenty pints of fluid from the cyst which he then removed. The abdomen was closed with four sutures and adhesive plaster. The cyst was sent to Guy's Hospital where it was exhibited in the museum. West published a paper on this operation.

The operation had been successfully performed for the first time in 1834 by the surgeon apothecary RC King of Saxmundham, in the presence of William Jeaffreson of Framlingham with good results. In 1839, while at Guy's Hospital, Gorham joined the controversy in the *Lancet* about the risks associated with the removal of ovarian cysts. He commented that the three main worries about the operation were the division of the peritoneum, adhesions and the risk of sepsis post operatively and that these were not a serious enough concern not to operate. Gorham described three more of West's operations, the first time a series of four had been reported. Three successes from four operations were remarkable before the days of anaesthesia and antisepsis. West's pioneering work helped to make the operation acceptable, but it was not done at Guy's until 1839.

John Gorham 1814 -1899

John Gorham was born in Penshurst and attended Tonbridge School from 1823 to 1828 and after his apprenticeship to West trained at Guy's Hospital from 1832. After qualifying with the LSA in 1835 and MRCSL in 1836, he stayed at Guy's. Having served an apprenticeship with West, one could assume that Gorham intended to return to general practice, since further hospital work was usually the path to consultant practice. His hospital work included taking Thomas Addison's outpatient clinics when Addison was away. To make ends meet Gorham worked as a practitioner in Southwark. Between 1836 and 1838 he was President of the Pupils' Physical Society of Guy's and gave several papers to the Guy's Medical and Physical Society which were published. These included '*Pulses in Children*,' '*Intussusception in Children*,' '*A Case of Fungoid Disease of the Kidney*,' '*On the Respiration of Infants in Health and Disease*' and '*A Case of Ptyalism in Pregnancy*' (excess saliva production in pregnancy, nowadays called ptyalism gravidarum). He was awarded a Diploma of the Society in 1838, and in the same year he became a Fellow of the Physical Society of Guy's Hospital, awarded for his paper on the respiration of infants. We do not know why Gorham left hospital practice but he was back in Tonbridge in 1840 as a partner to West, and that year wrote a letter to the *Lancet* on the excessive development of breast tissue in a man. In the 1841 census he is described as a surgeon and was living with West in the High Street. In 1845, he attended the first annual general meeting of the Provincial Medical and Surgical Association which was held in

Tonbridge and read an essay on '*Infants in health and disease*' which was similar to his published article of 1838.

Gorham took over the practice in 1848 when West died and called himself a physician and surgeon. He married Isabella Anderson in 1839, but she died in 1850 leaving Gorham with the problems of looking after three young children and the need for someone to run his household and take messages when he was out visiting patients. Between 1850 and 1851 he had the help of his mother Mary and sister Caroline, but men did not like unmarried doctors caring for their wives, so a wife was essential both for running his household and for propriety. He became engaged to Jane Bruno, a patient, and got her to change her will in his favour. She died two days after it was signed and her family successfully sued him for fraudulently obtaining her inheritance. Gorham had to pay the costs of the case. Strangely, neither his practice nor his standing in the town seemed to suffer from this court case nor his sacking as Parish Doctor.

He married secondly Elizabeth Stephenson of Writtle Park in Essex in 1851 who died in June 1916. They had twelve children two of whom died in infancy.

In 1853 Gorham reported the first cases of a cholera epidemic in Postern Lane, Tonbridge, and he was busy in the coming weeks when thirty-nine people died of the disease, most of whom were children. Afterwards, in evidence to the Dickens Enquiry into the outbreak of cholera, Gorham noted that the south end of the town below the Big Bridge was low lying, had an accumulation of filth, with dirty and offensive privies and pigsties, had poor drainage and a poor water supply. There were cholera outbreaks in Tonbridge in 1849, 1854 and 1866 while smallpox outbreaks occurred in 1853, 1877 and 1883. In 1854 he was a founder member of the Local Board of Health and was elected to the Local Government Board in 1870. He is known to have treated children at Tonbridge School by 1864 and in 1866 was Medical Officer for the Independent Order of Foresters Friendly Society. In addressing them at their annual dinner, he regularly complained about his poor pay.



John Gorham

Reports of his medical work appeared in the local newspapers from time to time. In 1868 a lady took an overdose of chloroform and Gorham assured the jury at the inquest that they could not view the corpse, which was in a soldered coffin, as the body was too decomposed. The same year his prompt assistance to a young man returning from a meeting of The Young Men's Christian Association who had fallen down with 'a very severe attack of spasms' and 'stopped the probability of a fatal outcome'. In 1872 he assisted at the birth of a baby in a railway carriage. Judging by the size of the houses in which he lived, his practice must have

flourished. This good publicity in the local newspapers might have helped his medical standing.

In 1876 Gorham wrote to the *Lancet* about his thirty-years' experience of treating sprains. He concluded that the best treatment consisted of heat and rest. He applied the heat by soaking a piece of lint in boiling water and then covering the whole swelling with the lint with gutta-percha shaving on top, followed by a dressing.

Teeth

By 1869 his interest had turned to teeth. He published a booklet entitled *Tooth Extraction. A Manual on the proper method of extracting teeth*. It was full of common-sense advice and pointed out that if the doctor learnt early on his career how to do it, 'the practitioner might vie with the professional dentist in this department of surgery'. This would have considerably added to the doctor's income so it is not surprising that the booklet ran to five editions.

This interest led him to study some thousands of teeth which were supplied by a local dentist and Charles Fox from the London Dental Hospital. Gorham published his findings in *The Medical Times and Gazette* and they were reprinted in *The British Journal of Dental Science*. Each tooth was carefully measured and the average weight of each one calculated. All the lower teeth were lighter than their complementary upper ones. By measuring the distance from each tooth to the mid-point of the jaw, he worked out the 'lever power' for each tooth. After many calculations he came to the conclusion that if the lower teeth were as heavy as the upper, an extra 200 grains of work would be necessary at each bite. The inescapable conclusion was that The Divine Artificer has designed the body perfectly and that the arrangement of the teeth was 'the best and wisest that could be devised'. This fundamentalist view accorded well with his Free Church opinions.

Optics and other interests

Gorham was particularly interested in optics, investigating sight, colour and the passage of light through small apertures. Some of his publications concerned experiments on human eyesight. He invented an Entoscope for measuring the size of a pupil. Between 1854 and 1889 he published over ten articles related to optics, including one on the mode of calculating the number of hexagonal facets in the cornea of insects' eyes. He wrote about Kaleidoscopes, Spectroscopes, Diascopes, Stereographs, and the Pupil-Photometer. Other subjects studied included colour and illuminating light through a small aperture. He sought a patent on several optical instruments. In April 1858 Gorham patented his reflecting Kaleidoscopic colour-top.



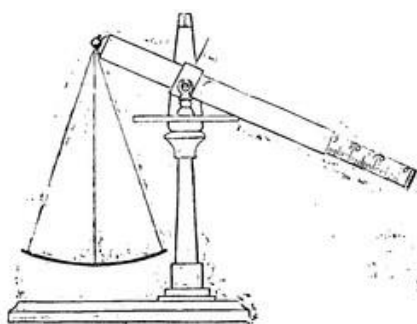
This Victorian boxwood Kaleidoscopic Colour Top was auctioned by Mallam's Ltd of Abington in 2015

It consisted of a wooden top, on which two small discs were placed, usually one coloured and one black, with cut-out patterns. When the discs spun and the top disc was retarded into

regular jerky motions, the toy exhibited 'beautiful forms which [were] similar to those of the kaleidoscope' with multiple colours. Gorham described how the colours appeared mixed on the spinning top 'from the duration of successive impressions on the retina'. His idea was based on 'the well-known experiment of whirling a stick, ignited at one end.'

He was interested in shapes, crystallography and crystal polyhedra. He constructed various polyhedra by plaiting paper strips together. Plaiting and braiding have a long history that encompasses making knots, decorating hair, weaving and basketmaking. In the late 1840's Gorham demonstrated to the Royal Society of London 'a system for the Construction of Crystal Models Projected on Plane Surfaces' and published articles on the subject in 1888 and 1891. He was in correspondence with Sir John Herschel, an astronomer, in 1856, 1859 and 1868 and probably sent him a 'plaiting process of making crystal models.' (A method of constructing polyhedra by simply plaiting flat strips together.) Gorham seems to have been the first person to have looked at the subject systematically and his work has interested mathematicians and geologists.

In 1881 he wrote to the *British Medical Journal* about a new instrument he had designed for accurately weighing medicines which consisted of a tubular balance that replaced using standard moveable weights. He applied for a patent calling it a 'tubular and telescopic balance'.



Gorham's tubular balance Patent AD 1880. No3064

While he was at Guy's a microscopical department was founded and it could have been this that fired Gorham's interest. He joined the Royal Microscopical Society and contributed several publications to its journal. He devised a method of holding two slides together. As a practical man, he suggested ways of making casts of insect eyes and other objects in collodion for microscopic study and improving ways of preparing microscopic slides.

Botany was another interest of Gorham's. He wrote papers for the Microscopical Society on *Venation in the leaves of umbelliferae* and *On the composite structure of simple leaves*. His botanical interests were rewarded by being appointed a Fellow of The Royal Botanical Society. He was also a member of the Mineralogical Society.

Gorham kept a very high profile in the town. He gave courses of lectures in the Public Hall on Mineralogy, Colour and Conchology. That on colour was 'not very well attended, but the company was select'. In 1886 he gave a lecture on *The Colour of Leaves* and regularly gave penny readings at the Mechanics Institute, which he had helped to found. He played his flute in trios with his wife and daughter in concerts at The Public Hall and became President of The Aesthetic Society and later he actively supported the local Amateur Musical Society as a flautist. He suggested the Tonbridge Towns motto in the 1870's 'Salus populi suprema lex' which was used by Tonbridge Urban District Council from 1935 to 1976. He was a Deacon of the Independent Church.

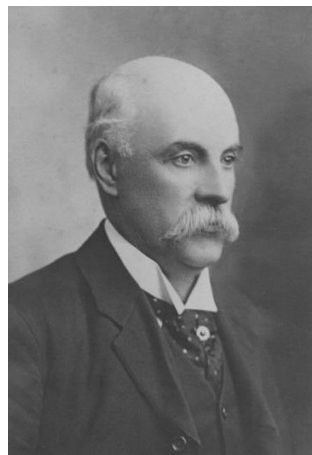
In 1894 he retired, though the *Medical Directory* for 1895 still gives the partnership name as Gorham, levers, and Newton, as does *Kelly's Directory* for 1899. The census records indicate that he lived in the same house in the High Street from 1841 to 1871 but the 1881 and 1891 censuses state that he was living at 14 Bordyke, known as Bordyke Lodge. Gorham died of influenza there in 1899 and was buried in the family grave in Tonbridge churchyard, by which time the young man who had worked with Addison and Bright in the advances of the early nineteenth century was described as 'a doctor of the old school.'

Gorham had worked single-handedly with the help of ten different assistants over the years until 1873 when he was joined by **Eyre levers**.

Eyre levers 1846-1926

Eyre levers came from Limerick and qualified at Trinity College, Dublin in 1869 with AB, MB, and MCh degrees and proceeded MD Dublin in 1873. He gained the midwifery qualification LMRCs (Eng) in 1875.

In 1874, when the population of Tonbridge was about 7000, levers attended an inquest on the body of a newly born female child found in the River Medway. He described himself as a surgeon and stated that the body was in a marked degree of decomposition with the placenta still attached. There were no signs of violence and it was impossible to indicate whether the



Eyre levers

baby had been born alive but he thought that it had been born no more than six days earlier. levers was asked by the Coroner to examine the alleged mother and when he returned to the inquest later the same day reported that she had had a confinement within the last month. Until the 1950s, post-mortem examinations were still performed by the Warders' partners.

On 4th March 1876, he had a stroke of luck that made his name in the town.

GALLANT RESCUE FROM DROWNING.—On Saturday afternoon last, Mr Rycroft, a young gentleman, from Sevenoaks, called at the Castle, and engaged a canoe for a paddle up the river, which was very much swollen, and the water was flowing at a very rapid rate. When attempting to get into a frail canoe, it upset, and the young gentleman fell into the water. It would appear he was unable to swim, for he soon disappeared, and though several people were present, all appeared to be afraid to render any assistance. Fortunately Dr. Ievers drove over the bridge at the time, and ascertaining the state of affairs, rushed round to the wharf, taking off his coat as he run, and pluckily plunged into the water. The young gentleman, who had risen to the surface twice, and disappeared, could not be seen, owing to the muddy state of the water, though Dr. Ievers dived several times in the direction of where he was last seen. Some of the bystanders saw him at last come up to the surface, and pointing the spot out to Dr. Ievers, he swam to the place, secured the body, and swam with it to shore. The young man was apparently dead, but Dr. Ievers, with assistance, quickly restored animation, and the young gentleman, who had so narrowly escaped a watery grave, is now little the worse for the unfortunate circumstance. The gallant conduct of Dr. Ievers cannot be too highly praised.

The above photograph is from the Tonbridge Freedom Press

He was crossing the Big Bridge in his carriage when he saw a man capsize and sink his canoe in the River Medway. In a moment levers stripped off his coat and jumped in. At first, he was unable to find the drowning man, but as he was giving up, a hand came to the surface, and levers pulled the man ashore alive. As he walked to his carriage, a voice in the crowd shouted, 'Three cheers for Dr levers'. This was reported, as below, in the *Tonbridge Free Press*.

In the next edition of the *Tonbridge Free Press*, it was reported that the man appeared ungrateful. Three weeks later, levers was further mentioned in the paper, 'And still he strives: what is his daily life, but with disease and death a constant strife?'. For this rescue, he was awarded the Bronze Medal of the Royal Humane Society, which was presented to levers at a Grand Dinner. A public subscription paid for a gold watch for him, and a clock for Mrs levers which was presented to them in 1877 for his 'gallant conduct'.

The Ballad of Dr levers (*Tonbridge Free Press*)

You've heard of "plucky feats" performed by divers,
 Can you beat that of plucky Dr levers?
 Should folks against a river's rush be strivers
 What luck for them if men like Dr levers
 Be passing by – to pull them out alive as
 Bravely and skillfully as levers.
 If I had them, I'd give no end of fivers,
 To populate the world with genus levers.
 His work life saving – like the busy hivers
 Untiring in that work is Dr levers.
 And now, good friends, for these same reasons divers
 Three hearty cheers give our brave Dr levers.

levers kept a high profile in the town and was elected to the Local Board. He played cricket regularly and performed in the Amateur Music Club. Politically he supported the Primrose League and was a Freemason of the Medway Lodge. He founded a branch of The St John's Ambulance Brigade and was an examiner and lecturer for it and for this he was elected a life member of the St John's Ambulance Association and an Honorary Associate of the Order of St John of Jerusalem. He was Medical Officer of Tonbridge School for forty-four years, a post that continues to be held by the practice to this day.



Dr levers car and chauffeur in Dry Hill Park Crescent

For Tonbridge's contribution to Queen Victoria's Jubilee celebrations, he was insistent that a Cottage Hospital be built. It opened on the corner of Baltic Road in 1902 and levers was Chairman of the Managing Committee from 1897 for seventeen years. He was also the local Medical Officer of the Post Office by 1895 and Chairman of the Sevenoaks division of the British Medical Association. He owned the second car in Tonbridge.

Between 1881 and 1907 levers was living in the High Street. The 1901 census provides evidence of levers living at Bayham House, although there is an address recorded for levers and Newton at Primrose Hill (Pembury Road). It is probable that this was 22 Pembury Road where Newton was living in 1901. By 1908, levers had left the practice house of West and Gorham and was living at Eaton Place, London Road where he is recorded as being a general medical practitioner. He retired from the practice in 1915 but continued to help the practice till 1917 when his poor eyesight made him stop work. He died at St Leonards-on-the-Sea in 1926.

The Medical Register of 1888 has the address of the practice house as Bayham House, while the 1901 census records the address as 115 High Street, three houses down from East Street. These two addresses refer to the same building as the High Street was renumbered and what is now 115 was 89 in 1899. Bayham House, as it was called between 1888 and 1915, was a conveniently placed Georgian house in the middle of the town, but with cramped facilities. The 1907-1923 OS map indicates that, looking at the building from the High Street, it was L-shaped with the long side on the left and, on the right-hand side, there was an alleyway probably used to access a rear entrance which was used by poor patients. At the rear, on the right, was a separate building possibly used as stables with most probable access to the rear of the property from what is now Lyons Crescent. A partner lived above the surgery until at least 1915. Newton lived there from 1910 to 1915.



Bayham House, 115 High Street.

The old house was sold in 1920 and turned into the Carlton Apartments with Carlton Café and Bakery on the ground floor. In recent years it has been a restaurant, in 2021 The Gate House Restaurant.

Post Gorham (1894) to 1948

As the town increased in size with the coming of the railway to Tonbridge in 1842 and the growing print industry, work for the practice increased. When Gorham retired in 1894, levers took Newton as a partner, with the addition of Bunting in 1907. Between 1913-1920 there were only two partners. The partnership increased to four in 1932 and for a short time increased to five between 1947-1949.

The doctors were surgeons as well as physicians, so they usually called themselves Physicians and Surgeons. The surgical work was done in patients' homes and at Tonbridge Cottage Hospital which had opened in 1902. The doctors were actively involved with interventional obstetrics (caesarean and forceps deliveries). Obstetric work was carried out in patients' homes, the nursing home in Dry Bank Court, Tonbridge and the Tunbridge Wells Maternity Home. The latter opened in 1925 in Upper Grosvenor Road and moved to Calverley Park Gardens in 1930. Post-mortems were done at what are now the public lavatories by the old Fire Station in Castle Street, Tonbridge.

The partnership has cared for the health of Tonbridge School boys and some members of staff since the time of levers as the appointed Medical Officers, though earlier Gorham looked after school boys housed close to the school. The school sanatorium was at Old Judde House on the High Street from 1893, followed by a purpose-built building situated off Shipbourne Road which opened in 1910. The Tonbridge School Archive has the admission books from 1918 which record the names, diagnoses and the length of stay of those admitted. Infectious diseases, both bacterial and viral were common before antibiotics and immunisations were introduced. For the School, the Spanish Influenza was worse in its third wave in the Lent Term of 1919, when seventy-three cases and one death were recorded. In 1924, a measles outbreak had seventy-four boys admitted to the Sanatorium of whom two died. Other infections were chickenpox, mumps, whooping cough, poliomyelitis, glandular fever, german measles and tuberculosis. Infectious skin diseases, such as impetigo, ringworm and erythrasma were common. Injuries were frequent with numerous sprains and fractures particularly in the Michaelmas term which could be ascribed to contact sport. There was an operating theatre

(possibly opened a while after 1910) where the partners performed tonsillectomies and adenoidectomies, numerous ear operations, incisions of boils, abscesses and carbuncles and appendicectomies. Anaesthetics of chloroform or ether were administered by the partners. Daily ward rounds took place in the Sanatorium and visits to the school boarding houses where necessary. On his retirement in 1935, it was recorded that Bunting started his rounds at 'the very unearthly hour of twenty-five minutes past eight and goes round the houses every morning spotting diseases early'.

The practice undertook medical examinations for the Post Office from the 1890s and recorded the height, weight, chest, vision, vaccination record, and family history before certifying an individual as 'well developed and sound', 'physically sound' or, after 1911, merely as 'passed.'

The River Medway has always been prone to flooding, temporarily separating the two ends of the town, until the Leigh flood barrier was built in 1981. From 1895 there was always a partner living in the south end of Tonbridge. Particularly bad flooding of the High Street occurred in 1880, in the 1920s, 1955, 1958 and in 1968. During the last episode, Forsyth, who lived in Pembury Road in the south of town, looked after the patients at his end when the High Street was virtually impassable for about a week. He used a boat to get to patients.

The practice was an early adopter of the telephone. In 1904 its number was Tonbridge 16. In 1911, following the Lloyd George's National Insurance Act, which enacted a compulsory worker's contribution and an employer's deduction from wages of four pence a week, each GP had a list of patients. The GPs were paid from the fund based on the size of their 'Panel', that was the number of workers registered with their practice. Records were kept for each 'panel member' and the notes kept in envelopes which became known as Lloyd George envelopes. (These small sized medical records, measuring roughly 13cm x 18cm, are still stored but they fell out of use in the practice in the early 1990's. By then all the notes had been summarised, before the information was entered on computerised medical records which were introduced at this time.)

The practice has a considerable amount of medical equipment left behind by retiring partners which gives a good idea of their practice. It includes oesophageal dilators, a transfusion set, an amputation set, urethral dilators, dental and ophthalmic equipment, obstetric instruments, tonsillectomy forceps, a post-mortem bag and a trephine.

Prior to 1948, all the doctors did a surgery on Saturday morning and evening, and the duty doctor for the weekend did one each Sunday morning.

Isaac Newton 1867-1955

Isaac Newton was born in 1867 in Bengal, where his father was a doctor in the Indian Medical Service. He trained at Charing Cross Hospital and in 1892 qualified MRCS, LRCP and when Gorham retired in 1894, he joined levers at the practice. In 1894 he was living at 17 Salford Terrace, and the next year he was at Genoa Villa, 28 Pembury Road. Then in 1900 he moved to Verona House, 22 Pembury Road, before moving to the practice house, Bayham House (115 High Street), in 1908. He lived and worked there until 1919 when his final address was Correnden House, Dry Hill Park Road.



Isaac Newton

Three unusual cases

Newton published a paper in the *British Medical Journal* in 1894 concerning an epidemic of forty-three patients, who were ill over a five-week period, during a wet summer. The disease was of sudden onset and was characterised by a temperature and muscle pain in the abdominal area and involvement of the inter-costal muscles which caused painful breathing. Some patients had lumbar and upper sacral area discomfort. He concluded that the best treatment was a combination of ten grains of salicylate of soda and fifteen grains of bicarbonate of potash. The only complications noted were two cases of endocarditis. There was evidence of transmission in only one household with three people developing the infection with seven days between each other. He called the infection *Epidemic Muscular Rheumatism*. This was probably what is now called Bornholm Disease, named in 1933 after an episode of the disease in Bornholm, a small island off the Danish coast. The disease had previously been described in Norway in 1872. Newton did not know what the causative organism was, but now Bornholm Disease is recognised as a Coxsackie B Virus. If Newton's description was Bornholm Disease, it was the first publication of the disease in the United Kingdom.

In 1905 he published 'A rare form of branchial cyst' in the *British Journal of Children's Diseases*. He recorded that a Tonbridge schoolboy aged eleven had suffered from a lump in the midline under his chin for four years which was the size of a pullet's egg. Newton excised it and noted that the cyst was not thyroglossal but was attached to the hyoid bone and seemed to be from the third branchial cleft.

Another paper in the *British Medical Journal* in 1907 described a case of a baby who was born after a difficult breech delivery with a depressed parietal bone in the skull. At twelve days after birth, he admitted the infant to Tonbridge Cottage Hospital and operated on him. Newton recorded in detail the operation which entailed a horse-shoe incision in the scalp and then trephining of the bone and reflecting the bony disc as a flap. He then removed a clot adherent to the dura mater. The operation was successful and he suggested that early operation before the cranial bones were harder was beneficial.

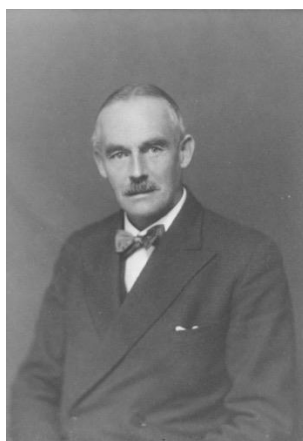
Newton described himself as a surgeon and only once, in 1914, as a physician and surgeon. He was, with levers, a joint Medical Officer of Tonbridge School and on levers' retirement, he became the Senior Officer. Newton was a local Medical Officer for the Post Office from 1897.

He retired in 1929 and died in 1955 in Lichfield, Staffordshire.

Gerald Lantsbery Bunting 1877-1953

Gerald Bunting was born in Daventry, Northamptonshire in 1877 and received his training from Oxford University and Westminster Hospital. He qualified MRCS and LRCP in 1902, followed by a BM, BCh in 1903, and proceeded MD (London) in 1906. He joined the practice in 1907 as an additional partner and became a Medical Officer of Tonbridge Cottage Hospital. He lived at 32 Quarry Hill Road in 1910 with his sister Nora, until 1914. The next year he married Mary Aston and they set up home at Bramptons (42 Pembury Road) living there until at least 1918. This house became the traditional home for the junior partner in south Tonbridge

In 1915, during WW1, he served as a Lieutenant in the Royal Army Medical Corps (Territorial Force) in India where he was awarded the Territorial Forces War Medal. After the war Bunting was promoted to the rank of Captain in the RAMC Territorials. How long he was away from the practice is unknown, but this must have put a strain on Newton, as he retired in 1913. On his return Bunting lived temporarily at 27 Lyons Crescent before moving to Warders, East Street in 1922. He sold Warders to Dewey in 1935 but had moved to Rewards [an anagram of Warders], Yardley Park Road in 1931.



Gerald Bunting

Bunting worked at Tonbridge Cottage Hospital which was then on the junction of Baltic Road with Quarry Hill Road. In 1929 he was among those who campaigned for the hospital to move to its present site in Vauxhall Lane, complaining that he could not hear down his stethoscope because of the noise of traffic. He formally greeted the Marchioness Camden when she came to open the new Tonbridge Cottage Hospital in Vauxhall Lane in October 1934. He was on the Combined General and House Committee from 1922 to 1928 and Chair from 1924, on the General Committee from 1922 and Chair 1928 to 1931 and on the House Committee of the Hospital from 1928 to 1935 and Chair 1930 to 1933. His wife was the Honorary Lady Superintendent from 1921 to 1924.

In the 1990's he was a partner who was still fondly remembered by patients. One reminisced that straw was put on the road outside patients' houses at his request to quieten the noise from horses and so give the patient more rest. Another lady remembered having her tonsils taken out at home by Bunting. Bunting's wife gave birth by Caesarean Section on the kitchen table of Warders, which would now be in the first consulting room on the right after the steps from reception.

Latterly he was chauffeured around the town by Fred Sturt in a four-seater French de Dion Bouton until he retired in 1936, to be replaced by **Jack Easton**, and moved to Crowborough. While there, he also had an address at 93 Harley Street where presumably he had consulting rooms. He died in 1953 in Worthing, West Sussex.

121 High Street 1920-1963

In 1920 the partnership moved three buildings up from 115 High Street to 121 High Street. It was rented accommodation above Lloyds Bank, situated on the north side of the junction of the High Street with East Street. By now, the telephone number was Tonbridge 236.



The practice was on the first floor above the Lloyds Bank premises
Lloyds Bank in 2020

The entrance was in East Street and patients 'on the panel' queued in the street waiting to be seen. There were no appointments and the patients were seen in the order in which they arrived. On entering the building, they went straight upstairs to a waiting room and reception area, both in one room. Patients were given their notes, but this practice was stopped in the 1950's because some patients were upset by what they read! Patients needed to go up a few more steps to the next floor to see the doctor. On this level, there were four doctors' consulting rooms, none of which had running water, and a waiting room for private patients. The private patients entered the surgery through the main entrance door of Lloyds Bank.

There were two employees. Ena Smyth, acted as secretary, receptionist and dispenser. As dispenser she worked in a small room making up the prescriptions for private patients, which were delivered to their homes two or three times a day by the other member of staff, John Sibbey. He spent his whole working life with the practice as a handyman. After 1948 he worked as a cleaner and delivered medicines to the few private patients who had not joined the NHS.



John Sibbey in the High Street delivering medicines to private patients

In the relative leisure of the pre-war days, the partners would meet their wives for mid-morning coffee at Aplins, a café across the road from the surgery - in 2021 The Bakehouse. However, in 1939 the relaxed morning break became a thing of the past. Tuckett and Easton left for the forces, while Herman and Dewey were left to look after the practice. During WW2, Tuckett and Easton served in the Royal Army Medical Corps (RAMC).

Ashley Ernest Herman 1887-1957

Ashley Herman received his training at Cambridge University and Charing Cross Hospital. He qualified BA (Cantab.) in 1908, BCh (Cantab.), MRCS and LRCP in 1911, MB (Cantab.) in 1913, and proceeded FRCS (Edin) in 1920.

In WW1, he served as a Surgeon Lieutenant in the Royal Navy and in 1919 was awarded the OBE (M). The citation noted 'his exceptional ability and stands out among others as operating surgeon, also has a brilliant knowledge of medicine.' He joined the practice in 1920, the year the practice moved above Lloyds Bank.

Warders has his operating book for private patients from 1920 to 1948. These included procedures for diseases of the ears, nose and throat (ENT), orthopaedics, urology, gynaecology and obstetrics. In 1936, he undertook twenty acute and planned operations on private patients that covered a wide range of surgery, such as an open reduction of a fractured humerus, the removal of a gall bladder, a malignant ovarian cyst, a carcinoma of the breast and several appendices and tonsils. He performed five hysterectomies and operated on an ectopic pregnancy. In other years, he fashioned colostomies (bypassing part of the colon and fashioning an exit on the abdominal skin), removed a traumatically damaged kidney, repaired hernial defects in the vaginal wall (colporrhaphy), operated on haemorrhoids, dilated and curetted the uterus and performed caesarean sections.

There is no reason to doubt that Herman was an excellent surgeon [as well as physician]. But it is amazing to think how medicine changes. Since the latter part of the twentieth century, all of the operations undertaken by him would have been performed in a main hospital by specialist consultants.



Ashley Herman

Herman was Medical Officer of the Tonbridge Urban and Rural Isolation Hospital at Capel between 1935 and 1948, Senior Medical Officer for Tonbridge School from 1936 and Medical Officer for the Tonbridge District Antenatal Clinic between 1938 and 1948. Like Bunting, he was very supportive of the Tonbridge Cottage Hospital. He attended Annual General Meetings of the Hospital and was a member of the General Committee from 1922 and Vice Chair from 1940 to 1947, the Combined General and House sub-committee 1922 to 1947 and the House Committee from 1933 of which he was Chair between 1941 and 1943. His wife took an active interest in the hospital and was an Honorary Lady Superintendent from 1935.

The medical registers give his address as the surgery though it is unlikely, he lived there. He married a Tonbridge woman, Noreen Franks in 1927 and by 1930 they lived at The Mount, Yardley Park Road. Herman retired in 1948, aged 61, to Hambledon, Surrey and died there in 1957.

Theodore Stanley Dewey 1902-1978

Theodore Dewey, known as Dore, was born in Devon in 1902, the son of Rev Sir Stanley Daws Dewey, 2nd Bt. He trained at Cambridge University and St Thomas's Hospital and qualified MRCS and LRCP in 1926, and MA, MB, BCh (Cantab) in 1927. He worked at the Victoria Children's Hospital, Chelsea before joining the practice in 1929 on the retirement of Newton. Dewey had a reputation as a very skilled obstetrician and, as with previous partners, was Medical Officer to Tonbridge School. Additionally, he did medical examinations for the Civil Service and the Post Office. He was Medical Officer for Kent College, Pembury. He actively supported Tonbridge Cottage Hospital and in 1948 he was on the House Committee and continued on it after the start of the NHS until 1952. He threatened to resign because the meetings occurred too early at 7.0pm and only withdraw his resignation when the time was changed to 8.00pm!

Initially he lived at 42 Pembury Road, where Bunting had lived, and moved to Warders in 1935 which he bought from Bunting. Dewey was a keen gardener and spent a great deal of money in developing the garden which he opened once a year for a retired district nurses' charity. He retired in 1962 when his list of patients passed to **John Hawkings**. Dewey continued living in Warders till his death in 1978 which resulted from an accident while crossing the junction of Mill Lane and Hadlow Road close to his home.



Dore Dewey

Cedric Ivor Tuckett 1901-1975

Cedric Tuckett was born in 1901, the son of an ophthalmologist, and was trained at Cambridge University and St Thomas's Hospital where he was awarded the Cheselden Medal for the best fourth-year student in surgery or surgical anatomy. He qualified BA (Cantab.) in 1923, MRCS and LRCP in 1926, FRCS (Eng) in 1928, and proceeded MChir (Cantab.) in 1930. He then worked as a junior doctor, before being appointed Resident Assistant Surgeon at St Thomas's, a post that usually led on to a consultant surgical career. We do not know why he left hospital medicine, but he joined the practice in 1932 as an additional partner which increased the number to four. He lived in Yardley Park Road, first at Sunridge Cottage and then opposite at Yardley Gables, 25 Yardley Park Road. This received some bomb damage during WW2

Tuckett worked both as a general practitioner where, like the other partners he was a Medical Officer for Tonbridge School, and as a surgeon. In 1937 he was appointed Honorary Consultant Surgeon to the Kent and Sussex Hospital, Mount Ephraim, Tunbridge Wells and had surgical beds at Tonbridge Cottage Hospital and the Homeopathic Hospital, Church Road, Tunbridge Wells.

On the outbreak of WW2, he joined the Royal Army Medical Corps (RAMC) as a surgical specialist and by D-Day was in charge of a field surgical unit which, until the armistice, closely followed the advancing front. As a temporary major, he was awarded the MBE early in 1946 for 'gallant and distinguished services in North West Europe 1944-1945' and after a short spell in India, he left the army in 1946 as a lieutenant-colonel.

In 1948 at the start of the NHS, Tuckett made the decision to stay as a partner and kept his appointment as an NHS surgeon at the Kent and Sussex and Tonbridge Cottage Hospitals. But in 1950 he resigned from the partnership as the option of being both a consultant surgeon and a general practitioner was closed. However, he would still come into the surgery every Thursday morning and see minor surgical cases or those patients who just needed putting on a waiting list for a surgical procedure. These were some of the earliest outreach clinics in the NHS, which were also held in the practice for a few years after 1992.



Cedric Tuckett

After work he often went to the Shipbourne Road Boys Club, close by to his home, to play snooker. He enjoyed sailing, gardening and shooting. Tuckett retired in 1966 and died in Tonbridge in 1975. His obituary in the *British Medical Journal* records that he was at his best as a general practitioner because his patients and their families became his friends.

John Lawrence Howland Easton 1903-1994

Jack Easton, as he was known, was born in 1903 in London. Both his father and grandfather were GPs. He trained at Cambridge University and King's College Hospital and qualified BA (Cantab) in 1927, MRCS and LRCP in 1928, MA, MB (Cantab.). He gained the MRCP in 1930 and MD (Cantab) in 1934. In 1930 while a medical registrar at Kings, he reported in the *Lancet* three cases of acute myelogenous leukaemia, which, he hypothesised, were caused by a virulent viral infection. He was a Fellow of the Royal Society of Medicine.

Welch's Infatuation

Easton's first post as a general practitioner was in Broadstairs where he looked after Maurice Denton Welch, who later became a well-known novelist, poet and painter. Welch was born in 1915 and in 1933 went to the Goldsmiths School of Arts. He realised at this time that he was gay which was a difficult situation to handle in the 1930s. Aged 19, in June 1935, he had a severe bicycle accident when he was run over by a car and suffered a head injury and fractured spine which for a time left him paralysed below the waist. This led to a tubercular infection and long-term recurrent infections of his bladder and kidneys. Initially he was hospitalised but then went for rehabilitation to Southcourt Nursing Home in Broadstairs where he was cared for by Easton. Welch developed an intense infatuation for Easton which led to some embarrassing episodes, detailed in Welch's letters and notes. He wrote an incomplete autobiographical novel, *A Voice Though a Cloud*, which was published posthumously in 1940 in which Easton is cast as Dr Farley. Welch wrote that Farley was 'pleasingly' different and more interested in his patients than other doctors and that he was careful and confident in caring for Welch. The novel relates how Farley helped in the rehabilitation of Welch by bringing him a gramophone and a pineapple. Farley encouraged him to restart painting and took him on car journeys to the sea and home to tea (Easton was married at this time). Welch notes how Farley was a member of the Amateur Dramatic Society and sang as a way of increasing his self-confidence.



Self portrait of Denton Welch from Wikipedia 2020

In the novel, Welch writes that Farley confided in him that he was moving to a different part of Kent, where the practice had a wider age range of patients. Welch wanted to keep Farley as his GP, a move which Farley did nothing to discourage, so Welch moved from his nursing home to the same town as Farley. After Farley had moved, he wrote and recommended that Welch did not live in the south end of the town, describing it as 'newer, grimmer and nearer a shunting yard', a reasonable assessment of Tonbridge at the time.

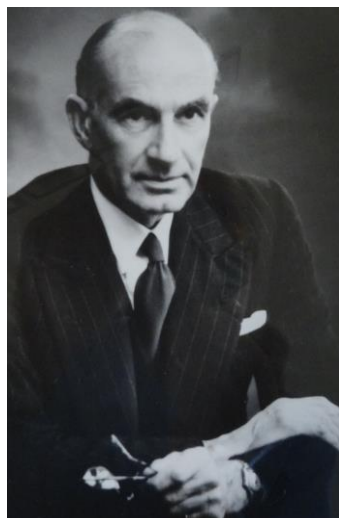
Easton moved to Tonbridge in 1936 and Welch moved in July 1936 to a flat at 54 Hadlow Road. Welch was looked after by Evie Sinclair who was also his housekeeper, but Welch lived in Tonbridge only a short time before moving to St. Mary's Platt. He was back in the practice's area by 1940 living at Pitt's Folly, Tonbridge Road, Hadlow from 1942 until his death in December 1948 at the age of thirty-three. It is probable that Welch's infatuation decreased soon after moving to Tonbridge and there is no mention of Easton in Welch's *Journals from 1942-1948* published in 1952, nor of him painting Easton's portrait.

Easton post Welch

Easton joined the partnership in 1936 to replace Bunting and lived at 42 Pembury Road. That year, he was called to 2 Skinners Terrace where he found Alexander Pepper dead. Pepper had been in the Royal Marines Light Infantry and was injured during the Zeebrugge Raid in 1918. He suffered a severe head wound which left him with headaches. Five days before death Pepper started to have epileptic seizures. Easton reported to the coroner the results of a post mortem he had carried out, which showed the cause of death to be the rupture of a cyst under the scar of the head wounds.

During WW2, from 1940, Easton served in the RAMC, reaching the rank of Lieutenant Colonel. He was mentioned in dispatches in recognition of 'gallant and distinguished service' in January 1944 while a Captain (Temporary Major).

In 1942, while serving in the Middle East as a Captain, he reported to a conference in Cairo on rheumatic diseases, published in the *Annals of Rheumatic Diseases* in 1946, that sciatica and fibrositis were frequent among Libyan prisoners of war. In 1945 he wrote a paper, published in *Public Health*, on an outbreak of smallpox among the allied forces. Of sixty-five suspected cases, thirty-three were soldiers who had been vaccinated and thirteen who had not. Only two died from the vaccinated group but eleven from the unvaccinated while seventeen were discovered not to have smallpox.



John Easton

Easton was appointed an Honorary Consultant Physician at the Kent and Sussex Hospital, Tunbridge Wells where Tuckett was also an Honorary Consultant Surgeon. Although this gave the practice a great deal of prestige, it did regularly take them away from their work in general practice. They both held honorary medical appointments at Tonbridge Cottage Hospital.

In 1949 Easton was appointed Consultant Physician to Bedford General Hospital. The Hospital was mostly staffed by general practitioners with surgical skills who believed that they could cover the work more than adequately and did not appreciate the appointment of a consultant who was also an “outsider”. Easton’s life was made more difficult with two hospital wings, each with its own matron who did not speak to each other. He served as a single-handed consultant physician in Bedford, until 1952 when a second physician was appointed.

Easton’s experience highlights some of the changes facing the medical profession at the time. With the advent of the NHS in 1948, hospital consultants increasingly became fulltime specialist posts and did not require the skills of general practitioners.

During his time there, Easton cared for a patient who was admitted with anisocytosis (a red blood cell abnormality with too high a percentage of unequally sized cells) which was reported in the *British Medical Journal* in 1953. He contributed in 1957 to a review of twelve cases of pulmonary hypertension and in 1965 made constructive suggestions for an article on ‘*Electrode Jelly in Electrocardiography*’. Both articles were published in the *British Heart Journal*.

Easton was elected FRCP in 1957 and retired in 1965 to Apsley Heath, Bedfordshire, where he died in 1994.

The first forty years of the NHS: 1948-1987

The introduction of the NHS in July 1948 with its free treatment for all was naturally welcomed by patients. The attitude of GPs was more equivocal because they were required to make a choice between working in full-time general practice or hospital consultancy. The partners were now called General Medical Practitioners rather than Physicians and Surgeons. They maintained their self-employed status, but were contracted to provide general medical services for all patients. They were allowed six weeks holidays a year, unusual in 1948. On retirement, GPs lost their ability to sell the goodwill of their practice which had previously provided the doctors’ pensions.

Either coincidentally or as a direct consequence of the change to the NHS, there was a significant disruption to the practice. Melville was appointed in 1947, Forsyth joined the practice the following year when Herman retired. Both Easton in 1949 and Tuckett in 1950 left for hospital consultant posts.

Briefly between 1947-1949 there were five partners, reduced to only three between 1950-1954. In 1950 the three partners looked after a large area which in time included Hayesden, Bidborough, the northern part of Southborough, Castle Hill, Kent College, Capel, Tudeley, Golden Green, Hadlow, Goose Green, Shipbourne, Plaxtol, Hildenborough and Tonbridge. The workload increased with growing demands from patients for hospital appointments and the necessity for GPs to sign many more forms, seemingly unnecessary, such as one giving permission for a patient to attend an optician. This led to the need for an additional fourth partner, Marsh, who joined the three in 1954. The number increased to five in 1975 when England joined the practice.

The partners' work was varied and practical. They were still performing post-mortems, but operative surgery and caesarean sections ceased except for Tuckett's work. Forceps and normal deliveries were carried out at home, but also increasingly at the Tunbridge Wells Maternity Home until the mid-1970s when the partners active involvement in deliveries ceased. Only first babies, mothers who had had previous difficult labours and fourth pregnancies were booked for a hospital birth at Pembury. A shortage of midwives in the 1950's increased the number of normal deliveries by the partners. Melville and Forsyth gave anaesthetics of chloroform and ether to assist other partners at forceps deliveries at Tunbridge Wells Maternity Home and operations at Tonbridge Cottage Hospital.

A doctor had one half day off a week, although in winter this might not start until late afternoon, and he was on duty again at 11.00pm. All the partners worked on Saturday morning but were free after they had completed their visits, until 11.00pm on Sunday. One of the partners worked Saturday afternoon and Sunday and, until 1964, ran a Saturday evening surgery (with some patients attending on their way to the cinema!). From the 1950's the Saturday duty doctor attended the Tonbridge School's 1st fifteen rugby match at their site off Elm Lane. The junior partner covered for his colleague on holiday. All were expected to attend their own midwifery cases [night and day] unless out of town. Doctors were paid quarterly, not weekly or monthly.

Initially therapeutic change was slow. In 1948 there was little proven treatment for common conditions like hypertension, heart failure, asthma, type 2 diabetes, depression and psychosis. But by the 1950's new drugs became available, including antibiotics, tolbutamide for type 2 diabetes, the anti-coagulant warfarin, the anti-psychotic drug chlorpromazine (Largactil) and cytotoxic drugs for cancer. Home visits were common, in line with general expectations and limited personal transport. Epidemics such as measles, scarlet fever and influenza and routine visits to the chronically ill and housebound added to the work. From the late 1970s onwards, there was even more change, both in the range of new drugs and better treatment options available in hospital. There was new medication for asthma, diabetes, hypertension, heart failure, indigestion, epilepsy, cancers and leukaemia. The practice bought its own electrocardiograph (ECG) machine. Later, acute asthmatic attacks were treated with nebulisers carried by each partner. Patients with heart failure, heart attacks and strokes, previously treated at home, were admitted to hospital.

In 1962, practice records show that about 500 booked patients were being seen a week with 100 un-booked. Doctors made 75-100 visits in a week. Consulting times were advertised as being between 9.00 -11.30am and 5.00 - 6.30pm, but always overran, with the surgery closed for an hour at 1pm. There was a Saturday morning surgery, now only manned by two doctors, which was not by appointment. The Saturday evening session was abandoned leaving one doctor to cover the rest of the weekend. Privacy at home was improved when it was possible

to switch the telephone away from the surgery and between partners' houses. Later, the partners all had an extra ex-directory number for private use.



This photograph was taken on the lawn behind Warders, probably in 1964 on Dore Dewey's retirement. From left to right is Pam Melville, Jean Forsyth, Ena Smyth, Lettice Tuckett, Stewart Melville, Monica Dewey, Dore Dewey, Michael Plaxton, Jill Plaxton and Stuart Forsyth. (Courtesy of Mary Gibbins).

In the 1970's visiting was still onerous and there continued to be a high incidence of measles, mumps, german measles and whooping cough, before an increased uptake of immunisations in the 1980s. An annual influenza immunisation programme for the elderly was run by the mid-1970s. It was extended to pupils at the private boarding schools of Kent College Pembury, Tonbridge School and Yardley Court School (where the pupils were registered with the NHS) and the boarding house of Tonbridge Grammar School for Girls, Kentleys, in Pembury Road, by the doctors. An Age-Sex Register, a tool to understand the demographics of the practice population, and a Cervical Smear Register was created in the mid-1970s.

In the 1980's, it was realised that Forsyth and Goodridge had many patients who lived in outlying villages and that the practice was eligible to claim a special rural practice payment for these patients. Another claim could be made for purchasing medication for personal administration by a partner to patients.

Until the late 1970's and before the advent of mobile phones, if a doctor was needed for an emergency when he was out on home visits, the only communication with him (there were no female doctors at this point) was by the receptionist estimating from his visiting list where he might be and phoning that patient's home. In the late 1970's matters improved with the use of pagers, but even this required partners to phone the surgery back from public telephone boxes. The doctors' home phone number was used when the surgery was closed (from midday Saturday for the weekend and mid-week 7.00pm to 8.30am and between 1-2pm). Wives were required to answer the phone in their husband's absence for example before the morning surgery, in the lunch hour and evenings as well as over the weekend. Those without a medical background had an especially difficult time, answering medical questions and trying to assess the urgency of a problem. Out of hours, patients were often seen at the doctor's home. 42 Pembury Road had a Day and Night Bell by the front door, the latter ringing through to the doctor's bedside. Doctors' houses were used for interviewing new partners and the occasional partners' meeting on a Monday lunchtime which had become regular by the mid-1980s. In 1992 the on-call system changed, with out of hours work shared with other practices in Tonbridge and Tunbridge Wells. This significantly relieved the wives' duties.

Partners started visiting from 7.00am. These were new calls which had just come to the home or were reviews of yesterday's visits. Consultations started at 9.00am and were scheduled until noon, but usually ran on much longer. A further session lasted from 5.00pm until 7.00 but again overran, often until 8.0pm. The appointments were booked at five-minute intervals which increased to seven and a half minutes in 1980, and finally to ten minutes. Afternoons were spent on home visits, on administration and on other medical commitments.

New partners took time to reach financial parity. Gorham started on a third of the income of West and achieved parity in six years while Ford started on a half of the income of the other partners, but his income increased incrementally until parity was also reached after six years. For Goodridge in 1977 it took three years. The figure has now reduced to thirty months.

In 1971 the first nurse, Elizabeth Dawn Kirk was appointed, but she left in 1976 and was succeeded by Dorothy Abel who worked until the late 1980s. They took over the dressings, removal of stitches, blood and urine testing, ear syringing, routine immunisation, treatment for warts and verrucae and desensitising injection for allergies. Until the 1980's the doctors still took some blood for testing and syringed ears. Each weekday, a partner personally took the blood samples to Pembury Hospital after morning surgery. It was not long before nurses, district midwives and health visitors, employed by the local health authority, became attached to the practice and visited Hanover House to liaise and work with the doctors.

In 1981 Forsyth was the first partner to take extended leave after Goodridge, on Forsyth's behalf, appealed successfully against a decision by the NHS forbidding it. Since then, all partners have taken extended leave of eight weeks after every ten years of service.

The size of the practice list in 1970 was 11,715 and had risen to 13,900 by 1976 and was 13,991 in 1982.

Stuart Leslie Melville 1916-2007

Stuart Melville, who was often known as Stu, was born in Edmonton, Essex in 1916 and was trained at Cambridge and King's College Hospital and qualified MRCS and LRCP in 1941 and MB, BChir (Cantab.) in 1942. The same year he was awarded MA (Cantab). In July 1942 he joined the Royal Navy Volunteer Reserve as a Temporary Surgeon Lieutenant and served in the South Atlantic and the Far East. He joined the practice in 1947. As junior partner he was expected to give the anaesthetics for surgical procedures at the Cottage Hospital and for obstetric emergencies at the Tonbridge Nursing Home, although he had had little training in the subject. He became a Medical Officer to Yardley Court School, a boys' preparatory school in Yardley Park Road and to Kent College, Pembury, a girls' boarding school. He also did work as a local Medical Officer for the Civil Service and Post Office.

Polymer Fume Fever

Melville reported the cases of four patients who worked at a printing works in Tonbridge to another GP in Tonbridge, John Barlas of 19 East Street. Barlas wrote a letter to the *British Medical Journal* in 1967 reporting the outbreak of Polymer Fume Fever. At the time printing was one of Tonbridge's main industries. Polytetrafluorethylene, when heated above 300° C, produces products of pyrolysis which if inhaled caused acute lung injury. In 1964, because of problems with colour printing, Rocol, the trade name for one of these substances, was used as an aerosol spray on the coloured pages of books during the printing. In June and July of that year three men developed the symptoms of Polymer Fume Fever and one man did not. The symptoms were a fever, cough, headache, malaise, shortness of breath and tightness of

the chest. The three who developed the fever smoked heavily. The pyrolysis presumably occurred when the polymer was inhaled while smoking.



Stuart Melville

Melville reduced his work to part-time in 1976 and retired in 1977 remaining at his home, The Gate House, 44 The Ridgeway. He was a keen botanist and in 1968 made the first recording of *Veronica peregrina*, a flowering plant of the plantain family native to North America, in a vegetable garden near Tonbridge. His list of patients was passed to **John England**.

Stuart Gordon Adam Forsyth 1922-2007

Stuart Forsyth was brought up by his grandfather, a rural singlehanded general practitioner in Urchfont, Wiltshire. He trained at Cambridge and University College Hospital Medical School and in 1943 was awarded the Trotter Silver Medal, a surgical prize named after Wilfred Trotter, an eminent UCH surgeon. He qualified MRCS, LRCP in 1945 and MB, BChir (Cantab.) in 1949. While at medical school he met Jean Popple, a fellow student, whom he married in 1945. Jean qualified as a doctor but never practised. Forsyth decided on a career in general practice and initially spent a short time working in his grandfather's practice, with Jean as the dispenser, before becoming an assistant GP in London. He joined the partnership in 1948 and settled at 42 Pembury Road, which had been occupied previously by Bunting, Dewey and Easton, and continued living there after he retired.

In 1951 a magazine, called *The English-Speaking World* [no reference available], interviewed Forsyth (appearing anonymously as Dr A) as an example of a doctor working in an 'English Country Town' and compared him with a GP working in Queens, Long Island, New York. The article is interesting for its following insight. The list size of the three partners was 9000, including 'a considerable number of wealthy elderly folk who still prefer to pay for treatment.' Private patients were charged five shillings for a consultation and between seven shillings and sixpence and ten shillings and sixpence for a home visit. Forsyth's surgery started at 8.30am, lasted two hours and he was rarely home before 9.30pm. He was on duty three evenings a week. A considerable portion of his work involved visiting patients at home, or in the hospitals, nursing homes or at the 'big school' [Tonbridge School] nearby. He had six weeks holiday a year. Forsyth bought his house for £4000 from Easton. His income was quoted as £1505 a year, which would rise at parity to £2000. His grandfather had guaranteed a bank overdraft for £2000. Forsyth's car had cost £300. He noted that before WW2 a GP of his standing would have had two resident maids and a gardener and would expect to send his children either to a boarding school or have a governess. He hoped his two girls would go the local Grammar

School. They had a cleaner, but Jean looked after the two young girls herself, did the cooking and some of the gardening. He was home for all his meals.

Forsyth kept a notebook from his student days in which he described his training and early career. Over a period of seven days in February 1952 he recorded the number; type (new or follow up, needing investigation, out-patient referral or surgery); place (surgery or home) demography (sex and if aged under 15 or over 70) and his diagnoses of his consultations along with the weather. During the week he saw 124 patients in the surgery and ninety-eight at home of whom fifty-four were children, fifty-eight men and 110 women. He saw on average one private patient a day. Twenty-two sickness certificates were issued and six patients received anaesthetic gas for minor operations. He gave eight injections, changed three vaginal pessaries, syringed three ears and strapped one chest. He referred five patients to outpatients, and one emergency admission to hospital. He tested five urine samples and three blood or faecal samples were sent to the hospital. He saw six antenatal patients. He had continuing care for, and visited, three of his patients in Tonbridge Cottage Hospital. (cf **Howitt** p.41 **Louis Arthur Charrington Wood** of Penshurst p.63).

Forsyth was particularly interested in the care of children and gained the Diploma of Child Health (DCH) in 1960. For many years he stood in for the single-handed consultant paediatrician, Dr. Norman Maurice Jacoby, FRCP at Pembury Hospital, Tunbridge Wells when the latter was away. He helped in the training of Red Cross and St John Ambulance volunteers and in 1963 was appointed a Serving Brother of the Most Venerable Order of the Hospital of St John of Jerusalem. Forsyth was the first trainer of GPs in the practice and was a Course Organiser of the Tunbridge Wells GP Vocational Training Scheme (VTS).



Stuart Forsyth

In 1977 he wrote to local consultants and followed this up with an article in *Modern Medicine* about the information he thought should be included in a GP outpatient referral letter. In 1984, published in the same journal, was his audit of orthopaedic outpatient referrals. (cf. **Howitt** p.41 and **Louis Arthur Charrington Wood** of Penshurst p.62)

Outside medicine, he was very well known in the town. Forsyth was involved in the musical life of Tonbridge, regularly playing the flute in the Tonbridge Philharmonic Orchestra, of which he was later President. In 1962, with Dorothy Breed, he helped to found the Tonbridge Music Club serving as Chairman. In 1978 a Day Centre was built at Tonbridge Cottage Hospital which was only possible as a result of his determination and enthusiasm together with the help of Maurice Gilham of the Tonbridge Lions Club. He was involved with the Tonbridge Old People's Society which now meets in a hall named after him, the Forsyth Hall, at 5, Bradford Street. In 2021 it is the local base for Age UK which hosts many different activities. He was

also involved with the Weald of Kent Branch of Crossroads, a charity for carers and the people they care for.

A scholar, in 1984 he gave a talk at Somerhill to the History of Medicine Section of the Royal Society of Medicine on the '*History of Somerhill and Tunbridge Wells Society*'. After retirement Forsyth gained the Diploma in Philosophy from the University of Kent.

One of his great loves was hill walking in North Wales where he owned a cottage, and latterly he organised rambling walks around Tonbridge.

Forsyth practised part-time from 1983 until about 1990 and died in a local nursing home in 2007. His list of patients was passed to **Alistair Howitt**.

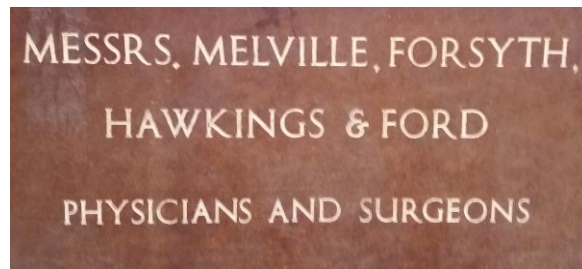
Edward Deryk Marsh 1923-1973

Edward Marsh was born in Simla, India and later was trained at Cambridge and St Bartholomew's Hospital and qualified MRCS and LRCP and MB, BChir (Cantab) in 1947. As a medical school student, in 1945, he volunteered to help at the newly liberated concentration camp at Belsen. He served as a Captain in the RAMC until 1949 and in 1946 helped the injured in Jerusalem after a bomb exploded at the King David Hotel. He joined the practice as a fourth partner in 1954 and lived at 59 Hadlow Road and then Overdale, 1 Tudeley Lane. Unfortunately, he developed health problems, of which the partners were unaware and which could have affected his care of patients. This resulted in his leaving the practice by mutual consent on 31st December 1959. Marsh took his list of patients with him and set up his new single-handed practice at 29 East Street, a short walk from the Lloyds Bank premises which were then at 121 High Street. He later had a surgery at 319 Shipbourne Road and moved his home from Tudeley Lane to Bidborough and then to Little Fowle, Queen Street, Paddock Wood where he died in 1973.

Marsh was replaced in 1960 by **Michael Robert Kirby Plaxton** who was trained at Cambridge and the Middlesex Hospital. He qualified BA, MB, BChir (Cantab) in 1954, obtained the DObstROG in 1958 and served in the Royal Naval Voluntary Reserve as a Temporary Surgeon Lieutenant from 1955 until 1958. He initially lived at 33 Hadlow Road and then, 1 Old Hadlow Road. In Tonbridge he was a Treasury Medical Officer. He left the practice in 1964 moving to another practice in Mere, Wiltshire.

Hanover House 1963-1987

In 1963 the practice moved further up the High Street to Hanover House, 203 High Street. The Victorian building was on the site of Skeffington Manor, an Elizabethan house, which had been largely destroyed in the 1860s. The partnership rented the upstairs and the southern side of the building to the right of the front door from a dentist, Cyril Hall, who practised on the ground floor. There was a grand staircase up to the waiting room and it was taken as a sign of fitness for patients to be able to climb them! The reception area where the notes were kept was initially on the first floor but later moved downstairs. In the attached building on the south side, there was a small coffee room, and a back staircase leading to the secretary's office and the first floor. Here, as well as the waiting room, there were five consulting rooms, one nurses' room, a sluice and a room for minor pathology tests including microscope examinations. The coffee room was used by the staff and doctors to meet at about 10.30am, a tradition which still continues. The new phone number for the practice was 354168.



This plate, which advertised the practice, was on the wall outside Hanover House in the 1960s

There was little incentive for general practitioners to improve their premises and the facilities they offered until 1966. Their new contract, resulting from the Charter for General Practice, provided practices with grants to employ staff and upgrade surgeries, monies which had previously been funded from practice income. Funds were used to improve the ground floor space of Hanover House, which was turned into a reception area and to employ one full and several part-time receptionists. The number of secretaries increased to three, led by Yvonne Roberts. In 1973, Pearl Thurston was appointed as Secretary and Practice Administrator. The partners were able to dictate all their letters for typing up using a Dictaphone, rather than writing them by hand.



Hanover House, 213 High Street. The remaining part of the original house is on the far right

John Manwell Hawkings 1935 –

John Hawkings was born in India and lived there until he was ten years old. He was trained at University College, London and qualified MB, BS, and MRCS, LRCP in 1960, gaining the DObst RCOG in 1962. He joined the partnership in November 1963 and took over Dewey's list of patients. Initially he lived at 89 Hadlow Road and then moved to Willows, Yardley Close.

He was Medical Officer to Tonbridge School. From 1983, rather than each partner caring for a school house, only two doctors, of whom Hawkings was one, were centrally based for daily consultations at the sanatorium. He was also Medical Officer to Kent College, Pembury, a post he took over from Stuart Melville and was a local Medical Officer for the Civil Service and Post Office.

The great contribution of John and his wife Elizabeth was to find new premises in 1987 for the practice. Hanover House was becoming unsatisfactory because of the stairs, poor parking and the need for increased accommodation. They spent many hours scouring the town for suitable premises that could be adapted or, alternatively, for a plot of land to build on. The Red House in Bordyke was looked at and serious consideration was given to empty land opposite the Ivy House pub and to a site belonging to Tonbridge School in the London Road. However, when Warders became available, they saw the potential of developing the house to provide excellent facilities for the practice. Hawkings was the lead in meticulously planning, designing and overseeing the adaptation of Warders to modern surgery accommodation and organising the logistics of the move. Later he was instrumental in the purchase and conversion of Little Warders. Unfortunately, Elizabeth became ill shortly after the move to Warders and she died in 1988. Hawkings was the first Warders' partner to use a 'brick' mobile phone for work calls.



John Hawkings

On the formation of the Tunbridge Wells and Tonbridge and Doctors-On-Call (TTDOC) in 1992, Hawkings became one of its Directors until 1995.

He later remarried and retired in 1995 moving to Corton, Wiltshire. His list of patients was passed to **Michael Morris** MB, BS, MRCP, DCH, DRCOG.

John Michael Tipping Ford 1936 –

John Ford was born in 1936, the son of Raymond Eustace Ford MD, CBE who had worked as a GP and later as Deputy Chief Medical Officer of Health for the Ministry of Health. He trained at St Thomas's Hospital and qualified MB BS in 1961. He obtained the DObst. RCOG in 1965 and the Diploma in the History of Medicine of the Society of Apothecaries of London in 1976.

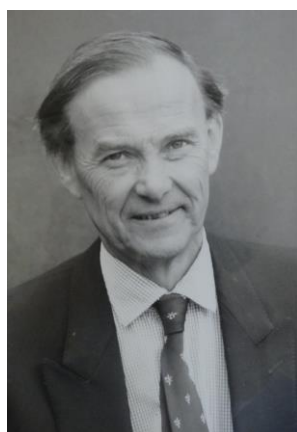
Ford joined the practice in 1965 and lived in Hadlow Road. He had an interest in psychiatry and worked as a clinical assistant in the Baltic Road Clinic in Tonbridge for eight years. In 1980 he was a member of the founding council of Hospice at Home which covered the Tonbridge and Tunbridge Wells area and he served on the Committee for ten years. It has now grown into Hospice in the Weald at Pembury. For the first few years he provided the only local in-patient hospice care at Tonbridge Cottage Hospital.

His great interest, however, was in medical history. He was the Osler Lecturer of the Worshipful Society of Apothecaries in 1977, Medical Historian of St Thomas's Hospital from 1980 to 1987 and Apothecaries' Lecturer in the History of Medicine at St Thomas's Hospital 1980 to 1990. During this time, he wrote an article on the Spa Waters of Tunbridge Wells and had a book published by the Wellcome Institute, transcribing and editing the letters sent between a surgeon apothecary (the precursor of a GP) in Hurstpierpoint and his son, who had

been sent to study at Guy's Hospital in 1801. Ford was a Council Member of the Section of the History of Medicine of the Royal Society of Medicine from 1977 to 1990 and President from 1987 to 1989. In addition, he was the Secretary, International Delegate and then President of the British Society of the History of Medicine in 1988 and 1989.

Ford was a Medical Officer for Tonbridge School and, with Hawkings, cared for all the boarders from 1983. Both doctors were consulted over the design of the new Tonbridge Sanatorium in its move from Dernier Road to a house adapted on the school site at the entrance to London Road.

Fund Holding was introduced in 1993 as a voluntary scheme, whereby practices were given a budget to provide local medical services for their patients. The practices in the town worked together to improve the efficiency and availability of services. At Warders, orthopaedic surgery was contracted to Guy's Hospital, ophthalmology to Maidstone and a practice physiotherapist was appointed. The consultants ran outpatient clinics at Warders and thoroughly enjoyed the friendly atmosphere of the well-run practice. In his last year, as the organising fundholding partner, Ford was able to save £100,000 from the budget, by efficiency savings and prescribing discipline, which paid for the extension on the south east side of Warders to provide a larger space and improved facilities for the nursing team and increased secretarial space above.



John Ford

He retired in 1996 and continued living at the same house in Tonbridge. His list of patients passed to **John Moore** MB, BS, MRCGP, DA, DCH, DRCOG in 1997 who also became a Medical Officer for Tonbridge School in succession to Ford. After retirement, Ford continued his work on the history of Medicine. He researched **William James West** and in 2009 was awarded an MD for his thesis on **John Gorham**. (Ford's research helped to provide information for the 19th century history of the practice.) At the Faculty of the History and Philosophy of Medicine and Pharmacy of the Worshipful Society of Apothecaries of London, he was the Gideon de Laune Lecturer in 2000, a member of the Executive Committee from 1990 to 2004 and its President from 2000 to 2004. On the Society's Diploma in the History of Medicine course he was a lecturer and examiner from 1993 to 2013, and convener of the examiners between 2009 and 2011. Ford was Chairman of the Royal Society of Medicine's Retired Fellows Society between 2010 and 2012. He has written extensively, including a series of Medical Memorials for the *Journal of Medical Biography*, book reviews for *Medical History* and *Vesalius* and articles for the *Oxford Dictionary of National Biography*. He ran a student exchange programme with Texas A&M University and lectured widely, including on cruise ships

Ford was a member of a committee jointly of the Royal College of General Practitioners (RCGP) and the Society of Apothecaries which set up the Rose Prize in the history of general practice. He has been a member of the Heritage Committee of the RCGP since 2006 and in 2014, he helped update the *President's Portraits* booklet for the RCGP. For his work on the History of Medicine he was elected MRCGP in 2005 and FRCP in 2015.

John Michael England 1946 –

John England was born in Dulwich in 1946, England trained at King's College Hospital, London and qualified in 1970 MB, BS and DRCOG and FP (Cert). He was the first partner to receive a structured training for general practice, having joined the Dartford three-year GP training scheme. He joined the practice in 1975 as an additional fifth partner, at a time when Melville was reducing his work commitments, and England eventually took over that list of patients. Initially he lived in Elmshurst Gardens and later moved to a house off the Hadlow Road. His specialist areas were minor surgery and family planning. He was the first partner to specialise and be qualified in family planning. Subsequently, and with the arrival of female doctors working in the practice, much of this work was taken over by them.



John England

He developed the Practice Prescribing Formulary, a useful tool in changing partners' prescribing habits to become more rational and evidence based. He was Medical Officer of Yardley Park School (a boys' preparatory school) until it moved to Somerhill in 1990. When he started, the elderly joint Headmaster, Eric Bickmore, could not believe that he was a doctor due to his youthful appearance. On his first visit to the school, the headmaster grabbed him by the collar and said, "Where are you going boy!" He replied, "I am your new Medical Officer, Headmaster" and was rapidly offered an apology.

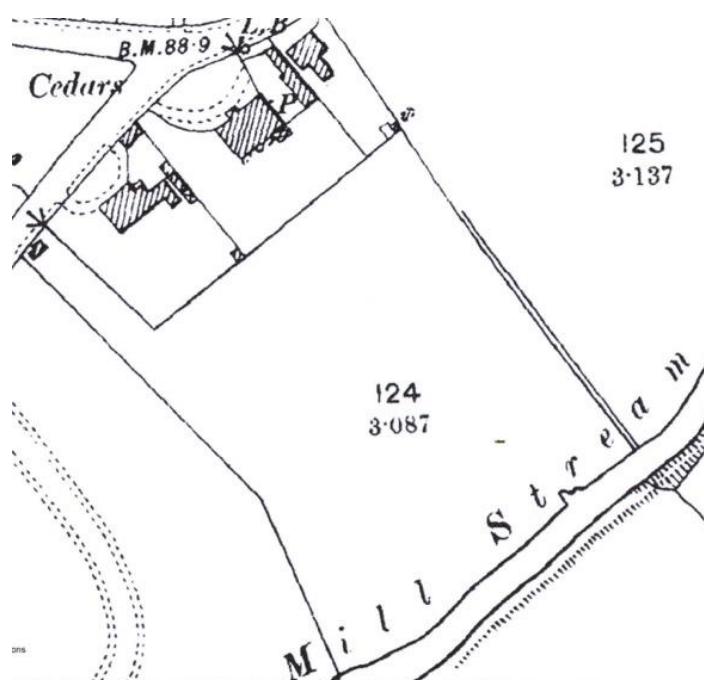
In 1995 he replaced Hawkings as Medical Officer to Tonbridge School. He worked as a Medical Officer for the Charity Aid Foundation between 1987 and 1990 when it was based in Pembury Road, and was a Director of TTDOD from 1995 to 1998. He retired in 2002 and continued to live in Tonbridge in the same house off the Hadlow Road. England was replaced by **Richard Claxton** MB, BS, MRCPCH, MRCGP, DRCOG who also took over as a Medical Officer to Tonbridge School.

Warders 1987-2021

Warders House and Garden

Warders originally had a small garden stopping at the end of what is now the main car park with a ha-ha overlooking a meadow called Blower's Field. This led down to the Mill Stream, which often flooded.

The meadow was owned by Bordyke End, the house next to Warders, and a row of poplar trees was planted along the stream by Goodridge's grandfather in the early 1920s, when he lived at Bordyke End. Bunting bought Warders in 1922 for £2200 and paid an extra £400 to purchase the western half of Blower's Field and the right of way to the field along the western border of the Warders property from East Street, which is now part of the car park. Dewey purchased Warders in 1935 from Bunting for £2000 (for what was now a 2.5 acre property).



Warders is the left-hand building with Bordyke End on the right.
OS Map 1897-1900 Kent County Council Historic Maps. (Reproduced by permission of the Kent Archive Service of the Kent History and Library Centre)

Dewey initially developed a large rock garden on the site of the main car park. It contained a mass of bulbs as well as many small firs and azaleas and then in 1962 he started to plant up the old orchard of Blower's Field. Many of the trees became fine specimens, including a Dawn Redwood, a Brewer's Spruce, a Snowdrop Tree (*Halesia Carolina*), a Pocket-handkerchief Tree (*Davidia involucrate*) and *Cornus Kousa*. There were numerous maples, rhododendrons, azaleas and camellias, and a specialist collection of snowdrops. The garden was the subject of an article in *Country Life* in the 1970's and was open to the public once a year.

After Dewey died in 1978, Mr Cooper, a dentist, bought Warders. His wife was a flower arranger and planted specimens which were useful for her work. They built a bungalow in 1983 beyond the ha-ha, and lived there, having sold Warders to a bank manager.

The practice bought Warders in 1987 after John Hawkings with his wife, Elizabeth, had searched the town for a suitable building for the practice to expand into. (In 1935 Bunting had foreseen the move when he wrote to Dewey that 'the firm will be driven by the noise out of the High Street eventually.') Hawkings masterminded the detail of the conversion into medical premises, and, as a practising doctor, knew best how to arrange the furniture to maximise efficiency and protect privacy, for example, anyone opening the consulting room door and entering the room, would see the doctor's desk and not the examining couch behind the door.



Warders under reconstruction in 1987

An extension was built on the north-east side of Warders to provide a waiting room. To the right of the new front door was the reception area with the medical records.

There were five consulting rooms and a nurse's room. By this time parts of the garden were past their peak, so that the partners did not feel it a desecration to turn the rockery into a car park, though it was arranged as part of the planning permission that a medlar tree was dug up and transported to The Deanery at Sonning. The practice continued to maintain the garden to a high standard and in 1990, won the Surgery Garden of the Year Award in a competition run by *Pulse* magazine.

The move to Warders from Hanover House occurred on 2nd February 1987 when the telephones were directed to Ford's house and the receptionists worked in his dining room. The practice acquired the phone number 770088 with the partners having home numbers ranging from 770022 to 770066. Warders received the Tonbridge Civic Award in 1989 for the design of its new surgery premises.

The Coopers' bungalow was bought in 1993 and converted into 'Little Warders' to provide three consulting rooms and a nurse's room. Alistair Howitt and Jenny Alton moved their consulting rooms there. Behind reception was an office and a coffee room. In about 2006, the coffee room was converted into a consulting room for GP Registrars, and the office became a small consulting room which was used by midwives and phlebotomists. One of the other consulting rooms was enlarged by merging it with an adjacent examination room. The area now owned by Warders is only part of Blower's Field, as the southern part was sold in 1995 to a local housing association for the development of Lockside.

The surroundings of Little Warders are a delight in spring and around the car park are trees from the original garden including a ginkgo, eucryphia and maple.



Little Warders

In the mid 1990's an extension was added on the south-east of Warders to enlarge the nursing area, with an office for secretaries above. This office was accessed via the doctors' old meeting room and is now used for the photocopying and houses the main practice computer. Doctors now meet in a top floor room.



Warders from the car park including the extension



The pharmacy joined the entrance of Warders to the old stables in the north east side of the plot.

In 2012 when the pharmacy was built, the main part of Warders became linked to the old stables. A new surgery entrance was built and part of the entrance hall became the new reception area. The old reception and medical records area became an extra consulting room,

mostly used by Health Care Assistants. In 2021 the old medical notes are still stored in the practice.

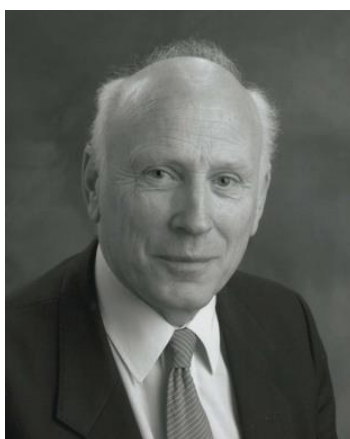
David Martin Gostwyck Goodridge 1948 -

David Goodridge was the son of a Royal Naval Oral Surgeon. He trained at Cambridge and Guys Hospital and qualified BA (Cantab) in 1970, MB, BChir (Cantab) in 1973. He obtained the DRCOG and FP (Cert) in 1977 and was elected a DFFP in 1996. He trained with the Tunbridge Wells Vocational Training Scheme, joined the practice in 1977 and in 1980 was the first partner to pass the MRCGP. He was the local College Tutor from 1984 to 1990 and Chairman of the Kent Trainer Selection Committee. He helped train **Michael Morris**, **Jenny Alton** and **Graham Kirby**, doctors who all became partners.

Goodridge was the lead Tonbridge GP in the successful Judicial Review in 1988 concerning proposed changes to Tonbridge Cottage Hospital (Regina v Tunbridge Wells Health Authority ex parte Goodridge and others). He was intermittently involved with NHS management between 1981 and 2005 as member of the Tunbridge Wells Health Authority District Management Team 1981 to 1983, Chair of the Sevenoaks and Tonbridge Primary Care Group 1999 to 2001 and Medical Director of South West Kent Primary Care Trust 2001 to 2005.

Goodridge was a Medical Officer to Tonbridge School, looking after Judde House, until 1983. When Warders Medical Centre took over the Penshurst practice in 1998, he was the lead GP there.

Initially he lived at 14 Dry Hill Park Road and then moved to 43 The Drive where he indulged his love of gardening. He retired in 2008. Goodridge was the last partner to both live and work in the Tonbridge practice area, following a change to on-call services in 1992 with the introduction of an out of hours cooperative. His list of patients passed for a short time to a salaried partner, **Adam Bennion** MB, BS, BSc (Hons), MRCGP, MRCP, DFFP, PGCert who in 2021 is a GP at Saxonbury House Medical Group, Crowborough, and then in 2010 to **Robert Bailey** MB, BS, BSc, MRCGP, DFRS. After retirement Goodridge moved to Matfield and in 2010 he became the Chairman of the League of Friends of Tonbridge Cottage Hospital.



David Goodridge

Analysis of thick notes and the prognosis of Epilepsy

In Goodridge's early years in the practice, he summarised his patients' notes and kept a disease and age/sex register. This led him to undertake an analysis of thick notes ("fat folders") and a major investigation on the prognosis of epilepsy.

The study of thick medical notes showed that most of these patients were female, a greater proportion of them, compared to patients with smaller sized notes, were divorced or separated and the patients were more likely to have moved practices. A subgroup were patients with persisting symptoms, who attended the surgery frequently with multiple hospital referrals, but with no resulting definite medical diagnosis.

Until 1981 nearly all research into the prognosis of epilepsy, came out of hospitals and residential institutions. This informed the prevailing medical view that epilepsy was usually a chronic condition with a poor outlook for seizure control. Goodridge noticed in his disease register, a high prevalence of patients with an epilepsy diagnosis, but few with active epilepsy. With Dr Simon Shorvon, then a neurology registrar, they decided to embark on a retrospective study of the prevalence and prognosis of epilepsy in the practice. Goodridge assessed 6000 notes for any evidence of a seizure, while Shorvon interviewed the patients who had been identified from their notes. The results were published in two seminal papers in the *British Medical Journal* in 1983. (In 2021, both papers had been cited 431 times).

In the study, of 122 identified with a history of epilepsy or epileptic seizures, 114 were interviewed. The lifetime prevalence of epilepsy of patients in the study, including single seizures but excluding febrile convulsions, was 20.3/1000. Only 5.3/1000 had active epilepsy. In only 25% of cases of the whole group was a cause found for the diagnosis.

This was the first time that the patterns of seizures over time had been reported and the study indicated a much better prognosis for a large percentage of patients diagnosed with epilepsy than had previously been thought possible.

Four patterns of patient seizures emerged: single seizures (18%); a 'burst pattern' of active seizures over a short time (49%); a 'continuous pattern' of frequent continuing seizures (21%); and an 'intermittent pattern' with episodes of no seizures followed by relapses (12%).

Following a first seizure, 80% had a recurrence, and, of this group, 40% stopped having seizures within a year, about 75% within 10 years and 80% at 20 years. Patients who only had generalised seizures (61%) had a much better prognosis than patients with partial (19%) or mixed partial seizures (13%) or frequent seizures.

Ten years later, a comparable 6000 patients' notes were analysed and found to have a similar incidence and prognosis of epilepsy to the early study.

Following on from this work, Goodridge and Shorvon decided to start a prospective study on the prognosis of epilepsy and they were members of the research group which undertook The National General Practice Study of Epilepsy (NGPSE) between 1984 and 2012. Dr Shorvon became a Consultant Neurologist at the National Hospital for Neurology and Neurosurgery with a specialisation in Epilepsy in 1983 and in 1995 he was appointed to a Professorship as Personal Chair in Neurology at the UCL Institute of Neurology and in 1998 the Chair in Clinical Neurology and Chairmanship of UCL University Department of Clinical Neurology.

The practice was one of thirteen participants in the National Hospital for Neurology and Neurosurgery GP Linkage Study between 1993 and 1999. Goodridge was on the research committee of this study.

He was also a Member of the Department of Health and Social Services Working Group on Services for People with Epilepsy between 1983 and 1984 and a Member of the Clinical Standards Advisory Group (CSAG) Services for Patients with Epilepsy from 1996 to 1999. The research work on epilepsy resulted in him being elected an FRCGP in 1989 and an FRCP in 2019.

Alistair John Howitt 1955 -

Alistair Howitt was the son of a consultant cardiologist. He trained in Birmingham and qualified MB, ChB in 1978. He passed the MRCP in 1982, the MRCGP in 1983 and the DFFP in 1996. He joined the practice in 1983, as a sixth partner though, at the same time. Forsyth went part-time and eventually Howitt took over Forsyth's list of patients. He was only the second partner, and the first in over a century, who had not trained in London. He initially lived in Beaulieu Road, then moved to 40 The Ridgeway and later moved to East Sussex when the requirement to visit patients at night ceased. He was a Clinical Assistant in Diabetes at Kent and Sussex Hospital, TW from 1984 to 1989.



Alistair Howitt

Howitt was a GP Trainer and trained three future partners; **Graham Kirby**, **Joanna Pearson** and **Sarah Shaw** in addition to others who went on to work in the practice as salaried doctors. He was Course Organiser of the Tunbridge Wells Vocational Training Scheme (VTS) from 2000 to 2005 and was the Facilitator of GP Trainers Group of the VTS from 1999 until 2005. Howitt and his GP Registrar, Denys Greenhow did a study on the involvement of patients in the information sharing and decision making by GPs in referring patients to hospital. (cf. Forsyth p.30 and Louis Arthur Charrington Wood of Penshurst p.62) Howitt continued his interest in education and in 2005 obtained the Postgraduate Certificate in Higher Education (Learning and Teaching) London South Bank University with a dissertation entitled 'An analysis of the characteristics of doctors who demonstrate a patient-centered consulting in a consulting skills examination.'

In 1991, he became an examiner for the MRCGP and from 2002 he was an International Development Advisor for a variety of countries for MRCGP International. Howitt ceased this work in 2021. He was elected FRCGP in 2004 and Provost of South East Thames Faculty RCGP 2015-18. He was a GP Clinical Advisor for NHS England Kent and Medway from 2013

to 2021 and a GP Appraiser for NHS England, South (South East) from 2016 to 2022 and a GP Clinical Advisor, Practice Support, RCGP till 2022.

As well as education and examining, Howitt was interested in audit and was Chairman of the Kent Medical Audit Advisory Group from 1993 to 1996. In responding to an article on the work of the Manchester Medical Audit Advisory Group, he noted that Manchester had similar NHS specified funding as Kent, even though Manchester had a third of the number of practices and general practitioners. In a separate study on computerized general practice diabetic registers, the registers were used for ascertaining prevalence, complications and treatment of, and investigations for, diabetic patients. He was the lead practice coordinator for STaRNet (South Thames Area Research Network) from 1999 to 2001. In 2000, with the drive for patients' medical records to become paperless, he co-authored an action plan for practices to consider in enacting the process. With others, he wrote the first paper analysing the potential value of general practice websites.

He undertook an MSc in 1998 and his thesis was entitled 'Antithrombotic therapy for atrial fibrillation: implementation of evidence-based medicine in a general practice,' which was subsequently published in the *British Medical Journal*. At this time the practice started an anti-coagulation clinic and he also encouraged the nurses in setting up asthma and diabetic clinics and a travel clinic.

Publications

Howitt has published 17 articles and letters which have between them have been cited 368 times by 2021. He was concerned to improve clinical care through the use of evidence-based medicine and audit. His particular contributions have been in managing and treating atrial fibrillation (AF) and the use of diabetes registers.

In 1993, with his GP Registrar Julian Barnaby, he wrote a letter to the *British Medical Journal* reporting that, from a search of the computerised medical records of 13250 patients in the practice, seventy-six of them had atrial fibrillation of whom forty were on the anticoagulant Warfarin to decrease the incidence of strokes, thirty patients were not on an anticoagulant and eleven patients had contraindications to Warfarin. In 1998 he wrote another letter to the *British Medical Journal*, stressing the importance of a collaborative approach between doctors and patients with AF on the difficult decision of Warfarin treatment which should not necessarily follow national guidelines.

A year later Howitt studied the effect of discussing evidence-based treatment of anticoagulation with practice patients with AF. Of 132 patients identified with AF, thirty-two were excluded because of concurrent illness or dementia. He discussed with the patients the need for anticoagulation with Warfarin and regular blood tests. 61% of the AF group studied did not realise the risk of having a stroke. At the end of the study only fifty-two were on Warfarin and the number had only increased by ten. This study indicated the problems in using guidelines for AF treatment when patients have a different understanding of the risks involved. (Interestingly, the study also shows how little medical information was generally available or sought until this time, by patients or shared with them by their doctors.)

The *British Medical Journal* asked for the patient experience of a doctor with a dissection (rupture) of his aorta. Alistair Howitt, along with other professionals, commented on the article as a GP. He emphasised the difficulty of diagnosis in general practice without specialised investigations and the need for better information from hospitals to GPs. He stressed the importance of GPs discussing how to respond to acute chest pain with patients at high risk of a cardiovascular emergency.

In response to an article, he questioned whether there was a correct selection and diagnosis of patients with hypertension and raised doubts as to whether some patients were being under or over treated.

Howitt wrote a letter about the difficulty the word “virus” imports into a consultation when the severity of the infection necessitates prescribing antibiotics.

In another letter he responded to a discussion about the challenge of taking the MRCGP International examination from abroad.

He retired in 2015 and continued with locum work for a while. He restarted clinical work during the COVID-19 pandemic in 2020 and 2021 when he participated in the NHS111 Covid Clinical Assessment Service and helped with immunization.

He was replaced for a short time by a salaried doctor, Bukola Oriola, before **Sarah Shaw** MB BS MRCGP became a partner.

The Practice 1987-2021

There was rapid change in work and administration over the next ten years due to a combination of factors including the move to bigger premises, government initiatives, better management and development of the primary care team. The partners started to meet weekly at Warders on a Monday lunchtime rather than in the partners' houses. The first female partner, **Sue Allen** joined in 1987. Connie Burgess was appointed the practice's first Practice Manager in 1988. She worked for just over twenty years and when she retired was replaced by Susan Senecal who had to retire due to ill health and in her turn was succeeded by Wendy Fenn. The practice created a logo and a booklet for patients.

From 1991 there was the development of the practice nursing team under the leadership of Alison Thorn. When she retired in 2018, she was replaced by Debbie Burke. There was a trend to develop inhouse nurse clinics and Warders was at the forefront of embracing these changes, offering training for the nurses to develop the necessary skills. Practice nurses developed extended specialist roles in the management of chronic diseases, such as asthma, diabetes and hypertension. Both GP Fundholding and the Quality and Outcome Framework resulted in increased responsibility for the nursing team with nurses making autonomous professional decisions on the care and management of patients who presented with a multitude of health issues. A Health Care Assistant, Helen Craddock, started in 2001 and Beth Hall set up the Asthma Clinic. The next to start was a Diabetic Clinic, followed by an Anti-coagulation Clinic which was in full operation by 1998 (118 patients in that year) and was held twice weekly. A British Airways Travel Clinic, which changed its name to MASTA Travel, was started in 1992 and was managed by Krystina Cruse. Alison Thorn was also instrumental in setting up and managing the local practice nurse forum which ensured that there was good liaison between all the local practices and standards of care were maintained. In 2021 there are four nurses and two Health Care Assistants working in the practice. The range of work includes blood pressure checks, wound dressings, injections and immunisations, ear syringes, blood tests, ECG's, cervical smears, dietary and smoking advice.

Computers were used by the partners from 1989 and mobile phones from the mid-1990s. The first computer clinical system was Update which used a Windows PC. At this time, the practice had the foresight, probably one of the first practices in the country, to link the clinical system into a practice computer network. This was superseded after a few years by EMIS, a clinical programme written by a different company. All the patients' paper medical records had been summarised and letters had been scanned before they were loaded on to the computer.

Penshurst was connected to the practice electronically in 1998, followed by Tonbridge School the following year.

The practice looked after 13,250 patients in 1993 and a similar sized number in 1997. Warders took over the Penshurst Practice in 1998 and by 2000 the list size was 15,800. It had climbed to 18,000 by the time the pharmacy opened in 2012. The idea of opening a pharmacy in the old garage backing onto East Street was first mooted in 1997. In 2009 the Partners formed a company, Gorham Medical Limited, to complete the project. All the partners had shares in the company. The East Street Pharmacy opened in 2012 with the premises open 100 hours a week which gave patients a better access to pharmacy services (though the hours were reduced during the Covid-19 pandemic in 2020 and 2021). In 2012 Bailey and Susan Senecal, the Practice Manager, also became shareholders. Gorham Medical Limited was acquired in 2018 by PillBox Chemists to run the East Street Pharmacy.

In 1998, Warders was used as a location as part of the BBC Breakfast show for the fiftieth anniversary of the NHS with the BBC medical correspondent Fergus Walsh. Goodridge, the lead nurse Alison Thorn and a receptionist, Mary Dowling were interviewed. From 1998 to 2000 the South West Kent Primary Care Group was based at the practice with an office for the CEO and Secretary.

A major change to the Warders appointment system occurred in the early 2000's when patients were guaranteed an appointment on the day of phoning and they were able to make appointments online. With time patients could access their medical records, order their prescriptions and check their blood results online. In 2000, appraisals started for doctors, followed by revalidation in 2013 and, like all practices, it is now inspected by the Care Quality Commission. In 2006 the partners stopped their work at Tonbridge Cottage Hospital. Patients, instead of being local residents and known to the GPs, were admitted from the large area of West Kent Primary Care Trust, which stretched as far as Dartford.

The GP Contract of 1990 set targets for cervical smears and immunisations, and GPs were required to give health checks to new patients, to patients over seventy-five and to those who had not seen a GP for three years. Health Promotion Clinics were brought in over the next two years. These national initiatives caused extra work and administration which was only able to be absorbed because of the improvements that had been made to clinical and secretarial systems since 1987.

Under the GP Fundholding scheme, active between 1993 and 1997, the practice was given its own budget for drugs, outpatients and elective surgery and needed to contract with hospitals and clinicians for patient services. The practice had to plan for the future and partners had to analyse their clinical practice and realise that every action had a financial consequence. As prescribers, they had to be aware of the cost of their prescriptions. Fundholding enabled the doctors to select the type of service offered to patients and change the providers if they believed it would offer a better quality of patient service.

Thus, the contract for orthopaedic surgery was moved from the Kent and Sussex Hospital to Guy's Hospital. Two orthopaedic surgeons, Mr Paul Allen and Mr Charles Spencer, came to the surgery to see referrals and subsequently operated on the patients at Guy's. Patients with eye problems were referred to consultants at Maidstone Hospital. Susan Greenhalgh helped keep the practice within budget and dealt with the additional administration. The practice employed a podiatrist, physiotherapists, a counsellor and a bereavement counsellor.

There were regular meetings with the community nurses, health visitors (who were based at the practice until 2000), social workers and community psychiatric workers all of whom worked as a team to discuss patients' care. Two midwives were attached to the practice, offering

personal, continuing midwifery care to Warders' patients, with ante-natal clinics at the surgery and deliveries taking place at Pembury Hospital Maternity Unit.

The partners met regularly to formulate policies for hospital referrals, prescribing and reducing unnecessary outpatient follow up visits. Good organisation led to a large decrease in the waiting list for elective operations and out-patients. Warders worked as an integrated health centre. Health care was in no way rationed; it was merely rationalised.

These innovations produced considerable savings from the budget in the first two years, but at this point the budget was decreased and waiting lists increased again. Ford was the fundholding lead partner and, when he retired, Goodridge took over. A change of government led to the closure of the GP Fundholding scheme and the fragmentation of the services Warders had offered.

Another GP contract in 2004 placed a new burden on the greatly enlarged practice management. The Quality and Outcome Framework (QOF), a system for performance management and payment of general practitioners, was introduced which was intended to improve the quality of general practice and was part of an effort to solve the problem of a shortage of GPs. It was based on a series of indicators of health - a typical clinical indicator might be the proportion of patients with coronary heart disease who had cholesterol measured in the financial year. There were 146 indicators at the start of the scheme and they included coronary heart disease, atrial fibrillation, heart failure, stroke and transient ischaemic attacks, hypertension, diabetes mellitus, asthma, chronic obstructive pulmonary disease, epilepsy, hypothyroidism, chronic kidney disease, cancer, obesity, palliative care, mental health, depression, dementia, learning disabilities and smoking. The Framework vastly increased bureaucracy and led to the charge that a consultation was reduced to a 'box ticking' exercise. In 2021, there are twelve staff, including the Practice Manager, employed on administration, secretarial roles, issuing prescriptions and monitoring QOF. In addition, there are twelve receptionists across the two surgeries.

The burden of out of hours (OOH) work changed in 1992. GPs were increasingly keen to decrease their workload of forty-eight hours a week (excluding the extra on-call commitment). Out of hours work affected family life with the need to have somebody at home to answer the phone; disturbed sleep; gave concerns for night safety, especially now with more female doctors in general practice. The Tunbridge Wells and Tonbridge Doctors-On-Call cooperative (TTDOC) started in Longfield Road, Tunbridge Wells and later moved to Tonbridge Cottage Hospital. All local GPs joined and worked their overnight and weekend shifts in a rota. From this time, the requirement for partners to live in the practice area ceased.

Unfortunately, the new GP Contract of 2004, as well as releasing GPs from the duty of providing out of hours care, changed the funding mechanism and standards, so that smaller cooperatives, like TTDOC became unviable. This meant that GP registrars, supervised by their GP trainer, missed the important clinical experience that had been afforded by domiciliary acute overnight medicine. Some partners worked OOHs after 2004 with IC24, a not-for-profit social enterprise, to give their GP registrars this opportunity.

Under this contract GPs were released from weekend work. The Warders partners no longer had an interest in working out of hours for Tonbridge School, such as visiting boys in the Sanatorium and treating boys, injured in Saturday afternoon rugby matches. For a few years previously, the School had conceded that the duty partner could stay in the sanatorium rather than attending the first team game in person.

After a short spell when new regulations assigned patients to the practice as opposed to a named GP (a regulation not implemented by Warders) this was reversed with the 2015 GP contract. A patient participation group was started.

Even as physical medicine advanced, there was an increasing awareness of the role of non-pharmacological remedies in health. In the 1990's counselling was offered within the practice and gym referrals were initiated for patients following heart attacks. Later on, Cognitive Behavioural Therapy and Mindfulness, followed by Social Prescribing, were added as treatments.

In 2020, the partners, as GPs everywhere, had to work with another contractual change, with all practices joining a local Primary Care Network. This network is an arrangement between practices to share facilities for efficiency. Funding was to be provided for practice pharmacists, physiotherapists, dietitians, podiatrists, community paramedics, physician associates, mental health workers and social prescribing support workers to work alongside doctors in the practices. Doctors were to be required to routinely visit patients in care homes. One appointment per 3,000 patients was to be made available each day for direct booking by NHS 111.

Prior to the move to Warders in 1987, the partners were male and full time. Melville and Forsyth became the first partners to work part time prior to their retirements. It is possible that Tuckett and Easton became part time in 1948 due to hospital commitments.

Allen was the first female and part time partner to be appointed. Subsequent female partners have all been part-time, on three-quarter time. Both Morris (2016) and Kirby (2013) went three quarter time. In June 2021 Claxton reduced also to three quarters time and is working as a garden designer in his part-time. In 2021 full time partners are still working 48 hours a week.

As well as seeing patients in the surgery and at home, GP work within the surgery includes training potential GPs [GP Registrars] (Forsyth, Goodridge, Howitt) and medical examinations for government organisations, employers and insurance companies. Outside the practice, there are numerous types of work where GPs are employed or work usually for a session a week: outpatient work as a Clinical Assistant (Forsyth, Ford, Howitt); Course Organiser for training GP Registrars (Forsyth, Howitt, Claxton); examiner for the Royal College of General Practitioners (Howitt); lecturer in the History of Medicine (Ford); NHS administration (Goodridge); medico-political work as a member of the Kent Local Medical Committee (Goodridge, Alton, Claxton). The practice provides services to Tonbridge School on top of ordinary NHS GP care including daily weekday surgeries and medical examinations. A GP doing varied medical work is nowadays called a Portfolio GP.

Forsyth was the first GP Trainer, followed by Goodridge and Howitt. The number of trainers has increased in the last 15 years. In 2021 there are six GP Trainers (Morris, Moore, Alton, Claxton, Bailey and Jumnoodoo).

During the 34 years since 1987, there have been many partnership changes, with Morris replacing Hawkings, Moore taking over from Ford, Claxton from England, Bailey from Goodridge and Shaw from Howitt. Allen joining increased the partnership to 6, Christophers to 7 and Love to 8. Allen was succeeded by Alton, Christophers by Kirby and Love by Pearson. A ninth partner **Javi Jumnoodoo** MB BS MRCGP BSc, who was trained by Alton, joined in 2014. Pearson has been replaced by Martin and Kirby by Paterson.

The Coronavirus Pandemic of 2020/2021 has had an enormous impact on the short- and long-term health of medical staff, working at the front line and in helping administer the vaccination programme and in recruitment. The UK does not have enough GPs. Hospital waiting lists for appointments and surgery have increased. GPs workload will be furthered challenged by: a rising local population; an aging population bringing with it increasing medical complexity; patients who are increasingly health-aware; and changes in hospital practice impacting on the community. It is estimated that this will result in the GP workload rising by about 5% a year.

Women's Health

The first female doctor to work for the practice was Monica Hunter who did one session a week from the early 1970's. However, until the end of the 1980's, the health care of women was mainly provided by the male partners. Monica Hunter was succeeded by Ann Nida, who was helped by the occasional female GP Registrar. The practice started prescribing and selling 'The Pill' in 1969, as it was not available free on the NHS until 1974. England and Goodridge had Family Planning Certificates.

Allen was appointed in 1987 and was able to provide a broader perspective on women's health and gave women an increased chance of seeing a female doctor. In 1995 she started an evening Family Planning Clinic and by the early 1990's some of the nurses were trained in taking cervical smears and family planning. The practice was also offering Well Women Clinics. The male partners had taken cervical smears since at least the 1970's, but after 1987 their work dwindled. Alton became a partner in 1997 and increased the number of female partners to two in 1998 and for a short time Love increased the number to three. Since 2015 the practice has had three female partners and now in 2021 has an additional three female Salaried GPs.

Obstetrics involves antenatal care, delivery and postnatal care. The number of antenatal consultations by the doctors decreased in the 1980's at a time when there was increased care from midwives. Deliveries by the partners ended by 1977 and their postnatal home visits declined after 2004. Baby clinics had been started in the practice by the early 1970s with checks at six weeks, nine and eighteen months, but partners' input decreased when the nine months checks were passed to Health Visitors.

Elizabeth Susan Allen 1956-2000

Elizabeth Allen, known as Sue, studied at Sheffield University and was awarded a BSc (Hons) in 1977 before doing her medical degree at Cambridge, qualifying MB, BChir (Cantab) and adding an MA in 1981. In 1987, shortly after the practice moved to Warders, she was appointed the first female partner. She worked part-time. As part of this role, she was medical officer to Kent College, a girl's boarding school, in Pembury. She initially lived at 4 Toby Gardens, Hadlow before moving to Golden Green.



Sue Allen

Allen had a long period of ill health when her role at Kent College passed to a Pembury practice. She left the practice in 1996 and died in 2000. She was replaced for a short time in 1997, as a part-time partner, by **Michelle Anne Slater** MB, ChB, MRCGP. She qualified in Glasgow in 1987. In 2021, she is working as a partner at the New Hayesbank Surgery in Ashford, Kent and was succeeded in 1997 by **Jenny Alton** MB BS MRCGP DFFP DRCOG DPD.

In 1993, Sue Allen was joined by **Lindsay Anne Dean**. She was brought up in Tonbridge, trained at St. Bartholomew's Hospital and qualified MB, BS and later obtained the MRCGP. She worked briefly as a part-time additional seventh partner. In 2021, she is working at Thornhill Medical Practice, Maidstone.

Joella Christophers 1966-

Joella Christophers, known as Jo, trained at Cambridge and qualified MB, BChir (Cantab) in 1988 when she also advanced her BA to an MA (Cantab). After GP training in Essex, she became a MRCGP and obtained the DCH. She passed the DRCOG in 1993 and the Family Planning Certificate in 1994. She joined the practice part-time in 1996 as a seventh partner with a particular interest in children's and women's health and later developed an interest in Medical Homeopathy obtaining the MFHom. Initially she lived at Yew Tree House, The Street, Plaxtol, before moving to Lamberhurst.



Jo Christophers

Christophers resigned in 2000 and continued as an assistant at the practice for a while and was then replaced by **Graham Kirby** MB BS MRCP MRCGP. In 2021 she was working as an assistant at the North Ridge and Wish Valley Surgeries in Hawkhurst, and at the Cindy Knight Clinic in Hildenborough since 2013 where she works as an Aesthetics Doctor and runs a clinic for administering Botox injections.

Moya Elizabeth Love 1948-

Moya Love trained at Sheffield, qualified MB, ChB in 1972. She worked for a time in New Zealand and obtained a Diploma of Obstetrics at the University of Auckland in 1980. She later obtained the MRCGP in 1984 and the DFFP. She was a partner in Swanley and worked as a clinical assistant in Dermatology before moving to Tonbridge and living at 28 Portman Park. She joined the partnership part-time in 1998 as an additional eighth partner to cope with the extra work at Penshurst and took an active part in the Tonbridge practice.

Love resigned in 2004 when her husband's work required a further move. She then worked as a GP in Felixstowe till retirement. Her list of patients joined that of **Jo Pearson**.



Moya Love

Joanna Mary Pearson 1961 -

Joanna Pearson, known as Jo, was born in 1961. She went to Queen Elizabeth College (now Kings College), London and in 1982 obtained a first in BSc (Hons) in Nutrition. She studied for the post graduate Diploma in Dietetics which she gained with Distinction at the end of 1983. She worked as a State Registered Dietician (SRD) at St Stephen's Hospital and then the Whittington Hospital. Her medical training between 1986 and 1991 was at University College and the Middlesex School of Medicine, London where she qualified MB, BS.

Pearson passed the DRCOG in 1994, the MRCGP and DFFP in 1996 and obtained the Diploma in Practical Dermatology (DPD) in 1999. She trained for general practice at Warders between 1996 and 1997 and worked as a salaried GP before becoming a partner at Northridge Surgery, Hawkhurst. She joined Warders part-time in 2004 including working at Penshurst. She retired in 2016 and lives in Tunbridge Wells. She was replaced by **Jessica Martin** MB BS BMedSci DRCOG DCH, D. Allergy, MRCGP. (The Diploma in Allergy was from Greenwich University.)



Jo Pearson

After retirement, Pearson was able to indulge her interest in the History of Medicine and passed the DHMSA being awarded the Maccabaeian Medal from the Society of Apothecaries

on account of her dissertation 'Aid to Spain. Blood for Britain. Janet Vaughan, her humanitarian and medical work 1936-1945 and her legacy to British Medicine'. Vaughan was a haematologist whose long career included humanitarian work during the Spanish Civil War and medical work during the Second World War. She learnt much from doctors while working in Spain which later helped her in setting up the emergency blood transfusion service in London and the South East.

Graham Kirby 1963-

Graham Kirby was born at home in Bishops Oak Ride, Tonbridge. Kirby went to The Judd School and then trained at the medical school of University College London which merged with the medical school of Middlessex Hospital in his third year as a medical student. He qualified MB, BS in 1986. Post qualification he trained as a Physician and became a MRCP in 1990 and specialised in Cardiology. His last hospital job was as a cardiology registrar at St Mary's Hospital, Paddington.



Photograph of Graham Kirby

In 1999 Kirby then trained as a GP for a year at Warders. He obtained his MRCGP in 2000, the same year as he became a partner and worked in Tonbridge and Penshurst. At Warders' he continued his interest in cardiology and helped set up nurse led Coronary Heart Disease clinics. He introduced home blood pressure recording for patients before this was common. He was the lead for developing the East Street Pharmacy which opened in 2012. After 2010 he developed an interest in joint injections and latterly did the majority of these in the practice.

On retirement in March 2021, after a short break, Kirby continued working at Warders as a GP retainer for 3 sessions a week. His workload was partly passed to **Teresa Paterson** MB ChB MRCGP DFFP DRCOG who became a partner in April 2021. She had worked in the practice as a salaried GP since 2014. Two additional salaried GPs Amilia Alifrangis and Krishna Misra started a job-share to cover the rest of the workload following Kirby's retirement.

The Covid pandemic

Primary Care Networks (PCN) started in 2019. The Tonbridge PCN included Warders with Tonbridge Medical Group, Hildenborough Medical Group, Hadlow Medical Centre and Woodlands Health Centre, Paddock Wood. Between April and July 2020, the practice worked together with other practices to staff a 'hot hub' to assess patients with Covid-19 symptoms at the Tonbridge PCN Coronavirus Assessment Centre drive-through facility in the Tonbridge

School Sports Centre car park. Since January 2021 the doctors and nurses of Warders and other staff of the PCN have worked sessions in a rota at the Tonbridge Baptist Church, immunising patients against Covid-19. The practice administration staff helped considerably with bookings.

The start of the first lockdown of the Covid-19 pandemic in March 2020 fundamentally changed general practice. Patients needed to use hand sanitiser to come into the surgery and the reception counter had a Perplex panel to distance the patients from the reception staff area. Staff had to use personal protective equipment including masks, gloves and aprons. The number of face-to-face consultations and visits decreased markedly and were replaced by telephone triage and consultations and video consultations, using the 'accuRx' software system which works with the practice's digital clinical system, EMIS. Photos and text messages could be sent to patient's mobile phones. Over the internet, Zoom was used for meetings and interviews.

The future organisation of general practice and the ways in which patient care will be delivered remains uncertain. How improvements in technology and artificial intelligence will become reconciled with a personal health service is a question that will need clear thinking and sensitivity, but without doubt Warders will adapt, putting patients first, as it has done for over two hundred years.

The History of the Penshurst Practice

Like the urban Warders Practice, the history of the rural Penshurst Practice is also of interest for its variety, history and achievements which include:

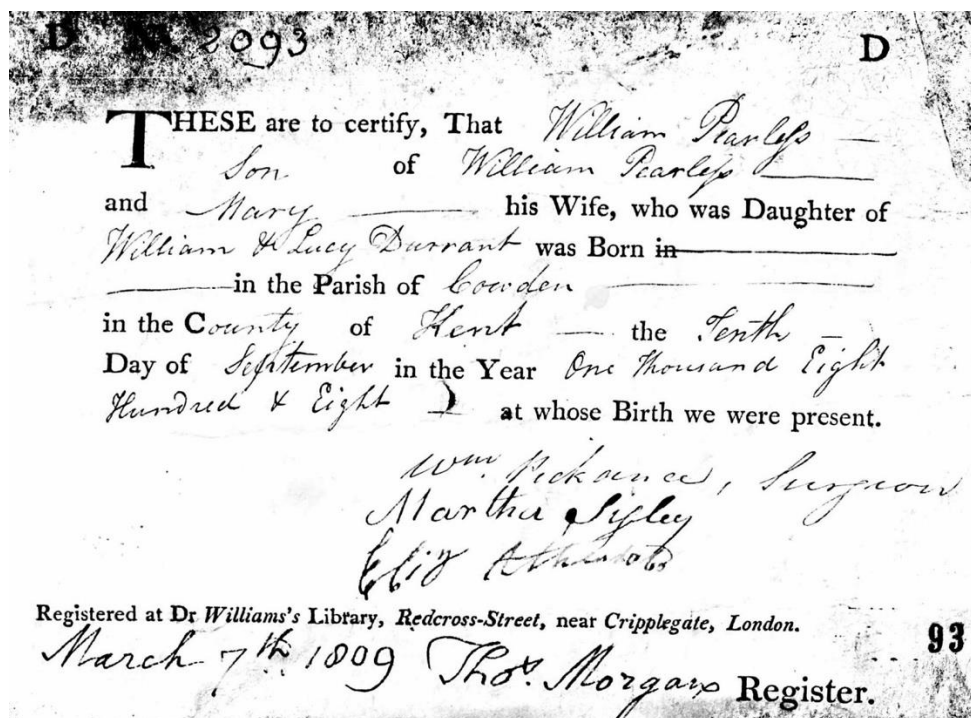
- A campaign which led to the first council houses being completed in England which were initiated by a Parish Council.
- A unique study of the work of a rural GP.

West Kent Health Authority appointed Warders Medical Centre to take over the practice in Penshurst, a village six miles south west of Tonbridge, on 1 January 1998. This practice also has a history dating back to the early nineteenth century.

William Pickance 1773-1840

William Pickance was born in Burton, Cheshire in August 1773 but between at least 1808 and his death in March 1840, he practised in Penshurst. In 1828, his address was The Moat in Penshurst Road, which was about two hundred yards from the village centre. In 1840 the house was called Moat Farm and still had a partial moat around it. He lived with his sister Alice and was joined in the practice, before 1829, by his nephew **John Pickance**. The Tithe Award Schedule for 1838 lists the Moat being owned by William Wells of Redleaf with John Pickance as tenant. He was in 1840 in Pigots Directory (a major British directory of the nineteenth century).

The earliest record of William locally is of him being present at the birth of William Pearless, a patient, at Cowden on 10 September 1808.



William Pearless' birth certificate in Protestant Dissenters Birth Registry, 1801-1810 on Ancestry. com

In 1825 his contract to provide surgical and medical care to the Parish of Leigh was renewed, but was discontinued at the end of 1828 and a new contract was given to a Dr Charles Foster Gregory, a surgeon who lived and worked in Leigh. In 1829, William and John Pickance had a dispute over payments for care of the poor with the Poor Law Guardians, as West and Gorham did a little later in Tonbridge. William and John Pickance had traditionally cared for the poor of the Penshurst parish. When the Trustees of the Parish of Penshurst invited tenders for the work for £20 a year, John declined to apply, writing, 'if it is your wish or determination to elect a Medical Attendant for the poor by the lowest tender, we deem it more respectable for us not to offer any.' Dr Gregory was appointed to the post for £20 a year. Interestingly, his payment was raised to £35 by 1832 and £45 in 1833 (cf. William James West and John Gorham of Tonbridge p5.)

William's hobby was horology. In his will, written in 1838, he is recorded as a surgeon. He bequeathed all his medical instruments, stock of drugs etc, household furniture, his business and goodwill to his nephew John. His sister Alice was allowed to stay in the house and received £1000. William was buried in Penshurst churchyard along with Alice and John.

William PICKANCE of Burton in Cheshire Surgeon of this Parish Born 7 August 1773 Died 10 March 1840 also John Pickance M.R.C.S. Nephew of the above Born 2 January 1800 died 3 June 1849 He married on the 8 June 1840 Ann daughter of William FOLEY of Tunbridge Wells by whom he left issue; William John and John Wilson. Also Alice Pickance sister of the above named William Pickance Born 12 January 1775 died 10 April 1852

Tombstone at Penshurst Church Yard

Kent Archaeology Society: Some Monumental Inscriptions of Penshurst Churchyard, Noted by Leland L. Duncan August 1919.

John Pickance 1800-1849

John Pickance was born in Burton, Cheshire in January 1800. John went to Tonbridge School. The dates are not recorded in the Register of Tonbridge School, but his son William John Pickance went there and the records show that his deceased father was a pupil. Later, John qualified MRCS. He probably trained at Edinburgh as in the Tonbridge School Register his qualification is given as MRCSE. He joined his uncle in Penshurst by 1829 and was styled Esq. He married Ann Foley in 1840 soon after his uncle died. In the 1841 census, he was living at Harden (Grove Road) with his wife and Alice

He was present at the inaugural meeting of the South Eastern branch of the Provincial Medical and Surgical Association in 1844 when he was voted Vice-President of the Association with William West as President. At the first annual meeting in 1845, held in Tonbridge, when William West was presiding, John was voted on to the Management Committee for a year. Subsequently he was voted to serve on the Committee in the following two years (1846-1848).

Winifred Wood in her history of the Penshurst practice records that John was the first person to try out a stomach pump, which was a local invention, on a dog at his surgery at The Moat. The medical literature indicates that a stomach pump was invented separately in the USA, France and England. In England, Edward Jukes, a surgeon of Westminster, published his invention in 1822. His stomach pump was first used on a dog and was improved in 1823 by John Read of Horsmonden, a village some sixteen miles from Penshurst, using a garden-syringe and two valves.

John Pickance died in June 1849. His widow, Ann, was left with three young children. That November she advertised in *The Athenaeum* offering her services as a paid teacher for boys under the age of seven. They would board with her and her sons. By the 1851 census, she was called Anne and was living in Speldhurst, where she had been born, with her three sons and Alice but no boarders by this point, describing herself as a householder. She remarried in 1866.

Joseph Hogg Baller 1806-1891

Joseph Baller qualified from Westminster Hospital with MRCS in 1829, LSA 1830 and LRCP in 1845. He had received an MD by 1851. In 1841 he was working in London and by 1851 was living in Penshurst at The Moat where he described himself as a General Practitioner. In 1855 he was a member of the Provincial Medical and Surgical Association. The next year he was recorded as a surgeon to the Second Battalion of the East Kent Volunteer Reserve. He had left Penshurst by 1866 and returned to London and practised at several addresses including 361 Grays Inn Road. He became an MRCP in 1869.

William Hicks Farrington 1838-1901

William Farrington qualified from St Bartholomew's Hospital MRCS in 1859, LSA and LM (a Licentiate of Midwifery) in 1860 and received an MD from St Andrew's University in 1862. He held junior posts at St Bartholomew's Hospital and attended, while a House Surgeon, as a witness twice (1859 and 1860) at the Old Bailey related to people brought into the hospital for care. He was then Resident Accoucher (a person who assists at births) at the hospital and later Resident Medical Officer at the London Fever Hospital. In 1865 he was appointed Assistant Surgeon at the HM Convict Prison in Gibraltar.

He became the Penshurst doctor in 1866, living at The Moat by 1868 and married, in Rusthall, Tunbridge Wells, Amy Florence Glendining of Redleaf, Penshurst Road in 1870. He had a

large practice area which he toured around on horseback. Censuses and Directories record him as a surgeon, physician and general practitioner.



A photograph of The Moat taken in 1955 when it was sold at auction by Charrington Wood

In 1888, he inherited the baronetcy of his father as the fifth baronet and was then known as Dr Sir William. He took on a partner, **Louis Edmond Wood** in 1891. In 1895 Farrington and his wife Amy attended a meeting at Penshurst Place which was addressed by a speaker from the Queen Victoria Jubilee Institute for District Nurses. It was agreed to set up the 'Penshurst District Association for Nursing the poor in their own homes'. Lady Farrington became the Honorary Secretary and, with the sum of £143 raised over the first year, was able to hire Nurse Reeve in September 1895 and pay her employment, board and transport for £190. Using a pony and cart for transport, Nurse Reeve treated 89 cases and made 1,380 visits in her first nine months.

Farrington retired on 31st December 1900. On Saturday 5th January 1901, he gave a woman, loaded with parcels, a lift along the road, he then went home and suddenly died. He was known for his kindness and the Parish Church, as a final tribute, rang a muffled peal of 504 changes of Grandsire Triples. His wife continued to live at The Moat until 1910.

Louis Edmund Wood 1857-1941

Louis Wood qualified at St Mary's Hospital MRCS in 1881 and MB in 1885. He worked as a ship's doctor on the SS Glaucus which was a passenger/cargo steam ship and then at a medical spa in the Auvergne in France. When he joined Farrington in the practice in 1891, he was aged 31 and unmarried. He initially lived at The Moat in a small room opposite the surgery but he was not allowed to use the new bathroom which had recently been installed, with the first bath in the village with hot and cold water. He became in 1892 DPH RCPS (Diploma in Public Health from the Royal Colleges of Physicians and Surgeons). He was a Fellow of the Royal Institute of Public Health, a Certified Factory Doctor and in 1895 was recorded as a member of the British Medical Association. He had rooms at 41 Beaufort Gardens, Knightsbridge.

In 1895 Wood began to suffer from chronic phlebitis which required him to rest for a few hours each day and he had to reduce his workload. In the same year, he was called out by the new District Nurse Reeve to visit a woman with puerperal fever in Poundsbridge.

With his diploma in public health, Wood was a forerunner with his interest in social medicine. Within the parish, he developed this interest in three main areas: social housing; a constant supply of fresh piped water; an isolation hospital.

Parish Councils were first instituted in 1894 and in 1895 Wood was elected Chairman of the Penshurst Parish Council, a position he held for forty-five years. He was also on the Sevenoaks Rural District Council.

Wood canvassed the village in 1893 to ascertain the number of working men needing housing. Forty labourers were prepared to pay a proposed rent of five shillings per week, though this was only affordable for better paid workmen. In 1897 the Sevenoaks Rural District Council adopted Part 3 of The Housing of the Working Classes Act of 1890. There were many bureaucratic hurdles for the Parish Council to jump, including a public inquiry. The Vicar agreed to sell the church's glebe land on Smarts Hill for £130. The last hurdle was obtaining a £1800 loan from the Local Government Board. A well had to be sunk and a water pump supplied before building work could start in November 1899. The six dwellings at Smarts Hill were completed in December 1900 and called Pioneer Cottages.



Copy of a photograph of Pioneer Cottages, taken by William Thompson.

Housing Up-To-Date, 1907

They contained two ground floor rooms with a separate entrance, a hallway and an extension to the rear containing a scullery and washhouse with three bedrooms on the second floor. At this time, separate earth closets were provided at the back of the houses. Then followed, in quick succession, the building of Birling Cottages and Warren Cottages. (cf. Louis Arthur Charrington Wood p.61)

These were the first council houses in Kent and the second in England to be completed under the provisions of Part 3 of The Housing of the Working Classes Act of 1890.

Wood's survey in 1893 revealed that there were a number of householders willing to pay for a piped water supply. Every household visited was prepared to pay three pence per week for the supply. Wood's second project, whilst Chair of The Penshurst Parish Council, was to organise this. A reservoir was built at Smarts Hill, completed in 1902 and the village secured its first piped fresh water supply.

Thirdly, in 1895, Wood campaigned for a small Isolation Cottage to serve the Penshurst population after an epidemic of scarlet fever in Fordcombe and diphtheria in Leigh. Sevenoaks Rural District Council agreed to the building of an Isolation Hospital for infectious diseases in Bough Beech covering the parishes of Chiddingstone, Cowden, Edenbridge, Hever, Leigh and Penshurst. The six bedded hospital opened in 1902.

Wood was assisted in these campaigns by a Miss Jane Elcombe who lived in the village.

Petres Field and Quarry House

In 1898 he moved to a new house, Petres Field, Fordcombe Road, which had been designed for him and included an integral surgery. He married Mrs Mary Georgina Ball of Quarry House in 1905 and they were given a grand pianoforte as a wedding present by local residents.



Petres Field in 2020. The Surgery was on the right of the house. There is still a small cupboard beside the old patients' entrance, now the back door, for messages to the doctor and for prescriptions

Wood then moved to Quarry House, Rogues Hill where the telephone number in 1910 was Penshurst 4. It is now called Rogues Hill House.



Rogues Hill House in 2015 (Bracketts, estate agents)

There was a surgery in the Lodge of the house which Wood and his brother **Charrington Wood** used between 1903 and 1940.

During WW1 in 1915, whilst living at Quarry House, Wood wrote to *The Globe* newspaper concerning the death of his gardener Wilfred Turley, aged 20, who, on signing up for the Royal Navy, was sent to Chatham where he was given a cold bath and sent to bed without food. He developed pneumonia and died a month later. Wood wrote that 'rules must be obeyed, but I strongly suspect that the heartlessness of some lazy NCO was the only reason for the fasting.' *The Globe* published the letter because it hoped 'this unhappy case may be taken as a warning to those who are placed in charge of recruits, to treat them at all times with consideration'.

The Petres Field house had tenants after 1905 and was bequeathed on Wood's death in 1941 to his nephew **Louis AC Wood**.

William Charrington Wood 1870-1958

William Wood, who used Charrington as his forename, was the younger brother of **Louis Wood**, with three older brothers who were doctors. In 1889, he gained a Classical Scholarship to St Mary's Hospital and qualified MRCS in 1891, LRCP and MB in 1894 with a Gold Medal in Obstetrics. He then obtained an MD (London) in 1897 and FRCS in 1899. He sought a surgical career but visited his brother in Penshurst occasionally and started to work as an assistant to him in 1900. He went with his brother on a home visit to The Moat on 5th January 1900 to see **Sir William Farrington**, who was dead by the time they arrived.

Initially Wood lived at the Leicester Arms Hotel and moved to Elliotts Farmhouse after his marriage in 1902. He practised from the surgery at his brother's house at Petres Field and visited his patients by foot or bicycle until he became the owner of the first car in Penshurst, a Sunbeam-Mabley. Only 130 models were made between 1901 and 1903 with the prototype being built in the grounds of Penshurst Rectory. The engine, mounted above the front wheel, drove the middle wheels by a leather belt and chains. It had a tiller steering on the front and rear wheels, pneumatic tyres and a drum brake on each driving wheel. However, Mableys tended to break down and his next car was a De Dion Bouton two-seater.



A 1900 Sunbeam-Mabley exhibited in the Louwman Museum, The Hague.
(Image from Wiki Commons)

Wood operated in patients' homes on a scrubbed kitchen table where he carried out rib resections to treat tuberculosis, and tonsillectomies using chloroform as an anaesthetic, administered in drops through a face mask.

The family moved to The Moat in 1910 and soon a dynamo helped to bring electric light to the house. The surgery and dispensary had already been converted into one room, 14ft x 18ft, during Lady Farrington's residence in the house. The Moat had six bedrooms, and eight acres of land with two adjoining garages, stabling, dairy and storeroom, engine house and cowshed.

In 1912, Wood published a case history in the *British Medical Journal* entitled 'Sudden Death in Aortic Stenosis' in which he described a carter's boy aged 18 who died suddenly at work, having had a syncopal attack two hours earlier. The boy had undergone a medical examination to join the Royal Navy a month earlier. He was rejected for active service, due to a systolic murmur in the aortic and mitral region. There was no history of rheumatic fever, which in those days was the usual cause of aortic valve disease. Post-mortem examination, presumably performed by Wood, showed aortic stenosis, though not sufficiently severe, he believed, to have caused his death.

In October 1914 Wood became the Medical Officer of Bidborough Court, a Red Cross Hospital for wounded Belgium soldiers which was staffed by a local Voluntary Aid Detachment, Kent 74. His wife Ethel was the Assistant Quartermaster. *The Kent and Sussex Courier* reported on 23 October 1914 that the hospital was 'large and airy and have been splendidly equipped by the Detachment, with the help of many friends who have kindly loaned the furniture, beds and bedding'. The property also had beautiful grounds for convalescents to walk in. Later, the hospital moved to Nevill Park in Tunbridge Wells and Charrington continued in his post there as Medical Officer for the British Red Cross till February 1919. He received a Belgian medal for his service to the Belgian wounded and refugees and he became an Honorary Life Member of the British Red Cross.

After WW1, due to his brother's retirement through ill health, Wood looked after a large and scattered rural practice single-handedly, as well as making up and dispensing all the medicines. This resulted in The Moat smelling of valerian, a herb commonly used as a tonic. Medically, his greatest love was obstetrics with most of the deliveries being in patients' homes. Latterly the surgery was in a tin shed in the garden.



The two brothers, William Charrington Wood on the left and Louis Edmund Wood on the right
(Courtesy of Rachel Nelson)

He was a keen walker and loved the mountains of North Wales and Switzerland. In 1935, immediately on returning from an energetic hill-walking holiday, he was called to a domiciliary confinement, accompanied by his holiday locum Dr Barnett. The labour was long and difficult

and after the birth Wood admitted to severe chest pain which he put down to indigestion. A few days later he was persuaded to attend a London chest consultant. The electrocardiogram (ECG) tracing revealed that he had had a heart attack and he was advised to rest for three weeks.

Subsequently he became the Chairman of the Tunbridge Wells Division of the British Medical Association between 1936 and 1937. He was an Honorary Medical Officer of Edenbridge War Memorial Hospital and Deputy Medical Officer of Hever and District Isolation Hospital.

With the outbreak of WW2, Charrington Wood became the Medical Officer of the local Home Guard with the rank of Captain and was responsible for the Royal Navy Sick Quarters in Penshurst (this was probably at Latymers where the Royal Marines were based).

His son **Louis Arthur Charrington Wood**, who joined the practice as an assistant in 1939 was called up in May 1941. By then, Wood was 71 and needed assistance. He employed a locum, Harry James Spon MRCS, LRCP, DPH of West Lodge, Leigh, who was equally elderly and had recently retired to live in Leigh. In July 1944 a 'Doddle Bug' landed in a field close to The Moat which shattered all the windows on the east and south side of the house and stripping the tiles from the roof.

After the war, Wood still carried on working and holding surgeries at The Moat. His wife died in 1946. In 1954 his visiting list still contained the names of twenty-four patients whom he visited regularly.

He was a member of the Penshurst Choral, which he helped to found, and the Penshurst Orchestral Society. He was an organist and pianist and accompanied all village concerts from 1903 until the 1950's. From 1903 he was a Sidesman at Penshurst Church.

Probably in the late 1940's or early 1950's one long-term assistant in the practice was Patrick Murdoch Kirkwood who had qualified at Edinburgh University in 1935 with MB, ChB. He served in WW2 as a Captain in the Indian Medical Service and was captured by the Japanese and tortured during his time as a POW in Sumatra, which had long-term consequences for his health. He had an interest in Homeopathy. While in Penshurst, he lived at Colquhoun House, High Street.



Patrick Kirkwood (posted on Ancestry.com in 2019)

In 1954, Charrington, aged 83, was covering for his son who was away. He delivered a baby in a cottage in a nearby village and then became unwell and lay down on a bed in an adjoining room. **William Burns-Begg**, who was acting as a locum in the practice, received a call in the early hours of the morning and arrived at the house at 6am where he diagnosed a faint. After this, Charrington acknowledged that he should retire from active work. In 1955, he sold The Moat by auction and moved with his daughter Winifred, into a bungalow, Woodwinds, which

adjoined Petres Field. The sale ended the 125 years of The Moat as a doctors' home and surgery. He took up basket-making and died locally in 1958. In the St. Luke's Chapel of Penshurst Church there is The Luke Tapestry, hanging above the altar, which was designed and worked in his memory, by his son Arthur Wood and dates from 1970.

Louis Arthur Charrington Wood 1911-1998

Louis Wood was the only son of William Charrington Wood and was known as Arthur. He went to Cambridge University obtaining a BA in 1932. He qualified at St Thomas's Hospital in 1936 with LRCP, MRCS and MB, BChir (Cantab) in 1938. He then had three obstetric appointments and a few GP locums until he joined his father as an assistant in 1939. By September of that year, they were in partnership. In the same year he gained his MA from Cambridge and DObst.RCOG.

Initially, Arthur lived with his father and sister Winifred at The Moat. She wrote that during the war at, the occupants of the house repaired to the cellar at night fall and played cards, drank wine or port, which was stored in the cellar, and listened out for stray bombs that had been jettisoned by planes. Wood was called up in May 1941 and served in the Royal Army Medical Corps with the rank of Lieutenant and then Captain. He married in 1942. Initially he served in North Wales until 1943, when he was posted to North Africa and in May 1945 to Germany. He was demobilised in May 1946. At this point he re-joined his father in the practice, but moved from The Moat to live at Petres Field, which had been left to him by his uncle Louis Edmund Wood. It became his home and surgery for the next twenty-four years.



Louis Arthur Charrington Wood (courtesy of Rachel Nelson)

In 1948 Swaylands became a Special Needs Residential School for Boys, and the practice looked after their medical care until the school closed in 1994.

The practice was greatly helped by the acquisition of a radiotelephone in 1952 which was used to communicate with patients, the district nurse and midwife. Burns-Begg joined as a partner in 1954 and by 1956 the practice had two main surgeries (Penshurst and Speldhurst) and two branch surgeries, in Leigh and Chiddingstone Causeway Village Hall. Wood's own list size was about 2500.

By 1962 the surgery premises had been improved and re-equipped. There was much more secretarial support and some help with the dispensing. Wood's list size remained the same but the practice had started to employ an Assistant, **Philip Hoare**.

The surgery in Leigh was held at the annexe of Church Hill House from about 1945 (or possibly pre-WW2). The doctors were tenants of Hall Place Estate till the Church Hill House with its

annexe was sold in 1963 to Colin Stevens. Despite a steep increase in rent on the surgery, from £13 per year to three guineas a month, the doctors did not leave. The surgery was open a few times a week and was mainly maned by Burns-Begg. The surgery annexe closed in 1975 and reverted back to Stevens. The reason for the surgery closure is unknown, but there had been a decrease in patient number.



Church Hill House, Leigh with the Annexe on the right in 2016

The annexe was attached to the right-hand side of the house, although there was no internal connection. There was a door at the back left-hand side for patients to arrive at. It opened on to a little corridor which had a wooden bench along the right-hand side. Then at the front left-hand side of this waiting area, there was a door into the consulting room, whose walls were panelled and painted in green-beige. The room contained an examination couch, a table, two chairs and a sink on the back wall. There was large opaque window at the front where now there is a bay window, and one at the rear, where there is now a fireplace. Beside the front window there was a door, for patients to leave separately following their consultation. Stevens stated that there was sound proofing in the surgery. The property had gas heating. (Leigh and District Historical Society)

Like his uncle, Louis Edmund Wood, Arthur was concerned with housing in the village. In the late 1960's, Arthur and Penshurst's rector, the Reverend Tony Curry, agreed that homes were needed for young villagers who could not afford to stay in the village where they had grown up. In about 1970 Arthur did a land swap with the Diocese of Rochester, whereby Arthur acquired land to the left of the Petres Field driveway on a ninety-nine years lease from the church and the Diocese acquired an orchard and field at the top of the Glebelands estate. The Becket Trust was formed in 1970 by the Rector and Arthur and a lease was granted from the Diocese of Rochester. The Trust's objective was to provide rented accommodation for newly married couples who would not otherwise be able to continue living in the village in which they were brought up. Six houses on Becketts Field were completed in 1974 on the church land and the Trust was later able to purchase an adjacent site. Two more houses were completed in 2004. In 2010 the Trust was able to purchase the freehold of Becket's Field from the Diocese of Rochester. The significance of the vision for this type of social housing is evident fifty years later as most of the original council houses in Penshurst have been sold under the 'right to buy' policy (cf. Louis Edmund Wood p.55).

Wood wrote three papers, on his rural practice's workload, on referrals to hospital and on obstetrics. These papers, published in the *Journal of the College of General Practitioners*, give a unique insight into rural practice.

In the first study, in a two-week period in October/November 1956, Wood had a list size of 2500 patients, dispensing for 2000 of them. He worked an average 73 hours a week during the study period. He had a negligible number of private patients and did all his own work, working ten and half hours a day. In those two weeks, he recorded doing 133 consultations over twenty-one hours in the surgery, which included over ten hours dispensing liquid medicines and tablets, inoculations, minor surgery, a little pathology and dressings. An average consultation lasted eight and a half minutes. For his 286 visits, which included attending a residential school of 180 boys (Swaylands) on three days a week, Wood drove 571 miles in 16 hours and saw 340 people in total over nearly sixty-one hours. He spent twenty-five hours on writing up the notes of patients and administration. His study was not published till 1962, and he noted in the article that in 1962, he had a decreased number of visits and more surgery consultations (174 consultations and 222 visits over a two-week period) than in 1956 (cf Stuart Forsyth p.30).

In the second study done over a year in 1959, he recorded and analysed all of his hospital referrals. Two hundred and eight patients were referred to outpatients, the majority for advice on ophthalmology, gynaecology, general medicine, diseases of the ears nose and throat (ENT), surgery and orthopaedics. Of these, sixty-two patients were placed on waiting lists for gynaecological surgery, and forty-five for elective surgery, but the most were for ENT. Females aged between fifteen and forty-four had the highest incidence of attending outpatients and having elective admissions. Of those attending outpatients, seventeen left with no firm diagnosis, of whom Wood had felt pressurised into referring six. Eleven patients were referred for a home visit by a consultant. He sent twenty-five patients to casualty, the large majority for suspected fractures. Another forty-one patients were acutely admitted to hospital, with men over sixty-five having the highest rate. In that year, Wood did fifty confinements (cf. Forsyth p.30 and Howitt p.41).

By 1959 Wood had a list of 2345 patients. He excluded from his figures the boys at Swaylands and fifty-six children at a residential nursery. During the year, 4591 patients consulted him in the surgery and he made 5444 home visits.

The third study was a record of all Wood's obstetric work between 1946 and 1970 which was published, in his retirement, in 1981. He studied 818 patients, 795 of whom had sole medical care from him. The analysis of the work is very detailed and covers the antenatal stage and its complications; the type of delivery; and postnatal recording of both mother and baby. The paper also includes the case histories of eleven patients.

Obstetrics changed over these years, with home births accounting for 50% of the work prior to 1951 but reducing to 40% subsequently. The use of the GP Maternity Unit in Tunbridge Wells increased from 20% prior to 1960 to 35% and hospital deliveries from less than 10% in 1950 to 40% by 1960. Domiciliary forceps delivery with a general anaesthetic ceased in his practice around 1960.

Wood retired in 1970 to Waunfawr, Gwynedd, Wales and the surgery at Petres Field closed. He died in 1998.

William Henry Burns-Begg 1925-2013

William Burns-Begg, known as Bill, trained at Kings College Hospital, London and was awarded the Anatomy Prize. He played Hockey for the London Universities and was awarded colours. He qualified MRCS, LRCP and MB, BS in 1949. He then was a Demonstrator in Anatomy at Kings College in the Strand over the next two years, before four hospital appointments in general surgery and gynaecology. He joined the RAMC for National Service as a Lieutenant. He was based at Bovington Camp, Dorset as a Medical Officer (M.O.) for

the Royal Tank Corps and the Royal Horse Guards. Over four days, Burns-Begg was with the Royal Horse Guards when the latter were guarding the lying-in state of King George VI in Westminster Hall in February 1952. On leaving the Army shortly afterwards, with the rank of Major, Burns-Begg returned to Kings College Hospital as a Casualty Officer for a year. In this work he obtained good experience of orthopaedic fractures.

In 1954, he did a locum with the Penshurst practice. He was called out to a cottage in Speldhurst when Charrington Wood was taken unwell after delivering a baby early in the morning. When Burns-Begg arrived, he was concussed by his head hitting a low beam. He recovered enough to care for the three patients in the cottage! A day later, Charrington and his son Arthur Wood invited Burns-Begg to become a partner and Charrington retired.

He initially lived at The Sheilding, Coopers Lane, Poundbridge and opened a new surgery in rented rooms in Barden Road, Speldhurst and a twice-weekly branch surgery in Fordcombe Village Hall. At the time, there were other practice surgeries in Leigh and Chiddingstone Causeway. In Leigh he worked from the Church Hill House Surgery a few times a week. In 1955, Burns-Begg bought Flexford, Southfields, Speldhurst to use as his home and surgery. The surgery and dispensary were to the rear of the house.



Flexford, Southfields, Speldhurst
(from Hamptons.co.uk website 2021)

He slowly built up this part of the practice and by 1962 his list size had risen to about 2500. Assistants were employed to help with the expanding workload at Speldhurst.

A surgery was later opened in Farnham Lane, Langton Green probably until Hoare joined the partnership in 1963. The appointment of a third partner helped to lighten the on-call work though the partners mainly acted independently with Burns-Begg having surgeries in Speldhurst, Fordcombe, and Leigh.

He was appointed a Clinical Assistant in Orthopaedics at Pembury Hospital, initially for two sessions a week, later increased to three. In 1968 the partnership with Wood and Hoare was dissolved. Burns-Begg continued to share his on-call rota with Hoare, and, in addition, with the Southborough practice of Dr Sandy Cameron. Burns-Begg enlarged his practice area in the mid-1970's by buying The Oast House, Liptraps Lane, Tunbridge Wells and converting the downstairs into a surgery. He recognised that no existing Tunbridge Wells practice had much of a presence in the Greggswood area of Tunbridge Wells and he wanted to increase his list size.

Burns-Begg participated in a scheme run by his medical school, Kings, to give their students an appreciation of general practice. Two brothers, Andy and Alex Grieve came down to Speldhurst in the 1960's. Burns-Begg kept in touch over the years with Alex while the latter

completed his specialist training as a physician. With few consultant vacancies, when Burns-Begg rang Alex out of the blue to offer him a partnership, Alex accepted. He started as a partner in Speldhurst on 1.1.1977 and subsequently married Sue, the only daughter of Burns-Begg. The practice at that time covered a large area including Ashurst, Bidborough, Chiddingstone Hoath, Fordcombe, Groombridge, Hever, Langton Green, Pembury, Penshurst, Speldhurst and Tunbridge Wells.



Photograph of William Burns-Begg. (Courtesy of Simon Begg from a photograph of the opening of the Old Bakery Surgery, Speldhurst which is in the possession of the Speldhurst Surgery.)

From 1977, the practice numbers increased rapidly in Tunbridge Wells as well as at the Speldhurst surgery. Burns-Begg continued to hold a surgery in Fordcombe once a week until the early 1980's. The two partners had a 1 in 2 rota for the out of hours on weekdays. Over the weekend the rota was 1 in 4 by sharing additionally with the two doctors in the Southborough practice. This weekend rota ceased with the advent of a third partner in Speldhurst.

By 1980 a third partner had joined the practice. A new purpose-built surgery was developed on an area of waste ground in Greggswood Road c.1984.

In 1981, for a short while, Burns-Begg lived above the Oast House surgery, prior to moving to Crowborough, East Sussex. He worked part-time until his retirement around 1987.

In Speldhurst, there was a need to find new premises for the surgery when the Burns-Beggs sold Flexford. After considerable difficulty, the partnership eventually purchased and converted the Old Bakery in about 1986 which was far from ideal as it was not purpose built as a surgery and dispensary.

After retirement Burns-Begg moved to Saxmundham, Suffolk and died there in 2013.

In 2021 there are seven GPs working in Burns-Begg's old single-handed practice.

Philip George Hoare 1931-2020

Philip Hoare's godfather was Dr Edward Turner Hudson of Ruislip, Hillingdon, London with whom Hoare spent a great deal of time and who influenced his decision to become a doctor. Hudson passed on many old medical items and books to Hoare.

He trained at St. Mary's Hospital, Paddington and qualified MRCS, LRCP in 1959. His qualification was delayed for up to a year by meningitis and encephalitis. He was left with lasting hearing problems. He was a keen sportsman and played rugby union for his medical school and Middlesex County.



Photograph of Philip Hoare (Courtesy of Joanna Wotton)

Post qualification, Hoare was interested in surgery and did a rotation of appointments based on St. Thomas's Hospital. During National Service, he was a Captain in the Royal Army Medical Corps. He became one of the assistants employed by the Penshurst partnership of Wood and Burns-Begg before joining them as a partner. This was probably in 1963 when he bought the doctor's house at Pond Close, Speldhurst Road, Langton Green. This house had been owned by local doctors since the nineteenth century.

The previous occupant of Pond Close was Dr Kenneth Dalrymple Marriner who originally had it built as his home and surgery. Marriner was in Langton Green by 1922 and at Pond Close by 1927. By 1934 he had an additional surgery at Northfield Road, Speldhurst.



Pond Close, Langton Green (Courtesy of Joana Wotton)

The partnership between Wood, Burns-Begg and Hoare was dissolved in 1968 and the latter continued as a single-handed GP. Pond Close was renovated and expanded in 1969 to incorporate a surgery, an examination room, a dispensary and a waiting room. Hoare's interests in general practice were in maternity, minor surgery, child health surveillance services and general medicine. His on-call rota for nights and weekends was shared with the Groombridge and Hartfield practices, East Sussex. He became an Associate Member of the Royal College of General Practitioners. He had a part time female assistant help two mornings a week. His wife, Dorothy, helped him as secretary and administrator of the practice. Hoare retired in 1994 and enjoyed playing golf and collecting New Zealand stamps. After his

retirement, he and Dorothy continued to live at Pond Close until 2019. They both died within a few days of each other in December 2020 after contracting COVID-19.

Following on Hoare's retirement in 1994, the Kent Primary Care Agency (KPCA) did not seek to continue the practice. Many of the patients moved to other local practices including Groombridge, Rusthall and Speldhurst. Rusthall Medical Centre was encouraged by KPCA to open a branch surgery in Langton Green. Premises were rented for a surgery in Langton Road though a large majority of the registered patients from Hoare's old practice used the Rusthall surgery. The Langton Road surgery was granted permission to dispense.

After about 18 months, the Langton Green Surgery was closed.

The Rusthall Medical Centre is, in 2021, at surgery premises in Nellington Road, Rusthall with two partners and four Salaried GPs.

Denzil David Law 1925-2006

Denzil Law qualified from Cambridge and the London Hospital MRCS, LRCP in 1962 and MB, BChir in 1963 with particular interests in diseases of the ear, nose and throat and blood chemistry.

Denzil Law and his wife Evelyn took over the practice on the retirement of Louis Arthur Charrington Wood in 1970. They lived in Nunnery Lane, Penshurst, probably at The Small Barn. The practice moved from Petre's Field to its present location behind Penshurst Village Hall which was rented from the Penshurst Village Hall Trust. Prior to 1970 the building had been the caretaker's flat. The practice only hired the ground floor accommodation and a small extension was added, probably when the Laws rented it. This was the first time the surgery was not at a doctor's home.

The number of practice staff increased so that by the mid 1980's. The Laws employed an assistant, Joan Bishop, who had a special interest in psychiatry. There were seven employees including a practice secretary and a practice nurse. The practice secretary, who started in 1970, was Winifred Sylvia Wood, known as Sylvia, who was the sister of Louis Arthur Charrington Wood. Hilary J. Webb was employed from 1986 as a receptionist but became the practice manager in 1990.



This drawing was used in the Laws' practice leaflet. The current surgery occupies the building on the left.

On Law's retirement in 1995 and died in Marlow, Buckinghamshire in 2006. He was succeeded by **Kevin Blewett**.

Evelyn Marie Josephine Law 1933-1999

Evelyn Law was born in Vienna, Austria and qualified from Kings College Hospital with MB, BS in 1960 with interests in Rheumatology and Homeopathy. She worked in partnership with her husband for 25 years, before being joined by Blewett.

The practice employed two job-sharing practice nurses who also acted as dispensers and staffed the reception during surgery hours. The practice manager from 1995 was Mr Conal JG Beale who also carried out reception duties. There was a combined area for reception, office, records and the dispensary but no dedicated staff lavatory nor rest room and only limited storage space.

Evelyn Law retired in 1997 and died two years later in King's College Hospital.

Kevin Amesbury Blewett 1960-

Kevin Blewett was the son of a Royal Army Medical Corps doctor. He trained at Charing Cross Hospital and qualified MB, BS in 1984. As a medical student he did an army cadetship. He had a five- year short service commission in the Royal Army Medical Corps and served as Regimental Medical Officer to the Grenadier Guards and Scotts Guards in Germany and England, reaching the rank of Major. During this time, he did his GP training. When his army commission finished in 1990, he worked as a full-time GP in Worthing, West Sussex for six months.

In 1984 he had started lay preaching and this side of his life became more important and full-time GP work proved too much of a strain on his ministry with its long commute to a London church on Wednesdays and Sundays. He then worked as a half-time GP for The City University, London until moving to Penshurst.



Kevin Blewett in 2020 (Courtesy of Kevin Blewett)

Blewett worked as a part-time partner at Penshurst from 1995 until 1997. In 1996 he was involved in establishing the Handcroft Chapel, Handcroft Road, Croydon as an independent inter-denominational Bible based church and was its pastor. After Evelyn Law's retirement, he became a part-time salaried partner in South Park Medical Practice, Sevenoaks until 2010 after

which he was able to be a full-time pastor in church ministry. His church purchased an old Methodist Church building in Silverdale Road, Purley, Croydon in 2013. The church was named the Godstone Tabernacle. In 2021 he was living in Penshurst.

Penshurst Surgery 1997--2021

There were no replacements appointed by either Evelyn Law and Blewett when they left the Penshurst Surgery. West Kent Health Authority (WKEA) was the body which needed to provide GP services for the practice's patients. They kept the surgery functioning by employing locum doctors and the surgery staff. Due to the circumstances, a number of patients left the practice, so the list size decreased from c.2000 to c.1600. WKEA appreciated the need for a rural surgery in Penshurst and arranged a tender for providing the service. Howitt and Connie Burgess, the Practice Manager, developed a business case for managing the surgery and integrating it with Warders Medical Centre. Following interview, Warders was appointed to run the Penshurst Surgery as a branch surgery.

Warders became responsible for the Penshurst surgery from 1st January 1998. The area of the Penshurst practice covered Ashurst, Bidborough, Bough beech, The Chiddingstones, Cowden, Fordcombe, Four Elms, Hever, Langton Green, Leigh, Mark Beech, Rusthall, Southborough and Speldhurst.

The Penshurst practice became fully integrated with Warders in Tonbridge. Doctors and staff worked in both sites, which were connected by an internal telephone and a computer link through an Integrated Service Digital Network (ISDN) line. The accommodation was increased with the renting of the upstairs care-taker's flat to provide a staff lavatory and a coffee room. District nurses sometimes used this space. The consulting room, the nurse's room and dispensary were redesigned. There was a major overhaul of prescribing within the Penshurst surgery. Joan Bayliss worked in the dispensary and oversaw it until her retirement in 2020. Several trained dispensers are now managed by the Practice Manager and her deputy.

Initially Goodridge and Alton worked at Penshurst surgery with its list size of under two thousand. Alton was soon replaced by Love on her appointment as a partner. The practice was appointed Visiting Medical Officer for Ashurst Park and Littlecourt Nursing Homes and the cared for the patients in residential homes at Ashurst Place, Langton Green and Birchwood House, Stockland Green Road, Tunbridge Wells. In 2021, the practice only oversees Birchwood House under a Primary Care Network based enhanced service with Paterson as the partner regularly visiting the place. Ashurst Place has closed.

When Love left the practice, in 2004, she was replaced at Penshurst by Pearson. Kirby and Morris took over many of the sessions after 2000 when Goodridge decreased his sessions and, in 2010, Bailey took them over. Later, both Morris (2019) and Kirby (2018) stopped working at Penshurst. In April 2021 Bailey, Martin, Jumnoodoo and Paterson are the partners working at Penshurst. Amy Wragg MB, BS BSc MRCGP DRCOG, a Warders Salaried GP, also works there.

Review of Documented Observations, Research and Published Material

Throughout the history of the practice, partners have studied and recorded details of their patients in addition to their own clinical records. Some of these observations have led to research and publications that have led to a growth in medical knowledge.

An overview of the development of Warders (both previous and present) has been possible, due to the detailed non-clinical records preserved by the joint practices. It is rare for one practice to be able to give so wide and rich an overview of its past.

Typically, the early publications described unusual cases or treatments encountered. West's description of his son's illness is a prime example of this and led to his name being given to a syndrome. William West, John Gorham and Isaac Newton were keen observers while William West and Isaac Newton were bold in attempting new operations. John Gorham, as well as being inquisitive, was a good recorder of information, a talented experimenter and inventor. The enquiring minds of John Easton, Stuart Melville, David Goodridge and Alistair Howitt led to publications and John Easton, David Goodridge and Alistair Howitt collected and analysed clinical information, with Goodridge and Howitt using disease registers. Stuart Forsyth and Louis Arthur Charrington Wood of Penshurst recorded and analysed information about their work. Forsyth, Goodridge, Howitt and Louis Arthur Charrington Wood all looked at aspects of referrals to hospital. John Ford with his interest in the History of Medicine studied the development of social life and medicine in Tonbridge since the late eighteenth century and was able to discover previously unknown information about West and Gorham.

More recently, research has focused on the epidemiology of the practice population, which involves studying how a disease affects a group of people. Such knowledge can be important in understanding the prevalence and causation of disease. David Goodridge published a paper on epilepsy 140 years after William West's contribution to neurology, which showed that there were many more people in the community who had suffered from it than had previously been estimated, though the percentage who had active epilepsy was much lower than expected. Following on this work, in 1984 with Professor Simon Shorvon of the National Hospital for Neurology and Neurosurgery in London, they decided to start a prospective study of the prognosis of epilepsy, called the National General Practice Study of Epilepsy (NGPSE). This study started a fruitful collaboration between the practice and the National Hospital and the Institute of Neurology which lasted until 2012. The research led to an alteration in the UK Driving Regulations for patients with epilepsy, by allowing those who have had seizures to start driving again after six months provided that they have no more seizures and that there are no clinical factors (such as a scar on the brain) or results from tests (such as an EEG) which suggest an increased risk of recurrence.

National General Practice Study of Epilepsy

The NGPSE has been one of the largest prospective cohort studies of epilepsy carried out, and has been influential in defining prognosis in epilepsy.

Amongst its findings were:

- (a) epilepsy often has a good prognosis with 65-85% of cases eventually entering long-term remission of seizures, and an even higher proportion of cases entering a short-term remission
- (b) the likelihood of long-term remission of seizures is much better in newly diagnosed cases than in patients with chronic epilepsy
- (c) the early response to treatment is a good guide to longer term prognosis (although not inevitably so)
- (d) the longer the remission, the less likely is subsequent recurrence
- (e) the longer epilepsy is active, the poorer is the long-term outlook
- (f) delaying treatment, even for many years, does not worsen long-term prognosis
- (g) the 'continuous' and 'burst' patterns are much commoner than the 'intermittent' seizure pattern

- (h) epilepsy has a mortality which is highest in the early years after diagnosis, when it is largely due to an underlying cause.
- (i) mortality rates are higher for all patients with epilepsy than predicted
- (j) the prognosis of febrile seizures is generally good, with only approximately 6-7% developing epilepsy
- (k) a worse outcome is predicted by the presence of another neurological condition, high frequency of seizures before therapy, poor response to initial therapy and some epilepsy syndromes.

In all, 1195 individuals were identified for the study. 183 people were excluded, of whom 104 were found to have a previous diagnosis of epilepsy and 79 were found not to have epilepsy. Of the remaining patients in the study, 564 had had a definite non-febrile epileptic seizure; 228 had had a possible epileptic seizure and 220 children with febrile seizures were included in the cohort.

The definite seizures were classified as cryptogenic in 62%, remote symptomatic in 21% (18-25%), and acute symptomatic in 15% (12-18%). The commonest symptomatic aetiologies were vascular disease in 15% and a tumour in 6%. 52% of the patients had partial or secondarily generalised seizures, and only 39% generalised seizures.

The treatment status of the cohort was surveyed over time. Antiepileptic drugs were started in 77% of the patients diagnosed with definite epilepsy. Follow-up at over 10 years showed that 37% were still on treatment with another 7% having restarted treatment because of seizure recurrence.

A psychosocial survey in 1991 of 216 patients of the cohort with definite epilepsy, showed that 91% of the patients had psychological problems, of whom only about 10% were severe. Patients had many concerns: in particular problems with accepting the diagnosis; the fear of seizures; fear of stigma in employment; concern about medication and "fear of failure"

Three doctors training in neurology submitted MD degrees partly through work carried out in the study.

Neurological Disease in General Practice

David Goodridge and Simon Shorvon, under the auspices of the NGPSE, decided to study neurological disease in General Practice. The only previous UK population-based study of all neurological diseases was in Carlisle in 1968 before many investigations and disease definitions were available. In 1995 Warders and another practice, recorded new neurological diagnoses within their practices, as a trial for a Linkage Study between general practice and the National Hospital for Neurology and Neurosurgery.

The Linkage Study started in 1996 with thirteen practices, including Warders. The main study lasted eighteen months and showed that 0.6% of patients had a neurological condition diagnosed in the previous year with a lifetime prevalence of 6%. The incidence of some conditions was provided with more certainty and the lifetime prevalence of some diagnoses was found to be higher than previous estimates. The commonest neurological diseases in descending order of incidence were cerebrovascular events, herpes zoster (shingles), diabetic and compressive neuropathies, epilepsy, Parkinson's disease and peripheral neuropathies. The incidence was 205 per 100,000 patients for cerebrovascular events and 15 for peripheral neuropathies.

This study led to more research within 15 practices including Warders on whether some patients diagnosed with Parkinson's Disease had been misdiagnosed. 137 patients with a Parkinson's diagnosis were seen by specialist doctors. On review 123 had Parkinson's Disease, five had definite progressive supranuclear palsy definite (PSP), one possible PSP, two had definite multisystem atrophy (MSA), one possible MSA, and four patients had Idiopathic Parkinson's disease with atypical features. The results suggest that the prevalence of PSP and MSA had been underestimated.

During the study patients of the practice with a possible neurological problem were quickly seen in outpatients at the National Hospital for Neurology and Neurosurgery for investigation, diagnosis and treatment.

The three studies resulted in over twenty published papers.

Other Research

General practice is becoming an increasingly important area for medical research, partly because of the need to inform the government and profession of the most effective ways of using scarce NHS resources. The first major research project for the practice was in 1983 on the use of nicotine gum to prevent smoking. The nurses involved were Marilyn Meredith, Beth Hall and Angela Howitt and then from 1986 to 2016, Maxine Clark.

Research is also becoming the province of large groups of practices, rather than individual researchers, which has led to the formation of research networks. The practice was an active member at the start of two such networks; the Medical Research Council (MRC), Research General Practice Framework, and StaRNet (South Thames Area Research Network), a network based in the South East. Alistair Howitt was involved with StaRNet until 2002 and co-authored a paper describing general practice websites and the matters to consider in patients' medical records becoming paperless. In 1997, through StaRNnet, Michael Morris completed a study of the management of diabetes in general practice.

The practice participated in the MRC's Research General Practice Framework from 1983. The practice employed a nurse to help. Initially the nurse was Marilyn Meredith, followed by Beth Hall, Angela Howitt, Maxine Clark and then Claire Kirby. The first major project was joining a pioneering study to assess the value of treating raised blood pressure in the elderly. Following this the practice joined the Thrombosis Prevention Trial which aimed to assess the value of taking aspirin and warfarin to prevent heart attacks in men at high risk. Other studies included the detection and management of depression in general practice and the WISDOM trial of long-duration oestrogen therapy after the menopause. After 2010 the MRC Research General Practice Framework was succeeded by the NIHR Clinical Research Network.

Warders has also participated in drug trials with pharmaceutical companies. These included one for Innovex, (lacidipine), in 1996, to compare the effectiveness and patient tolerance and safety of two different regimes of dosage in adult and elderly general practice populations suffering from mild to moderate hypertension [no published article]. A subsequent study assessed the efficacy and safety of Meloxicam vs. Diclofenac SR in patients with osteoarthritis of the knee.

Publications by the Tonbridge doctors

West William J. Case of Compound Fracture of the Cranium accompanied with Hernia Cerebri and extensive sloughing of the substance of the Brain-recovery. *Lancet* 1831;1: 571.

West William J. Successful operation for the removal of an ovarian tumour. *Lancet* 1837: 18 November: 307-308.

West William J. On a peculiar form of infantile convulsions. *Lancet* 1841; 1: 724-725.

Gorham John. Report of a case of imperforate anus. *London Medical Gazette* 1837; 21: 528-529.

Gorham John. Observations on the pulses of infants. *The British and Foreign Medical Review* 1838; 5 :268-270 (Reprinted from *London Medical Gazette* 1837)

Gorham John. Observations on Intus-susception, as it occurs in infants. *Guy's Hospital Reports* 1838; 3: 330-352.

Gorham John. Case of Fungoid Disease of the Kidney, with Post-Mortem Examination. *London Medical Gazette* 1838; 21: 764-765 and *Lancet*; 1: 764-765.

Gorham John. On the Respiration of infants in health and disease. *London Medical Gazette* 1838; 22:203-204.

Gorham John. Case of ptyalism during pregnancy. *London Medical Gazette* 1838; 22: 578.

Gorham John. Observations on the Propriety of Extirpating the Cyst in Some Cases of Ovarian Dropsy. *Lancet* 1839; 1: 155-161.

Gorham John. Excision in Ovarian Dropsy. *Lancet* 1839; 1: 506-507.

Gorham John. Case of Extraordinary development of the Mammae in the Adult Male. *Lancet*; 1840;2: 637-638.

Gorham John. Original Communication: On the magnifying power of short spaces, illustrated by the transmission of light through minute apertures. *Quarterly Journal of Microscopical Science* 1854; 2: 218-234.

Gorham John. Original Communication: On the enlargement and multiplications of the images of objects when viewed by the light admitted through small apertures: and on the Diascope, a new optical equipment. *Quarterly Journal of Microscopic Science* 1855; 3: 1-15. (also, both articles on small apertures reprinted as Gorham John. *Unfrequented Paths in Optics*. 1855 Part 1 & 2. Book.)

Gorham John. Correspondence between John Gorham Esq. and the Tunbridge Union Board of Guardians. *Association Medical Journal* 1856; 3-4: 112-113.

Gorham John. Mr. Gorham and the Board of Guardians of the Tunbridge Union. *Association Medical Journal* 1856; 4: 220.

Gorham John. Complementary Ocular Spectra. *British Medical Journal* 1860;1: 674

Gorham John. *A Manual on the Proper Mode of Extracting Teeth*. 1869 (Book).

Gorham John. On the treatment of sprains. *Lancet* 1874; 1: 140.

Gorham John. Concerning the early days of ovariectomy. *Lancet* 1874;1: 440-441.

Gorham John. The West Fund. *Lancet* 1874;1 :714.

Gorham John. The Leverage of the Lower Human Jaw: (an excerpt from the authors note-book). *Medical Times and Gazette* 1875, January 9 and 23 and reprinted in the *British Journal of Dental Science*. 1875; 18: 55-65. With a correction in a letter. *British Journal of Dental Science* 1875;18: 225.

Gorham John. On the Treatment of Sprains. *Lancet* 1876; 2 :140.

Gorham John. New Tubular Balance for Dispensing. *British Medical Journal* 1881; 1: 564-565.

Gorham John. On the Blending of Colours by the Sole Agency of the Sensorium. *Brain* 1882; 4:467-482.

Gorham John. The Pupil-Photometer. *Proceedings of the Royal Society* 1884; 37: 425-426.

Gorham John. *Tooth Extraction; a Manual on the Proper Mode of Extracting Teeth: With a Table Exhibiting in Parallel Columns the Names of All the Teeth, the Instruments Required for Their Extraction, and the Most Approved Methods of Using Them*. 1889 London H.K. Lewis (Book)

Newton Isaac. Epidemic Muscular Rheumatism. *British Medical Journal* 1894; 2: 651-652.

Newton Isaac. A rare form of branchial cyst. *British Journal of Children's Diseases*. 1905; 2: 171-172.

Newton Isaac. A Case of Depression of the Parietal Bone in a Newly-born infant; Trephining on the twelve day: Recovery. *British Medical Journal* 1907; 2: 318.

Easton JHL. The Infective Factor in the Causation of Acute Myelogenous Leukaemia. *Lancet* 1930; 2: 1394-1395.

Easton JHL. An Outbreak of Smallpox in the Middle East. *Public Health* 1945; No1, Vol LVIII: 110-114.

Ford JMT. Medicine in Tonbridge in the 1870s. In *Mid-Victorian Tonbridge*, ed, CW Chalklin, Kent County Library, 1983.

Ford JMT. Medical Indications for Taking the Waters of Tunbridge Wells. *Journal of the Royal Society of Medicine*. 1984;77: 955-959.

Ford JMT. Taking the waters at Tunbridge Wells. *Stress Medicine* 1986; 2: 169-174.

Ford JMT. A Medical Student at St. Thomas's Hospital 1801-1802. The Weekes Family Letters. *Medical History Supplement* 7, London, Wellcome Institute for the History of Medicine, 1987. [Book.]

Ford JMT. William James West (1794-1848) Abdominal Surgeon and Distraught Father. *Journal of Medical Biography*. 2003; 11: 107-113.

Ford JMT. John Gorham 1814-1899. Victorian Medicine in Tonbridge. 2009 MD Thesis Peninsula Medical School, University of Plymouth.

Ford JMT. Epsom College: A Tradition of Medical Excellence, Reflecting on the Early Years. 2011. [Booklet.]

Ford JMT. Gaining a Charter 1610-1625. How the Apothecaries Achieved Independence. Society of Apothecaries 2017. [Booklet.]

Ford JMT. The Artworks of Apothecaries' Hall. Society of Apothecaries, 2019. [Booklet.]

Goodridge DMG. An analysis of fat folders. *Journal of the Royal College of General Practitioners* 1982;32: 239-241.

Goodridge DMG, Shorvon SD. Epileptic seizures in a population of 6000. I: Demography, diagnosis and classification, and role of the hospital services. *British Medical Journal* 1983; 287: 641-4.

Goodridge DMG, Shorvon SD. Epileptic seizures in a population of 6000. II: Treatment and prognosis. *British Medical Journal* 1983; 287:645-7.

Goodridge DMG, Shorvon SD. Epileptic seizures in general practice. *British Medical Journal* 1983; 287: 1143 & 1983; 287: 1799. [Letter]

Goodridge DM, Taylor MP. A nationwide prospective study of epilepsy in general practice. *Journal of the Royal College of General Practitioners* 1984; 34:670-1. [Letter]

Goodridge DMG. Frequent attenders in general practice. *Journal of the Royal College of General Practitioners* 1985; 35: 494. [Letter]

Oxley J, Espir M, Shorvon S, Goodridge D, Richens A. The framework of medical care for epilepsy. *Health Trends* 1987; 19: 13-7.

Goodridge DMG. General practitioners' referrals. *British Medical Journal* 1989; 299:627. [Letter]

Goodridge DMG. Primary health care authority. *British Journal of General Practice* 1993; 43: 86. [Letter]

Shorvon SD, Dellaportas CI, Goodridge DMG, Bradbury C. The clinical nurse specialist in epilepsy: A new community initiative. Chalfont St. Peter: The National Society for Epilepsy, 1993.

Cockerell OC, Johnson AL, Sander JWAS, Hart YM, Goodridge DMG, Shorvon SD. Mortality from epilepsy: results from a prospective population-based study. *Lancet* 1994; 344: 918-21.

Cockerell OC, Eckle I, Goodridge DMG, Sander JWAS, Shorvon SD. Epilepsy in a population of 6000 re-examined: secular trends in first attendance rates, prevalence, and prognosis. *Journal of Neurology, Neurosurgery and Psychiatry* 1995; 58:570-6. Erratum 1996; 60:247.

Cockerell OC, Goodridge DMG, Brodie D, Sander JW, Shorvon SD. Neurological disease in a defined population: the results of a pilot study in two general practices. *Neuroepidemiology* 1996; 15:73-82.

O'Donoghue MF, Goodridge DMG, Redhead K, Sander JWAS, Duncan JS. Assessing the psychosocial consequences of epilepsy: a community-based study. *British Journal of General Practice* 1999; 49: 211-4.

MacDonald BK, Johnson AL, Goodridge DM, Cockerell OC, Sander JWAS, Shorvon SD. Factors predicting prognosis of epilepsy after presentation with seizures. *Annals of Neurology* 2000; 48:833-41. Erratum 2000; 48:833-41, 2001; 49:547 and 2001;50:830.

Lhatoo SD, Johnson AL, Goodridge DM, MacDonald BK, Sander JWAS, Shorvon SD. Mortality in epilepsy in the first 11 to 14 years after diagnosis: multivariate analysis of a long-term, prospective, population-based cohort. *Annals of Neurology* 2001; 49:336-44.

Lhatoo SD, Johnson AL, Goodridge DM, MacDonald BK, Sander JW, Shorvon SD. Abstract from the 2007 Annual Meeting of the American Epilepsy Society. December 1-3, 2007.

Multivariate Analysis of Long-Term Mortality in a Prospective Population Based Cohort. *Epilepsia* 2007. 41 Suppl. 7: 172.

Neligan A, Bell GS, Johnson AL, Goodridge DM, Shorvon SD, Sander JW. Long-term prognosis in patients with Epilepsy. *Epilepsia* 2010, 51 (Suppl.4): 69. Abstract from the 9th European Congress on Epileptology. Rhodes, Greece. 27 June to 1 July 2010.

Neligan A, Bell GS, Johnson AL, Goodridge DM, Shorvon SD, Sander JWAS. The long-term risk of premature mortality in people with epilepsy. *Brain* 2011; 134:388-95.

Neligan A, Bell GS, Giavasi C, Johnson AL, Goodridge DM, Shorvon SD, Sander JWAS. Long-term risk of developing epilepsy after febrile seizures: a prospective cohort study. *Neurology*. 2012 ;78 :1166-70.

Shorvon SD, Goodridge DM. Longitudinal cohort studies of the prognosis of epilepsy: contribution of the National General Practice Study of Epilepsy and other studies. *Brain* 2013; 136:3497-510. [Review.]

Goodridge D, Shorvon SD. The contribution of United Kingdom General Practice to our Understanding of Epilepsy and its effects on people. *British Medical Bulletin* 2013; 108:115-30.

Bell GS, Neligan A, Giavasi C, Keezer MR, Novy J, Peacock JL, Johnson AL, Goodridge DMG, Shorvon SD, Sander JW. Outcome of seizures in the general population after 25 years: a prospective follow-up, observational cohort study. *Journal of Neurology, Neurosurgery and Psychiatry* 2016; 87:843-50.

Howitt AJ, Williams AJ. Skinner C. Warfarin-induced vasculitis: a dose-related phenomenon in susceptible individuals? *Postgraduate Medical Journal* 1982; 58: 233-4.

Howitt AJ. Hypertension in General Practice *British Journal of General Practice* 1984; 34: 357-358. [letter]

Barnaby J, Howitt AJ. Antithrombotic treatment and atrial fibrillation. *British Medical Journal* 1993; 306: 207. [letter]

Howitt AJ, Cheales NA. Diabetes registers: a grassroots approach. *British Medical Journal* 1993; 307: 1046-8.

Howitt AJ, Varns C. Medical audit advisory groups. Consider the number of practices. *British Medical Journal* 1994; 309: 811. [Letter; comment]

Cheales NA, Howitt AJ. Personal experience with a District Population Diabetic Register Located in General Practice. In: Dawson A, Ferrero M (eds.) *Chronic Disease Management Registers*. London: HMSO 1996.

Greenhow D, Howitt AJ, Kinnersley P. Patient satisfaction with referral to hospital: relationship to expectations, involvement, and information giving in the consultation. *British Journal of General Practice* 1998; 48: 911-2.

Howitt AJ. Doctors and patients must decide together whether anticoagulation is appropriate *British Medical Journal* 1998; 317: 210. [Letter]

Howitt A, Armstrong D. Implementing evidence-based medicine in general practice: audit and qualitative study of antithrombotic treatment for atrial fibrillation. *British Medical Journal* 1999; 318: 1324-7.

Howitt Alistair, Armstrong David. Antithrombotic Treatment for Atrial Fibrillation. *British Medical Journal* 1999; 319: 708. [Letter]

De Lusignan S, Thiru K, Wells S, Dobson M, Howitt A. Overcoming the constraints to becoming paperless. *British Journal of General Practice* 2000; 50: 504-5. [Letter]

Howitt AJ, Clinical Review: Questions for general practice. *British Medical Journal* 2003; 326:1134-1135.

Howitt Alistair, Clement Sarah, de Lusignan Simon, Thiru Krish, Goodwin Daryl, Wells Sally. An evaluation of general practice websites in the United Kingdom. *Family Practice* 2002; 19: 547-556.

Man-Son-Hing M, Gage BF, Montgomery AA, Howitt A, Thomson R, Devereaux PJ, Protheroe J, Fahey F, Armstrong D, Laupacis A. Preference-Based Antithrombotic Therapy in Atrial Fibrillation: Implications for Clinical Decision Making. *Medical Decision Making* 2005; 25: 548 - 559.

Howitt Alistair J, Antibiotics for coughs and colds. Goodbye, virus. *British Medical Journal* 2008; 337: 1143.

Howitt A. In preparing for the MRCGP [INT] *British Journal of General Practice* 2012; 62:351. [comment]

Pearson Joanna. Aid to Spain, Blood for Britain. Janet Vaughan, her Humanitarian and Medical Work 1936-1945, and her Legacy to British Medicine. *Journal of the International Society for the History of Medicine* June 2018; 24:19-31 [e-journal of Vesalius, Societas Internationalis Historiae Medicinae]

Publications by the Penshurst doctors

Wood W. Charrington. Sudden Death in Aortic Stenosis. *British Medical Journal* 1912; 2: 381.

Wood LAC. A Time and Motion Study 1956. *Journal of College of General Practitioners* 1962; 5: 379-381.

Wood LAC. The Signpost. A Study of Referrals in a Rural Practice. *Journal of College of General Practitioners* 1964; 8: 223-231.

Wood Louis AC. Obstetric retrospect. *The Journal of Royal College of General Practitioners* 1981; 31: 80-90.

Wood LAC. Review of maternity patients suitable for home delivery. *British Medical Journal* 1982; 285: 444.

Other relevant publications

Related to the practice

Digby Anne. *The Evolution of British General Practice 1850-1948*. Oxford University Press, 1999. The book has information on the practice relating to Herman's surgical operations and the Post Office medical examinations. Pages 195, 247, 348. [Book]

Cockerell OC, Catchpole M, Sander JWAS, Shorvon SD. The British Neurological Surveillance Unit: a nation-wide scheme for the ascertainment of rare neurological disorders. *Neuroepidemiology* 1995; 14:182-7.

MacDonald BK, Cockerell OC, Sander JWAS, Shorvon SD. The incidence and lifetime prevalence of neurological disorders in a prospective community-based study in the UK. *Brain* 2000; 123:665-676.

Schrag A, Ben-Shlomo Y, Quinn NP. Prevalence of progressive supranuclear palsy and multiple system atrophy: a cross-sectional study. *Lancet* 1999; 354: 1771-1775.

Russell MAH., Merriman R, Stapleton J, Taylor W. Effect of nicotine chewing gum as an adjunct to general practitioners' advice against smoking. *British Medical Journal*. 1983; 287: 1782-1785. (This was the first major trial that the practice participated in.)

MRC Working Party. Medical Research Council trial of treatment of hypertension in older adults: Principal results. *British Medical Journal* 1992; 304: 405-412.

The Medical Research Council's General Practice Research Framework (1998). Thrombosis prevention trial: randomised trial of low-intensity oral anticoagulation with warfarin and low-dose aspirin in the primary prevention of ischaemic heart disease in men at increased risk. *Lancet* 1998; 351:233-241.

Vickers Madge R, Jennett Martin, Meade Tom W. The Women's international study of long-duration oestrogen after menopause (WISDOM): a randomised controlled trial. *Biomed Central (BMC) Womens Health* 2007; 7: 2 (page 1-17).

Study to assess the efficacy and safety of Meloxicam vs. Diclofenac SR in patients with osteoarthritis of the knee. <https://clinicaltrials.gov/ct2/show/NCT02183129> Boehringer Ingelheim 2014.

Related to West syndrome

Newnham William. History of four cases of eclampsia nutans, or the 'salaam' convulsions of infancy, with suggestions as to its origin and future treatment. *The British Record of Obstetric Medicine and Surgery, for 1849*; 2: 145. Also published as a 28 paged booklet by William Irwin, Manchester in 1849.

Gastaut H, Roger J, Soulayrol R, Pinsard N. L'encéphalopathie myoclonique infantile avec hypsarythmie (syndrome de West): compte rendu de la réunion européenne d'information électro-encéphalographique. 1960. Proceedings from the 9th Colloque of Marseille.

Conte TE. On a peculiar form of infantile convulsions (hypsarrhythmia) as described in his own infant son by Dr. W.J. West in 1841. *Pediatrics* 1970; 46: 603

Pies NJ, Beardsmore C. Dr West of Tonbridge: some biographical notes on William James West (1794–1848) and James Edwin West (1840–1860). *Kent Family History Soc J.* 1990; 6: 130-132.

Lux AL. West & son: the origins of West syndrome. *Brain & Development* 2001; 23: 443-446.

Duncan R. Infantile spasms: the original description of Dr West.1841. *Epileptic Disorders* 2001; 3 :47-48.

Eling Paul, Renier Willy O, Pomper Joern, Baram Tallie Z. The mystery of the Doctor's son, or the riddle of West syndrome. *Neurology* 2002; 58: 953-955.

Ford JMT. William James West (1794-1848) Abdominal Surgeon and Distraught Father. *Journal of Medical Biography.* 2003; 11: 107-113.

Pies NJ, Beardsmore CW West & West syndrome--a historical sketch about the eponymous doctor, his work and his family. *Brain & Development* 2003; 25: 84-101.

Related to William West

Report of Meetings of medical gentlemen at Tunbridge Wells to discuss the operation of the Poor-Law Medical Contracts. *Lancet* 1835;1: 466-468.

South - Eastern Branch of the Provincial Medical and Surgical Association. *Provincial Medical & Surgical Journal* 1844; 10: 404-406.

South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical & Surgical Journal* 1845; 9 :488-490.

South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical and Surgical Journal* 1846; 10: 326-330.

Provincial Medical and Surgical Association. South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical and Surgical Journal* 1847: 380-383. Edited by Robert J. Stretton, published by John Churchill, London. [Book]

Related to John Gorham

South - Eastern Branch of the Provincial Medical and Surgical Association *Provincial Medical & Surgical Journal* 1844; 10: 404-406.

South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical & Surgical Journal* 1845; 9: 488-490.

Provincial Medical and Surgical Association. South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical and Surgical Journal* 1847: 380-383. Edited by Robert J. Stretton, published by John Churchill, London. [Book]

Gorham John. Memoranda: 'Holder' and 'Brass Cementing Pencil'. *Quarterly Journal of Microscopical Science* 1853;1: 56-57.

Gorham John. Original Communications: Remarks on the Cornea of the Eye in Insects, with reference to certain sources of fallacy in the ordinary mode of computing the Microscopic hexagonal Facets of this membrane: with an Appendix, containing a brief notice of a new method of taking transparent Casts of the above, and other objects for the Microscope, in Collodion. *Journal of the Microscopical Society* 1853; 1: 76-84.

Gorham John. The Rotation of Coloured Discs Applied to Facilitate the Study of the Laws of Harmonious Colouring, and to the Multiplication of Images of Objects into Kaleidoscopic Combinations. *Journal of Cell Science* 1859; 7: 69-75. and reprinted London, J. E. Adlard 1859. [Booklet].

Gorham John. On a peculiar distribution of vein in leaves of the natural order of umbelliferae. *Transactions of the Microscopical Society and Journal* 1868; 16: 14-25.

Gorham John. On the Composite Structure of Simple Leaves. *Monthly Microscopical Journal*. 1869; 1: 155-169.

Gorham John. A Novel Experiment in Complimentary Colours *Nature* 1883; 27:294.

Gorham John. Devil on Two Sticks. *Nature* 1883; 28:172-173.

Gorham J. The Colour of Leaves. *Tonbridge School Scientific Society Magazine* 1886: 156.

Gorham John. A System for the Construction of Crystal Models on the Type of an Ordinary Plait: Exemplified by the Forms Belonging to the Six Axial Systems in Crystallography. London E and FN Spon 1888 [Book].

Gorham John. A System for constructing Crystal Forms by the Plaiting of their Zones. *Mineralogical Magazine* 1891; 9: 235-236.

Gorham John. New Reflecting Kaleidoscope. 1893 London, JM Kronheim. [Booklet] Also published in *The Engineer* 1893: 487-488.

Pargeter AR. Plaited Polyhedra. *The Mathematical Gazette* 1959; 43 (344): 88-101.

Nagy D. Symmet-Origami (Symmetry and Origami) in art, science, and technology. *Symmetry: Culture and Science* 1994; 5: 3-12.

Tandy Peter. Crystallography and the geometric modelling of minerals: a reflection on the models in the Natural History Museum, London. *Geological Curator* 1998; 6 (9): 333-338.

Ford JMT. John Gorham 1814-1899. Victorian Medicine in Tonbridge. 2009 MD Thesis Peninsula Medical School, University of Plymouth.

Polygonal string - paper strip origami. (takayaiwamoto.com)

Related to John Easton

Denton Welch. *A Voice through a Cloud*. John Lehmann Press 1950. [Book]

Good Night, Beloved Comrade. The Letters of Denton Welch to Eric Oliver. Edited by Daniel J. Murtaugh. University of Wisconsin Press 2017. [Book]

Denton Welch. *The Journals of Denton Welch* edited by Michael De-la-Noy. E. P. Dutton and Company, 1984 and *The Denton Welch Journals* ed. by Jocelyn Brooks, Hamish Hamilton, 1952. [Book]

Copeman W.C.S. The Chronic Rheumatic Diseases in the World War 1939-1945. *Annals of Rheumatic Diseases* 1946; 5(4): 115–121. (page 117).

Hayhoe F.G.J. Aplastic Anaemia occurring eight years after TNT Poisoning. *British Medical Journal* 1953;1: 1143-1144.

Evans William, Short D.S, Bedford D. Evan. Solitary Pulmonary Hypertension. *British Heart Journal* 1957; 19: 93-116.

Lewes David. Electrode Jelly in Electrocardiography. *British Heart Journal* 1965; 27: 105-115.

Related to Stuart Melville

Barlas JA Polymer Fume Fever *British Medical Journal* 1967; 1: 567.

Related to Stuart Forsyth

Bowley Ruth. Meet the Family Doctor in an English Country Town. *The English-Speaking World*; year unknown. Page 12-15.

Related to David Goodridge and NGPSE

Sander JWAS, Hart YM, Johnson AL, Shorvon SD. National General Practice Study of Epilepsy: newly diagnosed epileptic seizures in a general population. *Lancet* 1990; 336: 1267-1271.

Hart YM, Sander JWAS, Johnson AL, Shorvon SD. National General Practice Study of Epilepsy: recurrence after a first seizure. *Lancet* 1990; 336: 1271-1274.

Chaplin JE, Yepez Lasso R, Shorvon SD, Floyd M. National General Practice Study of Epilepsy: the social and psychological effects of a recent diagnosis of epilepsy. *British Medical Journal* 1992; 304: 1416-1418.

Manford M, Hart YM, Sander JWAS, Shorvon SD. National General Practice Study of Epilepsy (NGPSE): Partial seizure patterns in a general population. *Neurology* 1992; 42: 1911-7.

Chaplin JE, Floyd M, Lasso RY. Early psychosocial adjustment and the experience of epilepsy: findings from a general practice survey. *International Journal of Rehabilitation Research* 1993; 16: 316-318.

Cockerell OC, Sander JEAS, Shorvon SD. Mortality in epilepsy. *Lancet* 1994; 344: 1579-1580. Letter.

Cockerell OC, Johnson AL, Sander JWAS, Hart YM, Shorvon SD. Remission of epilepsy: results from the National General Practice Study of Epilepsy. *Lancet* 1995; 346: 140-4.

Related to William and James Pickance

Leigh & District Historical Society. Vestry Minutes 1823-1844.

South - Eastern Branch of the Provincial Medical and Surgical Association *Provincial Medical & Surgical Journal* 1844; 10: 404-406.

South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical & Surgical Journal* 1845; 9: 488-490.

South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical and Surgical Journal* 1846;10: 326-330.

Provincial Medical and Surgical Association. South-Eastern Branch of the Provincial Medical and Surgical Association. Annual Meeting. *Provincial Medical and Surgical Journal* 1847: 380-383. Edited by Robert J. Stretton, published by John Churchill, London. [Book]

The Register of Tonbridge School from 1825-1910.

Medical Qualifications

Until 1815 anyone could practice medicine in England and Wales, since before this there was no recognised qualification, apart from a few who gained a doctorate from Oxbridge and a few who obtained a licence from their local bishop! There was no national register of doctors until 1858. After the Apothecaries Act of 1815 it became customary to take both the Licence of the Society of Apothecaries (LSA) and the Membership of the Royal College of Surgeons of England (MRCS) before practising. Between 1884 and 1999 the usual way of qualifying was to take the conjoint examination of the Royal Colleges of Physicians and Surgeons (LRCP and MRCS). University degrees in medicine began in the 1850s and was the less common qualifying exam. After 1960, it was customary to undertake a university medical degree to qualify as a doctor.

The UK has the most diverse system of certificates, diplomas and medical licenses in the world.

The historical licences to practice were given after training

LRCP	Licentiate of the Royal College of Physicians
LMRCS & LM	Licentiate in Midwifery of the Royal College of Surgeons
LSA	Licentiate of the Society of Apothecaries

Bachelor in Arts, BA, is the degree given by Oxbridge after three years of pre-clinical study even though the study has been scientific. At some universities, like London, medical students can take an intercalated BSc in one year which increases the length of their training from five years to six. The primary qualification from all universities is as a Bachelor.

BSc	Bachelor of Science
BA, AB	Bachelor of Arts
MB, BM	Bachelor of Medicine
BMedSci	Bachelor of Medical Sciences
BS, BChir, BCh, ChB	Bachelor of Surgery

Certificates are awarded after specific post-qualification courses. A course in family planning led to an FP (Cert) which was replaced in 1996 by the DFFP (and those who had an FP (Cert) were allowed to upgrade it to the DFFP). A PGCert. requires a dissertation and leads to a Postgraduate Certificate in Higher Education (Learning and Teaching) or a Post Graduate Certification in Medical Education.

Diplomas are taken to obtain a degree of specialisation after qualification.

DA	Diploma of Anaesthesia
DAllergy	Diploma in Allergy
DCH	Diploma in Child Health
DObst RCOG	Diploma of the Royal College of Obstetricians and Gynaecologists (The DObst RCOG was succeeded in 1996 by the DRCOG)
DRCOG	Diploma of the Royal College of Obstetricians and Gynaecologists
DFFP	Diploma of the Faculty of Family Planning and Reproductive Medicine
DFSRH	Diploma of the Faculty of Sexual & Reproductive Health Care (This replaced the DFFP)
DHMSA	Diploma in the History of Medicine of the Society of Apothecaries
DPH RCPS	Diploma in Public Health. Royal Colleges of Physicians and Surgeons
DPD	Diploma in Practical Dermatology

Membership is a post graduate award following an examination for specialisation. It has been compulsory for GPs to have the MRCGP since 2008. (A structured training for general practice has been compulsory since 1976). John Ford was elected an MRCGP without examination.

MRCS	Member of the Royal College of Surgeons
MRCSL	Member of the Royal College of Surgeons of London
MRCSE	Member of the Royal College of Surgeons of Edinburgh
MRCGP	Member of the Royal College of General Practitioners
MRCP	Member of the Royal College of Physicians
MRCPCH	Member of the Royal College of Paediatrics and Child Health
MFHom	Member of the Faculty of Homeopathy

Fellowship for the Royal College of Surgeons is by examination while the other fellowships are usually an elected honour.

FRCS	Fellow of the Royal College of Surgeons
FRCGP	Fellow of the Royal College of General Practitioners
FRCP	Fellow of the Royal College of Physicians (Unusually Ford and Goodridge were both awarded an FRCP post retirement.)

A Master's degree is usually a post specialisation qualification and requires a thesis but graduates from Oxford and Cambridge Universities are allowed to upgrade their BA to an MA three years after obtaining their BA without an examination.

MSc	Master of Science
MChir or MCh	Master of Surgery
MA	Master of Arts

A doctorate is the highest degree usually awarded after presenting a thesis of original work.

MD	Doctor of Medicine.
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Acknowledgements

The first Warders and Penshurst history was written in December 1999 by John Ford (Warders) and David Goodridge (Penshurst) and edited by Alistair Howitt.

It was rewritten by David Goodridge, with the help of John Ford and Alistair Howitt in 2020-21. The Warders historical records were invaluable. Mary Gibbins contributed material about her father Stuart Forsyth and comments were gratefully received from Jenny Alton, Connie Burgess, Richard Claxton, Jo Christophers, John England, John Ford, Susan Greenhalgh, John Hawkings, Alistair Howitt, Graham Kirby, Mike Morris, Katie Marfleet, Jo Pearson and Alison Thorn. Permission to publish the map of Warders was received from the Kent County Council Archive Service.

The Penshurst history was written by David Goodridge using: practice records; eleven articles published in the *Penshurst News* between 1978 and 1985 written by Winifred Sylvia Wood, daughter of W. Charrington Wood; a letter from Bill Burns-Begg; and research by David Goodridge. Kevin Blewett provided his own details and photograph. The photographs of the Woods were provided by Rachel Nelson, a granddaughter of W Charrington Wood. Details and photographs of William Burns-Begg were provided by his son Simon Begg and other information from his son-in-law Dr Alex Grieve. Details and photographs about Philip Hoare were supplied by his daughter, Joanna Wotton and Dr Mike Lawes added to the information on the succession to Philip Hoare's practice. Help was provided by Reverend Simon Braid of Petres Field and Emily Millett of The Moat.

Photography is by David Goodridge and John Ford. Unless otherwise noted, other images are reproduced with permission by the partners of Warders Medical Centre.

The whole history was edited by John Ford and Rosemary Goodridge. Bryony Richards and Kate Warner helped with formatting.

The author is grateful to the current GP partners for their help and encouragement. Thanks are due to all the people who have helped with the two histories.

Some of the research studies could not have been performed without patients freely giving their time for which they deserve thanks.

The author accepts that there may be mistakes in the history.

Contact dgoodridge43@yahoo.com for corrections of mistakes or add updated information.

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