

NORFOLK & NORWICH  
UNIVERSITY HOSPITAL

NURSES LEAGUE  
JOURNAL



2018

# **THE NORFOLK AND NORWICH UNIVERSITY HOSPITAL NURSES LEAGUE.**

## **EXECUTIVE COMMITTEE AND TRUSTEE MEMBERS.**

Charity Registration Number 290546

### **2017 - 2018**

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**Elizabeth and Doreen at the 2017 AGM.**

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## *A Message from the President*

Dear Members

Its 2018 and every one reading this will have had their own unique experiences and made their own memories during the last year, good or bad, sad or happy. As I write this message it comes with every good wish and grateful thanks for your support and contributions to the NNUH Nurses League as a Member.



Please can I ask you to encourage others to join.

At the last AGM I was fortunate enough to be given my second term of office as your President. It continues to be a challenging yet exciting position to hold, and with your help we can take the League forward.

I am lucky to have the support of a dedicated and hard working committee for which I am very grateful. We have achieved much as you will hear from the articles and reports in our wonderful Journal.

I look forward to seeing those who can make the Reunion/AGM on International Nurses day when we will also be celebrating 70 years of the NHS.

Mary Dolding.

# A few words from the Membership Secretary



Once again yet another year has flown by and it's time to thank you for your letters and your news. Many of you commented on how much the arrival of the Journal means to you. We do so appreciate your letters, please keep them coming.

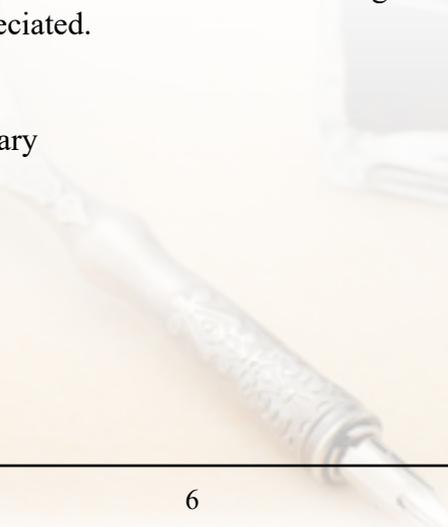
If any members are in touch with Mrs Rosalind Cogman or Mrs Margaret Spray whose journals were both returned in 2017 saying no longer at this address, I would appreciate hearing from you.

Mrs Lesley Bain, nee Brett has contacted me she is hoping to arrange a re-union for the SEN set September 1978 and has asked for help in tracing members of that set.

Her contact email is [lesley.bain@ntlworld.com](mailto:lesley.bain@ntlworld.com)

Finally the trustees join me in thanking those members who send their subscriptions when the journal arrives, this reduces the postal cost of sending reminders. The facility to pay on line via the new web site is now up and running, some members might wish to use it. Also we would like to thank members who send generous donations; they are much appreciated.

Ann Copsey  
Membership Secretary



## THE HERITAGE SUB COMMITTEE GROUP

The heritage sub group, pictured below, has continued to meet throughout the year. Items are being sorted, indexed and filed ready for deposit at the Archive Centre at County Hall. Items of all shapes and dimensions continue to be given to the League. One of the most exciting things this year was two books which contain reports from Matrons and Superintendents. There will be more about these in the next Journal.



This year all the uniforms we hold have been photographed and logged and have now been donated to the Costume Museum here in Norwich. The trustees were reluctant to let the items go but we cannot store them in the perfect conditions of the museum. We all agreed that we had to do the best for the dresses, aprons, hats etc which we were storing.

Margaret has also managed to find records of all the recipients of the Jock Carruthers medal. This has been a huge piece of work by Margaret. Mary and Margaret attended the celebrations at Cromer Hospital and manned a small display.

This year has also seen us fill a display cabinet in the West Atrium of the Hospital. The first exhibition was about Jill Orton, who was the first girl with Type 1 diabetes accepted for training at the Norfolk and Norwich Hospital. The cabinet displayed some equipment used in the

management of diabetes from the 1930's up to the present day. The second exhibition was about asthma; again we were lucky to have someone's memories of asthma treatment in the 1940's and were able to display more archives from our collection. The third display is about cataracts and again we were fortunate in that two members have written regarding their experiences of cataract surgery; one as a nurse on the ward in the 1950's, the other as a patient in the 2010's. This made interesting reading along with more artefacts from our collection.

Finally, Mary and Vivien attended two courses held by the post graduate school for newly qualified nurses. They discussed the League and showed some of the "treasures" we hold. At both sessions the students seemed interested and appeared to enjoy the sessions.

We will continue with the archiving and thank you for your interest. Margaret Allcock, Mary Dolding, Elizabeth Blaxell, Betty Lee, Vivien Aldridge.

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## 40<sup>TH</sup> ANNIVERSARY OF THE NHS RETIREMENT FELLOWSHIP



The NHS Retirement Fellowship was founded forty years ago in 1978 to provide friendship and fellowship to all NHS retirees.

### **Why join?**

- It is an opportunity to meet with past colleagues and old friends.
- Visit places of interest.
- To listen to guest speakers at meetings.
- To discover new interests and make new friends.
- The opportunity to help and support others.

There are branches throughout the UK. Find out more at:  
[www.nhsrf.org.uk](http://www.nhsrf.org.uk)

The Norwich & District branch meets every third Thursday at 10am at the Methodist Church Hall, Chapelfield Road, Norwich, NR2 1SD. You will be given a warm welcome whether you worked in hospital or community and whatever your job, we look forward to seeing you.

OR contact the Editor Elizabeth Blaxell.



# CATARACTS THROUGH THE AGES

## **2457 - 2467 B.C.**

The Ancient Egyptians recognised cataracts. There is a statue in the Egyptian Museum in Cairo which clearly depicts an eye afflicted with a cataract. There are also hieroglyphics inscribed on the walls of the temple at Kom Ombo which depicts surgical implements used for the extraction of cataracts.

## **1705.**

Pierre Brisseau (1631 -1717) reported that cataract occurs definitively in the lens of the eye.

## **1865.**

Henry Willard William (1831 -1895) introduced sutures, (stitches) to cataract surgery and was one of the first surgeons to use Ether, an early anaesthetic.

## **1950.**

Sir Nicholas Harold Lloyd Ridley (1906 -2001) performed the first intra ocular lens implant.

## **1967.**

Charles Kelman introduced Phacoemulsification, the use of ultrasonic waves to enable the removal of the cataract without the need for a large incision

This method proved less painful and shortened hospital stay.

# CATARACTS - THROUGH THE AGES

**1956.**

The eye ward was at the old Norfolk and Norwich site, on St. Stephens Road. It was Ward 9, below was Ward 10, the Ear Nose and Throat Ward. Each of these wards had their own operating theatres, staffed by the relevant ward nurses. Sister Wadman oversaw Ward 9, she had undergone specialist training at Moorfields Hospital in London.



Cataract operations were performed under general anaesthetics; one of the jobs of the nursing staff was the cutting of the patient's eyelashes. This was done using round ended scissors which had been smeared with Vaseline.

The operation called Cataract Extraction lasted about forty minutes, there was no lens implant, and after surgery, when the patient had recovered, he or she needed glasses with very strong lens.

After surgery the patient went back to the ward with both eyes covered by padding. They remained like this for between one to three days depending on the surgeons wishes. Some patients became quite confused on waking,

# CATARACTS - THROUGH THE AGES

they knew that one eye was being operated on but having both eyes covered, and no vision was disturbing.

All patients stayed on bed rest for three days; not allowed out of bed for any reason, not even toileting. Heads had to remain “up” at all times even during sleep. Sometimes sandbags were used to keep the head in the “correct” position.

After three days, the padding was removed and eye drops instilled into the eye which had been surgically treated. The eye remained covered for a further ten days, with Sister instilling the eye drops regularly. The patients were allowed out of bed at this time but bending down was forbidden, most patients were discharged home on Day 10, with drops to be used at home. All of them were reviewed outpatients and seen by the optician for glasses with appropriate lens.

## MY CATARACT OPERATION

I've been short sighted ever since I could not read the blackboard at school age 13

Contact lenses and glasses have sufficed until earlier this year when I realised I could not see detail any more –faces, bus numbers, supermarket shelves and TV subtitles.

My optician referred me to a local GP surgery that carries out cataract replacement.

I heard from the GP surgery within a couple of weeks and my pre-op appointment was scheduled for two months later. In the interim I received a comprehensive pack of material outlining the procedure and what to expect pre and post op plus a request for medical history/drugs etc.



## Cont. MY CATARACT OPERATION

My pre op assessment lasted a couple of hours. I had my medical and eye history recorded, the procedure explained, with the opportunity to ask any questions and then I was passed to the optician for various eye tests. I left the surgery with two dates for both my cataract operations to be carried out, first one scheduled for four weeks' time.

Operation day I joined 4 other people having the same procedure and we chatted away whilst having local anaesthetic drops applied. Whilst these were taking effect we visited the Consultant who was carrying out the procedure for an eye test to see what strength lens would be inserted.

Time for the op and the theatre nurse collected me and having checked details, explained what to expect during the procedure (no talking in theatre – she would hold my hand so I could signal if I needed a break). The op table was very comfortable as was the procedure that lasted 10 minutes. No pain just bright light!

Back to our waiting area for tea and biscuits and when ready discharge home. I was able to see straight away which was marvellous and a couple of hours later I ventured out to walk the dog with sun glasses in place.

The nurse rang me in the evening and the following morning to check I had no problems – I also had a 24hour telephone number I could call.

During my aftercare I had to administer eye drops 4 times a day and sleep with an eye shield in place for 2 weeks. I had bought reading glasses as advised by the nurse which enabled me to see TV and read etc.

My second op was equally successful and I can now be glasses free for the first time in 50+ years – although I do not like the bags that have appeared under my eyes!

I cannot praise the expertise of the staff enough who were informative and reassuring throughout the whole process.

Sue Oliver. 1965-68

# Celebrating 150 years of Cromer & District Hospital

We were delighted to be asked to represent the NNUH Nurses League at the open evening on 21<sup>st</sup> June 2017 when the history of the Cromer hospital was displayed for the general public. This was part of their 150 years celebrations.



Margaret Allcock  
with the League  
Stand.

We were able to display information about the League and also able to feature artefacts from our heritage collection relevant to the hospital.

These included :-

**A Hospital Badge.** Cromer & District Group. Enrolled Nurse Training School.

The State Enrolled Nurse Training School was established 1967 as part of the United Norwich Hospital School of Nursing. Pupil Nurse training was based at Cromer with Miss Betty Lee as the Tutor.



## Cont. Celebrating 150 years of Cromer & District Hospital

A **booklet** highlighting the Assistant Nurse Training School and published by the Cromer Area Hospital Management Committee.

An **article** taken from our Nurses League Journal of 2008 and written by Mrs Karen Few (nee Wayte) SEN RGN RSCN. "Memories of my Training".

We also displayed a collection of league Journals and photographs of uniforms from our collection dated 1918/21 and 1980s.

We met several nurses including the current matron Anita Martins and past matrons Kate Powell and Esme Vincent. We were made to feel very welcome.

Mary Dolding and Margaret Allcock attended.



Pictures of uniforms from our collection.



## Photographs of Uniforms from our collection.

At the AGM in 2017 we were able to see some of the photographs of uniforms from our heritage collection which were taken by local professional photographer Charlotte Harber.

We are delighted with the work she did for us and thank her for donating her time and expertise.

We have already prepared these uniforms ready to deposit for safe keeping and appropriate storage. Charlotte has strong links with the N&N as her Mum Judith Harber was a Midwifery ward Sister.



*Below uniform worn in 1980s*



*Above is the actual uniform that belonged to Miss Alice Ottaway (training dates 1918-21)*



We remain very keen to try to find a grey dress worn at the N&N in the 1960s can you help?

Mary Dolding on behalf of the heritage group.

## Alice Long Medal Winners 1960



*The above group photograph was taken in July 1960 at the Annual Prizegiving.*

### **The two medal winners that year were:**

Barbara Martin (now Robinson) who received her Alice Long medal on the front row first left and Janet Graveling (now Webster) who received her Jock Carruthers medal on the front row last right.

### **ALICE LONG MEDAL**

We received a letter from Barbara after having read her 2016 journal that she was a medal winner and I have made several visits to see Barbara at her home in Drayton, Norwich. Amongst her collection was a photograph of Jill Orton a colleague who was in the same set and was the first diabetic nurse to train at the Norfolk and Norwich Hospital, St Stephen's /Brunswick Road. You may remember reading about it in the 2017 journal or if you have been able to see the displays at the Norfolk & Norwich University Hospital, Colney Lane. In doing this research we were able to reunite Barbara with Jill's son Lawrence.

Barbara has also given us an account of her experiences on the Eye Ward when she was training which has been very helpful in creating our present display, "Cataracts through the ages".

*Margaret Allcock, Vivien Aldridge, Elizabeth Blaxell, Mary Dolding, Betty Lee.  
Heritage Committee - November 2017*

If you have any ideas which would help create a display and can provide us with information, the committee would appreciate suggestions. Any experiences especially how medicine, nursing has changed over the years so that it can be recorded and saved for future generations. We all know how we valued the training we were given and how proud we were when we received our hospital badges and belts.

# THE BATTLE OF CAMBRAI NOVEMBER 1917



At ten minutes past six on the chilly and overcast morning of the 20<sup>th</sup> November 1917 in northern France on an almost six mile long front, stretching from The Canal du Nord in the north to Bonavis to the south east, the first British guns opened up on German positions defending the Hindenburg Line, known to the Germans as the Siegfried Line. The Battle of Cambrai had begun.

The heavily defended Hindenburg Line was thought by many on both sides, and not without good reason, to be impenetrable. In front of the Line itself was a series of disconnected trenches, each up to six feet deep and ten feet wide, interspersed with armed outposts. Then came a network of trenches; first a fire trench, then a parallel support trench about 200 yards behind. Further back, yet another similar series of trenches, and then a “back-stop” of guns; long range Howitzers and Field guns. The whole area was festooned with a formidable mass of barbed wire, and enemy machine guns were positioned throughout. The Germans were very well prepared!

This was to be the first British major tank battle of the Great War and vast preparations had been made in strict secrecy to take the enemy by surprise. That it did, although it involved moving 476 enormous tanks, 1000 heavy field guns, four cavalry Divisions, ammunition and rations for thousands of troops and horses, the construction of railway lines and much more, right under the noses of the Germans. The considerable noise generated by these activities was deliberately masked by aircraft of the Royal Flying Corps flying



at low level up and down the British Line and the random firing of guns. Bad weather with mist, rain and darkness aided the cover up.

The plan was for tanks to flatten or drag away the wire defences, breach the trenches with facines (giant brushwood rolls carried on the front of specially adapted tanks) thereby clearing a path for four Cavalry Divisions to charge through the gaps and isolate Cambrai from the east, cross the St. Quentin canal and push northwards. Sir Douglas Haig and his Generals, anticipated that it would be a short, sharp skirmish and would only last a few days.

During the first day, the British, Commonwealth, Canadian and American forces had advanced nearly 5 miles in four hours, suffered 4000 casualties (considered light by the standards of the time) and taken 5000 prisoners. Their rapid advance was heralded by the ringing of church bells in England and The Daily Mail reported that it had been a “splendid success”.

Then things started to go wrong. The tanks were not invulnerable; 71 suffered mechanical failure, 43 were ditched and abandoned and 65 were destroyed by shell fire; 179 in total were lost by the end of the first day. The weight of one leading tank destroyed a bridge preventing the following infantry to cross.

It started to snow, the ground was churned up by shell fire and tank tracks and many tanks and guns were bogged down in several feet of mud. The planned cavalry charge did not take place, although cavalry was used during the first few days of the battle. Injured soldiers on both sides and horses literally drowned in mud. To make matters worse, supplies to the front were held up by thousands of refugees blocking the roads. German troops put up strong and sustained resistance, their reinforcements were pouring in and a counter attack was a distinct possibility.



Matters worsened during the following days and by the 8<sup>th</sup> of December, over 44,000 British soldiers were either dead, wounded or missing and 6000 captured. German casualties exceeded 45,000.

On the morning of the 30<sup>th</sup> November, 19 year old, 22633, Private Frank Keeble, a Lewis Gunner of the 6<sup>th</sup> Battalion, East Kent Regiment (the Buffs) was in the cellar of Pam Pam Farm in Bonavis, a small village a few miles south west of Cambrai. He, and the rest of his battalion had been in the battle from day one and had been at the farm since they over-ran the Germans there a few days earlier. They were dug-in awaiting supplies of food and ammunition. Several other farms in the area were similarly occupied by British and Canadian troops.



*This year, I was able to visit the battle area on an excellent Leger Battlefield Tour and actually stood on the crossroads next to Pam Pam farm: on the very spot that my father would have marched past on the 30<sup>th</sup> November 1917 as a POW. Just short of 100 years after the disastrous Battle of Cambrai.*

Frank, and thousands of allied troops were taken by surprise early that morning when German troops, strongly reinforced, launched a determined counter-attack and he was captured. Frank and hundreds of other soldiers, were marched to Le Cateau that day and eventually on to Le Quesnoy, where they were entrained for a German POW camp at Munster.

Frank survived the war, married and had a son; me. He said very little about his experiences; no surprise, considering the sights he must have seen and his personal suffering. Much has been recorded about this and other major battles of the Great War.

John Keeble



# 12 WW1 AMAZING FACTS

1. An explosion on the battlefield in France was heard in London.
2. Journalists faced execution. Reporting on the conflict was, in the opinion of the War Office, helping the enemy. If caught, they faced the death penalty.
3. 12 million letters were delivered to the front every week. By the end of the war two billion letters and 114 million parcels had been delivered.
4. War work turned some women's skin yellow. The so-called "canaries" were women who worked with TNT, which gave them toxic jaundice.
5. Shrapnel was the cause of many facial injuries. Horrified by the injuries he saw, surgeon Harold Gillies, took on the task of helping victims and pioneered early techniques of facial reconstruction in the process.
6. Wilfred Owen is one of the best known poets of WWI, but when he died on the frontline a week before the end of the war, he was relatively unknown. It wasn't until the 1960's that the literary elite decided his poetry was the most authentic view of the conflict because it chimed with their own anti-war feelings.
7. The youngest British soldier was 12 years old.
8. WWI nearly caused a financial meltdown in Britain. The world's first global war would cost more than any that had gone before. The cost of bullets fired in one 24 hour period in September 1918 was nearly four million pounds.
9. Blood banks were developed during WWI. Blood was transferred directly from one person to another. The first blood bank on the Western Front in 1917, was established using sodium citrate to prevent the blood from coagulating and becoming unusable. Blood was kept on ice for up to 28 days.
10. Norman Wilkinson, an artist and Royal Navy volunteer, came up with the idea of covering ships in bold shapes and violent contrasts of colour. The complete opposite of normal camouflage, dazzle camouflage was supposed to confuse the enemy rather than to conceal the ships.
11. 9 out of 10 soldiers survived the trenches. Being in the firing line was rare for the British soldier. They constantly moved around the trench system- meaning more often than not they were kept from the dangers of enemy fire.
12. Generals were banned from going over the top.

*Elizabeth Blaxell*

# RAF FOUNDED APRIL 1<sup>ST</sup> 1918

Eight years after the first flight by Wilbur and Orville Wright, an air battalion of the British army's Royal Engineers was formed at Larkhill in Wiltshire in April 1911. The battalion was made up of aircraft, airship, balloon and man-carrying kite companies. In December 1911, the British Navy formed the Royal Naval Flying School at Eastchurch, Kent. These were absorbed into the newly created Royal Flying Corps in May 1912. A new flying school was established at Upavon, Wiltshire, and formed new airplane squadrons. In July 1914, the specialised requirements of the navy led to the creation of the Royal Naval Air Service.



A month later, on August 4<sup>th</sup>, Britain declared war on Germany and entered WW1. The RFC, at that time, had 84 aircraft and the RNAS had 71 aircraft and seven airships. The RFC was sent to France to support the British Expeditionary Force. Repeated German air raids led British military planners to request a separate air ministry so that strategic bombing could be carried out against Germany. On April 1<sup>st</sup> 1918, the RAF was formed along with a female branch, the Women's Royal Air Force.

At the end of the war, the RAF had gained air superiority along the western front. It had nearly 300,000 officers and airmen and more than 22,000 aircraft.

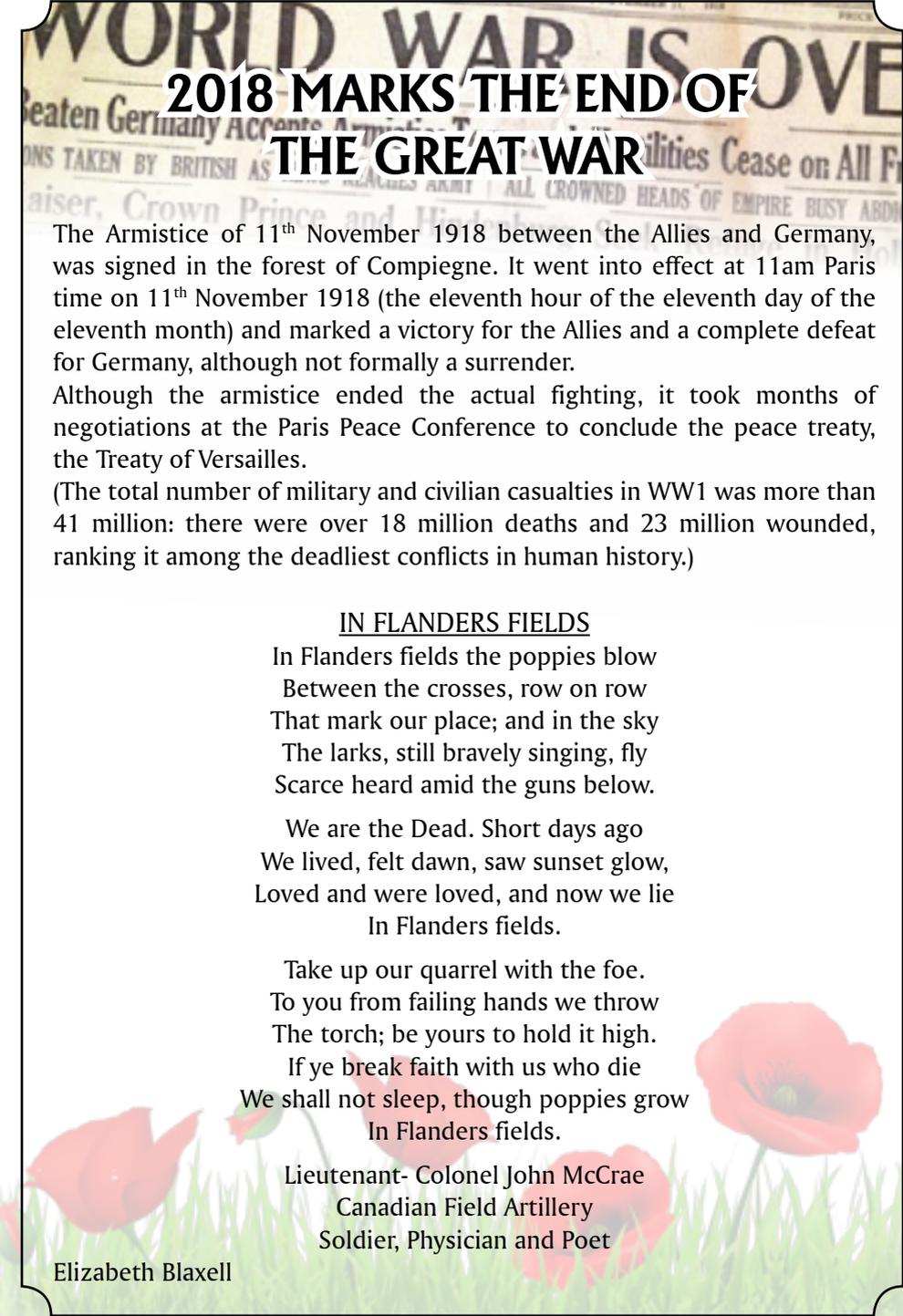
At the beginning of WW11 the RAF had just 2,000 aircraft.

In 1940 Britain stood alone against Nazi Germany. Hitler ordered his air force, the Luftwaffe, to destroy British ports in readiness for the invasion of Britain. The outnumbered RAF fliers put up terrific resistance. The Luftwaffe commanders ordered the destruction of the British air fleet. Over the next three months the RAF fought valiantly and successfully. Their airplanes were superior and more manoeuvrable than the German planes. They also had the advantage of radar technology. Hitler delayed the invasion and in May 1941 the Battle of Britain ended.

*Elizabeth Blaxell*

**Winston Churchill said of the RAF pilots:**

*“Never in the field of human conflict was so much owed by so many to so few”*



# 2018 MARKS THE END OF THE GREAT WAR

The Armistice of 11<sup>th</sup> November 1918 between the Allies and Germany, was signed in the forest of Compiegne. It went into effect at 11am Paris time on 11<sup>th</sup> November 1918 (the eleventh hour of the eleventh day of the eleventh month) and marked a victory for the Allies and a complete defeat for Germany, although not formally a surrender.

Although the armistice ended the actual fighting, it took months of negotiations at the Paris Peace Conference to conclude the peace treaty, the Treaty of Versailles.

(The total number of military and civilian casualties in WW1 was more than 41 million: there were over 18 million deaths and 23 million wounded, ranking it among the deadliest conflicts in human history.)

## IN FLANDERS FIELDS

In Flanders fields the poppies blow  
Between the crosses, row on row  
That mark our place; and in the sky  
The larks, still bravely singing, fly  
Scarce heard amid the guns below.

We are the Dead. Short days ago  
We lived, felt dawn, saw sunset glow,  
Loved and were loved, and now we lie  
In Flanders fields.

Take up our quarrel with the foe.  
To you from failing hands we throw  
The torch; be yours to hold it high.  
If ye break faith with us who die  
We shall not sleep, though poppies grow  
In Flanders fields.

Lieutenant- Colonel John McCrae  
Canadian Field Artillery  
Soldier, Physician and Poet

Elizabeth Blaxell

# 50<sup>th</sup> Wedding Anniversary



In late October several members of the League were fortunate enough to be invited to the celebrations to mark the golden wedding of Margaret and Graham Allcock. We all gathered in the Church in Freethorpe, which was packed. During the lovely service Margaret and Graham renewed their wedding vows, their grandson carrying their rings.



This was followed by a super lunch attended by friends and family. The atmosphere was extremely convivial, many people had travelled long distances to be with the happy couple on their special day.

The League send Margaret and Graham all good wishes for the future.

# 70<sup>th</sup> ANNIVERSARY OF THE NHS 1948-2018



## The history of the NHS in England

**July 5<sup>th</sup> 1948**, Aneurin Bevan launched the NHS at Park Hospital in Manchester. For the first time, hospitals, doctors, nurses, pharmacists, opticians and dentists were brought together under one umbrella organisation to provide services that are free for all at the point of delivery. The health service will be available to all and financed entirely from taxation, which means that people pay into it according to their means.

**1952** - Charges of one shilling (5p) are introduced for prescriptions.

**1953**- DNA structure revealed. On April 25<sup>th</sup>, James D. Watson and Francis Crick, two Cambridge University scientists, describe the structure of a chemical called deoxyribonucleic acid in Nature magazine. DNA is the material that makes up genes, which pass hereditary characteristics from parent to child.

**1954** - Smoking and cancer link established. Daily hospital visits for children introduced.

**1958** -Polio and diphtheria vaccinations programme launched. Before this programme, cases of polio reached 8,000 in epidemic years, with cases of diphtheria as high as 70,000, leading to 5,000 deaths. Everyone under the age of fifteen is vaccinated. This leads to an immediate and dramatic reduction in cases of both diseases.

**1960** - First kidney transplant at Edinburgh Royal Infirmary and involves identical twins.

**1961** - The contraceptive pill is made widely available. Between 1962-69 the number of women taking the pill rises from 50,000 to 1,000,000.

**1962** - Enoch Powell's Hospital Plan sets out plans to develop a programme of hospital building until the 1970/71 financial year. The plan has two purposes: first to establish the size and types of hospitals needed together with GP and domicilliary services, and, secondly, to initiate rebuilding. The ten year programme is new territory for the NHS and it soon becomes

clear that it has underestimated the cost and time it will take to build new hospitals. However, a start is made and, with the advent of post graduate centres, nurses and doctors will be given a better future.

First hip replacement by Professor John Charnley.

**1967**- Salmon Report- this sets out recommendations for nursing structure and the status of the profession in hospital management.

The Cogwheel Report. It was the first look into the organisation of doctors in hospitals and proposed arranging medical work into speciality groups. It also highlighted the efforts being made to reduce the disadvantages of the 3-part NHS structure; hospitals, general practise and local health authorities.

The Abortion Act. Introduced by the Liberal Democrat MP, David Steel. It makes abortion legal up to 28 weeks if carried out by a registered physician and if two other doctors agree that the termination is in the best mental and physical interests of the woman.

**1968** -Britain's first heart transplant. Donald Ross carries out Britain's first heart transplant at the National Heart Hospital, Marylebone, London on May 3<sup>rd</sup> 1968.

**1972** - CT (computerised tomography) scans revolutionise the way doctors examine the body. Developed by Godfrey Newbold Hounsfield from England.

**1975** - Endorphins are discovered by scientists John Hughes and Hans Kosterlitz of the University of Aberdeen. They isolate what they call enkephalins from the brain of a pig, These will later be called endorphins from the abbreviation of "endogenous morphine". They are polypeptides (the building blocks of proteins) produced by the pituitary gland and the hypothalamus in vertebrates. They resemble opiates in their ability to relieve pain and give a sense of well being. In other words, they work as natural painkillers.

**1978** - Louise Brown, the world's first test tube baby is born on July 25<sup>th</sup>

**1978** - Dr Patrick Steptoe, a gynaecologist at Oldham General Hospital and Dr Robert Edwards, a physiologist at Cambridge University, develop a new technique to fertilise an egg outside a woman's body before replacing it in the womb.

**1979** - Professor Roland Levinsky performs the first successful bone marrow transplant on a child.

**1980's** - Magnetic Resonance Imaging (MRI) scanners introduced and prove more effective than earlier equipment in providing information about soft tissue such as the brain.

Keyhole Surgery is used for the first time in removing a gall bladder.

The Black Report aims to investigate the inequality of healthcare that still exists despite the foundation of the NHS.

**1985** - Benjamin Hardwick became Britain's youngest liver transplant patient at the age of two at Addenbrooke Hospital, Cambridge. Although the transplant was successful, he died fourteen months later just after his third birthday. His parents set up the Ben Hardwick Memorial fund to offer financial support to the families of children who suffer from primary liver disease.

**1986** - First AIDS campaign.

**1987** - Heart, lung and liver transplant carried out by Professor Sir Roy Calne and Professor John Wallwork at Papworth hospital, Cambridge.

**1988** - Breast screening introduced. An ambitious project to reduce cancer in women over the age of fifty is launched with breast screening units around the country providing free mammograms.

**1990** - NHS Community Care Act-New Health Authorities to manage their own budgets and buy health care from hospitals and other health organisations. In order to be deemed a "provider" of such health care, organisations will become NHS trusts.

**1991** - First 57 NHS trusts established.

**1994** - NHS Donor Register is set up.

**1998** - NHS Direct launched and will go on to become one of the largest, single e-health services in the world.

**2002** - Primary Care Trusts launched. First successful gene therapy carried out at Great Ormond Street Hospital. National programme for IT launched. Four hour target for A&E departments.

**2004** - First Foundation Trusts created.

**2006** - NHS bowel cancer screening programme launched. All men and women are invited to carry out an FOB (Faecal occult blood) test at home.

Vaccination of babies against pneumococcal meningitis begins.

**2007** - NHS Choices website begins by the Department of Health to help people make choices about their health, from lifestyle decisions about smoking, drinking and exercise, to finding and using NHS services.

**2009** - CQC (Care Quality Commission) launched as a regulator for health, mental health and adult social care.

NHS Constitution was published setting out your rights as an NHS patient.

Stroke Act F.A.S.T. campaign. This stands for Face-Arm-Speech-Time as a simple test to help people recognise the signs of stroke and understand the importance of emergency treatment.

**2010** - First cochlea operation to give sound to both ears.

Launch of NHS 111 pilots

**2011** - First man in UK to receive an artificial heart.

Successful trial of an artificial pancreas funded by Diabetes UK. This demonstrated for the first time the potential of an artificial pancreas in preventing night-time hypoglycaemia in adults with type 1 diabetes.

**2012** - Health and Social Care Act. The act brought in the most wide - ranging reforms of the NHS since it was founded.

First hand transplant.

**2013** - Updated version of NHS constitution published.

Elizabeth Blaxell

# 1918- 2018 CENTENARY OF THE VOTES - FOR - WOMEN MOVEMENT

In 1852 John Stuart Mill failed in his attempt to secure votes for women in the Second Reform Act. This led to the founding of the National Society of Women's Suffrage.

The next year Richard Pankhurst MP, husband of Emmeline and father of Christabel, tried unsuccessfully to secure votes for women.

In 1903 , members of the Women's Social and Political Union (nicknamed Suffragettes) decided to take matters into their own hands. They held their first meeting and declared that, in order to obtain votes for women they would carry out extreme acts of civil disobedience.

Women began chaining themselves to railings, smashing windows and disrupting political meetings.

The first to be jailed were Christabel Pankhurst and Annie Kennedy who were arrested and jailed for refusing to pay fines.

In 1911 the first act of suffragette arson occurred organised by Christabel. Emily Davison was killed two years later as she ran in front of the King's horse at the Derby.

In the prisons the women continued their civil disobedience, with many of them being force-fed to prevent them hunger striking. As the authorities tried to say they were insane, their relatives fought hard for the women to be treated as political prisoners.

In World War 1 their campaign was put on hold in the interests of national unity and proved how indispensable they were in the factories and at the front.

In 1918 the Representation of the Peoples Act allowed women over thirty the right to vote. It would be ten years later before the age qualification was abolished.

Many of the women from the upper middle class found themselves sharing a cell with some of the poorest in society. This experience greatly influenced much of their future politics.

Elizabeth Blaxell  
2018

## **The Life & Times of Heather Kenny 1957-1960**

I was born two weeks before the second world war broke out with a left club foot (talipes). At three weeks old my mother had to take me from New Buckenham to Norwich by bus and from there to the Jenny Lind Hospital to see the Orthopaedic consultant, Mr. Brittain. From then on until I was four I had alternate treatments of Plaster of Paris, night splints and physiotherapy ( by Miss Wyer, a very tall lady, mannish in looks and with a loud voice.) Mother went down the garden when she was working on my foot. Even as I got older I can remember her disappearing because at times I screamed.

I was called to have surgery, but I had chicken pox so couldn't go, and therefore went in at a later date. The Registrar performed the operation as the consultant had gone off to tend to the troops. I was admitted the day after my fourth birthday and discharged a day before my fifth. I developed osteomyelitis in my tibia and have a scar from just below my knee to my ankle, I think to drain the discharge.

At that time you were not allowed visitors; parents were able to bring sweets etc to the ward door but could not see their children.

One night, during the war, I can remember being carried down to the air raid shelter with the sirens sounding. While the nurse went back to the ward to fetch another patient, a boy got up and put the lights out! Needless to say we all screamed.

When Mr. Brittain returned from the war, he was not pleased to find that the Registrar had been trying to persuade my mother to agree to letting him amputate my leg. From then until I was fifteen Mr Brittain operated on my leg three times; the last time arthrodesing my left ankle. When I was fifteen, my tibia and fibula were infected in one place. Mr. Brittain suggested to my mother that he remove a large piece of bone from them both (he had not done this before) Three inches were removed, but when I went back into clinic plaster he told my mother he didn't think it had been successful and he would see me in six weeks.

When I returned to his clinic, he was so pleased to see me walking with two sticks. He asked me what I wanted to do when I left school. I said I wanted to be a nurse. To my surprise he got up from his chair and said, "I am taking you to see Matron Watson" I was introduced and he said why we were there. Matron Watson said she would see me nearer the time.

I stayed at school an extra year because I had missed a lot of schooling. I travelled to school on the bus even when I had crutches. The boys carried my satchel. By staying on I met my future husband as he had come to my school for the last year. We have been married for fifty five years.

On leaving school I went to Melton Lodge as a cadet, from age sixteen to eighteen. This was on Great Yarmouth seafront. We had children there from birth to teens with various diagnoses. Plaster beds, congenital hips plus Dr Quinton's medical cases.

I went to night school in Gorleston to improve my English and Maths. We had three days off once a fortnight when most of us went home. Our salary was £15 a month all found.

When the time was getting near to do my training, I wrote to Miss Watson to see if she would accept me. She said the N&N was a large, busy hospital and to apply to a smaller hospital. (I had worn surgical boots and shoes all my life with a six inch build up and my muscles had never grown from the knee down).

I then applied to Gt. Yarmouth hospital, but they said I should apply somewhere else as they were busy and short of staff. Not to be outdone, I re-applied to Miss Watson. She said, providing I took the entrance exam and my consultant said I could try, she would accept me.

So I trained from 1957 to 1960, taking the intermediate exam sitting with my leg up on a chair as I was on antibiotics for osteomyelitis. When I received my badge, Miss Watson said, "Well nurse, I didn't expect to see you here today". Miss Aldous, Matron of Melton Lodge, sent me a letter saying how proud Mr. Brittain would have been.

After training I worked at the N&N for some time. I had a stillborn baby and a miscarriage the next year. Two years later my husband and I adopted a daughter and two years on, a son.

After the children went to school I went to work on the Gynaecology Ward at Wayland hospital, doing twenty hours a week. I was lucky my mother-in-law worked at the school, so she had holidays with the children. I remained at Wayland for fourteen years until it closed. I then went to the newly built Brookland House Nursing Home until I retired.

## **Rosemary Lee Bliss (Nee Reeve) 1944-47**

# **Nurse, Heroine, Volunteer.**

Rosemary was born in Norwich and lived in and around Norwich all her life. She attended the Blyth Secondary School.

### **The Nurse**

From a very early age she always knew that she wanted to be a nurse. Her wish came true when she trained as a nurse at the Norfolk and Norwich Hospital from 1944 to 1947. Rosemary stayed at the N&N as a Staff Nurse before setting out to realise another ambition; to become a Mid Wife. Rosemary went to St Mary's Hospital in Manchester to start her Midwifery training. At St Mary's the nurses were only allowed to observe deliveries which were carried out by doctors. Eventually Rosemary went to Prestbury Hospital to do her Part One Midwifery and really enjoyed the hands-on work. After completing her Midwifery Rosemary returned to Norwich and as she wanted to work with babies she became relief sister at the Jenny Lind until she met and married Syd in 1950.

Rosemary and Syd had 4 children. Their first child, Stephen was born with severe disabilities and was not expected to have a long life. Rosemary, with her nursing skills, and Syd, looked after him at home until he died aged 4 years.

After Stephen, they also had Christopher, Janet and Deborah. Christopher sadly died aged 54. Her two daughters live close by as do her 2 grandchildren and 3 great grandchildren.

Even though she had a family to look after, the call of nursing was still strong. As she lived in Grant Street near the West Norwich Hospital, Rosemary applied for work providing she could take the children to school and also be home to give Syd his lunch at 1pm. This worked very well and she would often go back after lunch to help out when the ward was very busy. Rosemary did this for 2 years.

### **The Heroine.**

Whilst in Manchester, Rosemary had a date with a young man. It was a very foggy evening and Rosemary travelled by train. She was sharing the carriage with a clergyman when at Stockport Viaduct the train came to a sudden halt, stopping beside another train. On hearing someone calling

for help they looked out and saw that the other trains' carriages had come off the rails having had a terrible crash. (In which 4 people died and 31 were injured)

Rosemary and the clergyman got out of their train and stumbled along the rails to the crash. It was obvious that people had died and that others were seriously injured. There was a seriously injured man in the carriage. Rosemary and the vicar managed to get a bench seat from another carriage and, hoisted on their shoulders, carried the man along the line. He kept slipping on the seat so Rosemary asked for scarves from other passengers to tie him on. Eventually they got him to the station where ambulances were waiting.

Rosemary tripped and hurt her ankle on the rails whilst helping other survivors and eventually travelled by ambulance with other victims where the medical staff thought she was a victim, but eventually the story of her true heroism was discovered.

The story was reported in the Macclesfield Times, stating that Rosemary had worked for two hours tending the injured. An eye witness described her as "a little heroine, working with total disregard for her own safety"

Rosemary sent her parents a telegram to say that, although she was in hospital, she was fine and not to worry. Her parents, of course, were not aware of the crash as news didn't travel fast in those days.

### **The Volunteer.**

Rosemary moved to sheltered accommodation 9 years ago. She has a lovely home and her sitting room opens on to a lovely communal garden. There is a communal room where lots of social things take place. Rosemary belongs to the WI and the Old Friends Club and the Norfolk Knitters.

When the Old Friends Club became less active Rosemary helped to move it to the community room. Rosemary became President and helped the club to flourish again.

The Norfolk Knitters also meet in the community room and are "a lovely crowd" They knit all sorts of things including dementia muffs, wool hats for soldiers to wear under their helmets, blankets for the homeless and prem babies. Pumpkins at Halloween and Santas at Christmas. At Christmas Rosemary knitted Father Christmases and felt that she didn't want to see red and white wool again till next Christmas.

In 2017, 90 year old Rosemary's name was put forward for the South Norfolk Award for Volunteer of the Year for 2017. Much to her surprise she received a letter to say she had been short listed.

Rosemary was described as "thoughtful and reliable" and is the President of the New Costessey Old Friends Club. Her ability to put people at ease is the essence of the club.



Rosemary's very proud daughters attended the ceremony with her and to every ones delight, she won. She said that she was honoured and surprised that she had been thought of, especially when she heard of all the other wonderful things other people had done.

A lovely, humble lady.

Doreen Betts 2017

## JANET WEBSTER (NEE GRAVELING) 1956-59

I first met Matron Watson in the autumn of 1956 and was accepted to start training on December 1<sup>st</sup>. It was a special day as I had always wanted to be a nurse. Having left school at fifteen and taken a part-time pre-nursing course at Norwich City College, my future was not assured until that meeting.



The PTS building (I can't remember the name) was our home for the first three months. We learned to clean every inch of that training room. We also learned to cook invalid dishes (custards, beef tea, etc) The premise was that we would be able to take our nursing knowledge to the outer corners of the earth, if we so desired. Three months later we were assigned to the wards.

A ward was a large, bright, high ceilinged hall, twelve beds down each side and twelve on the balcony. I could be off on my memory of the number. We could close the doors and use wheeled screens. We soon learned about rounds. This included Matron's daily rounds, doctor's rounds and many more.

Bedpan Rounds- first thing in the mornings, large metal (I think stainless steel) bedpans had to be warmed and covered with a cloth. We often carried three at a time. Once in a while, some unfortunate nurse would drop one on the floor of the Sluice Room. (Boom, boom, boom- I believe these things bounced -very noisy). One time, I remember the men on the Ward applauded as the poor girl came out of the Sluice Room after such an accident.

Bed Making Rounds – one day while changing the linens for a large invalid lady, three of us did a careful removal- replacement of the linens. As we were ready to leave her, she reached up to her head and cried out “What have you done with my wig”. We looked in the bed; not there, checked the dirty laundry; not there, someone ran quickly to the basement to see if the wig had been sent down the chute to the laundry room. We found it, cleaned it up and all was well! Later, we laughed at our mishap, but, in fairness to the nurses, I think she had it in the bed instead of on her head, when we approached her.

Night Sister Rounds – twice nightly (or more often when Sister suspected trouble). Rounds were done in the dark with a torch. We were expected to give names and diagnoses of each patient. Sometimes we would come to an empty bed; panic; where was the occupant? Luckily, we usually found them in the bathroom taking a break.

Rounds for pressure relief – this required a trolley, pan of water, soap, lotion and powder. We massaged the area with our bare hands to improve circulation. We didn't use gloves and powder was fine.

Charts were hung by the bedside for all to see. We were mindful of good technique between patients. What a difference today, with privacy and infection control issues.

The Queen came! We lined the long hallway with polished black shoes, clean, starched aprons and hair in place and off the collar. She was lovely! Soon she was gone and it was back to work.

On Sundays, the junior nurse on the night shift had to cut bread for breakfast and sometimes boil eggs for twenty five to thirty people. Was this the time before sliced bread?

Best Wishes to all my co-workers from those days. It was a privilege to work with you



*Pictured above, left to right Mary  
Bristow, Jean Rackham and Ann Dixon*

Sometime after graduation, Ann Hatfield nee Dixon and I took our Part 1, midwifery at the North Middlesex Hospital, London and returned back to Earlham Road, Norwich for Part 2.

We then set out to see the world, working in Canada for eighteen months, before moving on to the United States. Our travelling days soon ended when we both married a year or so later. We continued our nursing careers in Maryland and Virginia. We were always proud and grateful for our great training at the Norfolk and Norwich Hospital, St Stephens/ Brunswick Road. We now live about 100 miles apart and get together whenever we can. Ann and I stay in touch with Jean Austin nee Rackham and Mary Barker nee Bristow. We all started in the same class.

Since 'Call the Midwife' came to America, my grand-children like to hear tales of my days and nights of riding a bike on the streets of Norwich. These were 'good times' (1961/1962)

When I receive my Journal each year, I read it cover to cover as soon as it arrives. Although I don't remember many names, it is a wonderful trip down memory lane and I also enjoy the many informative and interesting articles.

Best wishes for continued success for the Journal and the Nurses League.

Janet Webster nee Graveling,  
May 2017

NB

*Janet Webster was awarded the Jock Carruthers medal on 15<sup>th</sup> July 1960 and has saved newspaper cuttings and photographs which she has now sent to the Heritage committee. The medal will be deposited, along with the other medals, at the Archive Centre in Norwich.*

# Casualty Staff in 1957

This is the Casualty/Out Patient Department staff of 1957. It is early morning at the Lakenham Open Air Swimming Pool which no longer exists. It was 7.00am in the pool and then 7.30am dressed and having a coffee provided by Sister Hill-Harrison before we cycled back to the Norfolk and Norwich Hospital to be on duty by 8.00am.

We were working in the Casualty Department in the old hospital, before the Tower Block was built. We were a happy band of nurses and what a pleasure it was to work with Sister Janet Hardingham. She was so patient and taught us so much. I cannot recall whether she was aware of our venture to the swimming pool or not!



## **In the pool (left to right)**

- Hazel Frostick (then), Bardwell, Bradley (thereafter)
- Stella Cook
- Betty Clark
- Dorothy King
- Mary Ayton
- Sister Hill-Harrison

## Cont. Casualty Staff in 1957



### **Time to go on duty**

Myself, Sister Hill-Harrison, Dorothy King, Stella Cook  
Betty Clark, Mary Ayton (was taking the photo)

When I found these photos whilst having a clear out, I was hit by happy memories and reminded of the fun we had.

In 1957 we also formed part of the Guard of Honour with the Theatre staff at the opening by the Queen of The Frank Inch Theatres. It was a wonderful sight with staff lining the main corridors and marble hall.

The Queen looked so tiny; wearing a lemon flowered dress covered by a turquoise coat. Prince Philip was way behind as usual, talking to many nurses on his way. Once he arrived, the Queen cut the ribbon, it was such a moment for us all.

Up until the Frank Inch theatres were built, the theatre staff had worked in temporary prefab type theatres following the damage when bombed in the war.

Hazel Bradley (Nee Frostick) formerly Bardwell

# *Edith Cavell*

## *Remembrance Service 2017*

A small remembrance service for Edith Cavell was held at Life's Green at Norwich Cathedral in October.

Several members of the League attended together with four senior nurses and Royal British Legion Standard bearers. Wreaths were laid by various dignitaries including, as always, a wreath from the Belgian people. Ann Copsey, on behalf of Betty Lee, laid a wreath from the London Hospital and the League. Our President, Mary Dolding, laid a wreath from all Norfolk nurses.



### *The Words of Edith Cavell*

*"I am thankful to have had these ten weeks of quiet to get ready. Now I have had them and have been kindly treated here. I expected my sentence and I believe it was just. Standing as I do in view of God and Eternity, I realise that patriotism is not enough, I must have no hatred or bitterness towards anyone"*

# MY MEMORIES OF ASTHMA AND INHALERS

I was born on April 1<sup>st</sup> 1940, the first of three children and remember experiencing my first asthma attack over the Christmas holidays of 1944. I can remember as a child having breathing problems when I felt my chest was closing up, which was very frightening for me. My mother used to sit with me when I was young and hold my hand to keep me calm.

I lived with asthma without medication until the age of twelve, when

I was referred to the orthodontist to have my teeth straightened. The dentist, an asthmatic himself, suggested to my mother that I would benefit from an inhaler. My parents purchased privately, a Drixax Asthma Inhaler,



from Riddell Products Ltd in London and the Riddobron liquid was prescribed by my doctor to use in the container. The inhaler consisted of a stand to hold the apparatus upright and a brown glass container with an opening at a 45° angle at the side. The inhalant was poured in to cover the base of the atomiser. The same opening was used to attach the plastic nasal tubes. There was a piece of rubber tubing and hand pump which I had to squeeze in order to push the air into the container to atomise the liquid. My brother who shared the same bedroom, used to count how many times I had to press this pump which helped me concentrate on using the inhaler. I had to use warm soapy water to wash out

*"My parents purchased privately, a Drixax Asthma Inhaler, from Riddell Products Ltd in London"*

the glass container when necessary and use a piece of fuse wire to keep the atomiser clear. The apparatus had to be stored away in a dark cupboard as the remaining liquid in the container was light sensitive and would otherwise deteriorate. It also had a label on the bottle with a warning that the liquid was poisonous, so it had to be kept out of the reach of my younger brother and sister.

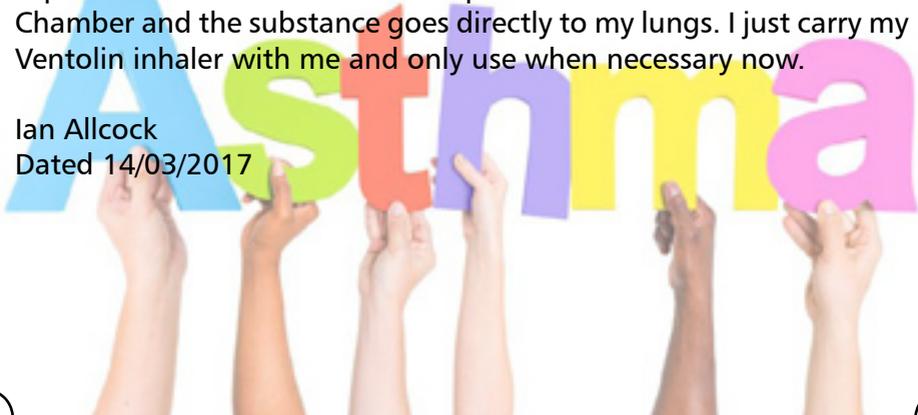
Allergy tests in my late teens proved that grass pollen and dust were the main causes of my problems. I often found when my asthma improved then my eczema flared up which was often very uncomfortable as the skin would break open and I had to have coal tar bandages applied. Following these tests I was prescribed the pressurised metered dose inhalers as we know today.



The management of asthma has certainly improved in my life time. I can ring my doctor's surgery if I develop a cold/chest infection or concerned about my breathing and speak to the nurse who specialises in asthma, or a triage nurse. They assess me via the telephone to see if I need to be seen straight away.

My asthma is now mainly under control with my Fostair pressurised inhaler which contains two active substances used twice a day as a preventer. I attach the mouth piece of the inhaler to the Aero Chamber and the substance goes directly to my lungs. I just carry my Ventolin inhaler with me and only use when necessary now.

Ian Allcock  
Dated 14/03/2017



# My Mum & Asthma

by Doreen Betts

My Mum suffered from asthma most of her life. When she was a young woman she would spend hours leaning on her elbows at a table struggling to breathe. Sometimes for so long she developed pressure sores on her elbows. She was prescribed herbal cigarettes to relieve the symptoms which seems very strange.

Eventually she was prescribed a drug called Riddobron which changed her life. It was administered via a face mask with a reservoir and a rubber bulb with a long tube to pump the Riddobron liquid as a fine mist into the face mask to be inhaled.



My Mother fondly named her inhaler Betsy. My Uncle Fred, a carpenter, made a box with a sliding lid to house Betsy and in a shopping bag, she travelled everywhere with Mum, who with Betsy's help, led a happy active life.

Mum had a small portable inhaler of a similar design, pictured above, which she didn't use much as she felt it never worked as well as Betsy.

Eventually Mum went on to use the modern inhalers that we all know today.

Doreen Betts



# MALE ORTHOPAEDIC BLOCK (OB) AND MALCOLM

by Karen Thompson (Nee Nieuwenhuis)

I worked on OB (Orthopaedic Block) at the end of my 3rd year in 1968, in fact I took my Finals when I was there and as such, I used to act up for the Staff Nurse now and again.

*It was on such a day, 49 years ago.....*

Generally OB was a happy ward.... bustling, noisy, busy and fairly easy going. It was old and rectangular in shape, with a glass veranda, which ran the length of the ward. The 'not so ill' were bedded out there. In the summer we used to wheel patients outside who had sacral bedsores of varying degrees, flip them over onto their tummies and let the sun do some healing. The chaps loved it, as it was a through path for the nurses.... coming & going I totally forget where....Nurses home to wards maybe? It also had it's own dedicated theatres at the far end. A good many of the patients were young men, who had badly broken bones and consequently could be in traction for weeks. There was one young chap who was in a plaster bed for months! They were noisy, friendly and frustrated, er.. in every sense of the word. I'd led quite a sheltered life and so when I had my first introduction to pornography, it came a bit of a shock. Some porny photos were circulating round the ward and a patient said to me "ere darlin', come and have a look at these", to the sound of sniggers all round. Like a lamb to the slaughter I was. I'd been set up! Nowadays, they would seem reasonably tame I guess. (In so many ways the internet is the most marvellous innovation but I think we have also created a monster..)

Malcolm was 20 years old, the only son of elderly parents. He was tall, dark and very good looking with a physique to die for and an all round lovely guy. He was incredibly popular with staff and patients alike. There was always somebody talking to him, be they on crutches, in a wheelchair or visitors and indeed the staff. He had been cycling to

## CONT. MALE ORTHOPAEDIC BLOCK (OB) AND MALCOLM

Luton at night, to take part in a national cycle race. A car load of drunk Americans hit him from behind. His back was broken from the neck downwards and therefore he became paraplegic. I seem to remember he still had the use of his arms. One morning we were having early report, when the physio came running into the office. Malcolm was having his first session of daily intensive physio and as she moved one of his legs, he'd arrested. An embolism must have formed during the night and as she moved his leg, well.. it shot upwards.....Absolutely everything possible was done to resuscitate Malcolm... even rushing him through to theatre for open heart massage, but he died...There were no curtains on OB, only screens. They were pushed aside as the Doctors, anaesthetist and nurses desperately tried to save him. You could have heard a pin drop on the ward that day.

Everyone knew.

Some had witnessed.

That afternoon, 3 of Malcolm's friends came in to see him. I had to tell them. I broke down in the office. He was only a year younger than me. One of our doctors came to see me and explained that Malcolm's back was broken from as high up as C3, thus even a common cold could have been fatal for him.

My two daughters, especially when they were in their teens, now and again used to say, "ohhhhh Mum... it's not fair!" and I used to reply "Darlings, sometimes life isn't fair".

I can still get emotional when I think about Malcolm...

Karen Thompson (Nieuwenhuis) Oct '65 – '68.

# 50 YEARS AN OPERATING THEATRE NURSE.



I retired this year on February 1<sup>st</sup> 2017. When I finished my shift at 0800 leaving the theatre after a night shift, exactly 50 Year's to the day from when I walked into PTS on Brunswick Road to start my training as a student nurse. I remember that day; being greeted by Sister Wordingham and meeting my fellow students who were all as nervous as me. Some of my set of February 1967 I still see today.

I did my 3 months of theatre experience at the Jenny Lind Hospital where instruments were sterilised in water sterilisers and towels for the trolleys and drapes for the children on the operating table were taken out of large drums by cheatles, stored in a stainless steel holder. The windows were open to let in fresh air, and the flies, but surprisingly infection rates were nearly nil. Today the sets for each speciality are sent up prepacked and sterile from a Central Sterile Supply Department, just to be opened up on a clean trolley. Having enjoyed my theatre experience so much I chose a career in the operating theatre when my training was completed.

I worked at the West Norwich theatres for many years working nights mostly, where it was not unusual to perform Gastrectomies and Vagotomy and Pyloroplasty on most nights for gastric ulcers. This is an operation not carried out now as medication is used to treat ulcers.

I worked in the Emergency theatre for most of my career where it was always not knowing what might crash through the doors and the challenges we may have to face, which made it exciting. One of the most life threatening procedures is a ruptured abdominal Aortic aneurysm . It was always a time when the theatre team, surgeons and anaesthetists had to work well together to save the patient's life. Patients had a huge abdominal incision to get the rupture under control as quickly as possible. Today a lot of these procedures are

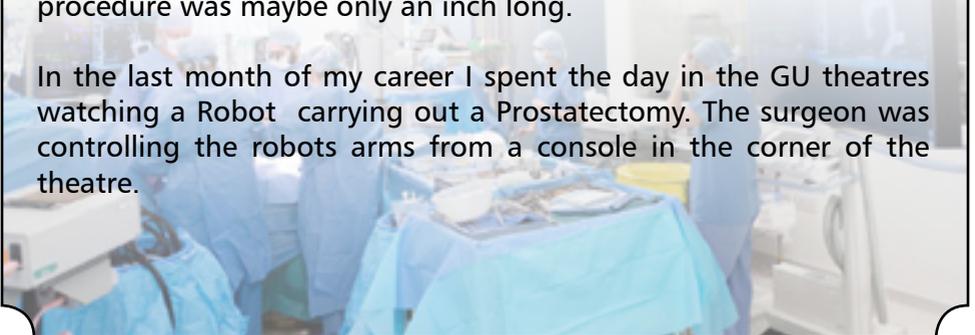
done much less invasively by what is called an “Evar”. Evar which means Endovascular aneurysm repair, is carried out in the Radiology department and an aortic stent inserted via a small incision in the groin. The theatre staff are still involved in this as the patient's femoral artery has to be exposed prior to the procedure and the wound closed afterwards.

During my 50 years I saw many changes. Consultants were multi skilled and could perform lots of procedures. Today they are specialised in their own field of expertise and actually talk to each other so the patient gets the best care possible. We now have Consultants in General, Colorectal, Thoracic, Vascular, Gynaecology, Plastic, Genitourinary, Ear Nose and Throat, Orthopaedics, Obstetrics, Paediatrics and Eyes. They sometimes perform surgery together when patients have several issues.

Surgery itself has changed dramatically too. The main thing is the introduction of keyhole or laparoscopic procedures. I was the first scrub nurse to carry out a laparoscopic cholecystectomy (removal of the gall bladder) at Bupa Hospital with Mr George. I can remember the operating theatre was full of reps and staff as a YAG laser was used in those days to remove the gall bladder from the liver bed. The procedure took 3 hrs. and the patient left hospital three days post op compared with an open procedure, when the patient's stay in hospital was 10 to 14 days.

Today keyhole surgery is used for many procedures and “laparoscopic cholecystectomys” are done as a day case and take 20- 30 minutes. Laparoscopic Appendectomies became a normal nightly procedure even though the incision made by some surgeons as an open procedure was maybe only an inch long.

In the last month of my career I spent the day in the GU theatres watching a Robot carrying out a Prostatectomy. The surgeon was controlling the robots arms from a console in the corner of the theatre.



This is the way forward for a lot of surgery as other specialities are interested in using it too. All these changes are a benefit to the patient as recovery is so much quicker and patients' lives return to normal so much better. A lot of chest procedures are now carried out keyhole, or Thoracoscopically, where small ports are inserted into the chest wall for access to the lungs. Again the patients wounds are so much smaller to heal.



Anaesthetics and recovery from it have also made great advances and control of post op pain is so much better. Gone are the days when patients had a pre-med 1 hour before surgery. It is now very unusual for a patient to stay in hospital for a long period of time after surgical procedures as many cases are now done as day cases in Day Procedure Units. Day Surgery is now a large part of everyday life in our hospital.

I have had a wonderful career in the operating theatre and seen many changes in techniques. I have worked with many very skilled surgeons and colleagues who are experienced and committed, and work well as a team. Some Consultants of today were junior Housemen at the beginning of my career. I spent time working in the operating theatres at the Jenny Lind, West Norwich, Old Frank Inch and Phase K Theatres and of course our new 18 theatre and recovery unit at the new Norfolk and Norwich Hospital at Colney.

I have to admit I really miss my job but look back on it as a great achievement as I know that I have been part of a team that has made a difference to a lot of peoples lives. I still have many tales I could tell you about my 50 years.

Hilary Barker (nee Carrick). 1967 - 70

## The Nurses Day of Thanksgiving

Hilary Barker represented the League at the Nurses Day of Thanksgiving on May 11<sup>th</sup> 2017 at Norwich Cathedral.



Hilary was part of an offertory procession and as a nurse with over 50 years experience, and nearing the end of her career.

She carried symbols of the profession and a copy of the Journal while walking alongside a first year nursing student who was at the beginning of her career.

A number of League members also attended the very moving service.

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### ***The Slipper Fund (2017 AGM collection).***

Dear Hilary and members of the Nurses League. Thank you so very much indeed for the generous gift of £312.50 you collected at the service this year. This will buy over 100 pairs of slippers and each one makes such a difference to a patient. There is something undignified about bare feet on a cold floor and these are beautiful slippers which cover the whole foot, have firm soles and velcro fastenings.



I always enjoy the service and listening to the buzz of conversation around the hall. I wish you all well and hope to see you next year.

With Thanks and Good Wishes,  
Eleanor. (Chaplain)

# NURSING, THE WAY FORWARD

an exciting future!  
...or more of the same?

Dr Pádraig Ó Lúanaigh (Paddy) - Deputy Director of Nursing Norfolk & Norwich University Hospital

Dr Paddy confessed that he started the presentation back in February 2017 when he was invited by the Trustees, but found he had changed it about six times because things changed so quickly, and on finishing it a couple of weeks ago we had a surprise General Election!

"I realised a long time ago that the only people who really listen when you talk about nursing and specifically nurses, are other nurses; nobody else is ever that interested. It is sad when you first realise that, but I am going to be indulgent today as I am with nurses, and so I can talk all I like about nurses and nursing! But the only people who will genuinely appreciate what I am to say are people here today.

Nurses are political; nurses have always been political but maybe we have never been recognised for that, so that is what I am talking about today. I will never know as much as all of you know together here today. What I would like to do is give you some insights because we all live in the real world, we all read newspapers, we all use health services and we all have our opinions about the best way to do nursing.

I would also like to thank Members for their donation to the Slipper Fund because, when asked which fund I would like to support, I thought what are nurses all about? We are about dignity. Everything we do is about the person and their dignity and would not like to think of people coming into hospital without some of the basics. So I thought, as a group of nurses, we would like to think

that when someone comes into hospital they should at least have something to wear on their feet. Very simple, not glamorous or sexy but as a patient in hospital with no slippers I know what will make a difference to me and I know you know what makes a difference to patients.

It has been a very busy week and I have met many of the audience several times this week. I wanted to share with you some of the moments, especially the beautiful service in Norwich Cathedral on Thursday, International Nurses Day, and we should all be very proud of our Norwich nursing legacy and history. I thank you all for your support. I have been in Norwich now 18 months, and you cannot escape legacy and history – you have a lot to be proud of.

I had a look at newspapers back in February and was reading “furious nurses to vote on strike action as pay dispute worsens” “NHS crisis: 20 hospitals declare black alert as patient safety no longer assured” “193,000 NHS patients a month waiting beyond target time for surgery”. You can pick up any newspaper, any day of the week, look at any website/radio station and I did not have to look very hard to find them. This is real – about three months ago. This is nursing and this is the world we are in today. One of the things to talk about is why are we here? Have we been here before? Or slightly differently? I do not know. Why are we here? Why those headlines? – Good news we are all living longer but making greater demands with increased health care costs and frailty/acuity of aging. Older people’s healthcare is more expensive.

Pay restraint - those working in the NHS have seen little or no pay increase for the last five years.

Funding restraint/reduction – the money going into the Health Service has been on a downward trend it does not matter what the political allegiances are these are facts/reality.

Insufficient nursing workforce numbers, pressure to do more with less. If there is less money going in, or same money going in but we have to do more for more people so things have to be done differently getting more out of every pound which we all do every day. There is a reduction in nursing course places of about 20% of nurses being trained from 2010 onwards and this is beginning to show in the workplace. This is the situation we are in - not to depress us but to say as it is to professional colleagues.

So what is the nurse's contribution to this and how do we find the way forward? The older population (65+) will have increased by 25% by the year 2044. This is a great news success story; we are living longer/healthier but this faces challenges for us as care for the elderly is more expensive. In our 30's relative cost of care is £1 compared to £5.50 aged 85 where health care is more complex. In 2015 the UK are spent just shy of 10% of our gross domestic product (GDP) but not as good as France or Sweden at 10.5%. In 2020 we will be spending only 6.7% GDP. So this is the challenge. So when we hear has/has not there been a cut in the NHS? - This is the reality. These figures come from the Nuffield Trust Health Foundation.

A recent report about nurses showed in 2015 we were just over 20,000 nurses short in the UK but if we get our act together and Brexit turns out OK maybe we will train a few more nurses than we have, with a bit of luck, in three years time we might just be 15,000 short it could be worse. But if Brexit does not work out and nurses decide they liked it better when they got a bursary/fees paid they could choose to change career direction if they are to come out with a debt of £30,000. One of the predictions is that by 2020 we could be 40,000 nurses short in this country. The problem is across the sea to the Paddies, Americans, and Philipppines they are all in the same situation so there is nowhere to go shopping for these nurses as every country across the world has nursing recruitment problems.

A lot is spoken about staffing numbers in the NHS. In the last six years the number of infrastructure/support (ward clerks, admin, medical secretaries, receptionists and ambulance support staff etc) staff has reduced by 15%. Nurses and health visitors have grown by 1% but midwives are a bit better but overall 1-2% growth of NHS staff maximum while medical consultants have done well increasing by more than a fifth.

Between 2010-7 the real value of health/social care staff's pay has fallen by 6% while economy as a whole has fallen by only 2%. I feel very uncomfortable with what I call 'emotional begging' and worry when I see and hear nurses on the news talking about why they should have a pay rise because they have to use food banks. NO! I think they should have a pay rise because they are a professional person, educated and they make a difference as the health service could not survive without them – that is why they deserve a pay rise if they are to

have one. Independent figures, not from any political party, estimates show nurses salaries have reduced by 6% because of the impact of inflation. The salaries have not been cut they are earning the same as six/seven years ago but because of the inflation nurses salaries have gone down by the real value by about 5%. So you see headlines in the RCN, television, internet and newspapers that is the reason for the frustration and against the backdrop of people needing to do more and more and more. So there are challenges for us all.

A recent interesting piece of work done by the Health Foundation found that in hospitals with an increased proportion of nurses there is higher consultant productivity. Increasing the proportion of nurses in a hospital by 4% was associated with 1% more activity per consultant. This is what happens as we invest lots of money in one area of the organisation and we do not invest or reduce in another - we impact on what we are trying to achieve. Actually if we were to increase nurses it would increase the productivity for all of our colleagues and ultimately make a difference for patients.

Nursing is the only profession in the world, I am convinced, where having too much education is seen as a bad thing. I have never heard anyone say "you know those physio's - I do not know why they need a Degree "or "medics need less clinical experience time and less education". It seems everyone thinks nurses do not need to know anything and yet a study done a couple of years ago printed in The Lancet reports every that extra patient added to a nurse's workload increases the risk of death within a month of surgery by 7% according to data from 300 European hospitals in nine countries. So the more pressure and the more patients a nurse has to look after the poorer outcome there will be for the patient. It is not something people want to talk about as nurses do not really make a difference do they? We have known for 40 years that having a registered nurse looking after you means you are more likely to recover from your surgery quicker, have quicker wound healing, need less pain relief and a faster and better outcome in the terms of recovery. For all those people who say nurses do not need a degree this study shows a 10% increase in the proportion of nurses holding a bachelor degree, good quality education, was associated with 7% lower surgical death rates. Even knowing this we still have a struggle to have nursing understood and respected.

The over 85's population has increased in the UK by almost a third since 2005 to 1.3million and will double in the next 20 years as we are living longer and healthier – which is good news. But with that comes prevalence of long-term conditions such as diabetes, arthritis and hypertension, people with long-term conditions, natural aging, accounting for 70% of in-patient bed admissions. With the natural event of aging one in four people will experience a mental health issue each year.

GPs delivered estimated 370 million consultations in 2016 - an increase of 70 million in five years! It is difficult to know what this looks like or 70 million of anything looks like or that anybody saw this coming and the impact it has had on the services and funding. Every year the amount demanded by the NHS goes up by 4% causing a problem of demand going up but funding going down. Unfortunately something has to give so at the moment we are seeing people waiting longer in the A&E department to be seen within the four hours, which seems a reasonable period but unfortunately this is not happening not in this hospital or hospitals across the UK. Our elective surgery targets are not being achieved and neither are ambulance targets which has had a service growing on average of 5%/year. A reduction to social care budgets mean around 400,000 fewer people over 65 now receive social care than in 2010. Folk may not be worried about monetary and targets but the reality is people and their experiences - people's lives and all these numbers are people's experience of the health service.

So hopefully we are still positive – nursing is in the middle of it and what do nurses do best? They sort out a mess, they roll up their sleeves and they get in there when nobody else wants to do anything because they understand how the health service works, understand people, they are with people.

We have got some challenges. How are we going to produce more nurses and where are they coming from? We have got a new initiative called Nursing Associate with a two year programme foundation degree. Are there any enrolled nurses present? No, but the audience told him they remembered them. Unfortunately we cannot now go over to the West Indies to get them we have to create our own with a two year regulated programme and they will be part of the 'family of nursing'. It is funny that other professions are not referred to 'as family' where everyone is welcome into the family of

nursing. Nursing Associate trainees are now in England, but not yet at the NNUH. Scotland and Wales have yet to decide to adopt it as it is a pilot form at the moment. After two years people can articulate from being an associate nurse to go on and be a registered nurse. We are not allowed to say it is an Enrolled Nurse by another name but it is! – causing laughter.

The question is: Where are we going to get 40,000 nurses? Are we going to have to do something different? It still takes three years to produce a nurse and that is at the beginning of a career not the middle or the end. We will have to think differently how we care for people and maybe when you come into hospital you may not be cared for by a registered nurse. Maybe we will have to let that go but what will that mean for us? Another thought, they cannot get doctors either they have all had enough as well and gone to Australia or taken a couple of years out. People get a lot more excited about where they are going to get new doctors than where will they get new nurses. They did think that maybe they could use the nurses to replace the doctors!

There is nothing like a crisis to move things on and does this give us opportunities to allow nurses to come into their own? That is the challenge for the profession not to be scared of these figures, not to go home and give up but it is now our chance to shine more than ever - nurses have to drive the change.

We have got to show that as nurses we can lead and can do things differently, we know nurses are good value for money and always have been. They are flexible, can do anything asked of them and they are clever. That is it; we have got to drive the way forward because only we understand really how the health system works.

Ruth McNamara.

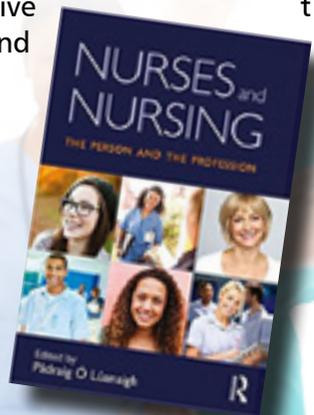
**Dr Paddy's book:**

Nurses & Nursing. The person and the profession

Edited by Pádraig Ó Lúanaigh 2017

ISBN: 9781138189201

Routledge Taylor & Francis group



# A New Venture

Following discussions over recent weeks the League has decided to introduce a new event into their annual calendar.

This will take the form of an annual evening lecture held at:

**The Benjamin Gooch Hall on the 11th October 2018.  
from 5.00pm to 8.00pm**

Plans are still in development but it is anticipated the focus this year will be on celebrating the contribution of nurses to the safety of patients over the 70 year history of the NHS.

We hope to attract both existing and potential new members to this event, more details of which will be publicised in the coming weeks, including on our website at:

[www.norfolkandnorwichuniversityhospitalnursesleague.co.uk](http://www.norfolkandnorwichuniversityhospitalnursesleague.co.uk).

Mike Surkit Parr

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## **The Decorate a Mug Winner was - Ann Copsey -**

### **NURSES LEAGUE 2017 AGM EVENT.**



The Mugs were later raffled at the Hospital fete and raised money for the League funds.

# *Decorate a Basket competition for the AGM 2018*

The baskets can be small to middling in size and filled with whatever you like and decorated as you wish. (the images shown are just a suggestion)

Bring your basket to the AGM and you may win a prize.



# The Nurses League Hassocks

The trustees were contacted by Eleanor, the Hospital Chaplain, with regard to the tapestry hassocks donated to the chapel by the Nurses League. These are no longer in use at the new chapel and have been in storage for some time.

The Trustees decided that the undedicated hassocks should be



offered to the old N&N chapel which is now being used as a place of prayer and community support. Eleanor will let us know when the Hassocks are returned to the old chapel.

The dedicated Hassocks will be kept at the new chapel.

Mary Dolding.

## Keep Smiling



Smiling is infectious, you catch it like the flu,  
When someone smiled at me today, I started smiling too.  
I walked around the corner and someone saw me grin,  
When I saw him smile I realised I had passed it on to him.  
I thought about the smile and then realised its worth,  
A single smile like mine could travel round the earth.  
So if you feel a smile begin, don't leave it undetected,  
Start an epidemic and get the world infected.

Spike Milligan

# 2017 AGM SNIPPETS



# 2017 AGM SNIPPETS





## **Changes to Membership 2017**

### **New Members**

Mrs Sheila Carter, nee Royall, 2000-03.

Mrs Mary Clarke, nee Chaplin, 1975-78.

Mrs Jennifer Daly, nee Walker, 1981-84.

Ms Helen Lloyd, Service.

Mrs Sandra Franks, nee Bishop, Service.

Miss Emma Ward, 2013-17.

Mrs Sandy Terry, nee Shorten, Service.

### **Re-instated Members**

Mrs D Jenny Campling, nee Adams, 1955-58.

### **Deceased Members**

Mrs Alma Aldridge, nee Wilson, 1970-72. Mrs Marie Baker, nee Nelson 1948-52.

Mrs Margery Catchpole, nee Bateman, 1946-50.

Mrs Isobel Money, nee Smith, 1970-74.

Mrs Mary Nixon, nee Gay, 1935-38. Mrs June Powell, nee Heighton, 1949-52.

Mrs Maureen Ransome 1934-37 Mrs Marian Riley, nee Lawes, 1949-52. Mrs Jane Roberts, nee Burton, 1940-43. Miss Judy Wilson, 1966.

### **Resigned Members**

Miss Ruth Mott, 1960-63. Mrs Caroline Panter, nee Muir, 1968-71.

Mrs Margaret Warner, nee Cadman, 1965-68.

# † *Obituaries*

## **JOYCE MARY ROBERTS NEE BURTON 1940-43**

“JANE”

Joyce Mary Roberts (to family and friends alike; Jane) was born on 16<sup>th</sup> March 1921 in Harrogate. She lived there with her sister Margaret until she was five, when her father was promoted, and they moved to Leeds. Jane left school with very high grades. Her father wanted her to go into secretarial work (not to Jane’s liking); but she did so.

At this time, the family went on holiday to Bournemouth, where Jane caught measles and was admitted to hospital. Whilst in hospital, she decided her future and career was in nursing much to her parent’s disapproval. Jane, now seventeen, was too young to start her training, so she worked at a TB unit in Bradford. Unfortunately, this did not last long as she was dismissed for washing her hair while on duty.

After several small positions, Jane enrolled into a nurses training set at the Norfolk and Norwich Hospital in 1939 at the beginning of World War II, following in her mother’s footsteps and later followed by sister Margaret. Jane qualified in 1943.

In 1945 she joined the Queen Alexandra’s Royal Naval Nursing Service, of which she was very proud, spending time at Chatham, Singapore, India and Northern Ireland. She contracted pyelitis, and was discharged from the Navy with the advice; “never get married or have children”. She returned to the family home in Downham Market to recover before taking a light Sister’s post at Kings Lynn hospital.

Recovered in 1948, Jane started a midwifery course at Epsom Hospital, qualifying in 1952. District nursing was also on Jane’s horizon and she achieved the Queens Institute of District Nursing in 1952. In 1955 Jane joined the Soldier, Sailor & Airman’s Family Association, going out to Malaya and doing a nursing and midwifery tour where she met John, an Army captain. They were married in 1957.

In 1960 they had a son, James, and Jane became a district nurse for Millbourne Port and areas.

# † *Obituaries*

## **Cont. JOYCE MARY ROBERTS NEE BURTON 1940-43**

“JANE”

In 1964 Jane became a qualified surgical chiropodist.

Jane lost her husband John, in 1973 and tragically her son James, in 2002. Jane had many interests which included walking, she was a guide at Sherbourne castle and a strong member of the British Legion.

She spoke of her early nursing days; her first year of training when a bomb hit the ward she was working on, and of twenty four hours working to move the ward to another part of the hospital.

She had many fond memories of her trips to Norfolk to visit relatives and to attend the annual Norfolk and Norwich Nurses League reunions.

## **Judy Wilson 1960-63**

Judy was born in Norwich in 1940. She started her training in 1960 having worked at Norwich Union after leaving school. Judy went to school in Hellesdon and Wymondham College, where sport was her passion. She loved all sport and has several medals and awards for athletics. She played Netball and Hockey for Norfolk. When Judy qualified she staffed on Male Medical and Coronary Care. She is probably best remembered for all the years she worked at the Norfolk and Norwich Hospital as a night sister. In 1989 the role of Site Manager was introduced and Judy was one of the Sisters who helped set up this role. Covering both the Norfolk and Norwich and West Norwich Hospitals she remained in this role until she retired in 1997.

In 1998 Judy had two minor strokes from which she recovered well but in 2010 was diagnosed with Dementia. In 2016 she had Pneumonia and numerous chest infections and finally lost her fight for life on 14 February 2017.

Carol Tooke (Judy's friend and partner for 43 years)

# † *Obituaries*

## **Mary Jordain Nixon (Gay) 1935-8**

14<sup>th</sup> Aug 1914-11<sup>th</sup> Dec 2017

Mary Gay was born in Upton near Acle in August 1914 living through a period of huge social and technological change seeing 20 Prime Ministers and 4 Monarchs.

She was the eldest child with two brothers who helped develop her naughty sense of humour and twinkling sense of fun. Enjoying her school days at Highfield in Gorleston she won prizes in French, music and Shakespeare which later came in useful with her passion for cryptic crosswords.

Mary left school at 17 and after spending time at the N&N she decided to move to London to specialise in midwifery at the General Lying In hospital. After qualifying she returned to the N&N and was there during the bombing in WW11. Later she was a Sister on a large ward where she met a young handsome and debonair houseman with a lively sense of humour. And so began the happy story of Dr. Bill Nixon and Mary Gay.

In 1948 they moved to Holt where Bill set up a practice as a GP. Mary took a break from nursing having three children but her skills were needed in the family practice. Later she returned to nursing at Kelling Hospital as a Theatre Sister.

As the years passed they became more involved in the social life of Holt and North Norfolk making friendships lasting over 70years.

Sadly Bill passed away in 1980 after poor health but Mary had the love and support of family and friends. She in return gave a lively interest and support in their good and bad times.

Mary was regularly seen driving around Norfolk convinced 45mph was 'just about right' for most roads. Despite never taking a test she managed to drive until she was 96.

Her love of parties never diminished. Up dancing aged 101 at her Grandson's wedding to having three parties to celebrate her 103<sup>rd</sup> with family and friends.

She remained independent with care in her own home regularly socialising with friends until her last few weeks when she passed away in Kelling Hospital after a busy and happy life.

Précis from her Thanksgiving Service at St Andrew the Apostle, Holt.

