

Norfolk and Norwich University Hospital
Nurses League Journal.



80th Anniversary Issue.

1930- 2010.



THE NORFOLK AND NORWICH UNIVERSITY HOSPITAL NURSES LEAGUE.

EXECUTIVE COMMITTEE AND TRUSTEE MEMBERS.

Charity Registration Number 290546

2009-2010

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Mrs. Lavinia Gordon-Gray
Oaklands, 66 Colney Lane, Cringleford, NR4 7RF

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9, Highlands, Old Costessey, Norwich, Norfolk, NR8 5EA

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Miss Betty Lee
119, Cambridge Street, Norwich, Norfolk, NR2 2BD

HONORARY TREASURER

Mrs. Mary Dolding
15, Greenwood Way, Sprowston, Norfolk, NR7 9HW

ARCHIVIST

Mrs. Margaret Allcock
Broadlands, The Green, Freethorpe, Norwich, NR13 3NY

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JOINT EDITORS

Elizabeth Blaxell, Pinetrees, 45 Happisburgh Road, North Walsham, NR28 9HB	Doreen Betts, 4 Hall Road, New Costessey, Norwich, NR5 0LU
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Executive Committee



Back row

Sylvia Beuzekamp, Vivien Meayers-Norkett, Elizabeth Blaxell, Douglas Beattie, Lavinia Gordon-Gray, Ruth McNamara, Ann Copsey

Front row

Wendy Hobbs, Margaret Allcock, Betty Lee, Doreen Betts, Mary Dolding

Editors' Report

Once again the journal is complete!

As it is the 80th Anniversary of the Nurses League this year we have tried to make it special. We decided to write about the changes in nursing, the changes at the hospital, and the medical advances through the eight decades.

We have had lots of contributions from members this year for which we are very grateful. Please keep them coming as not only does it fill the Journal it is also an important way to record the social history of nursing and add to the already extensive archives in Margaret's care.

We would also like to sincerely thank Bridget Cole of the NNUH Library for all her help.

Elizabeth Blaxell

Doreen Betts

elizblaxell@hotmail.com

doreen.betts@ntlworld.com

Joint Editors.

A Message from the President

Welcome to the 79th edition of the Nurses League Journal – my second since becoming president. It is right that I should start by paying tribute to the members of the committee who work tirelessly behind the scenes to ensure that the League continues. This year has been particularly busy for some as we have been organising the 80th birthday celebrations, which as you know are on July 24th, starting at 11 o'clock with the service in the Benjamin Gooch Hall. I do hope as many of you as possible will find time in your busy schedules to join us for the day.

One of our key challenges has been to find ways to attract more of the nurses who are eligible to join to become members of the League. Despite our best efforts we have not been very successful. And here's a thought – why not give a subscription to the League as a birthday or Christmas present to someone you trained with or worked with, because without us all pulling together to increase the membership the League will eventually fail to exist. Let's do all we can to prevent this happening.

I am sure you will all recall that at the beginning of November 2009 it was announced that entry to the profession will require a university degree. It could be said that modern nursing is a challenging intellectual as well as practical discipline, which requires education as well as training, but will this deprive the profession of a very dedicated, caring nurse? I am not against higher education in nursing, but it is not for everyone, and I feel sad that so many people who may only wish to train to diploma level will be deprived of entering a profession at which they could very well excel.

I will be interested to hear your views when we meet in July.

It was lovely to see so many of you at last year's reunion. Catching up with friends and meeting some of you for the first time was most enjoyable and I feel confident that this year it will be an even more memorable occasion. I know for many of you that it is an event for reminiscing and renewing friendships but could I please ask you to spare a few moments to talk to me or any committee member to give us your views on the League and how we can improve things. If you will not be at the meeting you could e-mail your comments to me at president@nnuhnl.co.uk.

I hope that you will enjoy reading the journal and that it will provide some much needed relief from the pre election campaign!

My very best wishes,

Lavinia Gordon-Gray.

Displays for the AGM

As we celebrate 80 years of Nurses' League, the theme at our A.G.M., will be the ten Presidents who have served during those years. This display will be situated in the area outside the Benjamin Gooch Hall.

In the same area, the Bicentenary Albums will be available for you to see. One of the albums was compiled by Miss Andrew who presented this to the League during its 50th. Anniversary Year. These albums are normally kept in the Sir Thomas Browne Library but Bridget Cole, Trust Librarian, has kindly offered to come to our meeting so that you can browse through the albums. The books of newspaper cuttings and scrapbooks of past reunions will also be available.

As this is a special year, there will be an Exhibition lasting for three months in the wall display cabinets along the East, Central and West Blocks, commencing mid May. This is on Level One which is the same floor as the Benjamin Gooch Hall.

In the West Block, there is a Tapestry which was designed and worked as a Millennium Project by the members of the Cringleford Afternoon Women's Institute. It was presented to the Hospital during the autumn of 2001. The Tapestry depicts aspects of the Norfolk and Norwich Hospitals since 1771. The detail and hours of work which went into this project is amazing and this handiwork is well worth viewing. The theme in the West Block and possibly part of the Central Block will be based on the Tapestry.

Carol Edwards, Deputy Director of Nursing, and I were recently involved in a presentation at the Benjamin Gooch Hall to 14-year-old students from a school in Beccles. The topic was entitled "The History of Nursing." We were able to display some of the items that have been passed on to me by League Members. These were in addition to some items from the Store Garage at Colney where a lot of equipment is held following the move from the previous site. One of the things that Emma Jarvis brought along was the piece of equipment you can see in the photographs. Has anybody used this piece of equipment during their nursing career in the hospital or possibly whilst working on the district and know what it was used for?

Margaret Allcock nee Zipfel. November 1962-1966

Archivist

01493 700256

broadlands5@hotmail.co.uk

Can you identify this object?



Answers to **Margaret Allcock** please as in previous article.

COMMEMORATIVE MUGS 2010



This Mug has been created to mark the 80th Anniversary of the founding of the Nurses League. Every member of the League will receive one Mug free of charge, thanks to the generosity of the Norfolk and Norwich University Hospital, at the AGM on July 24th 2010. Extra Mugs will be available to purchase at £5.00 each.

It would be greatly appreciated if members who are unable to come to the AGM on July 24th 2010 could arrange to have their mug collected by a colleague as this will save postage and time. If this is not possible a contribution to the postage charge of £1:85 (correct at time of going to press) in the form of postage stamps would be helpful. If overseas members could e-mail, (president@nnuhl.co.uk) with a UK address for the mug to be posted to it would also be appreciated.

Lavinia Gordon-Gray.

JULY 24th 2010

If you are coming to celebrate the League's 80th birthday on July 24th 2010 would you bring two smallish pieces of paper with your present name, maiden name if applicable and dates of training clearly written on them. You will also need to bring a pen/pencil. All will be made clear on the day! Thank you.

Lavinia Gordon-Gray.

Previous Commemorative Mugs



I have sent you a photograph of three mugs depicting the N&N hospital, which I have had in my possession for some time.

I showed them to D J Maaniouan an expert in commemorative china and he wrote the following:

“Commemorative transfer prints on china of events, people and places have been popular for 200 years.

The mug on the left is the oldest N&N piece dating from 1910 and was probably sold as a fund raising event for the Hospital.

The middle mug was made by Holkham Pottery in Norfolk, who made many commemorative items in comparatively small numbers. This item was to commemorate the 200th anniversary of the N&N Hospital.

The mug on the right is the most modern and celebrates 50 years of the NHS.”

I expect other league members have other such pieces on their shelves but I hope you will find this useful information to share in the journal and may like to add the photos to the archives.

Beulah Gray nee Cooper 1945 – 48.

Sadly, Beulah has died since we received this article, which we now include in her memory.

Mrs. Nell Tusting nee Garvey 1930 - 34



On a very wet miserable morning Elizabeth and I set off to visit our longest trained members Nell Tusting and Dorothy Colman.

First of all we went to the delightful Corton House, which is now home to Nell Tusting.

We were treated with great respect as Nell's nursing colleagues and made very welcome in the garden room. Nell did not want us to visit her in her room because we may have criticised the lack of hospital corners on the bed!

Nell told us of how she had come from Ireland to Norwich. Lots of Irish girls wanted to go to London but with the approval of her parents she came to a nice country hospital at the age of 20 years.

All the students lived together in Windsor House during their induction.

Nell's Tutor was Miss Doig whom she described as a lovely lady loved by all her students.

Nell described the food served as adequate but all the students liked to go out for lunch. They would often go to Buntings for baked beans on toast for 1/6d.

In their spare time Nell and her friends would go to the theatre if they had enough money or to the pictures.

In the summer they would go to the coast on the bus.

After Nell qualified she went to the Jenny Lind. She found she often worried about the children and their distress at being so unwell.

Nell worked on Gannon and Stuart Wards and recalled Sister Hall, Dr Caruthers, Dr Highmore and Sister Woods in theatre.

During her time at the Jenny, Nell and her fellow students lived in Pym House with as Nell remembered "an awful housekeeper who did little to enhance the nurses' lives."

Nell recalled that all the nurses worked very hard having just three days off a month and 14 days holiday a year. Her day would start with breakfast at 7am and then on the ward for 7.30am. After

a day's work the nurses would relax in the sitting room listening to Miss Withers playing the piano.

Nell met her husband after his sister came into Hospital to have a baby. After 3 days of labour the baby was stillborn. Nell kept in touch with Cissie and eventually met Jack, a soldier. They married after the war when she was 30 years old.

Jack was a captain in the Army and in her words Nell became "a camp follower" as he progressed in his career. They had two children Sean and Tricia.

Nell described her family as wonderful sailors and eventually their love of the Broads became their living running the family boatyard, Whispering Reeds in Hickling where they lived.

After her marriage Nell fitted private nursing around looking after her family.

Elizabeth and I left Corton House with such warm feelings for a lovely lady who will be 100 years old in the year of our 80th anniversary. I for one felt proud to have followed in her footsteps.

Doreen Betts (2010)

Dorothy Coleman nee Fleming 1935 - 38



After lunch on the still wet miserable day Elizabeth and I moved onto Drayton to visit Dorothy Colman who was a student in 1935. (X by Dorothy's hand marks her in the photo of her set.)

Dorothy has written a long biography of her nursing career but I have written this from the memories she shared with us on that day.

Dorothy told us about living in Windsor House as a student where they had to do all the domestic chores as well as learning nursing skills.

The Sister in charge was an Italian lady called Miss de Rosario, soon to be called Rosie when not in earshot! She was very strict and everything had to be just right but nevertheless all the students loved her.

10 of the students passed their final exams, the other 2 had to leave. No second chances. Dorothy talked of working on King Edward Block with its 6-bedded Isolation Ward at the top of the building. Sister Edge ruled there but was kinder than some to the students. Dorothy recalled an elderly man who needed a heated cradle over his bed. Because of a shortage of equipment a temporary cradle with a Heath Robinson system was made and put in the bed. A while later a male voice with a thick Norfolk accent called out "there seems to be a bit of a fire" as smoke rose from the bed linen. Health and safety would have had a fit today! The nurses did the dusting on the ward. One day Sister Edge asked Dorothy if she felt it was cold. Dorothy answered "no". Sister's response was "then I don't think the chairs need their boots on" indicating the fluff on the bottoms of the chair legs - "remove them with your nail file" When Sister was off duty Staff Nurse would make tea for the nurses informing them in turn that "matron was in the kitchen" the password for a nurse to go and have a cuppa! Dorothy had German measles when at the Jenny and Dr. Morgan instructed her and a Nurse King to go out in the fresh air. They would cycle to Ringland Hills where other nurse would meet them hoping to catch German measles themselves. Dorothy eventually moved to Theatre where she came under the rule of a Sister who reduced her to "a moron" by always criticising and accusing her of not carrying out her duties properly or at the right time. Eventually Sister reported Dorothy to Matron and although she tried to explain Sister's behaviour towards her Dorothy was moved to another department. Dorothy felt saddened and demoralised. The behaviour toward the students continued until some theatre staff found the courage to complain to Matron about the unfair treatment of the students in their department. Dorothy felt her bad reports were put into perspective. Years late at a Nurses League reunion where as Dorothy put it "we all become equals" Dorothy sat beside the never forgotten Sister who was due to take the collection. The Sister asked Dorothy to give her a push at the required time. Not being the most vindictive of people Dorothy nevertheless said she would be delighted as it would make up for some of the pushes she had given Dorothy in the past. These reminiscences are only a small part of the memories that Dorothy shared with us and we are grateful to her for allowing us to reproduce them for the Journal.

Doreen Betts (2010)

Miss Winifred Andrew Deputy Matron and Senior Nursing Officer Norfolk and Norwich Hospital May 1961 - 1973

Miss Adelaide Winifred Rose Andrew was born in Blofield in October 1913 and then lived at 31 Pelham Road Norwich.

Miss Andrew attended Norwich School for Girls (the Blyth) where she was Head Girl. Obviously born to be a leader!

She did her general training at the Ipswich and East Suffolk Hospital and her midwifery at Fulham Maternity Home followed by her Diploma of Nursing and Sister Tutor Diploma at the University of London. She next studied for her Certificate of Hospital Administration at Battersea.

In 1939-43 Miss Andrew was surgical Ward Sister in Hertford and then Night Sister at Addenbrooke's in 1943-1945.

At this point Miss Andrew moved back to Norfolk in October 1945 to be Home Sister and Tutor at Kelling Sanatorium

In 1947-48 after her course at Battersea she became Sister in charge of PTS at Addenbrooke's and in 1955-59 was Sister Tutor at St George's London.

In May 1961 Miss Andrew became Deputy Matron to Miss Watson and in 1969 was Acting Matron prior to Miss Cooper taking up her post as Matron. Miss Andrew was then a Senior Nursing Officer until her retirement in September 1973.

To mark her retirement Mary Leadsom wrote the following in the League Journal for 1973: -

“ Miss Andrew was retiring. We knew this was going to happen sometime in 1973 but now the day – September 30th – had been fixed.

We, who had known Miss Andrew ever since she arrived at the Norfolk and Norwich Hospital, heard the news with some misgivings – what were we going to do? She had seen us through so many crises. People had retired – departed for other nursing fields - the Salmon Structure had been implemented. A new Hospital was being built and many flu epidemics with resultant staff shortages had been overcome.

Miss Andrew had always been on hand to help us through difficult patches.

Anyhow, who was going to make those rather charming witty little speeches at our Study Days and Social functions?

No, we do not like the thought of her departure a bit.

She came to The Norfolk and Norwich Hospital as Deputy Matron in 1961 a true East Anglian and therefore “one of us”. She was Acting Matron from 1969 until the institution of the Salmon Structure in 1971 when she became Senior Nursing Officer.

We shall miss her in many ways. We wish her well in what, with her many interests, looks like being a busy and we hope a happy retirement.”

Miss Andrew lived in Blofield after her retirement until her death in 1998 aged 85 years.

Doreen Betts (2009) Refs League Journal 1973 and Miss Andrew's family.

Miss M. M. Doig, Sister Tutor in the 1930s



Miss Doig was appointed as Tutor in Charge in 1932 and was to guide the training of nurses at the N&N Hospital through some of its most formative and momentous years. Mrs. H. M. Kupicha described her in the 1990 journal as “a super personality.”

A Preliminary Training School was started with 12 probationers admitted 4 times a year. The hours were long and hard and the lectures were attended in the nurses’ own time.

Those who attended the lectures given by Sister Doig remembered that she chatted to the nervous students before taking their first exam papers. She would combine her witticisms with sound advice and would tell of howlers from previous papers.

Miss Doig retired in 1952 and was awarded the MBE. Her contribution to the training school was beyond question. (Betty Lee 1990 Journal)

Doreen Betts (2010)

The Norfolk and Norwich in the 1940s



Bomb damage to the Norfolk and Norwich.

In April 1942, during the German "Baedeker" raid on Norwich, the Norfolk & Norwich was bombed and then more severely damaged on June 26th/27th.

As a result of the June raid, 120 beds were put out of commission, 80 nurses and maids were made homeless and the main operating theatres were destroyed. The Preliminary Training School for nurses, a Nurses' Home and a house where the massage staff lived, all attached or near to the hospital were destroyed by fire.

The blaze at the Nurses' Home at one time threatened the Maternity Block, but the Norfolk Fire Service prevented the spread of the flames.

At the height of the raid, nurses helped by soldiers methodically moved patients in their beds from the wards threatened by advancing fires to the grounds of the hospital where they awaited ambulances and coaches which took them to another hospital a few miles away.

The matron said, "The whole staff really did what was expected of them and what has been practised in fire rehearsals, but I am bound to say they were marvellous. We had just got all the patients into the basement as is our custom during raids, when it became obvious that it was dangerous for them to remain there. The whole place had been littered by hundreds of incendiaries. They were everywhere. The nurses helped by members of the medical staff, fire watchers and a party of Scottish soldiers had worked valiantly to put them out, but there were some on the roofs which could not be got under control."

The patients carefully carried and attended by the nurses and their helpers were placed in long rows in the gardens.

The nurses worked selflessly throughout the darkness. In the morning many of them grimy and dishevelled and wet from the firemen's hoses, were still busy sorting articles salvaged from the four damaged wards and sorting blankets and linen.

During the Second World War, the hospital admitted 401 service and civilian casualties.

In 1948 the Norfolk and Norwich Hospital became an NHS district general hospital.

Elizabeth Blaxell

Ref; EDP

A War Time Story

In 1942 I was a probationer nurse at the Norfolk & Norwich Hospital in Norwich and we regularly had service patients in returning from their bombing raids and their kit came with them. This particular morning I was sent to tidy the locker room and seeing a convenient handle, I slung it up to the top shelf, only to be enveloped in a nylon parachute!! I struggled out of the room and rushed to confess to the patient. I said, "Sassoon, I've done a dreadful thing, your parachute is filling the locker room!" He grinned, and said, "Oh, take it away and make yourself a nightie!" "Wow! Do you really mean that?" Within half an hour we had divided it amongst the staff!

Next morning Matron sent for me and I was reprimanded and told that it was Government Property and if such a thing ever happened again I would be expelled.

I had an evening dress made and some of the cords dyed emerald green and I felt quite the "Belle of the Ball!"

Almost 40 years later I heard from one of my old colleagues that a Flt. Sgt. Sassoon had attended a ceremony at Swanton Abbot, Norfolk, to pay homage to his crew members that had died there in the plane crash.

I wrote to him and YES he was my parachute donor and we are still in correspondence. That was over 60 years ago.

Mrs. E.L. Silvester, S.R.N.

Cottingham, East Yorks

Memories of Training Days 1941 - 44

I am now 85 and feel happier looking back than forward!

I started in P.T.S. September 1941 (12 in our set - 2 or 3 dropped out after 3 months). These were days of austerity, blitzes, blackouts and anxieties. We were young - just 18 - an age when life's for living and carefree, and definitely better things to do than sleep, and also because of our youth we had no fear of enemy planes or bombs etc. Obviously Matron and those in charge were responsible for we young innocent girls - they had promised our parents to guard us from evil and took their responsibilities very seriously. Hence the strict rules about not being out after 10 p.m. and only one evening off per week. Now that I am old I can see their point of view and feel thankful that we were so well supervised. Discipline was very strict and I think the young of today are in need of a more rigid pattern of life. We were young and we worked hard and we played hard! What risks we took! Our favourite haunt was the Samson and Hercules Dance Hall. We had tea at 4 p.m. thick bread and jam, skipped 8.30 supper, dashed to get changed and practically ran across the city to the dance hall. There we met "the forces", men of all ranks enjoying a good night out, maybe their last before going overseas! Probably we would indulge in gin and orange and dance the night away only to be running back up St. Stephens to climb into somebody's unlocked window and hopefully escape Home Sister's round. We practically fell into bed in our clothes only to be awoken (it seemed next minute) by the 6 a.m. call bell. We had to scurry into uniform, dash to breakfast, then to the chapel for prayers, and arrive awake on the ward for 7 a.m. How irresponsible we were, but that was Youth!

Another example of our strict discipline: - I was on night duty, (3 months at a time), and rules allowed one evening out per week i.e. up at 4.30 p.m. and back for duty 8.30 p.m. My boy friend had a week's leave from the army. I went to Matron to ask for my entitled week's holiday. "No" said Matron "we are far too busy". I asked if I could get up each day at 4.30 p.m. and again a negative response! Naturally I disobeyed and was caught and at least twice that week reported to Matron. I had to go to her office twice and on the second occasion she said, "Nurse, you have no idea of discipline. If it happens again you will be expelled". Fortunately it was the end of his leave and so I was able to carry on!

I started on Ward 6, Men's Medical with Sister Norton and Staff Nurse Clements (Joan, the elder of the two) and 3rd Year Nurse Comyn. I was very happy there, except for the ward maid Mabel. All the ward maids were close friends of the ward sisters, as the strict cleanliness of the ward depended on their cooperation. On my first morning there, I was told to pull all the beds out down one side of the ward away from the wall, so that Mabel could clean behind and repeat the other side the next day. Beds were very heavy with patients so I strategically moved them just enough for Mabel to squeeze in behind. Mabel stormed up to me and in front of all those male patients said in her distorted voice "Get them Bl—y beds out nurse" and I had to pull them right into the centre! I was reduced to tears, it was so humiliating! After maybe a month I settled down to a happier relationship and Mabel would even tell me "Matron's in the kitchen" which was our code from the patients to say there was a cup of tea going!

S/N Clements found romance while I was there - a handsome Flying Officer came into the side ward as a patient and I heard much later that they were married and her younger sister had married one of the housemen.

Night duty on Private Block with Sister Field and Nurse Fallows. I was in charge upstairs and the other nurse downstairs. It was routine to leave the enamel washbowls outside each door with a thick dark blanket in case of an air raid. I well remember a bright warm moonlit night in June, I had the kitchen sash window open wide, no lights, and the siren went. It was before we had any barrage balloons in the city and the German planes came in. I thought this must be what is called a "BLITZ". I hurried into each room to put the bowl on top of their heads and the thick blanket over the bed to protect from splinters. As I entered one room the corner of the ceiling fell in, so I stayed with that patient till things quietened. When the 'All clear' went the porters from the Main Block dared to come over to see if all was well!

By the next night all private patients had been mostly evacuated home or to Newmarket. When the main hospital was blitzed with incendiary bombs patients were carried on stretchers to the kitchen basements by the Scottish Horse Regiment stationed nearby and anyone else available. It was 2 a.m. and bright moonlight and the Fire Brigade were so busy getting the fires out that suddenly the basements were flooded and the patients had to then be brought outside. This is a sight imprinted in my memory, of those lines of patients in bright moonlight on the front lawns at 4 a.m. They were then taken to Newmarket or any other available safe place.

I must cease otherwise it will read as ramblings by an old lady but such vivid memories live on and they are overwhelmed with the general feeling of friendship and community, which seems sadly lacking today.

Mrs. E L. Silvester S.R.N.
Cottingham, East Yorks.

Medical advances in the 1940's

The original penicillin, benzyl penicillin or penicillin G, was isolated from a mould called penicillium notatum by Florey, Chain and Heatly in Oxford in 1940 and was first used in the treatment of infections in Oxford Radcliffe Infirmary in 1941. In 1945 Florey and Chain along with Alexander Fleming were awarded the Nobel Prize.

Karl Landsteiner discovers the Rhesus factor in blood.

1941 Norman Gregg links Rubella in pregnancy to abnormalities in children.

1942 Report by William Beveridge paves way for the idea of a National Health Service in Britain.

1943 First kidney dialysis machine; the antibiotic streptomycin discovered.

1944 Alfred Blalock performs first blue baby operation.

1948 World Health Organisation (WHO) formed within the UN; National Health Service formed in Britain. Discovery that cortisone can be used to treat rheumatoid arthritis.

Medical advances in the 1950's

1951 John Gibbon develops heart-lung machine and operates successfully.

1952 Douglass Bevis develops amniocentesis.

Open-heart surgery begins with implantation of artificial heart valves.

1953 DNA structure revealed.

1954 The first kidney transplant was performed.

Plastic contact lenses produced for the first time.

Daily visits to children introduced, until then parents were only allowed to visit on Saturday and Sunday.

1957 Polio vaccine was introduced.

Clarence Lillehei devises the first compact heart pace maker.

1958 Ultrasound for diagnosing foetal abnormalities was first used.

Changes for the Norfolk And Norwich Hospital in the 1950's

1952 Princess Margaret opened the new Orthopaedic Operating Theatre

1957 Her Majesty Queen Elizabeth opened the Frank Inch Operating Theatre

Hazel Ann Bolton (nee Beckerton) 1958 - 1961

My first year in PTS training was interrupted with glandular fever half way through and I was threatened with going down a set due to missing so many lectures but thanks to the encouragement of Sister Marjorie Hale I persevered and was able to catch up and remain with the set. In the second year I was ill again requiring a tonsillectomy. I was on the ward next to an old lady awaiting ear surgery the next day. The junior nurse was instructed to give the patient 2 suppositories which she did, one in each ear fully bandaged to keep them in. The junior who we never saw again does not know she is famous throughout the NHS as I told the story many times to colleagues over the years.

I was pleased to pass my finals, as we all did in our set, much to Sister Hale's delight and as was expected finished my first year as a SRN in the N & N on the Private Block where I gained much experience in all avenues of nursing except midwifery.

I finished working in Norwich at St Helen's House Private Nursing Home nursing some of the great and good of Norfolk. In 1963 I got married to Jack and moved to Lincolnshire. My next nursing position was at Grimsby General Hospital where I worked on the private wing and was promoted to Sister at 23 the youngest in their history. An anaesthetist there recognised my N & N badge and told me the story of the suppositories in the ear; it's a small world!!! It was here that my son Simon was born in 1966 but once again I moved on with my husband to Edinburgh. While there I worked at Edinburgh Royal on the Cardiac, Head Injuries, Renal Dialysis and Intensive Care Units but once again moved on with my husband to the Far East in Singapore where my past caught up with me again. While visiting an evening market I met an old colleague from St Helen's House, Ann Betts. We had many chats about our nursing days in Norwich. We left Singapore and returned to Edinburgh in 1970, but not for long. My next and final move was down to Berkshire with my family.

In 1971 we settled in a lovely village called Crowthorne whose claims to fame are Broadmoor Hospital and the Wellington College Public School. Its main advantage was its proximity to the M4 and Heathrow since my husband's job involved a lot of travelling. By this time my son was at infant school and full time nursing was not possible so I got a job as a kitchen assistant in his school, which was very convenient, and I loved doing it.

In 1974 I was bitten by the nursing bug and trained as a District Nursing Sister and spent the next 10 years travelling the beautiful Berkshire countryside meeting interesting people, loved the work and was in my element. Unfortunately this came to an end when I suffered two slipped discs and I had to look for a less physical job.

The final years of my working life were spent as a residential officer in a retirement home and finally I managed a Day Centre for 5 years, which was a wonderful experience, and very rewarding at all levels. Health problems forced me to retire in 1993 but by this time I was a very proud grandma with my son, daughter in law and three lovely grandchildren only 5 miles away - great.



I will be forever grateful for my training at the N & N and what it taught me, much more than just nursing, and it enabled me to grasp the opportunities to help people, make good friends and meet interesting people.

Hazel Ann Bolton

My reminiscences of the N & N from 1956 - 1961

These are just jumbled thoughts as they came into my head.

When we were students we lived in and our board was taken from our salary so we did not pay for each meal. When we went to the dining room for our coffee break we used to eat rounds and rounds of cold toast spread thickly with pork dripping with a liberal sprinkling of salt. I still only weighed 7st 4lb when I got married so must have worked it all off on those Nightingale type busy wards.

Whilst living at the Annex two people shared a room and if you were on the ground floor the blocks on your window would be taken off to allow the window to open far enough to allow latecomers to squeeze in. The blocks were replaced by next morning.

When working in theatre on night duty you had to wash, dry and powder the rubber theatre gloves,



wrap them in pairs in linen, and pack them in metal drums to sterilize in an autoclave. We called it the pig. One night my student and I were very busy with a prolonged emergency operation and we forgot all about switching it off. They all came out in shreds, I can't remember the outcome but I expect Sister Griffith wasn't best pleased.

On Sunday afternoons we had to help do the stores for the wards and if a ward had requested a lot of replacement thermometers Sister Griffiths would get very cross and say 'remind them that thermometers are 6s 6p each and to be more careful' The headgear for working in theatre at that time was a triangle of white linen and we were very proud of how neatly we could pin it at the back of the neck, no hair showing and the tail hanging down your back. You could always tell who were newcomers.

One of my worst experiences was going down to the dungeons to make up the radium boxes of different strengths by placing 5mgm needles in metal boxes with forceps, these were placed in lead lined carrying cases. The patients were nursed on Ward 6 with lead screens around them for a radium menopause but I think it was for cervical cancer; We were always short of time and I remember using my fingers instead of forceps at times as it was very fiddly to do. There was a major crisis once as a needle was lost down the drain whilst it was being cleaned and the engineers had to come with a Geiger counter to track it down.

I have vague recollections of putting on the show My Fair Lady and believe we practiced in a wooden shed up some steps near Male Orthopaedic Block. Perhaps other people have a better memory than mine.

Pat George nee Norton 1956-60

Advances in Medicine in the 1960's

- 1960 First UK kidney transplant
- 1961 The contraceptive pill is made widely available
- 1962 Lasers first used in eye surgery
- 1963 Measles vaccine licensed in U.S.A.; first human liver transplant; the tranquillizer Valium introduced
- 1964 Home kidney dialysis introduced in U.K.
- 1967 Mammography for detecting breast cancer used; Christian Barnard performs human heart transplant; Rene Favaloro develops coronary heart bypass operation.
- 1968 Britain's first heart transplant
- 1969 First attempt to use an artificial heart in a human; Patrick Steptoe and Robert Edwards announce the fertilisation of human eggs outside the body.

G.K. (KEN) McKee

Mr McKee carried out his world- famous work at the Norfolk and Norwich Hospital. His work with John Watson-Farrar revolutionised total hip replacement by designing a durable ball and socket joint using cobalt-chrome. They jointly published a classic paper on the subject in 1966. Mr McKee received international recognition for his work and was awarded the CBE in 1972 and an honorary doctorate of science in 1975.

1967 - The Salmon Report

The Salmon Report is published and sets out recommendations for developing the nursing structure and the status of the profession in hospital management.

Changes for the Norfolk and Norwich in the 1960's

In 1967 the then East Anglian Regional Hospital Board proposed a new district general hospital for Norwich. It was to be situated next to the University of East Anglia at Colney and it was hoped that the university would have a medical school. Unfortunately Cambridge University was granted permission to establish a medical school and the Norwich case for a medical school ended.

In 1967 a block of flats were built in Upton Road for the nursing staff as well as a new nurses' residence in Brunswick Road on the Heigham Cottage site and the Leicester Nurses' Home was modernised.

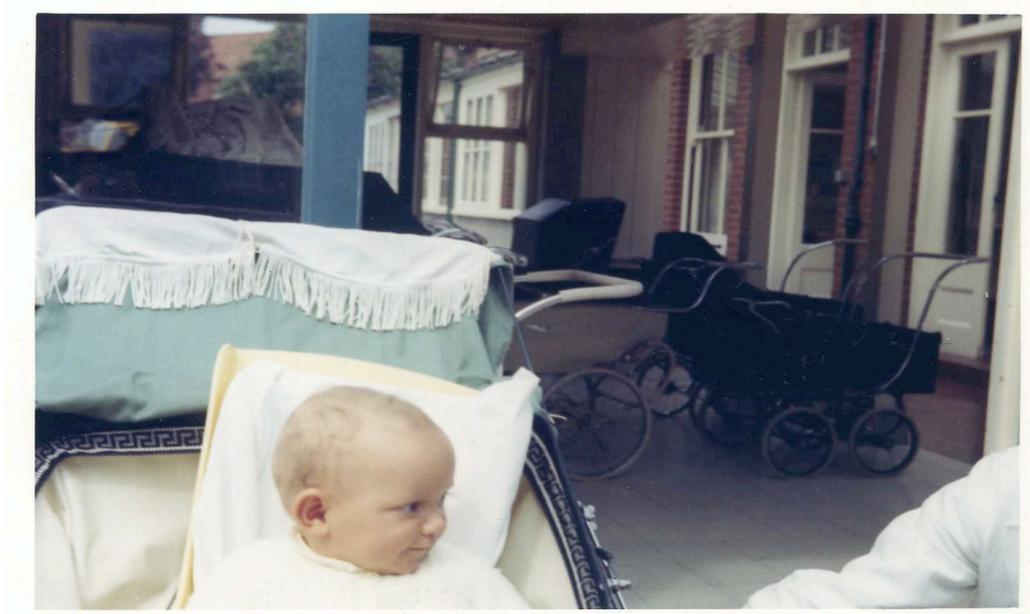
In 1968 the Queen Mother opened the new ten storey Maternity Block.

The Jenny Lind Hospital 1961-1966

I qualified in March 1961 and after a few weeks on medical night duty I was summoned to Matron's Office to be told there was a vacancy for me as staff nurse on Baby Block. This was not what I had in mind, I was more interested in Accident and Emergency, but Matron was not open to negotiation, so I duly reported for duty on three months trial. It was a daunting prospect, everything was so different, and sister was scary! But it proved to be the beginning of five very happy years.

The Building

was unique, a block of glass cubicles joined to the main hospital by a long corridor. You could always hear footsteps approaching. There was a pram park at the end of the corridor; the prams were donations from grateful parents.



After dark you felt very much as though you were in a 'goldfish' bowl, and welcomed a visit from the Bobby on the beat that came to check all was well, and for a coffee of course. Each cubicle housed two cots, some hanging metal cribs and a few larger cots for older babies.

The Patients

Our little ones were all under one year old, but a wide variety of ailments, medical, surgical, burns and plastics, and in those days premature babies in incubators. A few babies were long stay and I suppose we all had our favourites. Very sick babies were baptised, if possible the hospital chaplain usually did this unless the parents wished for someone else. If the situation were more urgent Sister would officiate. Bereaved parents took great comfort from this. Babies that sadly died were bathed and dressed in the small shrouds and we usually found a flower from the garden to place in their hands. We then carried them to the little chapel in the grounds.

Daily Routine

Each morning feeds were prepared for the next 24 hours, and bottles sterilized. All babies had their own Milton box with teats and spoons, which were renewed each day. Babies were bathed in the morning and topped and tailed in the evening. If appropriate they went outside in the prams.

The Staff

Dr. Quinton was a very respected paediatrician with a twinkle in his eye and a moustache that he would twitch.

Dr. Oliver cared for the babies with heart problems. So that he could have absolute quiet when examining a baby we used to dip a dummy in honey and keep the baby sucking. I doubt that would be allowed now!

When going for surgery the babies would be placed on a crucifix and kept in place by bandages. Sister Shearer was absolutely devoted to caring for the babies. She would knit garments for the really tiny ones, especially hats for the prems. I have to admit to being rather afraid of her at first, but I soon warmed to her dedication and kind and gentle manner. She was a great mentor, we got on very well and kept in touch for a number of years. I must not forget her faithful companion Kim, her black Labrador.

Sister Peek, Night Sister. A larger than life character who kept a book of amusing names parents gave to their children. Victoria Plumb, Dawn Rizing, Cherry Stone, April Shower and Rupert Beare are just some that I remember.

Florrie was the laundry lady who kept the nappy buckets empty and washed all the clothes and bedding and was always willing to run errands.

Hilda, the cleaner who always seemed to be on her hands and knees.

Nursery nurses worked on the "the block" as well as part time Staff Nurses and of course Student Nurses.

The Children's Hospital was quite separate from the Norfolk and Norwich and there was a family feel to it. We helped each other; the theatre staff would always help with feeding in the evening if they had no cases. The dining room was a meeting place, but there was a protocol with the seating arrangements, Sisters on the top table.

Some very sick babies would be transferred to Addenbrookes or Great Ormond Street and I made several trips to London on the train with oxygen cylinders or with the blue lights flashing and a police escort to Cambridge.

I have nothing but happy memories of my time at 'The Jenny' and think that perhaps Matron was right after all.

Monica Frost (nee Clark) 1958-61.

One Knot is Not Enough

I worked in Recovery at the old N&N Hospital where we wore the customary "blues." These were not beautiful and varied considerably in size. The ties were not particularly reliable either.

One day to my horror, when standing by a patient's bed my trousers descended to my ankles without warning. Luckily the two doctors on the other side of the bed were unaware of my predicament but the patient in the next bed caught a glimpse of black undies and had to hide under the bedclothes to stifle his laughter.

A double knot was recommended from then on, but wearers were advised not to be in a hurry to go!!

Pat Blenkiron nee Burdett 1962-65.

Uplands Court

I was one of the first nurses to live at Uplands Court, Upton Road. I was 20 years old and had been living in the building opposite the hospital in a very tiny room above the front door.

The flats at Uplands Court had three storeys I lived in one on the first floor with Karen Nieuwenhuis and Susie Davies. Each flat had three spacious bedrooms, each with a washbasin, sitting room, kitchen, bathroom and separate toilet. The only drawback was the Marley tiles in the hall and kitchen. They marked very easily and were difficult to keep clean.

It was wonderful to be able to come in late at night whenever we liked - no having to get a late pass from Matron's office! We thought we were in seventh heaven.

Elizabeth Blaxell 1965-68

Developments in Renal Medicine

Nearly 36 years have passed since I returned to Norwich to open an Acute Renal Unit at the Norfolk & Norwich Hospital.

I was seconded to Norwich as a 'GOS' nurse to do my general training in 1967 and returned as a staff nurse in 1969 to work on the general surgical and genitourinary wards for 18 months. It was during this time I came to realise that several patients were dying of renal failure, some quite young, because of the lack of specialised renal units across the country.

There were 2 Renal Diploma courses available at the time and I chose to return to London to complete the course and be ready to return to Norwich to open a Renal Unit if that day ever came. Early in 1972 I was on a bus on the way into work in London and saw the advert for a Sister's post to open an Acute Renal Unit at the 'N&N'. I got the post!

June 1972 - my first day back in Norwich excited that my plan had come together and dismayed as I confronted the reality of what I was about to do. From the comfort of a well established, reasonably well staffed Renal Unit, I entered the 'new' Unit. A 2-bedded ward (part of the Accident Ward near A&E) and a single room converted to an office and storeroom. The ward/treatment area had 1 bed and an 'RSP' haemodialysis machine, no treated water, but it did have a sink. The storeroom had some shunts (access for haemodialysis), and disposable lines and dialysers to set up the machine. Boxes of dialysis concentrate etc were piled in a corner of the ward. (We eventually got cupboards built in the ward area in about 1975.) We shared kitchen, sluice and bathroom with the Accident Ward.

Where to start was my first thought - I spent a couple of days visiting various departments e.g. labs, stores, pharmacy etc., letting people know who I was and what I was hoping to do. My 'plans' were interrupted by the consultant Dr Pryor asking me to assist with a peritoneal dialysis on one of the medical wards (overnight from what I can remember!).

The first haemodialysis patient also presented in the first week and I had to rush to the stores in the basement to quickly equip the unit with essentials (thermometer, washbowls, bed linen etc- all the general things you take for granted on a well established ward!).

I had used an RSP machine in London (it was the 'latest' machine on the market) together with a Kolf machine, which was a really basic piece of equipment. Before I could treat the patient I had to set up the machine which involved filling the 120 litre tank at the base of the machine from the tap at the sink (using a piece of rubber tubing) adding the correct dose of "dialysate concentrate" and mixing well with a paddle. I then took a sample to the lab so they could test to see if I had the correct concentration. If the answer was no from the lab, I had to make adjustments. This process was time consuming if not carried out with care and precision! When I started in London we had to mix up the bathwater using pure forms of sodium, potassium and dextrose to get the correct concentrate, so adding a 'ready mixed' concentrate into the bath was a huge time saver with less chance of error. Once the 'bath water' was mixed, the lines were attached to the machine and the 'coil', in an inflatable cuff, was placed in the coil holder on the top of the machine and soaked in the dialysing fluid. It was then tested for leakage. The coil dialyser was 22 foot of a semi permeable membrane shaped like a sausage placed between support screens and tightly wound around in a plastic core. As you can imagine if it burst whilst a patient was on dialysis there would be a huge blood loss. If leaks did occur during the treatment process (and they did!) the whole process would have to be gone through again with

new lines, dialysers and bath water. Various controls on the machine had to be tested i.e. pressure monitors, temperature control and leak detectors before it was safe to commence treatment

At the end of treatment the 'bath' was drained and refilled with a bleach solution and run through to clean all the machine components. This took 3 hours post dialysis.

So treatment times then were 6 hours dialysis for the patient and another 4 hours to set up and then clean equipment. If there was more than 1 patient to treat it was a long day! Not so bad if there were other staff to share the workload, but long hours if you were on your own as I was in the early days, before training staff in the procedures. As patient numbers increased dialysis times decreased to 4 hours to enable all patients to be treated. Shorter hours became the trend in the dialysis field as the years went by, but we inadvertently pioneered them out of necessity.

In order for patients to be connected to the machine they had to have a 'shunt' inserted. Silicone tubes inserted into an artery and a vein and closed with a Teflon bridge. For the first patient we performed this access on the unit. Consequently we decided it was preferable for a surgeon to perform this in theatre.

Any patients who had chronic renal failure were transferred to Cambridge after their acute treatment period, as we did not have the capacity to treat everyone. It seems amazing today how many patients came to the unit unconscious and overloaded with litres of fluid, that following dialysis were able to talk and have a cup of tea. Very satisfying!

We also treated patients using a peritoneal dialysis machine donated by the Toc H. With the help of the marvellous EBME lads I was able to work out how to use it (no instructions provided!) and it worked for many years treating some patients with chronic renal failure as well as 'acute' patients. This machine also took ages to set up.

The Sister who started with me left very quickly and the lovely auxiliary nurses that were employed to work on the unit, ended up as part of the Accident Ward team. Trained staff did not stay long as the hours were long and irregular and with intermittent episodes of haemodialysis it was difficult to train staff to a level of competence to be left on their own.

By 1974/75 there was just myself and Jules (who came as an agency staff nurse and stayed) and Elsie (another staff nurse who had been sent to the unit from another ward and also elected to stay!) We attempted a rota to cover 24 hours a day when most of our regular patients were on peritoneal dialysis, but as patients requiring haemodialysis increased and I had to come in to perform haemodialysis, as the others were not yet trained, we had to close the unit at the weekends and transfer patients to the wards. This was not popular with the ward staff who thought we were having every weekend off. I was on call every weekend and invariably was called in to work. I used to go away, to see my boyfriend at the time, when a patient with acute renal failure had recovered and I could chance leaving the unit. The memories I have of that time are of always being on call, and returning home after a long day for the phone to ring for me to return to work to start all over again. Tiredness prevailed, but sitting with patients and seeing them recover, sometimes so miraculously, was an amazing thing to experience.

It would be nice to say that there was a lot of support in establishing a renal unit in Norwich, but that was far from the case. There was much opposition at all levels, which did not help morale in the early days! The people who offered the most support in the early years were the labs and EBME who like me seemed to be around day and night and of course the Accident Ward staff.

In May 1977 a purpose built Acute Renal Unit was built in the area previously occupied by ITU (that had moved to the basement next to theatres in the new ward block). We were still in the A&E area, but had a 4-bedded ward area and a 2 bedded treatment area and at last our own kitchen and sluice and a proper store cupboard. We took our cupboards from the ward area of the old unit to put in the treatment area, because we had waited so long to get them!

We opened 7 days per week, 24 hours per day with 14 staff and facilities for 4 Inpatients and dialysis facilities for patients from other areas (mostly Filby Ward). We also continued to dialyse patients regularly in ITU.

All the time the number of patients we were treating with chronic renal failure was steadily increasing and by the time the Jubilee Renal Unit opened in 1978, the 4-bedded ward area had become a treatment area for patients with chronic renal failure.

We used a new machine called a Redy machine with a complex sorbent cartridge system that allowed us to treat patients without a treated water supply and only used 5.5 litres of water, so was quick to set up and clean. Even with transplantation we had acquired 10 patients with chronic renal failure ready to transfer to the Jubilee Renal Unit in 1978.

Unfortunately, 10 staff also transferred over, leaving the 'acute' staff back to being on call again! After 1 year of this I left – I think I had burn out!



The Redy machine

In December 1973 meetings started to discuss plans for a Chronic Renal Unit at the West Norwich Hospital. Ideally we would have liked a development on the N&N site but there was no space. The purpose built 'Jubilee Renal Unit' was opened at the West Norwich Hospital in February 1978.

The unit comprised a 5-bedded treatment area with a separate sluice and a disposal area for bagged dialysis products (porters could access the disposal area from outside the unit so products of dialysis did not have to be taken through the 'clean' treatment area) plus 2 isolation beds in a separate area. A water treatment plant with treated water piped to each dialysis station, a large technical area for dedicated renal technicians, plus a large store room (also accessed from outside) and various offices and a kitchen.

By that time equipment had progressed to automated machines that mixed dialysis fluid to the correct concentration and which were quicker to set up. The coil dialysers had been replaced with more reliable hollow fibre dialysers.

The unit had been planned based on the Rosenheim report published in 1972, following outbreaks of hepatitis in units across the country, resulting in the deaths of patients and staff. Staff had to enter and exit the unit via the changing room and change into uniforms before entering the unit, disposing of them on their way out. In addition, staff gowned and masked to put patients on to machines and patients changed into nightclothes for treatment. All patients and staff were screened for 'Australian antigen' before starting on the unit and then monthly.

Another factor that figured in my leaving in early 1979 was that after years of being part of the planning and training staff for the Jubilee Unit I was informed my services were no longer required, three months before the unit opened on the West Norwich site. I could go back and manage the Acute Unit. I was extremely hurt! Three months later after turning down very lucrative job offers, I applied and was successful in being appointed to the 'new' Senior Nurse' post covering both units.

Over the years beds in the treatment area on the Jubilee Unit were replaced with chairs, patients did not change into their night clothes and staff having changed on entering the unit only gloved up to put patients on machines. Cooked meals were replaced with soup and sandwiches and the unit became much less clinical. Strict dialysis procedures remained in place and unchanged.

Home Dialysis was commenced, with a Sister (Judy) appointed in the early 80's. As patients wanting home treatment increased, Judy's team increased with Carol and Jerome joining her when CAPD (an ambulatory form of peritoneal dialysis) became an established part of treating patients with chronic renal failure from 1983. They are treating patients to this day and must be one of the most experienced teams in the country now.

Haemodialysis patients not suitable for home treatment remained on the Jubilee Unit attending 3 times per week - dialysis times dropped to an average of 3 hours per week by the early 80's. Still the numbers increased - not so many transplants performed and the cost of home dialysis limiting choices for patients. In 1986 a further 6 dialysis stations were built onto the Jubilee Unit and staff numbers increased accordingly

We were so lucky in Norwich at this time that we had a core of staff that stayed and developed with us and became very experienced. So many units across the country had staff problems and relied heavily on agency staff. In the 80's there was a higher turnover rate of renal nursing staff than in any other specialist area.

From 1984 I was part of a small team planning a 6 bedded unit at the James Paget Hospital. This unit opened in the early 90's relieving pressure for a while on the facilities at the Jubilee Unit. But yet again we lost trained staff with the opening of this new unit.

The intention in the beginning had been that this unit would run as a satellite to Norwich, rotating staff where necessary, overall management of the unit based in Norwich. With government changes at the time it was opened as a stand-alone unit. This caused problems initially as staff were relatively inexperienced and patients seemed to return to Norwich on a regular basis to be 'sorted' - usually out of hours on the 'acute unit'. Judy had in the interim set up a home dialysis cabin on site treating a couple of patients from the Yarmouth area.

Meanwhile the Acute Unit (now the Jack Pryor Unit) moved yet again in the early 90's to another cramped but purpose built area. Inpatient bed numbers increased to a 6-bedded ward area plus 2 side rooms and a 2-bedded treatment area. In addition there was a large CAPD training area as this mode of treatment was well and truly established for patients with chronic renal failure. In the intensive training period they would be admitted to the ward area for insertion of Tenkhoff catheter and a trial of 48 hours of peritoneal dialysis by a machine. We were used to using LKB machines since the 80's - one of the first 'modern' automated machines, so all ward staff were familiar with the proceedings.

This was the last renal unit move I actively participated in, as it was at this time I moved over to the management side.

The final move was to the new hospital, the renal units being the last areas to move over. The move for the Acute Unit was to a 36 bedded ward area - a 6 bedded area plus side rooms, having been converted for dialysis treatment. The ward was shared with Oncology in the early days.

The Jubilee Unit moved to a converted 36 bedded ward area and had several 6 treatment bays and side rooms set up for dialysis plus a CAPD area and a water treatment plant across from the unit.

The Jubilee Unit became the Jack Pryor Unit in memory of Jack Pryor the consultant who had pioneered for a renal unit in the early 70's and who sadly died prematurely in the mid 1980's.

It is hard to condense 30+ years into a few pages and I have probably left much out - the memory is not as good as it was!! I have concentrated more on the early years, but developments in technology continue as in all other specialist areas and patient numbers continue to increase year on year. None of the developments would have come about without the commitment of the staff and their constant ability to deal with change.

Staff, particularly in the early days, worked well beyond the call of duty - long hours and little appreciation for their contribution. I feel privileged to have worked with them and have appreciated working alongside them at difficult times. Some have moved on, but many staff remain working on the Unit today and the patients are very lucky to have that experience to call on.

Sue Olver

Snippets from District Nursing in the 1970s

I completed my midwifery certificate parts I & II in 1971 and had always wanted to work as a 'district' nurse, so when the opportunity arose I applied and was interviewed at Churchman House for a post in the city, working for the old Health Authority. In those days district nurses were not attached to specific doctors' practices but were based at premises on Unthank Road and managed by our nursing Superintendent, Miss Webley. She would receive all the calls as they came in from various GP's surgeries and then allocate them to the appropriate City nurse. No mobile phones in those days meant that nurses on duty had to find a public phone box to phone into the office (or visit) mornings and afternoons to receive instructions for further patient visits. We did not go out after 5 pm as the 'on-call' system had still to be set up for general nurses.

Our nursing bags were oblong tin boxes covered in blue, hardwearing fabric, often used as our working surface. The box had a white cotton liner to hold our instruments, gauze and cotton wool balls, including jug, funnel, rubber tubing and soap for enemas – the dreaded enemas! Each Friday afternoon we were required to 'spring clean' our 'nurse bags' at base and sterilise the instruments. Sometimes we had to boil our forceps and scissors etc at patient's homes and gauze and cotton wool were baked in the oven in a biscuit tin. I returned to work in the old casualty department N & N Hospital on Union Street, working just 10 hours a week when our children were young. How fortunate to be allowed to work just 10 hours a week.

However, I still missed community work and by chance met Sister Maureen Thompson who encouraged me to apply for her part time district post, as she was to work full time. I sent in my application and the very informal interview with my prospective nurse manager took place over a cup of tea, in a tiny office high up in the attic (it seemed) in Whitlingham Hospital. I worked as part of a team of district nurses covering Costessey and other very rural areas. Our on-call arrangements at weekends were complicated and involved listening to long recorded messages and then phoning out each visit to the appropriate nurses for the whole County before starting our day's work. Later when we were on duty at weekends we were issued with 1 mobile phone between the whole group which had to be collected from the office and returned after the weekend. The phone was heavier and more cumbersome than a breezeblock!

It is hard to imagine now working in the Community without a mobile phone, CSSD and all the other equipment, drugs and treatment available. However, the patients and their needs are not that much changed from 40 years ago except most homes now have central heating, indoor sanitation, hot and cold running water and we don't often see chickens hopping in and out of the patient's back door!

Angie Margitson. nee Hillyar. 1966-69

Memories of the 1970's



Our main memories of the 1970's are moving from the old wards to the new ward block- what a transition! Only 30 patients after 36 and often 40 to 44 with extra beds up the centre of the old Nightingale wards, more toilets and bathrooms, a treatment room where the patients had much more privacy and a large sitting room with a large television and comfortable chairs for patients and relatives - quite a meeting place.

There were two lifts for patients only- no more waiting for the general lifts for taking patients to theatre etc. Patients did not return from theatre until they had recovered from the anaesthetic and the ward staff no longer had to go and escort them to and from theatre.

We still had the pleasure at Christmas of consultants being dressed up (all taken in good part) and carving the turkey on the wards and their wives and children giving up their Christmas morning to serve it to the patients.

We think the 70's was when we lost our real uniform - gone were the white starched aprons and hats replaced by the more hygienic disposable ones.

Less cleaning! Metal bedpans and urinals replaced by disposable ones (no more very warm or cold bottoms) Oh what joy not only for patients but for us.
They were the good days!

Maggie Burton nee Howlett 1951-54
Margaret Lambert

Changes for the Norfolk and Norwich Hospital in the 1980's

In 1985 the former Norwich Health Authority shortlisted three sites for a new district hospital; the Hellesdon hospital site; a greenfield site at Sprowston and the St. Andrew's hospital site.

In 1986 the Hellesdon site was chosen for an 800 bed hospital costing £46 million, but later that year the hospital consultants objected to the Hellesdon site. They strongly favoured the Colney site in order to forge links with the U E A and strengthen medical education in Norwich. The consultants' proposal was at first rejected, but in early 1987 the Hellesdon site was dropped after the Regional Health Authority backed a Colney Lane site.

By 1988 there was a non-statutory public inquiry into the siting of and access to a proposed new hospital at Colney. This led to the identification of a Colney Lane site with access from Colney Lane and the Watton Road.

Advances in Medicine in the 1980's

1980 Experimental vaccine against hepatitis B developed.

1981 Aids first recognised by US centres for disease control.

1983 First successful human embryo transfers.

1986 Human Genome project set up; gene for Duchenne muscular dystrophy discovered.

1987 Sir Roy Calne and Professor John Wallwork carry out the world's first liver, heart and lung transplant at Papworth hospital.

1988 Breast screening introduced.

1989

MRI Scanners

First permanent artificial heart implant.

Deep- brain electrical stimulation system.

First laser surgery on human cornea.

Nursing in the 1980's

In 1980, nursing pay and conditions were addressed again through the Clegg Report. Nurses had a salary rise, but equally important the working week was reduced to 37.5 hours. This was followed by a change in the Nurses' Statutory bodies. The General Nursing, Midwifery and Health Visiting Council for England, Scotland, Wales and Northern Ireland was dissolved in 1983 and the United Kingdom Central Council [UKCC] for the four countries was established, with four Education Boards, one for each Country. The English National Board [ENB] would now be monitoring education at each School of Nursing. During the eighties Mrs Steel retired and Mr N F Summers became the Director of Education. The School of Nursing became an East Norfolk wide education provision with Mental Health and Learning Disabilities joining Norwich and Great Yarmouth General Nurses and Midwifery Students. This new establishment was now known as The Broadland School of Nursing.

Students would no longer be counted as part of the workforce numbers. This was going to have major repercussions for the wards and departments in Norwich. To prepare for this Broadland School of Nursing designed an interim curriculum, which included some of the new ideas of Project 2000. This curriculum was led by Mr. Gordon Blades and has become known as the 1989 curriculum. In 1989 the Broadland School of Nursing joined with King's Lynn and formed the Norfolk School of Nursing. Great Yarmouth left the Norwich School and joined with Suffolk College of Nursing. Mr Summers retired and Mr Sandy Sankar became the Principal of the Norfolk School of Nursing.

By the end of the 1980s nursing care was changing with the introduction of the Nursing Process and Team Nursing. Team Nursing meant that two to four nurses were responsible for a small group of patients, with each Registered Nurse taking a lead on individual patients. The Nursing Process was a method of managing patient's care around assessment, planning, implementation and evaluation of the care given. Nurses were designing care plans around nursing models such as Roper's 'Daily Activities of Living' [Roper et al, 1976].

Ref: History of Nursing

Carol Edwards.

Medical advances in the 1990's

1994 America declared a Polio free zone.
NHS Organ Donor Register set up.

Changes for the Norfolk and Norwich Hospital in the 1990's

In 1900 the former NHS Executive bought a 68-acre site at Colney for Norwich's new hospital.

By 1992 the former Norwich health authority undertook public consultation and there was widespread support for the Colney proposal. However in 1993 the business case for the new hospital prepared by the Norwich Health Authority was rejected.

In 1994 N&N Health Care Trust was established and work began on a Private Finance Initiative.

In 1996 the NHS Executive approved the Business case for a 701-bed hospital.
Planning permission granted plus approval of a further 108 beds taking the total to 809. The contract with Octagon Healthcare was signed.

In January 1998 Prime Minister Tony Blair announced the Hospital would be built and the foundation stone was laid by the then Secretary of Health, Frank Dobson in September.

Where was I in the 1990's?

One Thursday morning in 1981 I decided that I'd had enough of working in Intensive Care.

When I arrived home after a nightshift I looked through the NHS adverts and saw a vacancy for a Health Visitor Assistant working in schools screening vision, hearing and growth. I applied and got the job. It was not an impressive job but as a single parent it gave me reasonable hours and the school holidays off. This was the beginning of the rest of my nursing career.

In 1987 coincidentally with Margaret Allcock and Brenda Swan, both League members, and several others from all over East Anglia I went to Ipswich College to do my School Nurse training. I'm not sure I enjoyed the training. The days were long, the journey to Ipswich tedious and for the first weeks the weather was terrible but the outcome was good and I loved being a School Nurse. As a Health Visitor Assistant I was not able to develop further which was frustrating as a trained nurse but as a School Nurse I was able to introduce health opportunities to my group of schools, which had not been there before.

A large part of my work was health assessment to recognise where intervention was required. I first saw children and their parents when they started school. I still screened vision, hearing and growth and added to this was development and addressing parental concerns. The next assessment was with 13 year plus students using a questionnaire previously filled in by the student. This enabled me to address their concerns and health successes. It was pointed out to the students that anything they said to me was confidential unless it brought to light child protection issues in which case I would work along side them to reach a satisfactory conclusion.

Another opportunity for the young people to share concerns confidentially with me was at a regular lunchtime "drop in" session at school. I was quite humbled by the fact that the students trusted me enough to share with me things that they had not been able to share with anyone else. It was also a bit worrying as to what might crop up next!

As the service developed I also did health and developmental assessments for the schools, other medical colleagues and for Social Services.

A large part of my work was to provide care plans for children with medical conditions to enable them to attend mainstream school and for the educational staff to care for them. The care plans became more and more complicated as more children with very serious conditions entered school and eventually the care went to a specialist team. My first care plan was for the first child in the area with a tracheostomy to join mainstream education. A steep learning curve for me, and the school staff. Within a short time I had three children with tracheostomies in my care. Care plans for allergies, asthma, diabetes and many more and varied conditions followed.

I always enjoyed improving the lot of children with enuresis (bed wetting). At first doctors led the clinics but very soon they became nurse led. As school nurses we were able to develop the care and support. The pleasure of seeing a child become happier and confident and the parent relaxed and happy with their child was very rewarding.

A service I was very much involved with was for children who soiled themselves for some reason or another. Soiling was such a disturbing occurrence for the families, for the school staff, and for the children themselves who often lacked confidence both within the family and at school. Sometimes the intervention could take weeks, but sometimes just something simple would change things for the child. My biggest reward was to have a child look me in the eye with a smile instead of being withdrawn and ashamed.

Teaching along side the teachers became a big part of my life. I loved doing the sex education programmes. I started with hygiene with the infants, then puberty in middle school then contraception and sexually transmitted diseases in high school. Yes we did put condoms on carrots until I persuaded the schools to invest in proper demonstrators! Some years later I met a young woman who had been in one of my classes. She told me she had 5 children. Not a big success on my part I said but she replied that she had been able to choose when she had her children as she knew about contraception and where to get it from.

I also facilitated health days covering topics such as HIV and Aids, Healthy Eating, Smoking, Alcohol and Drugs.

Immunisation programmes in school came and went during my years working in school health. In the early days we accompanied the doctors who did the diphtheria, tetanus and polio; these

eventually went to the GP's. The BCG and TB injections came to the school nurses from the doctors.

It would be my responsibility to organise the session with the schools, liaise with the parents for consent and talk to the pupils so they knew what was to happen and try to calm their nerves. We also needed a team large enough to get the job done as quickly as we could so that we did not disrupt the pupils' education too much. It was really good to do a bit of hands on work looking after the pupils, keeping them calm and looking after the ones who fainted, there were always some!!

As the School Nursing Service developed over the years skill mix brought staff nurses and assistants into the teams to carry out many of the tasks which I had done e.g. care plans and screening and eventually the enuresis clinics. It was hard to let some of these tasks go but it opened up other opportunities for me such as parenting skills groups and working alongside Social Services and Education within the Child Protection arena.

In the 2-3 years before I retired my role within Child Protection increased so much that it almost took over my working life. I worked closely with Social Services dealing with the health aspects of the children. I attended multi-agency conferences where some of the decisions taken relating to the children and their families were distressing and difficult.

I very much enjoyed having student nurses joining us for their placements, which varied from a few days to several weeks. During this time the nurses were able to become part of the team and get a real taste of what it was like to be a school nurse. In fact the School Nurse who replaced me when I retired had been a student with me early in her training and decided it was to be her choice of career.

During the last few years skill mix brought teams and the school nurse became the team leader bringing other responsibilities to take on and skills to learn.

I retired in 2006 and looking back over all those years I can honestly say I really loved it, although my husband would most probably say that it was not always good for my health and happiness as it was often very stressful and very hard work. I was lucky enough to work with some super young people and hopefully made a difference to some of their lives.

Doreen Betts. nee Hall/ Williamson. 1964-67.

Changes for the Norfolk and Norwich Hospital in the 2000's

In July 2000 permission was granted to build another 144 beds in a second phase, taking the bed total to 953 beds.

Earlier the health Secretary had announced that the UEA would have a new medical school and the new hospital would be a university teaching hospital. As a result the Trust was established as the Norfolk and Norwich University Hospital NHS Trust.

In November 2001 the first and biggest phase of the hospital moves came with the move of most services from the West Norwich and N&N to the new hospital.

In 2003 a new 36 bed surgical ward named Brundall was opened and took the acute bed total to 989.

On 5th February 2004, the Queen performed the official opening of the new hospital.

On 1st May 2008, it became the Norfolk and Norwich University Hospitals NHS Foundation

Advances in medicine 2000's

2000 Walk-in Centres introduced.

2002 First successful gene therapy carried out at Great Ormond Street hospital. It cures an 18 month old of "bubble boy" disease (severe combined immunodeficiency or SCID)

2006 NHS bowel cancer screening programme launched.
Vaccination of babies against pneumococcal meningitis begins.

2007 Introduction of robotic arms leads to groundbreaking heart operations.

2008 On July 5th NHS celebrated it's 60th birthday.

National programme to vaccinate girls aged 12-13 against papilloma virus (HPV) is launched to help prevent cervical cancer.

It was in the interwar period that scientific medicine began to yield effective treatment for a number of previously highly fatal and incurable diseases, such as diabetes, pernicious anaemia and puerperal fever. The introduction of the sulphonamides in the mid-1930's stands out as an innovation of particular significance, although it was subsequently overshadowed by the politics of penicillin.

The use of penicillin during the war gave doctors a potent remedy against a whole spectrum of infections and later on came the steroids.

The establishment of the NHS in 1948 encouraged people to come forward for consultation and treatment who had previously been too poor to seek medical attention.

New environmental health measures and a better standard of living began to change the pattern of diseases seen in doctors' surgeries. Common infectious diseases virtually disappeared as new immunisations were developed. Bronchitis for instance began to decline as a cause of ill health. Contrary to expectations the demand for medical services increased as people sought help for a wider range of problems.

Medical men in the 1980's began to return to an ideal of personal responsibility for health because of the increase in socially related problems such as obesity. Thus an increasingly health conscious public enthusiastically adopted this thinking,

Training in the 2000's



I started my training in February 2005 at the University of East Anglia. There were about 100 of us commencing a 3 year course and by the end, roughly about 65. I started off on the Diploma course in order to receive more funding, but in my third year I changed over to the BSc Honours Degree. Each year consisted of 3 units of 14 weeks. Holidays were most half terms, 2 weeks at Easter and Christmas, and 4 weeks for the summer.

In the 1st year, Adult and Mental Health student nurses were divided into mixed groups for theory work and lectures, which involved exploring each other's topic. In the 2nd and 3rd years we then split into our relevant groups. The theory work consisted of Evidence Based Learning, (EBL), which would involve us researching certain topics and then presenting this in front of our relevant groups of about 12 people. EBL was presented in a variety of ways. For example, presentations in the form of Power Point, or interactive techniques/methods such as quizzes and role play. We would then discuss the research topics between us. Throughout the 3 years we also had Learning Outcomes to achieve when working on the wards. We then had to write evidence and reflection pieces to support these Learning Outcomes and what we had learnt on our placements. A few examples of what our lectures covered were anatomy and physiology, psychology, and sexual health. We were marked on our essays, dissertations and learning outcomes to receive our final degree/diploma grade.

My 1st unit, in my first year, involved a written essay on a fictional community project. For the 2nd and 3rd units I had 7 weeks of theory and 7 weeks placement for each unit. There was an essay each for units 2 and 3, comprising of 3000-3500 words, which related to our placements. My first placement was on an Orthopaedic ward, at the Norfolk & Norwich University Hospital. My 2nd placement was at the Community Hospital the old West Norfolk, where I cared for amputees. At the end of the 1st year we all had an OSCE exam, (Objective Structured Clinical Examination), which involved drug administration, taking patients' blood pressure and temperature. The only exam of the 3 years!!

The 2nd year I also had 7 weeks of theory then 7 weeks placement, for each 3 units. For our EBL and our placements, there were 3 groups of about 12 student nurses that rotated between Critical Care, Primary Care and Enduring Care. Once again I had an essay of 3000-3500 words for each unit. My critical care placement was my 3rd placement and it was on the Critical Care Unit at the N&N, which specialised in coronary care. My 4th placement was Primary Care, where I was based in Norwich with a community nursing team that covered an area within Heartsease, Silver Road, and Mile Cross. Then my 5th placement was on a Medicine for the Elderly ward at the N&N.

My 3rd year comprised of Medical and Surgical Care. For our EBL, I was in a group of 12 people again, which was then split into smaller groups of 4, where each group had 6 fictional patients to care for. EBL progressed to more in depth discussions of patient care, problem solving and management issues. For our EBL, essays and dissertations, we accessed articles on the internet and the resources board on our intranet. The use of the internet and intranet was extensive, and was used in order to exchange our research results and gain more knowledge. At the beginning of the 3rd year I changed over to the Degree course. I had a dissertation of 8000-10000 words to complete within units 7 and 8, instead of essays to write which was for the Diploma course.

My medical care placement was on Langley, Renal, and my surgical placement was on Coltishall. My last essay and placement were in unit 9. I had an 8 week placement of my own choice, where I chose Langley again. After this we had a 2 week placement, where we could choose to go anywhere in the world. I chose Brussels because my partner was living there at the time! I worked at the British School of Brussels. Other students chose wards on the N&N and a couple of my good friends chose Perth, Australia. We then had a week at University, and to finish off on a high, we had a fab graduation ball the Friday night! A few months later, I was very pleased to have received a 2:1 and a part time position as a Registered Nurse on Langley.

Alexandra Blaxell RN

Student Nurse Feb 2005 - Feb 2008 UEA

CHANGES TO MEMBERSHIP (since publication of 2009 journal)

NEW MEMBERS.

Mrs. V. Alston, nee Fayers 1948-51
Mrs. E.E. Basey, nee Johansson (Service)
Mrs. C. Brown, nee Snell (Service)
Mrs. Margaret Coomber, OBE nee Stevens (Service)
Mrs. L.E. Gibb, nee Prentice (Service)
Mrs. R.A. High, nee Kent 1958-61
Mrs. Denise Hodgkins, nee Render 1965-68
Mrs. M.S. Lusher, nee Gayton 1968-71
Miss S. Morgan (Service)
Miss Susan Olver 1965-68
Mrs. S. Pettit, nee Blowers (Service)
Mrs. P.J. Taylor, nee Downing 1960-64
Mrs. Christine Wafer, nee Burwood (Service)

NAME CHANGE

Mrs. E. Twigg, nee Daniels 1968-71

DECEASED MEMBERS.

Miss E M Allen 1948-51.
Mrs. V.M. Barker, nee Wood 1956-60
Mrs. B.M. Burt, nee King 1940-43
Mrs. D.M. Dalziel, nee Blake 1944-47
Mrs. B. Gray, nee Cooper 1945-48
Mrs. M. B. Harris, nee Boggis 1944 -47
Miss K.M. Lyon 1946
Mrs. D. McKean, nee Jarvis 1956-59
Miss D.M. Parker 1938-41
Mrs. G.M. Thorne, nee Todd 1938-41
Mrs. C. Webster, nee Bullivant 1942

If anyone has any information regarding Mrs. Janet Monk, nee Daly 1965, Mrs. I.P. Syperek, nee Turner 1943-47 (Canada) or Mrs. P. White, nee Turner 1949-52 (Australia), could you please let me know. I would also like to know of any changes of addresses so that I can keep the membership list up to date. A revised list will be published after the AGM and reunion, copies will be available from me for £2:00. Cheques made payable to The Norfolk and Norwich University Hospital Nurses League.

Many thanks.

Miss B.M. Lee, Membership Secretary,

119, Cambridge Street,
Norwich. NR2 2BD. Tel. No. 01603 622085.

OBITUARIES

Mrs Viola Barker nee Wood 1956-1960

Members will be sad to learn that Viola died December 3rd 2009.

Viola was involved in a horrific car accident at Minorca airport at the end of a holiday.

Viola and I attended Thorpe House School and Norwich City College before commencing Nurse Training at the Norfolk and Norwich Hospital in December 1956.

Viola met her husband Pat on the male orthopaedic ward (OB)

On completion of her SRN training Viola went to the National Orthopaedic Hospital, Stanmore, Middlesex.

Viola and Pat married on April 3rd 1961. She continued nursing as a senior Sister at Park Hospital Moggerhanger, Bedfordshire and was involved in many activities in her home village, Great Barford.

Viola and Pat had two children; Michael born 1962 and Jane born 1965 (deceased).

Pat LeGrice (nee Millar)

Mrs Dorothy Dalziel nee Blake 1944-47 (Written by her daughter)

On completion of her training, Dorothy moved to Cambridge to study Midwifery. Once qualified, she returned to Norwich and worked on the District for several years before her marriage in 1953 when she moved to the Wirral. She continued nursing for a couple of years before taking a break to have her family. A few years later, to fit around family life, she returned to work on Night Duty at Clatterbridge Hospital, where she spent many happy years on the High Dependency Wards before ending her career working as "Matron" of a small Nursing Home.

Dorothy came back to Norwich regularly to visit family and friends and had attended the Hospital reunions for many years up until 2006. These reunions enabled her to renew friendships with other members of her "set" in particular Rosemary Lee-Bliss and Betty Harris, whom she also met up with on other visits to Norwich and they enjoyed reminiscing about the fun they had whilst training and during the early part of their nursing careers!

Miss D.M. Parker 1938-41

Dorothy, known to her contemporaries as Dottie, will be remembered by many as Sister of King Edward Block at the old Norfolk and Norwich Hospital. Later she returned to midwifery until her retirement. Her last years were marred by increasing loss of sight, which she bore with cheerfulness and courage. Two Trustees attended a Requiem Mass for Dorothy who was in her 90's.

Betty Lee.

Beulah Gray nee Cooper 1945-48 (Written by her daughter.)

Beulah was born in Terrington St Clements, West Norfolk in 1926 and attended King's Lynn and West Norfolk High School.

Mum was born to be a nurse and knew it was her vocation from very early on. She began her training in 1945 at the N& N hospital and enjoyed it very much. She spoke of the years with great fondness.

Her nursing resulted in lifelong friendships, and I feel privileged to have met and known at least some of her Nursing friends.

She continued her training as a Midwife in London and went on to work in King's Lynn and in Jersey. She wanted to work with difficult deliveries and felt that after the occupation and malnutrition in the Channel Isles there were bound to be lots of problems but to her surprise didn't encounter any.

Mum went on to train as a Health Visitor in Leeds where she worked for 3 years and then came back to Norfolk to work as district Nurse, Midwife, Health Visitor and School Nurse.

In 1958 Beulah then decided to go to Australia to work in the outback but this did not happen as she met her husband in Sidney. They married in 1959 returning to this country a year after I was born. Sadly Dad died in 1972, an event from which Mum never recovered.

She continued to work as a Health Visitor until she retired in 1986 but as she said " once a nurse always a nurse" so worked on the Bank till her 65th birthday, then as a Marie Curie nurse till ill health took its toll.

Her interests were many and varied and she travelled widely. She was often called upon to give talks on many subjects and spoke at events from North Yorkshire to Suffolk and all points in between including Canada!

Beulah leaves a much-loved daughter and family and many friends. She died knowing she was greatly loved. She will be deeply missed.

Dorothy Mc Kean (nee Jarvis) 1932-2009

Dorothy will always be my senior

I first met Dorothy in the early sixties when I was in my third year of training at the N&N Hospital. Dorothy was a staff nurse on Ward 8 where I was working when I passed my finals. I became a junior Staff Nurse on Ward 8 under Dorothy with Sister Freeman as Ward Sister.

We became friends and when we finished our late shift would often frequent the "hotspots" such as the Bedford Jazz Club, the Jolly Butchers to hear "Black Anna" sing, and visit the Miramar coffee bar.

Dorothy left Norwich to work at Addenbrooke's as Ward Sister on the neurological ward. She married her husband "Mac" who was serving in the RAF, returning to Norwich to work part-time following the birth of her children Edward and Judith.

We lost touch until the 1990's, when I went to work at a nursing home and found Dorothy already working there. We socialised once more, in a more mundane way, visiting Fakenham market, Sheringham and Wroxham for example.

Dorothy sadly died in November at Priscilla Bacon Lodge.

Dorothy was an excellent nurse and a good friend. I shall miss her.

Jane Williams (nee Ward) 1958-62

Have you lost your badge?

Hospital Badges

The Nurses League Executive has come into possession of a number of Hospital Badges. Some of the badges were not collected by the persons to whom they were awarded others may have been returned from the laundry.

All the badges are engraved with the name and dates of training of the person to whom they were awarded and are, therefore, the property of the person named.

If your name is on the list below and you wish to claim the badge please contact: - Douglas Beattie, The Nurses League, c/o Janice Bradfield, Communications Dept. N&N University Hospital, Colney Lane, Norwich NR4 7RF.

The League must act responsibly in this matter and if you make a claim you will be expected to produce documentary evidence in support of your claim.

K. M. Fahey	1948	M. Newell	1966
M. Gibbs	1954	P. A. Bessey	1966
R. Holmes	1953	G. J. Brookes	1967
D. I. Crisp	1953	L. J. Wiltshire	1971
J. Mann	1963	J. A. Osbourne	1971
S. Spokes	1964	J.M. Kitchener	1973
V. A. Morris	1965		

General Nursing Council Badges.

The Nurses League has come into possession of a number of badges issued to Registered Nurses by the General Nursing Council. All the badges are engraved with the name of the person to whom they were awarded.

If your name is listed below and you wish to claim your badge please contact Douglas Beattie as for Hospital Badges.

Those wishing to make a claim will be expected to provide documentary evidence that they are the person named on the badge.

After an appropriate period the badges will be sent to the Nurses and Midwives Council for appropriate disposal.

J. L Winter	1956	C. J. Glen-Martin	1965
V. R. March	1957	M. R. Johnson	1966
M. E. McKeown	1963	M. A. Rupchand	1971
S. E. Goodwin	1963	J. A. Briggs	1972
E. A. Forbes	1965		



