Patient Participation Groups Newsletter

Incorporating the Friends of the Badgerswood and Forest Surgeries

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April 2022 Issue 41

As a patient, you are automatically invited to participate. Tell us how the practice can help you, and, if you can think of a way that you can make things better for everyone, medical staff and patients, please get in touch.

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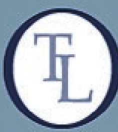

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Built amongst some of the original Quebec barrack buildings

The battle of Quebec in Canada was fought against the French in 1759, hence the name of the café

The café is a non-for-profit café supported by volunteers. All money made is re-invested into the café and the local community. All food is locally sourced and home made in the café kitchens.

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Chieftain House
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Bordon
GU35 0FP

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Sunday / Monday - Closed
Tuesday - 8.30am - 4.00pm
Wednesday -8.30am – 4.00pm
Thursday - 8:30am – 4.00pm
Friday - 8.30am – 4.00pm
Saturday -8.30am – 2pm

Bordon & Whitehill Voluntary Car Service

We are looking for more volunteer drivers, who use their own cars, to help run this service. With the enlargement of the town, we are receiving an increasing number of requests.

We also need coordinators to answer calls and arrange the trips with the drivers etc.

We take clients to local surgeries, hospital outpatients, dentists etc.

Please call us on the number below and our coordinator will explain all about our service. You can do as much as you like, there is no pressure to do any journey.

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We hold a coffee morning at 10.30 every Thursday at Headley Church Centre

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https://www.thehuntercentre.co.uk/

THE HUNTER CENTRE
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DEMENTIA

The Hunter Centre is a dementia day centre which supports those affected by dementia and their carers in Haslemere and the surrounding areas. It is now safely open and following government guidelines regarding COVID-19.

Marjorie Gray Hall,
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Haslemere GU27 2BW

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Chairman's report

First of all, I would like to begin this report by thanking all those involved in the vaccination process at Forest Surgery. Members of this group helped with admin, and we had wonderful car parking wardens out in all weathers! I have read about a further booster vaccination, but at present no details have been released.
The PPG (Patient Participation Group) is aware of the problems patients are encountering with the telephone system at Badgerswood and the surgery is taking steps to remedy this.
The PPG is determined to move with the times and to become more technological. To this end we will be looking to make more use of the website and hope to list more information onto it. You can read our newsletter on it too.
The sign in screen is now up and running but face masks are still in place as COVID has not disappeared and we should still be wary.
Thanks to a grant from Richard Millard, a Headley District Councillor and Leader of EHDC, a new magnifying lamp has been purchased to examine patients' skin problems in more detail.
The news from the health hub is that negotiations are ongoing, which were stalled during the Pandemic. (See Stop Press later in the newsletter)

Yvonne Parker Smith
Chairman PPG March 2022

THOMAS YOUNG June 1773 – 1829

It is sometimes in the strangest of places that I have the inspiration to write about someone. This time it was whilst watching Bargain Hunt on TV that I first heard the name Thomas Young.
I have condensed his biography, but I found it interesting and I do hope that you find it so too.
Thomas was born into a Quaker family, and was one of ten children.
He did not find school very stimulating, which he attended from the age of four years old. He then went to a boarding school for 18 months where he progressed at his own pace, which was indeed very fast. He studies many languages, optics, and Newtonian physics.

When he was thirteen years of age, Thomas became a tutor to a twelve year old boy. In 1792, he moved to London to study medicine. He enrolled at St Bartholomew's Hospital and after dissecting the eye of an ox and becoming interested in studying ophthalmology and published his theories in Observation on vision and was elected a fellow of the Royal Society, still only twenty one years of age.
Thomas continued his medical training, entering the University of Edinburgh also in 1794. As a Quaker, he could only obtain a degree from a Scottish University. He became an expert in anatomy, language and sound. He visited Germany and returned to England in 1797. He discovered that he could obtain a degree in England if he renounced the Quakers and became a member of the Church of England. He did not mind this as he enjoyed dancing and the theatre. Although enrolled on a medical course at Emmanuel College, he did not study medicine but worked on his own learning more physics.
The Cambridge men wrote of Thomas Young "he rarely gives an opinion and never volunteers one".
Thomas wrote more papers "On the mechanism of the eye" which measured astigmatism for the first time. Another paper sought to explain how the eye could detect colours
In 1803 he sought to build his own medical practice however although he was talented as a doctor, he had little bedside manner.
Another side to Thomas Young is that he understood Egyptian hieroglyphics. He was indeed a polymath!
For someone as talented as Thomas Young he received few honours. A part of his eulogy reads "The death of Young in his own country attracted little regard".

Yvonne Parker Smith
November 2021

Source MT MacTutoR

EHDC Grant Helps to save our Skin

Dr Sherrell and Yvonne Parker-Smith are joined by the rest of the committee, all with bigger smiles in this picture than in the picture in the local press.

On March 9th, 2022, PPG committee Chairman, Yvonne Parker-Smith presented a cheque for £500 to Dr Helen Sherrell which went towards buying a dermatoscope, which is used to detect skin conditions. The money was donated by Cllr Richard Millard, leader of The East Hampstead District Council, to Badgerswood and Forest Surgeries. He said, “I was happy to use some of my council grant to pay for this fabulous piece of kit. It will really help the doctors in their work and will be a great help to patients who might have to go to hospital to get minor skin blemishes examined properly.”

The PPG and the surgeries are very grateful for this donation.

Over the years, since 2010, the PPG has raised £28,000 to buy medical equipment for both surgeries through council grants, donations and events.

Well done Pinehill Surgery for gaining a CQC grading of GOOD.

An Appreciation of the Appreciation Hog Roast

On Sunday 3rd October, 2021, Badgerswood and Forest Surgery hosted an appreciation Hog Roast to thank all those who had helped with the vaccination programme during the tough time of the pandemic.

Below, Mayor Bisi Kennard, aka Queen Evelyn in 'Snow White and the One Dwarf' at the Phoenix Theatre, Bordon, (the other six were isolating – or perhaps they threw out Grumpy), is seen eyeing up the roast hog.

Then she made a rousing speech where she acknowledged the amazing generosity of spirit of the people of Headley and Whitehill and Bordon, who provided support for those in need during lockdown and those who supported the practice and helped out with the vaccination programme.

Dr Leung can be seen below presenting flowers to Barbara Symonds who spent many years fund raising for The Friends of Badgerswood and Forest Surgeries. We thank her and wish her well as she moves to her new home near Fleet.

Then there are a few more smiling faces to prove that a good time was had by all. Apologies if the cameras didn't catch you..

Thank you Badgerswood and Forest from all of us who attended.

Ted Wood (above) has raised £1500 for cancer research in a 10,000 steps a day challenge. He averaged 13,000 steps a day after two knee operations and at one point he had COVID. He now says he has ‘middle’ (not quite long) COVID. Congratulations Ted.

Well done Team!

These two amazing ladies, Alison Sutton and Emma Sharpe were awarded a plaque from Woolmer Forest Lions Club president, Joanne Wilson, for their good work related to the succesful COVID vaccination programme at Forest Surgery.
We hope they can enjoy some less fraught times now that the worst of the pandemic is over, although vaccination still carries on. The fourth vaccination programme for the over 75s and the vulnerable will begin at Forest Surgery on April 1st 2022

Dr Leung shows M.P. Damian Hinds around the new maternity hub which is under construction at Badgerswood.

STOP PRESS: The good news is that the Whitehill and Bordon health hub 'has passed another gate at the CQC' as Dr Leung says. The CQC have agreed to release funding to support the reprovision of GMS services from the Forest Surgery to the new town centre location to aid the development of the health hub.

For the Record

March/ April, 2022
Dear PPG
For the record, here we are, over two years since the global pandemic 'officially' hit us, and we're 'living with Covid', as they say. We've moved from not knowing many people with the virus to not knowing many people who have **not** had it. Some people have had it more than once. Thankfully, Omicron and its variants have proved to be less lethal and have acted as another vaccine helping us along the way to 'herd immunity'. Despite this, I am happy that masks are still worn in medical establishments and many of us feel safer wearing them in all crowded situations. Vaccination including a fourth jab, starting with the over 75 age group, continues at Forest. This suggests the pandemic is not completely over and if we are sensible, we should take care. In GU35 areas there were 51 cases in the last week, 53 people were admitted in the Royal Surrey and there were 9 deaths in East Hampshire

On the world stage total deaths so far are recorded by WHO as 6, 190, 349 with 500,186, 525 confirmed cases. In UK WHO have recorded 171,046 deaths and 21,715,120 confirmed cases

The following figures from the WHO website raise some interesting questions.

Americas 151,691,843 confirmed cases
2,711,779deaths
Europe 209,507,148 cases
1,964,786deaths
South-East Asia 57,506,064 cases
781,487deaths
Eastern Mediterranean: 21,653,390 cases
341,621deaths
Western Pacific 51,151,175 cases
219,313deaths
Africa 8,676,141 cases
171,350 deaths
Are the low numbers in Africa because the African population is generally younger and the diet and lifestyle are healthy? Are the high numbers in Europe and Africa because of ageing populations or overindulgence in ultra-processed foods and a more sedentary lifestyle in many cases?

Covid has been knocked off the top of the list of bad news items. Just as Brexit, Trumpism, Yemen, Lebanon and Syrian wars were bumped down the list by Covid, Afghanistan, the Ukrainian-Russian war, another refugee crisis, inflation and rising energy prices have replaced Covid as the main news, and are causing, arguably, even more fear and panic than the pandemic. We certainly sympathise with the Ukrainean people and count ourselves luckier than they are at this horrendous time.
However, this is Easter and traditionally the season of renewal and hope. At Badgerswood and Forest surgeries things are tough due to rapidly rising patient numbers, non-covid catch-up, staff illness and horrendous issues with the telephone system, which have not yet been solved, despite huge efforts. They are doing their best to look after your needs and ask for your understanding and patience. The whole NHS is under pressure, by all accounts, and many GP surgeries have had to close. One, in Wales has just opened three weeks ago, for the first time for two years.

Our committee members have been rethinking how we can improve communications between the surgery and the patients. Lockdown, with the increase in virtual connections by email, video calls, zoom and the website has made us think about moving away from a quarterly newsletter, towards encouraging people to refer to the website for information. The newsletter, which many of you have recently expressed a wish to continue with, will carry on for a while but once, the new website is up and running and easily accessible, information will be found there. There will also be a short newsletter which can be printed out and picked up at both surgeries or emailed to patients. This would be printed or emailed out whenever the surgery needs to send out an urgent update. As has been the case, if any patient would like to contribute an article to the newsletter, please get in touch.
Advertisers, we will come up with a plan when decisions are made about the future of the newsletter, which has been funded by your payments. Advertising on the website would perhaps be a possibility. We have been very grateful for your contributions.
Patients, you are all invited to participate, so please think about how you could help in any way.
Meantime, please take care of yourselves. We don't know what the pandemic might come up with, so it makes sense to carry on with hands, face, space and ventilation in crowded situations.
Stay safe but enjoy the summer.

Liz Goés – for the PPG committee

Badgerswood Surgery would like to apologise for the ongoing issues with our telephony (digital telephone) system.
We fully understand that this is a massive inconvenience to our patients and thank you for your continued understanding.
We have had engineers in, who unfortunately have been unable to locate the issue. Furthermore, we are in the process of upgrading our telephony system, however, we are still weeks away from it being operational. Our staff are trying their best to accommodate your needs. However, with an inadequate phone system and a massive increase in patient demand, we would appreciate your on-going patience.
The sign in screens are disabled as we move to a new appointments system, and we have the new ones on order as they are not compatible with the existing ones.

There is a lot of useful information on the following websites where you can get help.

bordondoctors.com bordondoctors.webgp.com - **to consult online from home**

https://healthgps.co.uk/gp/14811-badgerswood-surgery/

https://bordondoctors.com/clinics-and-services.aspx

The surgery will be communicating more and more via the websites, but we do understand that there are patients who would like to have a printed copy of the newsletter which has been produced quarterly since 2010.

We may also produce a short news bulletin, like this one, for you to pick up at the surgeries.

The History of our Medical Practice

Forest Surgery, Bordon and Badgerswood Surgery, Headley, Hampshire.

The history of the Practice can be traced back to at least **1916**, when Dr Crowther-Smith was a doctor in Stanford from 1916 until the 1950's.
Dr Sam Macilwain came to Bordon in the **1950's** as an assistant to Dr Crowther-Smith.
Dr Macilwain had the practice in Bordon, and he lived in Hogmoor Road in Whitehill. He wanted a purpose-built surgery which in those days was quite unusual, most GP's running the surgery in their own houses.

Park Street surgery 1970

He built it from his own funds, and it was a prefabricated timber framed building clad with cedar wood.
He practised here single handed. It had two consulting rooms, reception and a waiting room. The building was considered revolutionary and was reported in an article in the British Medical Journal.
Dr Michael Fiducia came to Lindford in **1953.** He designed his surgery himself and it was in Frensham Lane. It had 3 consulting rooms, reception and a pharmacy.
Sam Macilwain contacted him and as the patient numbers increased, they formed a partnership.
Dr Alan Dunkley joined them in about the mid **1960'**s. Initially Alan worked from both surgeries but later was based in Lindford.
Dr Alan Watts joined the practice in the **1960**'s and worked from the Park Street surgery.
Dr Fiducia died after a short illness in 1974 and was replaced by Dr Lionel Stretton.
Dr Macilwain retired in about **1974** and Dr Barnaby Green then joined the Park Street surgery. Then in **1976** Dr Green left and Dr Paul Beech joined in Park Street.

Dr Beech had expected a long period of stability as the partners were relatively young, looking forward to a Health centre that was proposed for Bordon, but this turned out to be on paper only as the EHDC had already planned something else on the allocated land.
In **1978** Dr Alan Watts died suddenly at home of a heart attack. Dr Brian Beare arrived after a few busy months, then Dr Stretton retired early in the same year.

The Lindford Surgery, Frensham Lane

In **1980** Dr Frank Williams-Thomas joined, working from Park Street and Drs Beech and Dunkley worked from Frensham Lane. Within about 7 months Dr Beare left.

This was a time of extremely hard and long working hours. The Rota was divided equally between the three of us, for several months until Dr Angela Walker joined us. The evening doctor on call took over at 6pm until 7am the next morning.
We each had a set day and worked as partners days and nights when one was on holiday. Only one partner could be away at a time.

We always worked the day that we were on that night and the day after being on. So once a month I would do Thursday 7am through to Monday at 6pm.
In those days we covered midwifery at a large house, called the Grange in Liss as well as home births. We handled any emergency, and I cannot remember an ambulance being at a house before me. Paramedics had not been thought about.

In 1980's we carried a bleep that alerted us that there was a possible visit. So, we either drove home or found a telephone box to call our wives for further details. Later mobile phones made life easier. Often in a weekend I would drive 200 miles just around the practice area.
Partners had to live within the practice area, so that we could get to emergencies quickly.

In 1980 Forest Road in Bordon was a sandy track, there was a fish and chip shop if you turn right at the top of Chalet Hill. The domed bookmakers building that is still there was a shoe shop.

The practice grew and we decided that larger premises were needed. The Forest Surgery, on the corner of Forest Road and Chalet Hill (now a veterinary practice) was developed. It had a large waiting room, 3 doctors' rooms, and a treatment room. We moved in there about **1981-2**. Dr Angela Walker replaced Brian Beare and worked with me there until she moved away and was replaced by Dr Geoffrey Boyes.

Dr Dunkley retired in **1987** and was replaced by Dr John Rose. The partnership Drs Paul Beech, Frank Williams-Thomas, Geoff Boyes and John Rose was stable thereafter until December 2001.

In about **1991** Forest Surgery bought their first computer system. This was the start of a massive change in ability to assess what was happening in the care of patients. Until then I kept cards in a box file for children's immunisations, and cervical smears. Just setting that up involved notes being gone through alphabetically, by hand.
But the arrival of the computer enabled the box file information to be put on and searched. However then came summarising all 2500 records of each doctor's patients which took many years, as well as putting that information on the computer.

In 1985 I was approached by the North Hampshire Health Authority to see if their idea of a Community hospital would be wanted. We met in a council house in Bordon and the process began. Land was given for the site provided it was to be used for a health facility.
Years of regular meetings followed planning the building, The Chase Hospital opened in about 1992. There was a 24 bedded ward, Xray, Outpatients, Physiotherapy, Age Concern Day centre, Occupational Therapy, with a small kitchen etc for assessing the ability for patients to go home. and offices for midwives and district nurses, and a small Chapel.
There were two Basingstoke hospital Nursing Sisters running the Ward. 16 beds were under the care of a Geriatrician from Basingstoke Hospital. Dr Pooler used to visit the ward once a week. The everyday cover was by myself and our Practice for out of hours.

We received patients from Basingstoke Hospital mainly, but also Guildford and Frimley Hospital. Most patients came to us to complete investigations and to allow them to have Physiotherapy and Occupational Therapy until they were fit to go home.
This allowed much easier visiting for relatives and the hospital was very highly valued by the local community.
We also gave end of life care along with our District Nurses who were attached to our practice, and the MacMillan service working from Midhurst.

There were also 8 GP beds. These were used by all practices in Bordon and GPs from outlying areas could ask our practice if we could look after one of their patients on the ward.

Soon after I retired the Primary Care Team that worked well in enabling all that was happening in Bordon, was changed and a new group called the Community Commissioning Group (CCG) was formed. This was set up so that local people decided on where health facilities were to be.
However, the representation for Bordon was very limited and it mostly comprised of people who lived out of our area.

The CCG opinion was that care should be given in the community in people's homes, and not at the Chase ward. Their chairman said that community hospitals were old fashioned. The rumour soon spread, and nurses were enticed to leave the ward and work in new jobs in the community, rather than lose their jobs if the ward closed.
This slowly ran down the ward and the consultant beds stopped being used and finally, despite a petition of 3000 signatures collected by the League of Friends in two weeks to keep the ward, it closed.

Badgerswood Surgery

Going back in time to the early **1990's** with the growth of housing estates in Lindford we decided that new premises were needed as the car park was too small and there was no room for expansion. This reason for moving the surgeries has been common to each time we moved. Park Street to Forest surgery, Lindford to Headley, Forest Surgery to next to the Chase.

We took quite a long time to find the site in Headley. This site of course was highly advantageous to us as it had enough land to future-proof it for decades to come in terms of expandability of parking and surgery buildings. The beautiful grounds also enhanced the working environment. We moved into the surgery in 1995. We opened the pharmacy and extended the property in 2008/2009.

Dr John Rose while working at Lindford surgery raised money for an Ultrasound machine and started screening older age groups for Aortic Aneurysms. The use of the machine was of great help in diagnosis and continued at Badgerswood until 2013 when he retired.

In August 2001 the new Forest Surgery was opened near to the hospital. The old surgery was becoming too small with no room for expansion.
I retired after 3 months there.
I was replaced by Dr Charles Walters.

Dr Paul Beech retired in 2005 having been in the practice since 1976.
Dr John Rose left the practice in 2013 after 27 years, and has worked at several Farnham Practices, and more recently as a hospital doctor during the Covid pandemic, then as Clinical Lead at the Farnham vaccination centre.
Dr Geoff Boyes retired in in 2014, to join a practice in Skye.

Out of hours work started to change in the middle of the 1990's. The old way was changing and fortunately for the better. Younger doctors wanted to have a life with their families and wives did not want to be tied to answering the telephone whenever the GP was out.
We had all worked over 70 hours per week prior to these welcome changes.
GP co-operatives were set up to alleviate these terrible strains. These were made up of local GP's and there were base surgeries in our area at the Chase hospital in the evenings and weekends, and Bank holidays.
We also had a car with a driver and GP doing visits. A machine in the car took the details of visits for the doctor. Each shift would I think be about 4 hours for a base surgery and 6-7 hours in the car.
Up until about this time a GP employing a locum was held responsible for his locum's mistakes and this was hard if something should happen if you were on holiday. So, we rarely employed them.
Nowadays each doctor is responsible for anything he does.

This is as far as I can relate the history of the practice. I have written this because a write up was printed in this newsletter about our history, ten years ago, and it was reproduced in the last newsletter. The Lindford surgery was described as being primitive.
I strongly disagree with this opinion. I have described a little about it. Looking back the Park Street surgery nowadays would be described as primitive. But at the time it was regarded as excellent.

General practice has evolved over the years. My uncle was a GP in Coseley, near Wolverhampton in the 1950's and 1960's and his surgery was in his house.
It must be realised that ways of working and living change and evolve. Very possibly General Practice will be quite different in even the next ten years. It's possible that in its present form it will become extinct. But a practice such as ours, where each doctor had his own list of patients gave our patients the same doctor for up to 30 years, or more, and enabled the doctor to know different generations of the same families. They always knew we were there for them on the end of the telephone through whatever the weather or the time of day. Many a night we had to scrape the ice off the car windows before setting off to find our patient.
I well remember visiting in Lindford at 3am on the night of the great storm of 1987.

In 1980 there were no maps of the area except ones we could get from local estate agents, and these were quickly out of date as the town grew.
So, to find a visit in the dark we asked for all lights to be on, or a tea towel hung on the gate, and often for someone to meet us by a main road. The main challenge and cause of stress was finding the patient.

I hope this gives some idea of the history of our practice and hope it will continue for many years.
Dr Frank H. Williams-Thomas

Thank you, Dr. It was a very different life for a GP in those days, to be much admired.

Medical and Surgical Developments as a result of Conflict

Innovations in the Treatment of Wounds

Introduction

This is another article looking at how the demands of treating large numbers of casualties wounded in battle led to discoveries and practices that benefit medical and surgical treatments in civilian life to this day.
The previous article in this series (October 2021 newsletter) described how the process of triage or sorting of casualties, facilitated early treatment of battle injuries and increased survival rates. This meant that wounded combatants who would previously have died on the battlefield stayed alive long enough for their wounds to be treated. This larger pool of men with different types of wounds increased understanding about optimal wound management and led to innovations in this field.

Surgical management of wounds

From the earliest battles through to the current day, there have been changes in the types of wounds needing treatment as the weapons-of-choice have changed. In some of the earliest battles, such as the Trojan Wars, arrow wounds were among the most common. Homer's Iliad recounts examples of these being treated by cutting the arrow out from the soft tissue with a knife and washing the wound out with water. Encounters with battle wounds led Hippocrates (460-375 BCE) - one of the forefathers of modern medicine – to record innovative treatments he'd discovered, some of which are still used. These included insertion of tubes to drain blood and fluid from the chest, holding broken bones in place by means of nails inserted from the outside of the limb into the bone (external fixation) and pulling the overlapping ends of broken bones apart (traction) to put them into a position where they can join together and heal naturally. However, an erroneous observation which misled many doctors for a long time afterwards, was his belief that the formation of pus in wounds was a good thing. One of his ancient Greek successors, Galen (130-220 CE), went so far as to name this phenomenon as 'laudable pus' i.e. something to be recommended, as he felt that wounds which formed pus healed quicker than others. (We now see the formation of pus as a sign of infection, which slows down healing and is not at all desirable!).

Healing by primary and secondary intention

Another lesson learned in war was regarding the timing of wound closure. It might seem best to stitch a wound closed as soon as possible to keep bacteria and other contaminants out. This is known as causing healing by primary intention and ideal for clean wounds with firm edges that can be easily brought together e.g. closure of the initial incision in modern surgical procedures performed under sterile conditions. But battle wounds often have jagged, open edges with missing tissue, so they cannot easily be brought together. There is also often a high chance of contamination e.g. by bits of clothing, dirt or shrapnel and bacteria, all making conditions perfect for infection. As a result, before the advent of antibiotics and antiseptics, battle wounds often became infected. Such wounds stitched together too soon would inevitably not heal as the early closure prevented drainage of pus and fluid, which would prevent healthy tissue forming to close the wound inside. Increasing infection and build-up of pressure inside the wound would lead to it bursting open, causing more tissue destruction than originally present. So during the First World War, battle physicians realised that sometimes it was better to leave the wound open to drain and cleanse itself, only dressing it regularly to keep out additional contamination. This methods allows healing from the base of the wound upwards, known as healing by secondary intention. During the First World War this practice substantially reduced the

need for amputation of limbs that had become severely infected from wounds. This practice is still recognised and used today in civilian life, for example in wounds such as ulcers, which lead to loss of tissue. Experience of seeing and treating many wounds enabled military surgeons to refine the technique over the years. They became able to differentiate by sight those wounds which were clean, uncontaminated and contained healthy tissue, which could be closed straight away, from the contaminated, jagged wounds which were better covered by dressings and allowed to drain before being closed later.

Preventing infection

By the 16th century, infection was recognised as problematic and was frequently seen due to the development of guns. Because bullets cause significant destruction of soft tissues, gunshot wounds often became infected. The existence of bacteria was not yet discovered so the doctors of the day blamed 'poisons' in gunpowder (which ignites to fire the bullet) as the cause of infection. Unfortunately, in this era before antiseptics and antibiotics, they chose to overcome these poisons by sterilising the wound with boiling oil. However, in the serendipitous way that many medical discoveries have been made, a less severe alternative was found. The French surgeon Ambrose Paré (1510-1590) ran out of boiling oil during the siege of Turin in 1536 and instead used a combination of egg yolk, rose oil and turpentine and he was pleasantly surprised to find that it reduced wound inflammation and – perhaps **not** so surprisingly – was more comfortable to patients than boiling oil!

Antiseptics and antibiotics

Even after the discovery of bacteria the ability to destroy them with the kind of antibiotics we know today, was still many years away. But during warfare there was experimentation with substances thought to help reduce the risk of infection in wounds. One was called Dakin's solution (a mixture of diluted sodium hypochlorite and boric acid) which was infused into wounds.

Dakin's solution infused via a tube into the leg of an American soldier wounded in World War I (Otis Historical Archives, National Museum of Health and Medicine, Armed Forces Institute of Pathology, Washington, DC.).

Another substance used to decontaminate wounds was sulfanilamide (or 'sulfa') powder which was sprinkled into the wounds. Sulfanilamide is a derivative of Prontosil, which was a very early synthetic antibiotic developed by a chemical company in Germany. While it appeared effective against the bacteria which commonly infect wounds, it was not soluble in water hence it was used as a powder. The improved wound healing which it *appeared* to bring about probably had more to do with the practices of thorough wound cleaning and delayed closure, which were used at the same time. But for a while sulfa powder was so popular that it was issued to soldiers in sachets in First Aid kits. Unfortunately though, rather than being sprinkled into wounds, it tended to be dumped as a lump which was counter-productive, especially in wounds which hadn't been cleaned properly. But for a while it was widely used, also being used to coat bandages.

The Carlisle kit was a bandage packaged in a pouch carried by all soldiers on their belt. The bandage was coated with sulfanilamide
(The National Liberation Museum, Netherlands)

Penicillin

Sir Alexander Fleming was among a group of British researchers based in camps in France during the First World War. In looking for means of combatting bacteria (by vaccination at the time) they discovered that there were many different types of bacteria and Fleming went on to research the different types and their characteristics when he returned to St Mary's hospital in London after the war. It was while working on this research in 1928 that he accidentally discovered an antibacterial substance, which he called 'penicillin' because it had been produced by a species of fungus known as *Penicillium*. The antibacterial substance was produced by a fungus contaminating one of his culture plates of bacteria but the specific identity of the substance which killed the bacteria, was unknown. It took a long time before this substance was identified, purified and able to be produced in sufficient quantities to be as universally used as it is now. It took the demands of the Second World War to provide the impetus to put sufficient resource behind its development as a widely-available medicine and it was an American pharmaceutical company (Merck in 1942) who first patented the drug.

Advertisement to World War II servicemen, c.1944

More destructive weapons

Further development of guns led to bullets which travelled at higher speed and penetrated further through soft tissue, striking the body with such force that bones were shattered. Surgeons of the time did not know how to manage these type of injuries and they became associated with high mortality.

Limiting blood loss

A previous article in this series (July 2021 newsletter) described the development of strategies to reduce blood loss from battle wounds. But it is worth mentioning that through battlefield experiences, the practice of tying off bleeding blood vessels (ligaturing) came to replace the use of tourniquets (tight bands that stop blood flow from the heart to a limb) to some extent. Not only did ligaturing prevent death from excessive blood loss, but it also facilitated amputations of badly injured and/or infected limbs. Before ligaturing, the practice of cauterising – applying a red hot iron to the tissue to seal the blood vessels – was often used, but in itself caused significant tissue destruction. Ligaturing meant that amputation was less hazardous and also made it possible in parts involving large arteries such as in

the thigh. The practice of ligaturing was a major innovation which has survived and is a principle still used in surgery today.
It is also worth mentioning that many of the innovative haemostatic dressings which stop bleeding from traumatic injuries, were developed and significantly trialled on modern battlefields such as in Iraq and Afghanistan. Some contain substances which trigger the natural sequence of events in the body which lead to clotting, while others contain substances that seal tissues, or cause blood cells to clump together or blood vessels to constrict.

Sources

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- The National War Museum, New Orleans, USA. Medical Innovations: Antibiotics. April 2020. Available at: https://www.nationalww2museum.org/medical-innovations-antibiotics
- Smith AH, Laird C, Porter K, et al. Haemostatic dressings in prehospital care. Emergency Medicine Journal 2013;30:784-789. Abstract available at: https://emj.bmj.com/content/30/10/784

Researched and written by Marcia Hammond

A GP surgery is often at the centre of a community. We have two surgeries each at the centre of two equally vibrant but very different communities. We hope to get involved with activities which include local people, perhaps in projects which can help the surgeries, which may involve fund-raising and of course, now that COVID restrictions have been lifted we can organise an AGM in the near future.

Please remember our Local Heroes who continue to help those who find themselves in reduced circumstances due to the pandemic, and now, inflation and the rapidly rising costs of food and energy.

Please, if you can, volunteer to help and keep on donating to the Food Banks at the Bordon Forest Centre and the Headley Down Community Church.

Their work is very much appreciated, and they are extremely grateful for your generous donations.

Exercise classes for health/fitness at The Phoenix

Hi Liz,
Further to our chat about how The Phoenix can help health/fitness for the local community, here is what I emailed to Dr Mallik.

Chairobics - Seated exercise followed by tea/coffee, supporting people with mobility/health issues and people who have been socially isolated during the pandemic. Whitehill Village Hall, Tuesdays 2 -3pm, currently free, £2 if community transport is required. Contact Val Bywater at val@bywater.org.uk or Phoenix Dance Officer Elizabeth Blake at ebchoreo@hotmail.com

Dance to Fitness - Mon 6.30 - 7.30pm £5 Dance Exercise class. Suitable for mobile people who want to improve their fitness.

Dance Picnic - Tues 10am- 11am and 11.30am - 12.30pm. Low impact dance exercise suitable for mature people.
Both these classes are currently full, but it may be possible to organise an extra class.

Music and Movement for people living with dementia/adults with learning difficulties/disabilities - These classes were paused due to the pandemic, but we are keen to re-start them. We don't receive funding for these classes so would need enough participants to cover our costs (i.e. practitioner fee and space hire.)

Hope this helps,
Liz x - (Elizabeth Blake, excellent dance teacher. For more information, ring 01420 472664)

Practice Details

	Badgerswood Surgery	Forest Surgery
Address	**Badgerswood Surgery** Mill Lane Headley Bordon GU35 8LH	**Forest Surgery** 60 Forest Road Bordon Hampshire GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	www.headleydoctors.com	www.bordondoctors.com

G.P. s	**Badgerswood**	**Forest**
	Dr Anthony Leung	Dr Farhan Mallick
	Dr Ian Gregson	Dr Jo Hobbs
	Dr Helen Sherrell	Dr Mike Pollard
	Dr Susie Cooper	Dr Laura Clark
	Dr Piers McGregor-Wood	Dr Samantha Atherton
		Dr Sarah Thomas
Clinical Support staff	Sharmin Ullah	
	Karen Mason	

Practice Team		
	Practice Manager	Sue Hazeldine
	Deputy Practice Manager	Paula Hazell
	Office Manager	Emma Sharpe
	1 nurse practitioner	
	4 practice nurses	
	2 health care assistants (HCAs)	

Opening hours	Badgerswood	Forest
Mon	8 – 7.30	8.30 – 7.30
Tues/Wed/Thurs/Fri	8 – 6.30	8.30 – 6.30
Sat	8.30–11.30 (some)	8.30 – 11.30

Out-of-hours cover **Call 111**

Committee of the PPG

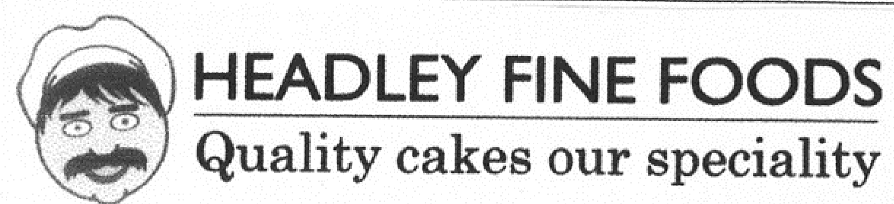
Chairman	Yvonne Parker-Smith
Vice Chairman	Sue Hazeldine
Secretary	Liz Goes
Treasurer	Ian Harper
Committee	Carole Humphries
	Ted Wood
	David Pennell
	Jacqueline Udy

Contact Details yvonne-parkersmith@gmail.com

Looking for a venue for your function or group activity?
Lindford Village Hall
offers

- a large, light Main Hall with semi-sprung wood-block floor;
- a Committee Room ideal for small meetings: and
- a fully equipped kitchen.

Contact the Clerk 01420 475788 or email admin@lindfordpc.co.uk



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Tina Wareham : 01428 717784

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Charlotte Pragnell
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For more information contact Charlotte on 07837 844727
to discuss further or book an appointment

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Sat 0900 - 12 noon

Tel: 01428 717593

The pharmacy at Badgerswood Surgery

Chase Pharmacy

Opening hours

Mon – Fri 0900 – 1800

Tel: 01420 477714

The pharmacy at Forest Surgery, adjacent to Chase Hospital

Both pharmacies are open to all customers
for
Prescription Dispensary
Over-the-counter medicines
Chemist shop
Resident pharmacist
Lipotrim weight-management Service

You don't need to be a patient of Badgerswood or Forest Surgery to use either pharmacy

We are now communicating with the patients through the GP practice website. Please tell us if you know anyone who is unable to access the internet.