

# On becoming a podiatric surgeon: the personal journey of Ronald Laxton

Alan M Borthwick MSc PhD FChS FCPodMed FHEA, School of Health Sciences, University of Southampton

It is, perhaps, a pity that there are no biographies of the many notable individuals within the profession of podiatry in the UK, except for the detailed autobiography of Charles Jenkins.<sup>1,2</sup> Historians often tend to avoid the genre, or approach them with caution, fearing that they carry significant disadvantages, such as a tendency to eulogise, or to personalise events without offering a social context within which to view specific achievements.<sup>3</sup> Yet, personal accounts of past events offer an appeal to both those old enough to recall their happening, and those for whom they are already history. Many colleagues, I am sure, would agree that there are a number of podiatrists, past and present, whose accounts of professional and personal life would bring to life the events that have shaped our profession, and promote an understanding of why.

Ronald Laxton is certainly one of those individuals. Without him, it is perhaps doubtful that podiatric surgery would have emerged as it did, at the time that it did. On a personal note, Ron Laxton first came to my attention when, as part of a wider research study tracing the post-1960 professionalisation of podiatry, his name was repeatedly mentioned by numerous key interviewees as someone who had taken a defining role in the shaping of the profession. After an initial introduction in 1993, at his house in Central Hill, Upper Norwood, many visits followed over the years, mainly to his second home in Horsham. By the time of his death in 2008, long after the formal research had been completed, he had become a trusted and valued colleague, mentor and guide, for whom I had the greatest respect, admiration and affection.

It is also clear from the research and professional literature that the emergence of podiatric surgery in the UK is considered a major landmark in the advancement of the profession.<sup>4-9</sup> Few would deny that Ron Laxton, now generally acknowledged as the founder of the movement leading to the creation of podiatric surgery, played a prominent role in the early development of the speciality. Across the timeframe of his involvement and leadership, forefoot podiatric surgery underwent a significant transition; from novel practice to normative service.<sup>4-9</sup> Towards the end of his life, Ron Laxton sought to record his own personal account, identifying and explaining his motives, and the influences that helped shape his drive to extend the boundaries of podiatric practice beyond the broadly accepted norms of the period. This article, at his request, attempts to present his account.

## Background

Much of the literature to date on the development of podiatric surgery in the UK has focused on the role of the Croydon Postgraduate Group and the Podiatry Association in creating and establishing the practice of invasive surgery, and on identifying and explaining the impact of these initiatives on the healthcare division of labour, and in particular on inter-professional relationships.<sup>4,9</sup>

Margaret Graham's penetrating and insightful historical study outlines the contribution of the Podiatry Association to the shaping of modern podiatry, through leading surgical development.<sup>7</sup> It is an account embedded in a broader historical context and framed in an approach that captures the aspirations of the professionals involved. I myself draw on sociological explanations that clarify the significance of power relations in the shaping of podiatric surgery.<sup>4,7,9</sup>

The following account essentially provides an insight into the world of one individual who, by his actions, helped to establish surgical practice in podiatry, at a

time when 'chiroprody' consisted of exclusively non-surgical interventions.<sup>4,6</sup> Ron Laxton invited me to record his account – his 'story' – as an explanation of how life experiences helped to shape and determine his underlying motives, beliefs and aspirations, and ultimately led him to create that which he became – a podiatric surgeon. This is his story.

## Framing the story: the making of a podiatric surgeon

Podiatric surgery in the UK is now an established, normative practice. Indeed, it is tempting to imagine that it has always occupied an integral and respected position within podiatry. Although reminders of the contested status of this speciality continue to arise from time to time, largely as a result of orthopaedic concerns, there is little doubt that it comprises a significant and integrated feature of mainstream healthcare today.

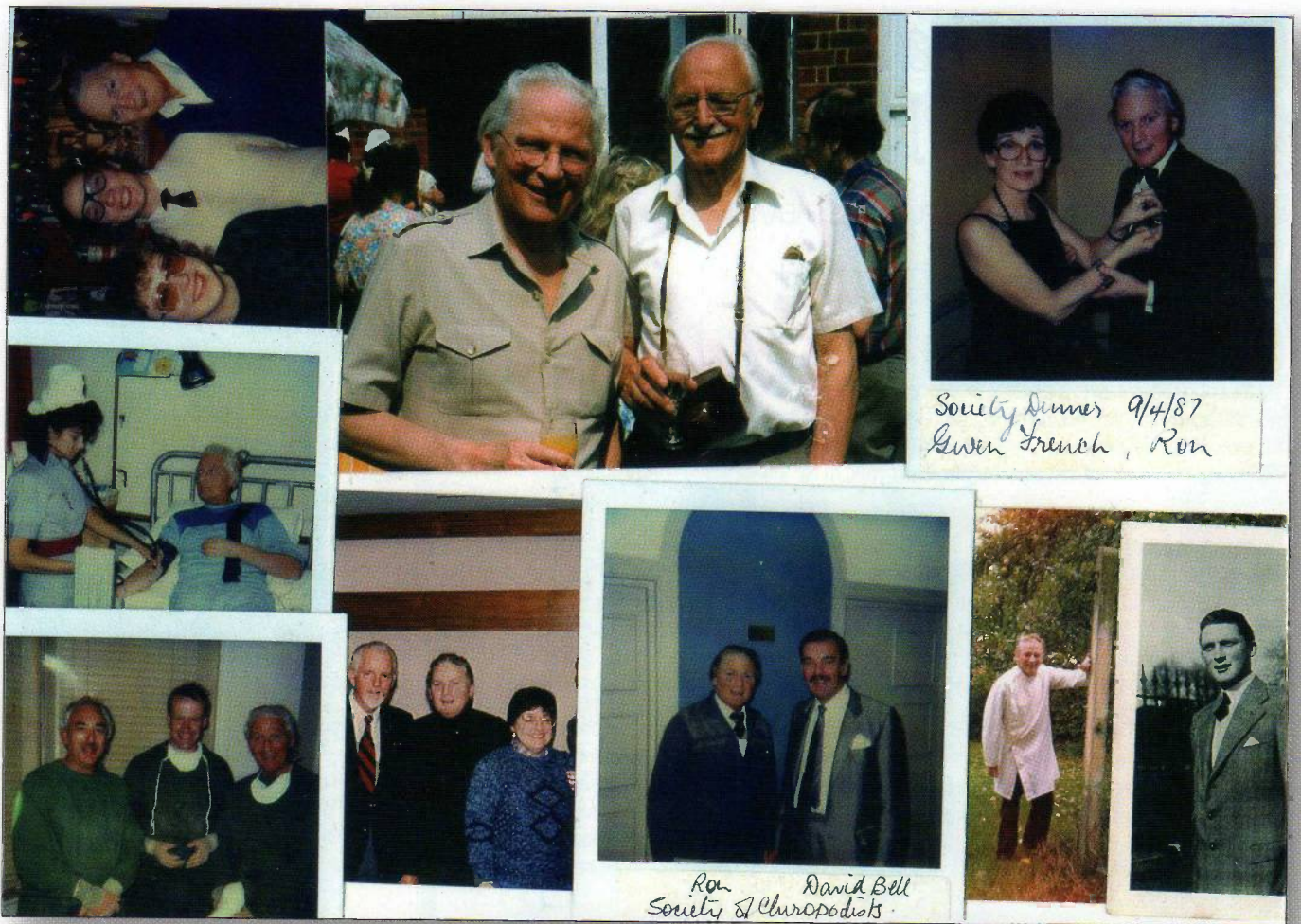
Yet, it was not always so. Indeed, the account provided here is best understood when it is appreciated that the profession, through much of the period addressed,

was limited in scope, status and power. Change of the sort initiated by Ron Laxton and his colleagues constituted a radical departure from the cultural norms of the period, occurring as they did in a climate in which the non-medical professions were considered auxiliary or supplementary to medicine.<sup>10,11</sup>

As the driving force behind the creation of the first group of podiatrists in the UK to practice invasive bone surgery and to establish forefoot bone surgery as a normative practice, Ron Laxton helped to lead the way in extending the role boundaries of a profession recognised as 'supplementary to medicine', thus challenging the status quo and proactively disturbing the established 'natural' division of labour. At a time when medicine still enjoyed a hegemonic position within healthcare, it was a challenging prospect to stray into terrain broadly considered the preserve of the medical profession.

## Early experiences, early influences

For Ron Laxton, the power of education was a key driver throughout his career,



Society Dinner 9/4/87  
Gwen French, Ron

Ron David Bell  
Society of Chiropodists

**Ron Laxton throughout his career with various members of the profession**

assuming great significance in his life. This was due in no small part to his early experiences of the impact of social class and formal education on life opportunities. His father, a soldier, had become a physical education instructor with the rank of Quarter Master Sergeant Instructor (QMSI), in the Army Physical Training Corps. Initially, for the young Ron, family life in the army meant frequent postings, and a consequent lack of stability and constancy in education.

On leaving the army, prior to World War II, his father was appointed as physical training instructor at Eton College, bringing his son into close contact with the school and its social elite. Clearly a formative experience, the link between social class and educational opportunity affected his view quite profoundly.

*My problem has been, all the way through, lack of education. In Yorkshire, in the little terraced house we lived in, in 1928, when I was born, August 12<sup>th</sup>, we were, in effect, lower middle class. So I can't claim to be somebody who had a lack of education*

*because they were cloth cap workers. It was the system I went through – that's why you'll notice in our No.1 journal in 1975, the PA Journal, I'm very likely the first one to say 'education, education, education', because I'd been aware, all my 'humiliations' had resulted from [a lack of] education.<sup>a</sup> Going forward a little bit, because my father was then a physical instructor at Eton, and the fact that I used to go to Eton to fence, made me aware of this tremendous class structure that existed, and unless one went to a place like Eton, you could go through life without ever knowing what it was...unless you mixed with them. How these people think, and how they think they are the chosen people. At Eton they're trained to think that.*

When war was declared in 1939, Ron Laxton's father was recalled to the forces, and, in turn, the son was evacuated to a

private school in Hampshire. However, by his own account, his education was disrupted by this experience, and little learning took place.

*My lack of education has been a big thing... The schooling in the army, because of travelling, was nil. [We did learn] English, [to] write, add-up. No tables – I don't remember doing any tables. So here you are, when war was declared, they sent me to a private school, because my father then, had come out of the army, gone into Eton as physical training instructor. But then war came, and he's called up. They then think it would be a good idea to send me away, to Romsey, to Osborne House school. That was a non-starter. We used to go and see the salmon leap, sing in Romsey Abbey, and blow me, the first place to get bombed was Southampton, and there I am, in effect evacuated down to Osborne House school.*

*But I learnt nothing, so education had not been a factor... I then came back from there and found my first contact with how*

<sup>a</sup> 'Our strength must be education, we are only as strong as the podiatric education of each member...' Chairman's message. PA Journal 1975; 1(1): 1-3.

education was going to affect me. My father, who was [by] then an officer, went down to the County school to see if I could get in there. No. And that was my first bit of humiliation. Had I done Latin? No. Maths? No. French? No. English? No. Not worth applying. So I went into the Council school. And I left from there, when I was 15. So I then thought, what am I going to do? By then I was bookish, reading things like philosophy, science...

Intriguingly, whilst at Osborne House School in Romsey, Ron Laxton developed a foot infection that was both persistent and painful; although he did not emphasise this event as significant in his later choice of career, it is perhaps relevant that he recounted this memory.

*I had this foot infection. When I was at Romsey, this kept me off school for about four months. Massive chilblains, ulcerated. This developed into a fungal infection, which I was then bathing three times a day in salt water. Eventually, a locum came along and said 'what the devil are you doing?'. They were raw, absolutely raw. The locum put me on a mild Castellani's paint (Magenta Paint) and within 12 days I was back at Romsey.*

After his father returned from the war, promoted to major, he was re-employed at Eton, but elevated to the role of fencing master as a result of his rank. Nevertheless, the gulf in social status Ron Laxton perceived to exist between his father and the other functionaries at Eton clearly influenced his thinking.

*We were by then living in Maidenhead Road, opposite the racecourse at Windsor. Semi-detached house, and a car. Now that makes you feel lower middle class. My father goes back to Eton after the war – they said 'Laxton, we can't have you back as a PTI, you're a major!...not only that, you were the fencing champion in the army'. How many Council schools did fencing? 'You're going to be the fencing master'. You go out as a PTI, as a QMSI, you came back as a major. Somebody came down to see dad before he left for the army, someone from Eton; big car outside the house, with a chauffeur, and they came in, lovely people. And the wife, she said, 'Oh, isn't it sweet – just like a doll's house'. Semi-detached house, Austin Deluxe in the drive. Even then, compared with others, you were there [indicating low status]. All the time you were made aware of this difference.*

Ron Laxton went on to describe the period immediately after leaving school to

seek employment as essentially one without a clear focus or purpose. He initially took up a post at a photographer's shop. A chance discovery, in the form of a chiropody textbook, initiated an interest in 'chiropody' as a possible career choice.

*At 15 I drifted into photography, at Slough, Greville's the Photographers. [He was a] very well respected photographer. At that time I then got hold of a book...on chiropody. The big book with the X-ray machine [he could not recall the title or author]. And I thought, now, the foot – I thought I would be interested in that. So, somewhere or other I found out about the London Foot Hospital. Nothing more, I didn't go down there. You'd think, if I had had common sense... [I would] go down to the local chiropodist and say 'look, what's this job about?' But don't forget, I am only 15 and by now wondering what I was going to do.*

#### **A new path – London Foot Hospital**

Whilst working at Greville's, the idea of studying 'chiropody' grew. Ron feared that his lack of education would be a barrier to entry, and that he would need to work hard to convince the London Foot Hospital to offer him a place. As he pointed out, at that time, higher education was much less of a realistic opportunity for many people than it may be today, with far fewer people having any expectation of attaining it.

*Greville didn't have any children. My father was then away [WW2], and he [Greville] took me in like a son. He said, 'you know, you're very intelligent, you're too intelligent for photography', and that was flattering. And when this idea of chiropody came up, he thought it was a good idea. I had books, Charlesworth, 'suitable for chiropodists'. I thought, this is going to be an interesting job, but, how am I going to get in? What's all this about matriculation? Have you got to have Latin to matriculate? [matriculation being the process of achieving the school leaving certification].*

*I then got the brochure and it made it look quite good. I then applied to London Foot Hospital, and I thought, 'how am I going to bluff my way through this?'. I cannot remember the interview, but no doubt I lied through my teeth. I no doubt lied because they would have asked if you had a school certificate... But I always looked the part. I was always aware of [the importance of good] speech, from about 15. I realised speech was the one thing that distinguished one person from another. I then bought a book – I still have it – teaching me how to speak.*

Initially, gaining entry to the London Foot Hospital in 1945 seemed to Ron a significant achievement, but before long he felt disillusioned with life as a chiropody student.

*Whatever I said at the interview must have been impressive enough to get in – so I thought. So, I started studying – I studied pharmacy, Latin for pharmaceutical students, doing elementary things so that I could bluff my way through – thinking that I was going to be coming into an environment where they were possibly all A-level students, and I'm going to be found out in the first week, because of my lack of some knowledge. So I [went into] overkill. I read everything that I could – physics...that sort of thing, so that I was prepared, only for another let down.*

*Here I come to LFH, expecting so much, geared up with all my knowledge. Within a few weeks I realised, this is a corn-cutting exercise. Callus and corns. And that's all they did over two years, basically. I was brought to earth when, once, I was having dinner ...it was over at the cinema, near Fitzroy Square. I was sitting in the café, and I said, 'I'm from London Foot Hospital', still quite proud of those words. 'Oh', said the waiter, 'you're in the corn hospital'. Again... putting you into your place. The house, the education, the lack of ABC – now I'd gone somewhere where I thought I'd arrived, and I hadn't.*

*At LFH, within three months, I was disappointed. They didn't do, for example, any supports of any type, because that was associated with [named commercial company].. And [named commercial company] was a dirty word at LFH ... They were the equivalent of the companies selling orthotics today, they were the 'rackets' of the day. LFH was a complete contrast. But in being a complete contrast it lost having something that could be doing something. But they didn't understand that that was biomechanics [named commercial company] didn't understand that either, but they sold a solid thing that lifted the arch up.*

*Then, one of the students in our group, I started coaching him, and it taught me that they weren't very selective about who they let in, because I'm sitting next to someone who is brain damaged. He came out of the forces, having crashed in an aircraft during the war, and was brain damaged. He gave his today for our tomorrow.*

In spite of his disappointment, Ron Laxton nevertheless reflected on the fact that LFH did, at that time, 'produce'

several individuals who later become important contributors to the extension in scope of practice within chiropody, by way of securing approval for parenteral administration of local anaesthesia (LA), enabling podiatric surgery to emerge.

*Although it was a lovely crowd at LFH...it was another failure for me. Little bit of irony there, though. Arthur Swallow was there – and look at the part he was going to play 25 years later! Paula Blanchflower was there, who later married Ravi Suvarna, who was instrumental in taking LA forward. M.D. England was there, he who [supported] ‘good chiropody’ – years later we sat in [what had been] his house at our first PA meeting talking about bunion surgery – because Bill [Day] had bought it – ‘Aros’ in Oxted [Bill Day was a founder member of the Croydon Postgraduate Group and the Podiatry Association].*

### The next step – National Service

On qualifying from LFH, Ron Laxton was then required to undertake compulsory National Service in the armed forces (1947-1949), and this created further uncertainty in his life, at least initially. However, he had a desire to achieve more in his professional life than a career in chiropody constituted at that time. At the centre of the factors influencing his thinking were the experiences gained in the Royal Army Medical Corps (RAMC), to which he was assigned after basic military training.

Here, he realised a breadth of practice that incorporated a range of procedures and techniques enabled through the use of LA. Without formal training, he adopted these techniques as part of his duties, and began to view the potential for extended practices in chiropody as both meaningful and desirable.

*[At LFH] It was a good training ground in basic chiropody. The people like P [named podiatrist] – it was what they wanted. People very likely had parents in chiropody who knew what it was about. Marvellous, being taught the scalpel skills and all those sort of things, so, for them, it was what they wanted. But it wasn't my dream. It wasn't what I wanted. You had to get permission to use the nail drill. Acriflavine, thick pads, PMPs, that was it. In fact I used to have days off, because I was so bored. I would go round the medical museums. It wasn't stimulating. So I left LFH and now I've got to go into the army...and I thought, where am I going from here? Now I go into the army. I was a skilled nail trimmer, callus trimmer, and not much good with a lancet – plenty of blood,*



Ron and Jean Laxton

*mostly mine! I do basic training at Aldershot for six weeks. Who takes me down there but my father, and there, in the gymnasium, he knew the existing QMSI. So he's taking his son into the army. And I remember him saying 'Make a man of him, Bert, won't you!'. I thought 'Oh God, here we go'. Everything had to be done, bayonet stabbing, going through the gas box, the lot. Then we go to the IMC [International Medical Corps] to do their general training. It turned out I was also helping in the MI room [medical inspection room], and that I was doing suturing, injecting - anything that came along, you did it. So, this is...the beginning of my army education, which is to change my life. As big an impact as that.*

*Then we go to Reading, to an RAMC training camp - because I said I'd been at the London Foot Hospital, they made me a lance corporal. So, therefore, it made it a bit of an easier life, even though you're a trainee. So we did the general training, the marching and everything else, but you're now in the medical corps. My first port of call is Cambridge Military Hospital, a typical military hospital, assigned to the chiropody department. It was next to ENT, nice room. First day there, I'd never seen so much blood. Yet, I began to wonder if it was [not actually] what I wanted. I think the first patient was an ATS [Auxiliary Territorial Service] with an ingrown toenail. Out came novotox with adrenalin – don't forget, I had never even seen a syringe and needle at this point. At LFH they didn't know what a needle was, did they?*

*No blebs, the end of a scalpel handle, shoved it under a nail, rotated it, off came the nail, bit of blood, not much, on went the swab, bandage, acriflavine and out she went. Another, verruca, he [principal in charge] curetted – he had four curette scoops. By the time he had done two more nails, at the end of the day, I thought, is this what I want? This was the beginning – after a month I was doing all the same things. I'd seen the verrucae he had treated before, and although I had doubts about them, there was a bit of scarring, but they [patients] seemed happy enough, and they had been excused boots (which was*

*another important thing in the army). So he had this broad spectrum, what, from the LA point of view, I thought chiropody was all about.*

A series of fortuitous events then combined to enable Ron to develop and expand his own skill repertoire, spanning not only minor surgical procedures, but also radiographic techniques. Re-assigned to the Army Physical Development Centre in Chester, a new set of opportunities presented themselves. Many of the RAMC staff were about to demob from the forces, thus allowing him to assume roles vacated by departing physiotherapists, radiographers and others. He was able to rapidly acquire a new skill set, underpinning his personal vision for a new type of chiropody practitioner, capable of a wider range of skills than was evident at the time.

*I then got an order to go through to the physical development centre, at Chester. I thought, 'Oh dear, what's this going to be like?'. Who do I relieve? Mr Read!<sup>B</sup>, [who had a] lovely surgery. The physical development centre was one of the last centres left in Chester, which was upgrading soldiers – about a thousand of them – who were minor physically handicapped, or educationally semi-literate or illiterate. And there was a medical unit in the centre of this kind of barracks, where these soldiers had normal training. I think a lot of them were pioneer corps personnel.*

*So here I was, reviewing the facilities at the surgery – no needles, no steriliser, nothing. They had an MI room there and the staff were getting demobbed. They were getting demobbed in the physiotherapy department and in the X-ray department, the corporal radiographer was getting demobbed. It didn't take long to discover that, as well as doing my basic chiropody, I was helping both in the MI room, in radiography and in physiotherapy. I attended the spine clinic, [saw cases of] kyphosis, scoliosis, lordosis, all young lads, 18-19, and I'm starting to realise, the foot is part of the body. It was the beginning of my biomechanical appreciation of patients – bow legs, tibial torsion.*

*Captain Fuller [commanding officer] treated me like an equal, they gave me carte blanche with everything. I did the fatigue fractures – I X-rayed nearly every foot. I very likely got one [case of fatigue fracture] every week. I was doing all this,*

<sup>B</sup> Reference to Mr P J Read, later to become the Head of the Chelsea School of Chiropody, as well as Chairman of the Society of Chiropodists (1963-1965). See Ref 8.

Freiberg's infraction, a wide range of disorders – so much so that in later years [when the Croydon Postgraduate Group ran courses] the orthopaedic surgeons we had [asked] to give lectures, because they didn't have the variety, they used my X-rays. In the end I was running the MI room. Because they were being demobbed, it was a lot different than it would have been had they been working towards promotion and recognition [instead of marking time until leaving].

### A first step into private practice

It was during his time in the RAMC that Ron Laxton acquired a broad range of skills that, at the time, he hoped might be deployed in practice once his period of National Service was over. He also recognised this period as formative in shaping his view of chiropody practice, and what was, therefore, possible to achieve. What he lacked at that time was an informed perspective of private practice – where to start, how to begin.

*I'm demobbed – [and] I haven't got a clue what private practice is about. I've been living in cloud cuckoo land, both at LFH, as primitive as I saw it, and with the army, [albeit] a tremendous experience. I looked up, in The Chiropodist [at appointments] – nothing forthcoming in what I'd been doing, and, of course, it soon got about with various people that I was a crank. So I went to work at a little practice in Pimlico, in a well-established chiropody practice. After the first day I realised it was the good old classical corn-cutting, putting a PMP on, with a lot of lamb's wool around the fifth toe. Some standard arch supports you flogged every now and again, added on to the five bob fee [five shillings]. So I thought, my own practice, that's going to be the answer.*

*I married in 1950, and from there we were looking at houses to run a practice. And in the meantime, there's an ad in the journal – 'rooms over a pharmacy'. I knew what I wanted – on a main road, big enough to be converted into a surgery where we're living on the same premises, near a bus stop, convenience. In the meantime, I thought, this will give me an experience. The dispenser [in the pharmacy] had real class – very distinguished, we became friends. He said, after a short while, 'Ron, you're not a fool with patients, why don't you let me teach you pharmacy?'. I then learned a great deal about pharmacy, dispensing, and so on.*

*It built up – Sir John Simon and Lady Simon were some of the very early patients<sup>9</sup>. I've got a copy of her own book*

*on slavery, that she gave me. Dick Crossman was a regular patient<sup>8</sup>. Aneurin Bevin<sup>7</sup> was in the waiting room, waiting for Dick Crossman. Vic Oliver, the violinist [and comedian] was also another patient. I'm now quite competent at pharmacy. We used to knock the patients out at night [by giving them] phenobarbitone, and bring them out in the morning with nux vomica, or something just as unpleasant! [laughs] And, of course, tonics – the patients wanted 'tonics'.*

### Private practice at Central Hill, Norwood

Eventually the Laxtons secured a house that fitted the criteria they required, and were able to move in, converting the first floor to a private practice, replete with a range of clinical equipment.

**“So I gave the demonstration .... it was almost like you were Lister, performing the first amputation of the leg, that's how I viewed it”**

*Money is reasonably tight – we got a deposit for the house from Jean's dad [Ron's wife], which we paid back. In those days our house was £2,650 or something – unbelievable, isn't it? Years later we paid that to have a room put on the end of the house! I found that my patients that lived on this side, those that lived, for example, in Wallington, that they were prepared to come and see me in the evenings, on their way home. The others were going to come on a Saturday, so I had a core of patients [from the previous practice]...Now, the great difficulty was advertising – you could not advertise. You were allowed to put the three inch square in the newspaper for three weeks just saying 'The Society of Chiropodists announces that a practitioner is starting on so and so a date', whereas, if you were unqualified, you could do*

<sup>9</sup> Sir John Simon, former Home Secretary in the Asquith government and Foreign Secretary under the Ramsey Macdonald administration of 1931-35. He died in 1954. (Dutton D, Liberal Democrat History Group, [http://www.liberalhistory.org.uk/item\\_single.php?item\\_id=56&item=biography](http://www.liberalhistory.org.uk/item_single.php?item_id=56&item=biography), accessed 6<sup>th</sup> January 2010).

<sup>8</sup> Richard Crossman, Labour Secretary of State for Health and Social Security, 1968-1970, and Chairman of the Labour Party, 1960-61. Ref 12.

<sup>7</sup> Aneurin Bevan, Labour Minister of Health 1945-1951, Deputy Leader 1959-1960. Ref 12.

*anything! It's a long journey building up a practice.*

*I'll never forget the first patient – a woman in her 60s, with a big straw hat with flowers on the front and a raffia bag. I took a history, asking if she had any serious diseases, diabetes and so on, and she replied, 'I've never been asked that before'. [Once I looked at her feet] I thought, 'she's got everything – bunions, callus, interdigital, on top of, at the end of.' I thought, 'oh no – its going to take me an hour'. When we were finished, she said, 'well, I've never had them done like that before'. Six shillings [was the fee]. 'Six shillings? – I thought it was on the health!'. So I learnt that you have to tell people very quickly that you're in private practice. Although, she came until she died.*

*It slowly built up. It was going quite well – my competition was nil. [There was] a lady in Gipsy Hill, I went round to see her, she had the dog eating the toenail clippings. One bloke [nearest 'rival' chiropodist] treated patients with a fag in his mouth. So I had nobody in Norwood [no competitors]. Bill [Day] was in Croydon, Terry [De Barbara] was in Shirley [Borough of Croydon].*

*So I realised I was on my own doing these things. Where are the other people? I looked at the journal, and I started reading Dagnall's journal [The British Chiropody Journal/British Journal of Chiropody]. The only people who seemed advanced and talking my language are writing in there. In The Chiropodist, there's nothing. No advancement. Any advancement was appliances. They had extended the training from two years to three years, to include appliances – not surgical anatomy or bacteriology, or any of those things. So, really, I felt very much alone. It didn't occur to me to go to the London Branch [of the Society]. I didn't do anything like that; I'm there on my own.*

### Croydon and District Branch and the Croydon Postgraduate Group

Whilst working in relative isolation from other members of the profession, a change in funding arrangements for patients falling into new Local Health Authority eligibility categories created a stir amongst practitioners across the London Borough of Croydon, which prompted contact between local chiropodists affected by the new fee scales. In turn, this contact brought about unanticipated consequences.

Following a series of branch meetings, Ron Laxton established the Croydon Postgraduate Group, and proceeded to deliver practical demonstrations in LA techniques as a part of a structured course. The then recent report by the Chiropodists

Board on the use of LA by chiropodists had suggested the techniques should not be part of normal scope of practice, prompting fears that his existing scope of practice would be confined thereafter.

*I heard from some of the reps – they told me that somebody had said ‘Oh, that bloke out there, he’s a real rebel. Isn’t he?’. I heard things like that. ‘Oh, he thinks he’s a doctor’. Until 1965, when we had this monetary ‘explosion’ for all those in the Croydon area<sup>z</sup>, about this six bob, and we got the branch together.<sup>6</sup> So we had this meeting and I realised that there were people there that could come along with me. And I gave the first lecture...on fireworks night, to the branch on radiography. I got back too late for the fireworks, but... that’s the price you pay.*

*And, from there, we had Eric Dyer, Ron Fowler, Terry [Debarbara], Bill [Day]. I saw me as the middle person, Bill as the politician, that I could ‘let go’ on anybody... only Bill could do that. He was a big bear. Terry was a person who could deal with the quieter people... So, I saw that as a good team. We had a politician – Bill had put himself forward as a Liberal candidate, so he was all politics.... But we were a really good team. We had the Board’s report about LA.<sup>6</sup> So, now I had all my notes on how a course should be set up [in local anaesthesia] and I was thinking, ‘we’ve got to do something, [or] we’re going to lose out on all this past of mine. Otherwise I’m going to be stuck here doing corn and callus again’. So this Board report has to be dealt with.*

*So, Ron [Fowler] gave us this contact, through his doctor [GP], to Victor Wordsworth [an anaesthetist<sup>7</sup>]. When I spoke with Victor Wordsworth, at first he*

*knew very little about chiropody...I think he’d done some [LA toe blocks] when he was a casualty officer. He was used to a brachial plexus, but not a toe. However, we took him out to dinner. Interestingly enough, we took Rosenstein<sup>7</sup> out to dinner, after 1965, before we started getting organised, to present Rosenstein with the ideas we had....and I told him that we could present a course. ‘...You’re 20 years in front of yourselves’. He meant it. I think he was very likely right. We then got the course structured, very primitive, Arthur [Swallow] doing the lecturing. We thought, if we get the anaesthetist we will have someone who is presentable, respectable.*

*We come to the first practical demonstration, at Ron Fowler’s surgery...Victor Wordsworth gives a marvellous lecture, then he said ‘Sadly, I’ve heard today that I cannot be involved with any practical work, or give any demonstration’. There was a deathly hush as he left. So, he had done no more than any other lecturer could have done, which was sad because he [had] thought he could do it, but the anaesthetic authorities said no. So Terry said, ‘Alright Ron, up you go’. I said ‘We’re going to have a demonstration now, of a ring block and a partial ring block’. They all gathered round... So, I give the demonstration, and the tension in the room is terrific. It was almost like you were Lister, performing the first amputation of the leg, that’s how I viewed it.*

*Bill, Terry and I ran the first course, and we did the practical, where we took them to Bill’s surgery for two weekends, where each one [course attendee] would do ‘blebs’, partial ring blocks and complete ring blocks, which we called the Stockholm technique, because the Board was against anything that resembled a ring block.*

*We had done the courses in LA, and we’re now going on to the next stage – what are you doing with your LA? You can do the nails; you can do the hyfrecation, but what more? And that’s when Jack Powers came in...<sup>7</sup>*

Subsequent events are documented elsewhere,<sup>6-8</sup> but the essence of the underpinning motives involved, at least for Ron Laxton, are captured here. Given the existing role boundaries of chiropody at the time these events were gradually evolving, and the relative lack of legitimacy afforded to Ron’s early efforts to incorporate extended techniques into

practice, it is a striking achievement for the profession to have advanced so far in so short a time frame.

It is also clear that these changes were not solely due to political or collective professional pressures, but driven by individuals, like Ron Laxton, with a strong sense of purpose and resoluteness in the face of opposition. Experience in the RAMC appears to have been instrumental in enabling the acquisition of a range of skills that might otherwise have been impossible to attain, providing a unique window of opportunity for those individuals to develop and extend the limits of practice.

At a deeper level, in this individual case, a strong desire to learn and to attain an education, which was perceived to have been absent at an earlier phase in life, and which led to a deep regard for learning, was clearly a powerful motivating force. The profession itself is the beneficiary.

### Acknowledgements

I would like to thank Mrs Jean Laxton for taking the time to read through the script, and for making detailed adjustments and modifications where necessary.

### References

- Jenkins G: *Autobiography of an Ordinary Person - Part 1*. Knebworth: Able Publishing; 2003.
- Jenkins G: *Autobiography of an Ordinary Person - Part 2*. Knebworth: Able Publishers; 2003.
- Kershaw I: *Hitler 1889-1936 Hubris*. London: Penguin Books; 1998.
- Borthwick A: Challenging Medicine: the case of podiatric surgery. *Work, Employment and Society* 2000; **14**: 369-383.
- Borthwick AM: Occupational imperialism at work: the case of podiatric surgery. *British Journal of Podiatry* 2001; **4**: 70-79.
- Borthwick AM: In the Beginning: Local anaesthesia and the Croydon Postgraduate Group. *British Journal of Podiatry* 2005; **8**: 87-94.
- Graham M: *The Origins and Development of Podiatry in Britain 1969 to 1996*. University of Essex, Department of History, Unpublished PhD thesis; 2006.
- Lorimer D: A Short History of the Society of Chiropodists 1945-1995. *The Journal of British Podiatric Medicine* 1995; **50**: special insert.
- Borthwick AM: *A Study of the Professionalisation Strategies of British Podiatry 1960-1997*. University of Salford, Public Health Research and Resource Centre, Unpublished PhD thesis; 1997.
- Larkin G: *Occupational Monopoly and Modern Medicine*. London: Tavistock; 1983.
- Larkin G: Regulating the Professions Allied to Medicine. In *Regulating the Health Professions*, Allsop J, Saks M (Eds). London: Sage; 2002.
- Dorey P: *British Politics since 1945*. Oxford: Blackwell; 1995.

<sup>z</sup> Referring to the change to funding arrangements in Croydon set in motion by the transfer of chiropody provision from Croydon County Borough Council to the London Borough of Croydon. Practitioners within the private sector providing treatments for Local Health Authority patients had fees capped for patients within the ‘new’ eligibility categories (*The Chiropodist* 1965; **20**(7): 195; *Chiropody Review* 1965; **26**(8):13).

<sup>6</sup> A report of the formal establishment of The Croydon and District Branch of the Society of Chiropodists was noted in the Report of Council in May, 1966 (*The Chiropodist*, 1966; **21**(7): 235).

<sup>6</sup> Statement by Chiropodists Board, *The Chiropodist* 1968; **23**(4): 127-128.

<sup>6</sup> The contribution of Dr Wordsworth is more fully addressed in Borthwick AM, In the Beginning: Local Anaesthesia and the Croydon Postgraduate Group. *BJP* 2005; **8**(3): 87-94.

<sup>7</sup> Henry Rosenstein, former Principal of the London Foot Hospital (1961-1968), as well as serving the Society of Chiropodists as Deputy Chairman of Council and Vice President at the time of his death in January 1968 (*The Chiropodist*, 1968; **23**(2): 33-35).

<sup>7</sup> Jack Powers DPM was a Californian podiatrist with whom Mr Laxton had become acquainted. He taught the group hammer toe surgery and nail ablation techniques using galvanic current. Ref 5.