



# When I was a lad

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Memories of a TB patient

by Allen Jones

*This is a true story written by Allen Jones about his fight in the mid 1940s against tuberculosis which once claimed the lives of many young people.*

*His book recounts his determination to recover and return to his family after two periods in Black Notley Hospital, near Braintree, Essex where he spent a total of three and a half years.*

*Cover photograph:  
Teacher Miss Howard giving a music lesson.*

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*The book was edited by Chris Dell from the original text and photographs provided by Allen Jones. Chris is another former patient from the hospital and author of his memoirs in the publication Black Notley Blues.*

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## Preface

Black Notley Hospital was opened in 1900 equipped with just eight beds and a horse-drawn ambulance. The purpose was to isolate and treat patients suffering from contagious diseases such as smallpox, diphtheria, scarlet fever, cholera, typhoid and tuberculosis.

In 1912 plans were prepared to extend the facility into a sanatorium which opened in 1930 with 160 beds increasing to 300 by 1937. The next decade saw the hospital expanded to include 19 wards, an operating theatre, an X-ray department, a nurses' home and other facilities spread over 20 acres. The theatre had three operating tables allowing simultaneous operations to be carried out in the same room.

During World War II the hospital treated casualties from air raids, foreign refugees, evacuees, civil defence workers and military personnel from the international fighting services.

By the early 1960s the incidence of tuberculosis more or less ceased so the sanatorium wards were used to treat other conditions such as cerebral palsy and orthopaedic work.

In the 1990s the hospital began to be phased out when patients and staff were transferred to Broomfield and Colchester hospitals. In 1998 and after a century of honourable service, Black Notley Hospital finally surrendered to a housing estate while retaining its delightful open areas of lawns and trees.



*Aerial photograph of Black Notley Hospital.*

## Enjoying life as a boy

I was born in Edmonton North London on 17th September 1934 and as far as I can remember led a normal life there with my mother, father and my sister Ruth who was born in November 1935. At the age of five when World War II broke out my sister and I were evacuated to Holland-on-Sea in Essex. Mum and dad stayed in London but began looking for a house in Essex so we could be together again as soon as possible.

During this time Ruth and I attended an infant's school in Holland-on-Sea while living in a bungalow with an elderly couple. In common with other children at school we managed to become infested with head lice and I still have vivid memories of the terrible itching and having a fine-toothed metal comb pulled through my hair and daily shampoos until the lice were completely gone. There was a stigma attached to having head lice; everyone thought we were dirty but they say that lice only live in clean hair.

We were well looked after by our temporary parents and I have fond memories of playing in the fields and picking blackberries for jam making. Ruth and I each had our own small pots of jam at tea time which was a luxury during the war. After about a year mum and dad found a house in Little Clacton, a village about three and a half miles inland from Clacton-on-Sea and some five miles from Holland-on-Sea. We stayed there for a while but soon moved to another larger house in a different part of the village.

The war was still raging and I clearly remember my dad standing at the front door during the air raids watching the doodlebugs fly over on their way to London while we sheltered under the dining room table with mum. By this time it was July 1941 and my brother Roy was born. Ruth and I had started at our new school in the village and we were all settling down in our new home.

The school was only a short walk across the playing field beside the village hall just opposite our house. When the lessons at school were interrupted by the air raid siren, we all lined up alongside the teacher who told us to hurry to the shelter but not run. Going to the shelter caused great excitement as it meant we could see the soldiers stationed on the school playing field with their 'Bofors' anti aircraft gun and searchlight. Can you imagine what it was like for boys of about seven years of age to see up close those soldiers and their gun? We did of course continue with our lessons in the air raid shelter while sitting on wooden forms. I also remember watching and hearing aircraft dog fights with the white vapour trails making all sorts of patterns in the clear blue sky.

One of our favourite pastimes during school playtimes was catching small newts along the hedges around the school field where they would bask in the sun, but we always put them back when it was time to return to the classroom.

Time went by and we all were growing up. Our house had a very long garden with an orchard at the end with apple, pear and Victoria plum trees. Beyond the garden were the corn fields where, during the war, the Land Army girls gathered the harvest in the summer and ploughed the fields in the winter.

During the harvest time we enjoyed playing in the fields and had rides on the trailers. We also helped the Land Girls as they cut and baled the corn to make haystacks with the bales. I recall driving the tractor at age nine while the Land Girls loaded the trailers. The tractors were very simple with only one pedal – push it down with your foot to go and lift your foot to stop. I spent many happy hours out in the fields in what seemed to be perpetual sunshine. During the harvest we tried to catch rabbits by darting out of the corn as it was being cut but we never caught any.

As with all villages there were farms all around us and when not at school I spent many hours on one particular farm, known then as Carter's Farm. Our milk came directly from Carter's Farm where they milked their own cows and bottled the milk for sale. Milk was also sold by the jug directly from the churn. I tried milking a cow with some success and at times I also tasted the milk directly from the cow.

At the weekends I looked forward to going out on the milk round in the pony and trap with the farmer, delivering the milk and sometimes driving the pony and trap myself. I also remember helping on the farm after school, feeding the cattle but being told to keep away from the shed where the bull had his pen.

## **First period in Black Notley Hospital**

For me these were idyllic times without a care in the world until about 1944 when I started having pains in my right hip. I saw the doctor who referred me to a hospital specialist in early 1945 where I was diagnosed with TB arthritis. My parents were told I will be admitted to a tuberculosis sanatorium at Black Notley, near Braintree in Essex.

Very soon an ambulance arrived to take me to hospital where I was confined to bed, unable to walk due to the pain in my hip. All I remember about the journey to hospital was looking out at the scenery passing by through the brown windows that all ambulances had in those days.

My first period in hospital is still a little vague – being confined to bed after such an active life came as a huge shock. It was 1945 and the war was nearing its end. In the distance I could see the American bombers coming in to land at the nearby Wethersfield US airfield and watched the Thunderbolt fighters flying overhead. We boys on the ward drew pictures of the Thunderbolt – an easy shape to draw. We often had visits from the airmen in the evenings when they brought us sweets, biscuits and chewing gum.

From what I can recall, the treatment I was given was limited to fresh air and bed rest along with various injections, X-rays and blood tests.

I was admitted to Ward 7, a children's ward with boys and girls about my own age. At the other end of the ward were younger children, even babies in cots. The older children had to continue their education so a teacher arrived every weekday to give us lessons.

The doctor in charge was Mr Wilkinson, a big man with an air of authority. We were all rather in awe of him and full of respect for the skills he employed to treat his patients. I will say more about the doctors and nursing staff later.



*Surgeons Mr Wilkinson and Mr Dunn.*

My treatment continued for nearly a year and when the pain finally subsided I was ready to go home. While I was in hospital my family had moved to Clacton-on-Sea where my parents had taken on a boarding house, so when discharged I returned to a new home and a new school.

## **Good to be home but for how long?**

Now aged eleven I joined the First Clacton Wolf Cubs attending regular weekly meetings and enjoying camping activities during the summer with the pack. When a little older I moved upwards to the Boy Scouts and continued my camping holidays. I remember one camping trip when six or seven of us slept on the ground inside a bell tent. These tents were tall and circular and we were spaced around the inside wall of the tent with our feet pointing towards the centre. After a couple of nights, two of us could rough it no longer so we packed up our things, jumped on our bikes and cycled home. Fortunately the camp site was only about six miles from home on that occasion.

Each year during the traditional Bob-a-Job week we all played our part to earn money for the group by doing jobs such as sweeping paths or gardening. Gardening was something I had always enjoyed at school and when older I earned pocket money by offering my services to households in the area. Competition was tough within the scout group to see which of us could earn the most money during Bob-a-Job week. (Before decimalisation, a bob was common slang for one shilling; the equivalent of five pence.)

At the time we had to be at least thirteen years old before we could work legally to earn ourselves any pocket money. Most of my older school friends, having confirmed their age at the paper shop, could work legally delivering newspapers. However I was only eleven and therefore excluded. So without declaring my age, I offered to help summer holiday makers carrying their luggage from Clacton Railway Station. To transport the luggage my dad made a barrow which was really a box on wheels with long shaft like handles. Several of us boys and girls met the trains from London and asked the passengers if we could carry their luggage, usually two or three cases, to their hotel or boarding house. Very few holiday makers could afford a taxi so we did a roaring trade, being rewarded with two bob (10p) or half a crown (12½p) each trip we made. To earn two or three pounds over the weekend was a fortune for us. However this work was seasonal so when nearly twelve I applied to WH Smiths for a paper round declaring I was thirteen, and got the job.

The big attraction in working for WH Smiths was the loan of a red bicycle complete with pannier bags for the paper round. Although paper boys were only allowed to use the bikes when delivering papers, the fact that we were mobile made us the envy of those without a bike. Working at WH Smiths meant getting up at 6:00am to get to the shop and sort out our own papers. We were given a sheet from which we organised our rounds ensuring that the papers had the road names and house numbers written on them and that the correct magazines were inside.

Once done it was on our bikes and off on the delivery round. In addition to the morning round some of us also did an evening round which was usually not as long. Paper rounds normally covered quite a large area and mine took me three to four miles away from the shop – it could not be covered on foot.

## **Second time in Black Notley Hospital**

When twelve I was alarmed when my right hip started to hurt again so I returned to the doctor who arranged an appointment to have an X-ray at the Clacton Hospital. At a follow-up visit to the doctor with my parents we were told that full blown tuberculosis in the hip joint was diagnosed by the consultant. After a couple of weeks at home an ambulance arrived and returned me to Black Notley Hospital. On admission the doctor told my parents not to expect me home quite so soon this time. As it transpired, this second visit lasted for two and a half years.

In great pain I was admitted to the same ward I had left two years previously. After being examined my leg was put in traction – standard procedure for TB of the hip joint. This involved having the leg shaved then a rubber-like solution painted over it. A white stocking was then pulled on resembling meat cloth used to cover carcasses in a butcher's shop. A second layer of rubber solution was applied and a second stocking pulled on which had two tie cords at the end. Once the rubber solution had dried, my foot was secured into a square wooden boot with slots in the bottom through which the ties of the second stocking were passed and tied up, thus securing the boot tightly to my foot. On the outside of the boot was a metal hook to which a length of cord was attached. Lead weights were tied to the cord and supported on a wooden frame bolted to the bed. The cord ran over a pulley on the frame to enable my leg to move up and down the bed. This device pulled the hip joint apart and helped relieve the pain.

As well as having my right leg in traction, my good left leg had to be tied down. This was achieved with a device known as a Long Liston Splint consisting of a length of padded wood about three inches wide and an inch thick. It went from under my armpit down to the foot of the bed. The Long Liston Splint had a series of holes (to allow for different leg lengths) in the side at the bottom end onto which an upright piece of padded wood was bolted. My good foot rested against this upright and secured by two straps, one around the ankle and one just above the knee.

I was then encased within a canvas jacket; first by opening it flat on the bed under my back then by pulling it around my chest and securing it against the Liston Splint to the side of my body with the splint inside the jacket. The jacket was fastened with straps at the front across my chest. From the shoulder area, tapes ran to the top of the bed where they were secured to straps with buckles fixed to the wooden fracture board under the mattress. Straps also continued from the bottom of the jacket to the end of the bed where they were secured in the same way as at the top of the bed. The object of this was to keep me still and lying flat until the doctor considered me ready for a hip operation.



*Allen with a staff nurse after an operation.*

Pyjamas were of course out of the question. With both legs tied down and upper body in a strap jacket I couldn't wear them. Instead all patients with a similar condition had to wear a night-shirt. These were long vests with short sleeves and a slit opening at the back. Sometimes when we were outside and it was a little cold we wore a woollen jumper over the top of our shirts.

I was restrained in this uncomfortable position for fifteen months. Once the pain from my hip eventually eased I loosened the straps that constrained my good leg before going to sleep but I had to fasten the straps in the morning before the day nurses came on duty. However I left the ankle straps loose enough to enable me to slip my foot out once the nurses had made up the bed. I thought I wouldn't be caught with the straps undone but the nurses weren't silly, they knew I had undone them. The nurses often asked if I had loosened the straps – of course I denied this but they still tightened them up again.

I had to get used to sleeping on my back because with my bad leg in traction I couldn't turn over. However I alleviated things a little by undoing the strap jacket at night allowing a little more freedom in bed but again I had to make sure I tightened it up again before the day nurses came on duty. I am pretty sure the nurses knew I had removed the strap jackets at night, but the ward sister was the one I had to look out for!

There were other young patients on my mixed ward who had TB of the hip, knee and even spinal cases. The spinal patients were encased in a plaster boat made from taking a cast of the patient's back in gypsum (Plaster of Paris) and when set, supporting it on a wooden frame. The patient reclined in the padded plaster boat for about fifteen months perched about twelve inches off the bed to allow toileting. I remember patients, after an operation, having to lay face down for several months in a plaster boat to allow wounds to heal. In this position toileting was quite a performance – nurses turned the patient over and waited while the deed was done. There was no room for shyness in those days!

We all looked forward to our operation because it meant we could soon get out of bed and start walking again – in many cases, learning to walk again. Anyone who has been confined to a hospital bed just for a few weeks cannot imagine what it's like to try walking again after almost two years in bed – even standing up gives the environment a new perspective.

## **Schooling must continue**

When fit enough and receptive to learning, the school age children were given lessons by Miss Howard, a qualified school teacher. When our beds were moved outside in fine weather, she erected a large blackboard and easel on the six foot wide stretch of gravel that ran along the full length of the ward between the edge of the veranda and the start of the lawns. As the ward was very long she was unable to teach us all at the same time so she moved along the ward teaching a section at a time. During those manoeuvres, those of us outside her vision were given things to do until she returned.

For music lessons a piano was pushed from the day room and along the veranda to the music class for the day. We all knew when to expect a music lesson because we could hear the rumble of the piano being pushed along the veranda. Once the piano was in place we were handed percussion instruments including tambourines, cymbals and triangles. Miss Howard played the piano while we sang and accompanied her on the various percussion instruments. We always enjoyed singing, even out of school time.



*Children having music lessons with Miss Howard, our school teacher.*

I recognised Miss Howard as the same teacher I had when previously admitted to the hospital – I also remember we often gave her a pretty hard time. There were occasions when we felt too ill for school work in which case Miss Howard checked with the ward sister. If confirmed unwell we were excused the lesson but if the sister said we were ‘swinging the lead’ then we had to join in, but sometimes we didn’t. We knew we couldn’t be punished by keeping us in after school because we were going nowhere anyway, so that was pretty much an empty threat.

Sometimes we were excused school work when unable to focus on the lessons due to having injections for various reasons or preparing for a minor or major operation.

Miss Howard was also a Brown Owl, the female equivalent of a scout master. As I still belonged to the First Clacton-on-Sea scout group I asked the ward sister if we could start up a group on the ward, to which she agreed. All the five members of our scout group had chevrons and badges sewn onto our pyjama tops. We met once a week in the day room. Despite being confined to bed we tried to carry on scouting as best we could by learning our knots and generally enjoyed the meetings.

Our ward had a radio which was controlled from the office by the sister. One Sunday morning towards the end of 1948 Charlie Chester, a well known comedian and radio personality, mentioned my name on his show. He said my gran had sent her love and I will receive a very big surprise in the near future. This surprise turned out to be a special award from the scouts, but more of this later.

Our school terms coincided with the external school schedules and we always looked forward to the holidays. However during the holidays we often felt bored with having little to do – at least our school lessons gave us something to occupy the long days.

The days went slowly by. Although World War II was over there were still a lot of Americans on the airfields near the hospital. Their evening and weekend visits continued, bringing us tea chests full of sweets, biscuits and chewing gum much to the annoyance of the duty night nurse who we considered a bit of a tyrant.

Her name was Spencer – she was very short, perhaps only four feet tall and walked very quickly. I must admit we tormented her by pressing the alarm bell to request a bottle or bedpan then tell her we no longer wanted it. Our pet name for her was ‘Sprog’ – I cannot remember why. Despite our teasing she was very patient and I now realise she looked after us very well. In hindsight we were more mischievous than cruel and I now wonder if our pranks helped to keep us mentally stable during those long years of confinement.

## Cleanliness and ablutions

It was crucial to our wellbeing and recovery that personal hygiene and cleanliness were maintained at all times, even when confined to bed. We were washed twice sometimes three times a day; once at 6:00am after the temperature taking routine at 5:30am, and again in the afternoon and evening. In the morning, if we were lucky, we could have a half hour snooze before the washbowls came round. However a patient who was last with having his temperature taken would be first with washing, being nearer to the washroom. Once a week or sometimes once a fortnight we had a blanket bath. A nurse arrived at the bedside with a trolley carrying two bowls of hot water. She placed a blanket underneath us then washed our backs first then fronts and legs. A rubber sheet was placed under our shoulders and head to stop the water wetting the bed while we had a shampoo. The older boys washed their middle bits themselves.

After a bath our beds were made up with fresh sheets, pillow cases and a draw sheet – an extra sheet about four feet wide added in the middle of the bed, tucked under the mattress. Under the draw sheet was a rubber sheet in case of accident while attending to our ablutions. It was quicker to change a draw sheet than having to change the full size sheet. The rubber sheet caused us to perspire and consequently we had regular checks in case of bed sores. Those rubber sheets were used until we could get out of bed to use the toilet. Their removal gave us a more comfortable night’s sleep.

When confined to bed our toilet needs were met with a special glass bottle and a stainless steel bedpan. Can you imagine what it was like in winter trying to wee into a cold glass bottle? The bottle did of course warm up a bit during use!

Bedpans were another problem – these were also cold to the touch. To use them our strap jacket was undone so we could raise ourselves high enough to allow the bedpan to be pushed into position. When encased in plaster this act became rather uncomfortable due to the plaster pinching our bottom as we lowered ourselves onto the pan.

Privacy on the ward was limited because our beds did not have separate curtains. Instead, the nurses surrounded the bed with moveable screens on wheels. These screens consisted of five separate curtains. Unfortunately the individual curtains didn't join up very well so the gap between each curtain denied us much privacy.

## Life on the ward

Ward 7 was very large, crescent shaped and divided into five different sections. At one end were six small cubicles; two for three patients, two for two patients, and two for a single patient. Following an operation a patient would be moved into a single cubicle to get some peace and quiet and constant attention from the nurses during recovery. Before the discovery of streptomycin TB was often a killer and deaths would occur as in other wards. These were always sad times for us all but we soon bounced back.

Adjacent to the cubicles was a ward occupied by about 15 young patients aged from nine to fifteen. Behind the cubicles were store rooms, bathrooms and sluices where the bottles and bedpans were kept. Next was the sister's office behind which were other store rooms and another bathroom. Moving onwards was another large ward for about 15 babies and younger children. Next was the day room intended for patients who were allowed out of bed and where our scout meetings were held. The kitchen was located near the day room.

When we were eventually allowed to get out of bed and walk we loved helping to push the tea trolley around the ward. I remember Mr Goodwin, a very tall and well-built gentleman who delivered our meals on the trolley. His job was also polishing the wooden block flooring until we could see our faces in it using a very long polisher with a square buffing block at the end.

Once patients recovered from an operation I persuaded the ward sister to move them into one of the bigger cubicles to join their special mates. She agreed and we stayed with our friends in both the two and three bed cubicles for most of our duration on Ward 7.

To augment our schooling we were encouraged to use the occupational therapy facilities available in the hospital. We learned how to weave cane baskets, make table mats with raffia, and calendars for the current year. We made the calendars by drawing, for example, a bird onto plywood, cutting it out with a fretsaw then painting the bird in bright colours. Once the paint had dried Miss Howard gave us paper calendars which we stuck to the bottom of our creations. There were of course many other projects to keep us occupied – for example I wove the seat of a stool with cane. However none of those projects was easy to do while strapped down on the bed.

Another long term project was making a wool rug measuring three feet by five feet which became progressively heavier and more cumbersome as it neared completion. [The ability to make rugs came in handy later in my life when I got married to Anna and we decided to make a wool rug. It became a source of amusement when friends asked what we had been doing. We replied we had spent an hour on the rug.]



*Teacher Miss Howard showing Allen how to make a rug.*

One of our foremost out of school activities was playing Monopoly. Because fresh air was part of the treatment, we were often pushed out onto one of the two verandas. Whereas the top veranda was protected under cover, the lower one was open to the elements. We spent many days, summer and winter, in the verandas – on the top one if raining, down below if the sun was shining. We sometimes spent the whole night outside during the summer months with a thick red blanket covering our beds in case it got cold. Those red blankets were also put to other uses as explained later.

While outside we asked for our beds to be put close together so we could straddle the gap with our locker board. We all had a locker board which was about twenty-four inches square and it fit onto the top of our locker. The Monopoly board was placed onto the locker board and we played for days, putting it away at night and resuming the next day. Ludo and Snakes and Ladders were also popular games that kept us occupied.

Meccano was also very popular with us boys; we spent many hours building all sorts of models. We also made tanks out of wooden cotton reels, matchsticks, candles and pencils and watched them climb up hills formed by our bed clothes. To do this we cut V shapes at the edges of the cotton reel to make the tracks then cut a slot at one end to hold a matchstick. An elastic band was passed through the hole in the middle of the cotton reel then the matchstick pushed through the band and placed in the slot at the end. From a piece of candle we removed the wick to make a hole. The elastic band was passed through the hole and finally a pencil pushed through the elastic band as it emerged from the candle. To make it work we wound the pencil round and round to twist the elastic band. The pencil pressed on the bedclothes forcing the reel to turn and travel over the bedclothes. Sounds complicated but it was quite easy and it worked.



*Model making – Allen far left.*

Another hobby I enjoyed was making model villages out of matchboxes. For example, to make a bungalow I opened a matchbox by slitting down the striking edge then folded it inside out to form the roof and side walls. I then glued a piece of card over the ends, trimmed them, made a square chimney for the roof then painted my little bungalow.

To make an old style country inn we removed the drawers from several matchboxes and glued them to the tops – the drawers became the ground floor. When overlapped we had the shape of an old style inn with card for the roof. We also make churches by placing the drawers on top of each other. These model villages kept us busy for hours.

## **Visitors were always welcome**

Wednesdays and Sundays were the only days we could have visitors, from 11:00am to noon and from 2:00pm to 5:00pm. Morning visitors had to leave at lunch time but could return in the afternoon. Visitors could use a canteen opposite the ward while we had our dinner, a wash and brush up and any necessary treatment or injections.

Visitors were restricted to adults which meant that siblings or friends under fourteen were not allowed on the wards for fear of infection. This was always a mystery to me because adults could also carry infections. However these precautions were probably in place to guard against infections being passed in either direction. The age-related visiting rule was generally relaxed for a dangerously ill patient.

With the ban on children visiting I only saw my brother and sister about twice in the three and a half years I spent in hospital. These visits were only made possible by a family friend who had a car (a rare luxury in those days) and drove them to the back entrance of the hospital where I could see them from the windows. I had a second sister Susan who was born in 1945, just before I returned to Black Notley in 1946. I never saw her again because she died from TB Meningitis at the age of two while I was on Ward 7.

Visiting days were very exciting – we all waited anxiously to see which patients were having visitors and which ones were not. Rather sadly some patients rarely had visitors because of the very long distances they had to travel and the lack of public transport. My parents were only able to visit me about once a month. My father was poorly suffering from pleurisy which was particularly bad during the winters. The long and difficult journey was expensive and with a family to support it was not always possible to afford the bus fares and treats we expected from visitors.

To visit me they had to catch three buses to the hospital and another three to get home again – a bus from Clacton to Colchester, a wait for a connection from Colchester to Braintree then another bus from Braintree to Black Notley. This involved a journey of about three hours each way. In more recent years one bus did the whole trip from Clacton to the hospital but that was not available for my parents.

My mother was my main visitor and when she couldn't make it she sent a food parcel containing goodies such as sweets, apples, plums, comics and sometimes eggs, another rarity in those days. However eggs and plums, being quite vulnerable to send through the post, sometimes arrived in a rather soggy mess.

To find out how a child was progressing, the parents had to make an appointment to see the doctor during visiting hours. As the doctor held these meetings in another part of the hospital the parents had to leave the ward. This upset us greatly having to lose some of the little visiting time we did have.

## Hospital food

As I wrote previously, eggs were not readily available in hospital – with luck we might get one a week, invariably boiled as hard as a bullet. They made pretty good sandwiches but useless when trying to dip bread 'soldiers' into them. Because of their scarcity we wrote our name on any eggs received from home before they went down to the kitchen for boiling. We also kept an account of how many we had eaten. If a patient, after having an operation, fancied an egg for tea and one of us had some available in the kitchen, a nurse would ask if we would help out and surrender one. There were occasions when I was in the position of receiving an egg and others when I was able to donate. When the nurses themselves boiled them, these eggs sometimes arrived with soft yokes ready to receive the 'soldiers'.

Some of the hospital food was not really very appetising and so the treats brought in by our families were more than welcome. Sometimes my mum brought in her home-made lamb stew thick with pearl barley in a large Radio Malt jar – a thick brown glass jar. The stew was sent down to the kitchen to be heated and I enjoyed it that evening instead of the hospital menu, much to the envy of those around me.

Most children were given a spoonful a day of either Cod Liver Oil and Malt or Radio Malt, the latter being the nicest. These supplements were full of vitamins and helped young children to keep fit and well. Because I was suffering with TB my mum was also entitled to get these malts for my brother and sister.

I remember an occasion when we were served rice and salmon – individually very nice, but not when mixed together! Toast was a rarity so we made our own by hiding extra slices at tea time and placing them on the hot radiator alongside our bed overnight. In the morning the bread was nice and crispy, but not brown, and we would eat our toast at breakfast once dusted off.

Another favourite of mine was *Bournvita*. Whenever I was able to get some I ate it straight from the tin rather than making a drink from it – to me it had a toffee-like taste. I also enjoyed *Piccalilli Mustard Pickle* eaten straight from the jar or in a pickle sandwich. Even brown sauce made a very nice sandwich.

## X-rays, injections and operations

Our hospital days drifted into a continuous round of washing, bathing, schooling and visits to the X-ray department. To add to the routine we also had various injections and fortnightly blood tests – either a needle into the arm to draw off blood for laboratory testing, or an ordinary sterilised needle jabbed into the thumb for a pin prick of blood. I was given two main courses of injections; early in my stay I was given two injections a day of penicillin for three months and later it was changed to streptomycin, a fairly new drug at that time. The frequency of streptomycin injections continued at the rate of two injections a day for three months. I certainly knew how a pin cushion must have felt! I sometimes wondered if we were used as guinea pigs for the drugs now in common use. Whatever the case may have been those drugs saved many lives, mine included.

Injections were always a time for anxiety because unlike today when a new needle is used for each injection, they were used then sterilised for re-use on other patients. All the needles seemed to be about two inches long and rather thick. There has been a recent report by a doctor talking about those days saying it was not uncommon for a needle to get damaged by hitting a bone then being used again on someone else. I often wondered why some of those injections hurt so much. There were, of course, times when we had the luxury of a new needle and we could certainly tell the difference.

During this period I developed an abscess on my hip which had to be aspirated. Once again this involved needles. After a local anaesthetic a long hollow needle was inserted into my leg and the abscess drained with a syringe through the needle. This procedure was performed in the ward sister's office several times but it didn't resolve the problem. I ended up having two operations under general anaesthetic to clear the up the abscess.

My surgeon, Mr Wilkinson, pioneered a treatment where the pus taken from an abscess was cleaned by filtration then, when sterile, injected back into the patient. I had several injections of this filtrate during my treatment.

Trips to the X-ray department were like a day out. It was located in another part of the hospital so involved being lifted onto a trolley and taken by a porter and nurse along the road to get there. The whole procedure could take up to an hour depending on how busy they were in the X-ray department. However it made a welcome break from the ward and gave us a change of scenery. These trips were also made during the winter through the snow – this is when the thick red blankets came in handy again.

The operating theatres were also in a different part of the hospital so my two minor operations before my first major operation allowed me more occasions to leave the ward. I certainly remember the outward journeys but not the return journeys because I hadn't yet woken up from the anaesthetic.

If I remember correctly the name of the porter was Joe Lawrence and we always liked seeing him on the ward, each patient hoping for a trip on the trolley. The trolley was quite different from those of today with its metallic main frame and wheels with big pump-up tyres. Patients were laid on a canvas cover supported by long wooden poles with hand grips at each end. These poles lay in metal supports like the rowlocks on a rowing boat. At our destination we were lifted off the trolley and put on the table in the X-ray department or the operating theatre, still wrapped in our blankets.

I waited anxiously for my operation because it meant the extension will be removed and replaced with plaster. When the day of the operation finally arrived I was allowed just one piece of toast and a cup of tea at 6:00am. Under normal circumstances breakfast was served at 8:00am but for patients due for an operation that day, the duty night nurse delivered the toast and tea much earlier.

A day nurse prepared me for theatre by bathing and shaving me to remove all the hair from my lower body. I was then clad in an open-backed gown and given a pre-med injection for relaxation but it made my mouth dry. I then lay quietly until Joe the porter arrived with the trolley accompanied by a nurse to take me to the operating theatre. Most operations were performed in the afternoon so it was usually late when patients returned from the theatre and dark when they recovered from the anaesthetic.

My hip operation was called a Displacement Osteotomy in which the top of my femur was removed and the bone fused to the pelvis. This resulted in my right leg being four inches shorter than my left leg and having to wear a raised shoe for the rest of my life. My parents bought ordinary shoes then asked a cobbler to remove the heel and sole of the right shoe and add three layers of leather to stabilise my posture. I didn't like wearing a four-inch raised heel because it made me feel self-conscious of my disability. However it was worse for girls because boys wore long trousers covering the shoe to a certain extent, but girls' shoes were always on view. In later years my shoes were made to measure on the NHS.

After the operation I was encased in a plaster cast. This was the first of three plaster casts I had fitted during the next two years before I was finally allowed out of bed. This first plaster covered my leg from the foot up to and around my waist then down to the knee of my good leg. With my legs apart I resembled an inverted Y. Although the first plaster sounds very restrictive it allowed much more freedom of movement around the bed than I had while on the extension.

## Getting plastered

After a couple of months, as the wound on my hip from the operation started to heal, it began to itch like mad and all I wanted to do was scratch it. As my leg was encased in plaster from the waist down I couldn't reach the area with my fingers so I used a long piece of metal, about 12 to 14 inches long from my Meccano set, and thrust it down the inside of the plaster to reach the spot that itched. The mere act of touching the area with cold steel gave enormous relief. Looking back I am surprised that I didn't infect the area.

When it was time for the first plaster to be removed, the ward sister marched down the ward carrying the biggest pair of plaster cutters I had ever seen. She starting cutting at one side of my foot then chomped her way down one side then up the other side. This was not too bad but when the cutter went past my ankle and knee bone it became a bit painful because there was not much space inside the plaster for my leg and the cutter.

Once the plaster was off the stitches had to be removed – this was not painful but I always felt a little apprehensive. Usually the sister removed the stitches either on the ward or in her office. This gave me a first look at the scar and a second chance to relieve the itching. At the time the scar was quite pronounced unlike today, over fifty years later, when medical advances means that scars hardly show.

Once the stitches had been removed and the wound redressed it was off to the plaster room located some distance from the ward. This procedure gave me another trip out and another welcome change of scenery.

To apply the first plaster I was laid on a table and given supports for my shoulders, backside and ankles, so I was almost suspended in mid air. While suspended the doctors wrapped my torso first in cotton wool then applied the layers of plaster bandages. These were quite warm and as the plaster bandages became progressively thicker it also got much heavier. I wondered why I didn't collapse onto the floor under the weight.

This second plaster was then fitted starting from my foot on my bad leg up to and around my waist. This time, however, it was not applied to my good leg allowing some freedom of movement. So instead of having to sleep on my back as I had done for months I could turn onto my side and tummy. It also gave me much more freedom to move around the bed.

## Fun and games on the ward

To explain the structure of a bed, the top was quite high and the attached sunshade was essential because we spent a long time outside. There were three wheels under the top of the bed, a bit like the undercarriage of an aeroplane. The legs at the bottom were fixed with a male and female joint. A single curved bar formed the bottom which also had a small pair of wheels that were lowered by pushing down a lever. This made the bed easier for the nurses to move them.

We sometimes liked to have our beds moved close together so we could play our board games, but the nurses couldn't oblige when an impending visit was due from the matron – she liked to see all beds in line and with equal spaces between them. However we had our own way of achieving this by what we called 'jerking' the bed.

To 'jerk' the bed closer to my neighbour, I grabbed hold of the bottom rail and, holding on tightly, threw my weight to the left or right depending on which direction I wanted the bed to go. This action slid the bottom of the bed sideways. Having now positioned the bed at an angle I threw my weight at the top of the bed to align it with my neighbour allowing us to play our board games.

When the nurses realised I had moved the bed they usually left us alone to play but if we had upset them they would pull us apart. However once their backs were turned we 'jerked' the beds again and resumed our board game. Of course all this movement of beds only happened after recovering from operations and when secured in plaster.

On another occasion when I wanted my bed moved nearer to one of my pals I decided to move it myself by 'jerking' it. I had almost reached my destination when suddenly the bottom legs started to bend and finally broke off completely leaving me hanging onto the top of the bed shouting for a nurse. Sister was on duty that day and as I was rescued and put into a spare bed she gave me a right ticking off.

A couple of days later my new bed arrived equipped with six metal legs and no wheels so I couldn't move the bed anymore. To make things worse I was put back into a strap jacket and tied down. Of course it didn't stay on me for very long and was only tied up again when the nurses were around.

The second plaster gave me more freedom of movement so during the night I sometimes got out of bed, sat on the large red blanket and slid along the highly polished floor under the beds. Sometimes it was a close run thing to get back into bed before getting caught by the night nurse but as there was normally only one on duty I never got caught. While still confined in the second plaster I had a dream that I got out of bed and walked two or three steps holding onto the bed – as it happened, the next I did just that.

During my stay at Black Notley Hospital, the small village from which it took its name was just a village with a simple country lane where an occasional bus service gave access to the isolation of the hospital. The lane has now been widened with an underpass for a new dual carriageway. Today the village is more built up – the open fields giving way to housing developments.

From the ward windows the sight of a double decker bus in the distance travelling through the village was observed by our young eyes with great excitement until it disappeared from view. This may seem trivial but for us it was contact with the outside world – anything that relieved the endless daytime hours was seized upon.

In total I spent three Christmases in hospital and we very much enjoyed the celebrations provided by the staff. On Christmas Eve we each hung a pillowcase from our bed and everyone woke up next morning to presents from the hospital and those brought in from visitors. A doctor, usually Mr Wilkinson, dressed up as Santa Claus and visited us in turn. The nurses went round the wards singing Christmas Carols to entertain the patients and add to the season's festivities. Instead of our dinner being delivered on plates from the trolley, Mr Wilkinson, wearing a chef's hat, carved the turkey while the sister and nurses plated up the dinners and delivered them to the beds.

Shortly before Christmas one year most of the children on the ward contracted mumps. I was one of the last victims and my discomfort continued throughout the Christmas celebrations. It affected me on both sides of my neck which prevented me from enjoying much of the Christmas fare. However some of the goodies were saved for me once I had recovered from the mumps.



*Fellow patients making wise men for  
our Christmas display.*

## Getting plastered again

After being encased in my second plaster for about three months it was time to have it removed and replaced with a third plaster which effectively became my walking plaster. This allowed me to get out of bed and become one of the lucky breed of 'Up Patients'.

The sister removed the second plaster with those large cutting shears then took me to the plaster room where I was suspended as before. A thin layer of plaster bandages was applied to my hip then the third plaster wrapped around my waist and down to my knee. Also a thin celluloid casing (or splint) was made for future use to protect my hip until it got stronger. The celluloid casing was very light but strong. It was moulded to my body around the waist, and down my leg to the knee. It had laces across my stomach and thigh which pulled it tight.

After a few months in my third plaster I was ready to wear the celluloid casing. Again the sister had the job of removing the third plaster. Once removed, the person responsible for making splints fitted the casing. If there were any adjustments to be made, the casing was returned to the workshop. This usually took a couple of days during which time I was plaster-free for the first time in months. However the sister warned me to be careful because with no protection on my hip and no restrictions after two years, I must not take liberties with this wonderful feeling of freedom. Fortunately it also allowed me to ask a nurse for a proper bath. Once finally fitted I had to wear the celluloid casing for some months, even after my final discharge from hospital.

## Out of bed at last!

After having my third plaster fitted, my life on the ward began to improve. I was finally allowed out of bed for an hour each day although restricted to sitting in an armchair. However just being officially able to get out of bed after such a long time was wonderful.

Gradually my one hour a day progressed to two hours then a half day then a full day and finally to a fully 'up patient' status allowing me to wash in the bathroom and use a proper toilet, no more bedpans – whoopee, such luxury!

As 'up patients' we always found new activities to keep ourselves occupied. One of our favourite pastimes was riding the four-wheeled washing trolley. Two large holes at the top of the trolley held the washbowls with a shelf below for two more bowls. We lay full length on the bottom shelf with our shoulders sticking out the front and our legs protruding from the back. In that position we propelled the trolley across the ward very quickly by paddling with our hands. Unfortunately the four wheels didn't always move in a straight line giving us problems controlling our direction – this was usually forward but occasionally the trolley went sideways into someone's bed.

Another great bit of fun was having races in our wheelchairs along the corridor behind the cubicles. We always rode the wheelchairs backwards because, still wearing plaster, it was easier to pull the wheels backwards than push them by leaning forwards. It's surprising how fast we could drive a wheelchair backwards – we nearly mowed down several nurses. To socialise with the bed patients we traversed the whole length of the ward to visit everyone.

When all the beds on the ward were occupied, and being the oldest, I was moved to Ward 8 which was the men's ward. I was told there was a lad of eighteen years old there and as I was fourteen it was decided that we should get on well with each other, although an age gap of four years seemed rather a lot for teenagers.

I didn't like it very much on Ward 8 but as I was an 'up patient' I managed to integrate quite well. However it wasn't very long before I lost my freedom and was sent back to bed because the TB had spread to my right kidney giving concern to Mr Wilkinson. Eventually it was decided that my kidney must be removed because I was becoming very ill once again. The hospital required written consent from a parent before taking such drastic action as removing a kidney so Mr Wilkinson asked to see my mother next time she visited. He explained the situation and asked her to sign a consent form.

I heard later that when my mother was told that my chance of a full recovery was only 50/50 she refused to sign the consent form. However when she learned that if she did not sign the form my chance would be nil she quickly gave her consent. So once again I was prepared for a major operation, this one more serious than the first.

While waiting for the day of my operation I had the very good news that, as a member of the hospital scout group, I was awarded the coveted Boy Scouts 'Cornwall Certificate' by Lord Rowallan the Chief Scout. This second highest scouts award was presented to me at a ceremony in the day room on Ward 7 by the Deputy Chief Scout. I still have the award today – see the certificate in the Gallery of Photographs. The highest scout award was the 'Cornwall Badge' created in honour of scout John Cornwall who, while at war in the Navy, continued firing his anti-aircraft gun despite being mortally wounded. My award prompted several newspapers to run a story about it and from the publicity I received several letters from other scouts and scout groups. In particular a group in Hastings invited me to spend a holiday with them; an Akela invited me to her home in Finland to convalesce, and another invitation arrived from Switzerland. Much to my disappointment I was unable to accept any of these invitations.



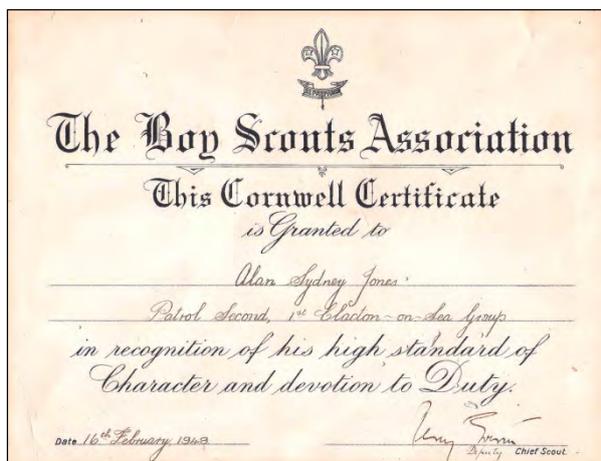
*Allen aged 14 years in his scouts' uniform behind Ward 7.*

## Under the knife again

So in 1948 on the day of my second major operation I had an early cup of tea, one slice of toast then later wheeled into the office to be shaved, bathed and covered in Iodine. Once prepared for surgery I lay quietly waiting for the porter with his trolley to take me to the operating theatre accompanied by a nurse carrying all my X-rays. We took the route up the road to the theatre but not so far this time because Ward 8 was much closer. I don't remember how long I spent in the theatre but believe it was several hours. From what I do recall it was dark when I finally came round.

The anaesthetic used today is very much better than it was in those early days. I recall that recovering patients lose almost a day after an operation before becoming aware of things again. I can remember what the dressing was like – instead of encased in plaster I had Elasto sticking plaster all around my body from the waist up to my arm pits.

This operation took place shortly after I had received my Scout Award and I remember Mr Wilkinson coming to see me on Ward 8 and dropping a newspaper onto my bed. The newspaper reported that I had received the award was now facing another major operation for the removal of a kidney. At the time Mr Wilkinson said he didn't think I deserved the award any more than the other boys and girls but after removing my kidney he conceded that I really did deserve the award.



*The Boy Scouts Cornwall Certificate awarded to Allen while in hospital.*



*Allen receiving his award from the scouts.*

After a few weeks it was time for the sticking plaster and stitches to be removed. The plaster was gently lifted up a little at a time allowing entry to a pair of scissors to cut it from both sides of my body. With the aid of surgical spirit the plaster was pulled from my upper body. Since the operation my body hair had grown again under the plaster so I am not too sure just how much remained in place after the plaster had been removed.

Over the next few months my health gradually improved as I responded to the treatment. I wanted to be back with my mates on Ward 7 so I pestered the ward sister and nurses to be allowed to return. After much badgering and promising to behave I finally returned to Ward 7 where I stayed until my eventual discharge from the hospital.



*Two fellow patients in front of Ward 7.*

## **More about our doctors and nursing staff**

At this point I would like to pay tribute to the doctors and nursing staff who were all dedicated to their work in restoring their patients to good health.

Mr Michael Wilkinson was a fine surgeon who operated on me four times during my time at Black Notley Hospital in the 1940s. There are many patients who owe our lives to his skill and dedication in those early years of TB treatment. I believe the operation to remove my infected right kidney was one of the earliest such procedures performed at the hospital. In later years he also became one of the pioneers in the field of artificial hip replacements. On a personal note his fondness of children was reflected in his own family because I believe he had six of his own.

The wards at Black Notley Hospital were widely spread over the attractive grounds. Covered walkways connected some of the wards allowing staff and patients to shelter from inclement weather when moving from one ward to another – they also provided a passage for the catering staff when delivering the meal trolleys. One of the covered walkways was in full view of our ward. Whenever we saw Mr Wilkinson passing through on his rounds or returning to his home in the hospital grounds, we shouted greetings after him.

Being youngsters we were all a little bit cheeky and assigned nick names to some of the staff – Mr Wilkinson became ‘Wilkie’ and this is what we called him across the grounds. He always turned round and waved to us. I am not sure how our ward sister felt about that – we often got a few stern looks from her if she was on duty. However we never had the cheek to call him Wilkie to his face. I do believe, however, that this nickname was used affectionately by many members of the hospital staff. As a tribute to Mr Wilkinson a ward was named in his memory after he died and later a crescent now bears his name when the hospital gave way to a housing estate in 1997. His second in command was Mr Dunn who took over from Mr Wilkinson when he retired. After many years of dedicated service, Mr Dunn also retired.

There were other doctors of course at the hospital but Mr Wilkinson and Mr Dunn were the two that I remember most, being involved with my treatment.

Our sister was Sister Pryke; she was quite tall and very slim and we had a lot of respect for her. She was a bit stern which was necessary to keep us all in order. If we were naughty her punishment was to put us in the sluice room near her office on our own for a couple of hours and denied any sweets from the communal sweet tin supplied by the visitors. I learned later that she was awarded an MBE in 1951 by King George VI and she showed it proudly to all the patients on the ward. I understand that the award was later donated to the 'Blue Peter' programme on the BBC for one of their charity appeals.



*Patients Brian, Allen and Kelvin with  
Sister Pryke and Staff Nurse Harris.*

After Sister Pryke retired she kept in touch with Monica, a young patient on Ward 7. Their friendship continued for many years until Sister Pryke died in a nursing home run by an order of nuns. Having no relatives, all of Sister Pryke’s belongings were given to Monica. These included photos of several patients (me included) and of course her MBE award. Apparently the photos were given to the Braintree Museum where a display has been created depicting the history of Black Notley Hospital.

Other nurses I remember include Staff Nurse Horness who was German, Staff Nurse Harris, Nurse Delamere from the Channel Islands, Nurse Georgina Spragg with her sister Sybil also a nurse from Ireland, and Nurse Tiernan also Irish. I believe there were quite a few Irish nurses working at the hospital in those early days. Staff Nurse Horness helped me through many bad times especially after my two major operations. We kept in touch after my discharge for a while but eventually lost contact in the early 1950s.

## More memories of the hospital

During my years in hospital we were always up to mischief to help relieve the boredom but inevitably there were times when we didn't get on with each other. All patients were given a diet cloth about twenty-four inches square to protect our bedclothes during a meal. If we fell out with another patient and our beds were moved next to each other on the veranda we used our diet sheets as weapons by holding the cloth by diagonal corners and twisting it like a whip. This was very effective in attacking each other with a crack on any visible bare skin.

The worst time for me was when I had fallen out with two mates and we were moved onto the veranda, one on each side – I got attacked from both directions. The only option was to retreat under the bedclothes until they gave up and we became friends again. Occasionally I was on the receiving end of this treatment as well as dishing it out.

Across the grass from our ward was a road that led to the mortuary. On occasions we saw a porter pushing the two-wheeled trolley with a coffin on board. We often shouted our greetings to the porter as he went about his unpleasant task but he always managed to give us a wave – another event that helped to relieve the monotony of our long days.

A daughter of Mr Wilkinson, a patient at the time, shared a cubicle with two other girls Monica and Sylvia. One day two of them found a baby bird that had fallen from its nest. It had no feathers so they took it into the cubicle to show Monica who was bed-ridden. They put the bird in a shoe box and kept it on a radiator for warmth. They fed it on powdered egg and glucose water – we had to drink jugs of that liquid every day so there was plenty for the bird.

On the grass in front of the ward was a large flower garden and nearby a big tree. When the bird was able to fly it flew to the tree and perched on a branch but when it rained the bird flew back into the cubicle and sat on Monica's bed.

After an operation a metal cradle was often placed on the bed to relieve the pressure of the blankets from the legs. This allowed room for the greenfinch to perch. After a while it flew off into the tree and did not return – everyone hoped it had found a mate.

Sometime later I heard that the greenfinch had flown back into the cubicle injured – it was believed that a cat had caught it. The girls tried to nurse it back to health but sadly it died. Apparently the boys on the ward dug a hole in the rose garden and buried the greenfinch in a quarter pound Cadbury's Dairy Milk chocolate box marking the spot with a cross made from twigs.

Another patient, Sylvia, was not too keen on fish, especially the fish served in hospital. One evening fish was on the menu for supper so instead of eating it she put it in her bedpan. A young nurse on night duty collecting the bedpans was faced with a whole fish lying in the bottom of the pan. Not being one of our regular nurses and maybe thinking that Sylvia had passed it whole, she reported it to the duty night sister. I have no idea what happened after that.

Another mischievous ploy by the girls was dipping a thermometer into a hot cup of tea to tease the nurses. The nurses quickly realised what was going on and when the thermometer had cooled down, they stood by to make sure it didn't happen again.

A story from an earlier patient shows how things have progressed over the last sixty years. It is reported that when an X-ray needed to be taken, the patient would be laid on the floor surrounded by supporting sandbags for stability. The X-ray machine was then wheeled into place above the patient and the picture taken.

Another patient suffering with chest problems recalls having to sit in a room naked except for wearing a pair of dark glasses. A special candle was ignited and the patient inhaled the smoke to help with breathing. I have since met nurses who remember this form of treatment.

## Home at last!

At last in September 1949 after nearly two and a half years of my second term in hospital and just before my fifteenth birthday Mr Wilkinson declared I was well enough to go home. However, at all times when up and about I had to wear the celluloid casing but could remove it when in bed.

I still had an open wound from the abscess on my hip but as we lived by the seaside I was told that the sea air and water would heal it quicker than staying in hospital. To monitor its progress the local hospital in Clacton-on-Sea inspected it regularly and it did eventually heal although a fairly deep scar remained.

Naturally I was very excited when told I could go home and waited anxiously for my mum to visit me later that same day. When I saw her walking across the large open grass area in front of Ward 7 I hurried over to tell her the good news. However I was very disappointed when she told me she couldn't take me home that day because the journey involved three busses and it would be too tiring for me, but she will speak to the sister and arrange for an ambulance the next day.

I was so upset that I burst into tears telling my mum I couldn't face another night in hospital. That outburst must have done the trick because she relented and said she will take me home on the busses after all. So clutching my few possessions I said good-bye to my friends then we left the main gate to catch the four o'clock bus to Braintree, the first leg of our journey home. This was the start of a new episode in my life.

During my last few months in hospital my parents had moved house again so when I was finally discharged it was to another new home in Clacton-on Sea. Arriving there after a very long and tiring journey involving three busses I wanted to see my dad who was at work on the sea front managing an ice cream kiosk. As it was a nice evening mum and I took a taxi to the sea front because it was a little too far for me walk, especially as I was still on crutches.

I will always remember walking along the sea front towards the kiosk – we were about half way there when my dad looked up and saw us approaching. He left his kiosk and ran to greet me with a big smile on his face. “What are you doing here?” he asked because he too had no idea that I was coming home that day. He packed up work early and we all went home but not until I had sampled a free ice cream – a rare treat after Black Notley Hospital.

Arriving home I was greeted by a very surprised brother and sister and, of course, that evening there was a lot of catching up to do. I slept in a bedroom with my brother and found it very strange being in a confined area after the open space at the hospital. The house seemed very small and but as the days went by I got used to it and settled down.

Being self conscious about a disability is something that many patients must accept. At age fifteen I was very concerned when I knew that my mates were playing football and cricket and I would remain a spectator. However I made some good friends who, over time, helped me overcome my isolation by encouraging me to join in with a game of football as the goal keeper. This was quite logical – I couldn't run so I was no good on the field but on crutches I managed quite well in goal with two legs and two crutches.

There were several boys and girls living in our street and I became very friendly with one boy, Cyril Griggs, generally known as Sid. We were inseparable, almost like brothers. As I was still on crutches he often pushed me in a wheelchair to the local cinema and on the way home we treated ourselves to a bag of chips. He had great fun pushing the wheelchair, or rather driving it, because I'm sure he thought he was driving a car judging by the speed we went!

Time went by and I began to walk unaided. Sid and I went to the cinema about twice a week if we could afford it from our pocket money or by persuading our parents to help out. Sid's dad Bill worked on the railway and he always seemed to have money, so if my parents were short of cash Sid would ask his dad if he would treat us both to the cinema which he often did.

I didn't return to school because despite the best efforts by the teachers in the hospital, my education was lacking. But on reflection I have managed to get through life reasonably well – I am not a great scholar but with practical experience I have learnt many things.

At the age of thirteen my weight had dropped to around five stones. Although the situation had improved considerably by the time of discharge I was still under weight for my age but happily my mum's stews soon improved matters. However this caused a minor problem – with my waist and legs getting fatter I was beginning to outgrow my celluloid casing so at an out-patients visit I had to be fitted with a new one.

Although I had been discharged from Black Notley Hospital I returned on several occasions to see Mr Wilkinson as an out-patient during the next few years. Fortunately a new Hospital Car Service began – a voluntary organisation run by private car owners paid expenses only to drive patients for out-patient appointments. Mum and I took advantage of this excellent service several times to take us to Black Notley Hospital thereby saving us the three-hour bus journey so familiar to my mum.

## **Life and employment after Black Notley**

After leaving Black Notley and enjoying a suitable period of convalescence, my first job was serving in my dad's ice cream kiosk on the sea front at Clacton. Unfortunately this job only lasted for the summer period so I had to look elsewhere for another job.

At the Labour Exchange I got a job working in a local radio and television factory. I enjoyed this work and became proficient at assembling televisions but sadly it did not last more than 18 months when the firm went bankrupt and we all lost our jobs.

Back at the labour exchange, and being disabled, I was offered a place at a government rehabilitation centre to learn a trade. Only two trades were considered suitable for me; one was a boot and shoe repairer, and the other was a watch and clock repairer. As it would have been difficult for me to hold the shoe 'last' between my legs, I decided that clock repairing was the better option.

I was sent for training to Enfield in north London – fortunately my grandparents still lived in nearby Edmonton. They kindly agreed that I could live with them during the year's training. As I was paid while training I could afford a coach home for occasional weekends to see my mum and dad, and the mates I made since leaving hospital.

After my training finished, the labour exchange offered me a job in a local jewellers where I continued learning the trade. Unfortunately the bosses decided to diversify by setting up a doughnut stall in Jaywick near Clacton. So during the summer instead of repairing clocks I was selling doughnuts to holiday makers.

Working on the stall had some advantages – being about 18 years old then I developed an interest in girls, and Jaywick was a holiday destination for many girls from London. However selling doughnuts was hardly advancing my watch and clock repair training so I found a job in another jeweller, French's in Clacton. I stayed there for about four years during which I improved my skills repairing clocks and jewellery.

National Service was in force at this time and all my mates were leaving to join either the Army or the RAF. Being disabled I didn't bother to register as I knew I wouldn't be eligible to join but this decision back-fired because at 19 years old the police came to my house to find out why I had not registered for National Service. I told them I didn't think it was necessary but I still had to report to the labour exchange and register. Of course no action was taken being registered on the disabled green card scheme.

During that period I saved up to buy a motorbike and eventually ordered a brand new Triumph Tiger Cub for £120. In 1956 £120 was a lot of money and I had to sell my radiogram and push bike to raise enough money for the deposit. The balance was arranged on a hire purchase agreement at about ten shillings a month.

As the years went by my best mate returned from National Service after spending three years in Hong Kong. We continued our friendship by spending our spare time together until we both started courting our respective young ladies.

## Time to settle down

I met Anna on a blind date and as the relationship developed it was clear that I needed to improve my prospects and earn more money before getting married. Therefore I applied for and secured a job in a clock factory in London so once again I left home.

During the week I lived in a large house in Ealing, sharing a room with another young chap. The house had other tenants and we had to share the bathroom and other facilities with them. Every weekend straight after work I rode home on my motorbike to spend time with Anna – this continued until we got married in 1959.

By this time I found a flat in another big house in Ealing comprising a kitchen, lounge/bedroom and shared toilet facilities. Our landlady, aware we had just got married, welcomed us with some flowers in our rooms.

Anna took a job in a local factory so for the next couple of years we worked and saved for the future. During this time, while working in the clock factory, I made friends with a chap who had just inherited a jewellers shop in Finchley London. He intended leaving his job in the factory and taking over the jewellers shop with its four empty rooms above. As he already had his own house he didn't want to live there himself so invited Anna and I to move in and set up home in two of the rooms. He decided to let the other two rooms above us to another couple. As there was only one bathroom and toilet we again had to share bathroom facilities.

We lived there for about three years during which time our first son Steven was born. I quit my job in the clock factory and accepted a job in Vinten's, a television equipment manufacturing company due to move out of London to Bury-St-Edmunds, Suffolk, on the government resettlement scheme. This scheme meant that Anna and I were offered our own council house with its own bathroom – such luxury! So in 1964 with Steven one year old, we moved to Bury-St-Edmunds to set up our new home.

In 1965 when our second son Keith was born, my remaining kidney started to malfunction and this resulted in a return to hospital. Fortunately the condition was curable and I was soon released from hospital to continue treatment with daily medication at home. Although this medication proved successful I had to quit Vinton's in 1966 because I found it difficult to travel to and from work.

Fortunately I saw an advert in the local paper that a contractor was wanted by the US Air force for its bases in Suffolk for repairing clocks, watches and jewellery for US personnel and their dependents. I was successful in my application and became self-employed. I also secured a contract to repair clocks from the actual US aircraft.

Our council house was in a block of four and next door lived Tom and Betty who had also moved from London with Vinton's. When I got the contract with the US Airforce I had to find somewhere to do the work. As Tom and Betty had no children and only needed one bedroom, they offered me a spare room in their house where I set up a bench. This was a wonderful offer which meant I only had to walk next door to work.

This arrangement continued for a while until Tom and Betty decided to buy their own home and move out into the country leaving me to find a new place to work. In one of the bedrooms in our house was a small cupboard so I built a bench in there and with the door left open I could just about manage to carry on repairing. This was not very satisfactory so I started looking for somewhere else to set up. I eventually found a local builder's office that had a spare room. I worked there until we eventually bought our own house and added a workshop on the side allowing me to work from home again.

We lived there from 1972 to 1987 during which time I got involved with competition rifle shooting having had some experience before meeting Anna. I visited the club every week and attended open meetings in different parts of the country. In 1979 I became the Suffolk County Champion and the same year, my son Steven at the age of 14, became the County Junior Champion.

In 1987 we decided to move to an old bungalow in the country which we extended. We lived there until the early 1990s but during that period I had to return to hospital to have my left hip replaced. Until then my left hip had been my good hip but over the years it had taken much of the weight from my TB damaged right hip. This was made worse by my effort restoring the bungalow, and meant another three weeks in hospital.

The years living in the country had been most enjoyable but the watch repairing job was declining. The digital age was taking over and the US Airforce work decreasing. I had to find some other work to supplement our household income. Fortunately I managed to get a winter job on the weighbridge of the local sugar factory in Bury. As this was shift work I was able to accept the few watch repair jobs I was offered.

However shift work meant getting up at 5:00am throughout the winter then facing a seven-mile drive on bad roads to arrive at work by 6:00am. With my health problems this was too demanding so we decided in 1997 to move back into Bury. Fortunately the bungalow didn't need renovating which was a blessing with our advancing years.

Having given up watch repairing for the US Airforce I learned that Vinten's were advertising for an instrument fitter that would suit a person with a watch repairing background. I applied for the job and was accepted.

I stayed with Vinten's again for about eighteen months until once again my hip started to give me pain. The doctor told me the joint was very loose and needed replacing. It was suggested I should take early retirement on medical grounds. So back in hospital a second replacement was fitted but at the time of writing it is becoming loose again.

My love affair with hospitals is still not over because my right knee is now causing a problem. A specialist has suggested a knee replacement but they don't know what sort of joint will be used until surgery begins. With a risk of ending up worse off I have decided not to have anything done. So for now I am getting on as best I can and see what the future will hold for me and my most supportive and loving family.



*Allen Jones (third from left) visiting the hospital in 1997 with a group of former staff and patients shortly before the site became a housing estate.*