

# ***The history of health care in Mittenälvborg – then, now and afterwards***

## **Part 1 – The time of district doctors (Provinsialläkartiden)**

### **The time until 1920**

The period until about 1800 can be denoted as a time when the Swedish economy was in a bad state. The population was then entirely dependent on agriculture. The majority lived on the margin and were extremely sensitive to reverses in the form of wars and poor weather that often resulted in crop failure and a year of famine. Deficiencies in industry, hygiene and the residential environment made people susceptible to various diseases and epidemics. This period can therefore be called *the era of epidemics and famines*. These factors caused considerable increases in mortality. The mortality was about 30 per 1000 inhabitants with peaks in the middle of the 1700s of 55 per 1000, and in the beginning of 1800s of 40 per 1000.

The period 1800-1920 was characterized by the epidemics and famine's still being in the picture. Smallpox, dysentery, cholera and typhus occurred at longer and irregular intervals during most of the 1800s, but the trend was clear. The mortality peaks were no longer so high or so common. The improvement in people's health was clearly demonstrated in medical statistics. Between the 1800 and 1920 the average life expectancy increased in Sweden from 37 to 60 years. Women lived on average somewhat longer than the men. The growth towards a longer average length of life was the same to both sexes. An important underlying explanation was that mortality earnestly begun to fall during the first decades of the twentieth century.

This was the beginning of a trend against increased length of life.

At the beginning of the nineteenth century, the infant mortality (i.e. mortality in the first year of life) was still very high. In the years around 1820 one baby in

four died in Sweden, but a hundred years later, fewer than one in ten died. During this period, the infant mortality accounted for much of the total mortality. At the start of the 1800s, there was a large difference in mortality town and countryside. Depending on population density and sanitary, economic and social circumstances, mortality was substantially higher in the towns compared with the countryside. However, during the 1800s the towns developed better sanitation. It was also in the towns that the medical organisation was first built up. This was reflected in a strongly falling mortality in towns. Although the mortality also decreased in the countryside, it took place more slowly, accounting for people surviving longer in the towns than in the countryside.

The above-mentioned factors contributed to a reduced the risk of epidemics. In the years around 1900, those big epidemics, as had earlier hit Sweden, had substantially played out their role. However, tuberculosis was not yet under control. Certain, more sporadic epidemics would also become more prominent, such as the Spanish influenza pandemic in 1918, and poliomyelitis on many occasions in the 1900s. To sum up, the period 1800 to 1920 can therefore be called the “era of diminishing epidemics”. A popular movement against tuberculosis was started and the first sanatoria were built as a private initiative at the start of 1900s, with the county council later taking responsibility.

The end of the 1800s and the beginning of the 1900s saw great developments in knowledge about causes of disease and thereby also their treatment. The midwives' numbers were increased as was their knowledge. Vaccination against smallpox was successful. The number of district doctors increased at a slow rate and were relieved of much administrative work when the first medical officers of health took these on. The politicians better informed about how the society could be helped to avoid the epidemics, and what could contribute to improving the public health as above mentioned.

## The period 1920 to 1960

For Sweden the period 1920 to 1960 meant a trebling of GNP per head, in real terms. This development created good conditions for the population's standard of living and welfare. An important factor behind the economic growth was the change from agriculture with lower productivity to the industrial sector, where the productivity was appreciably higher. In this perspective, the 1930s can be seen as the critical point, since the numbers working in industry then passed the numbers who worked in the agriculture.

When it comes to the economic growth rate, the period 1920-1960 is divided into two different phases. The first covers 1920 to 1945, the second 1945 to 1960. During the first phase, the growth was held back by depression and wars, while the picture was different during the later phase. After the end of the war in 1945 a long period of expansion was came, that would continue until after 1960.

Within health care, several private and voluntary initiatives of various kinds were undertaken. Examples of such private initiatives were the health care that the factories managements conducted in the factory societies such as the Red Cross's nurse education and private hospitals, the association Mjölkdroppen (Milk drop) and local May flower committees. (Majblommekommittees). ("May flowers" are sold since 100 years often by children and for childrens aid. "Majblomman" is Swedens biggestt organization for collecting money to help poor children, It was established in 1907 and has 800 local committees. These initiatives were still in full force during the period between the wars. Once the socio-economic situation became more favourable and the public resources more extensive, it often happened that the State, county councils or municipalities took over the private activities.

Between the wars, thoughts and plans were formulated for a Swedish welfare state with improved public health. But economic realities and major obstruction against social reforms led to only a small part of the plans being implemented. The post-war period's more favourable economy offered appreciably better conditions to implement those plans. In line with the improved economy, resistance to social reform decreased.

Axel Höjers plans concerning "open care" reorganization were a clear example of how earlier negative attitudes during 1950s changed to general acceptance. Open

care moved increasingly over to the hospitals, that under county council management had grown much stronger. At the end of 1930s hospital doctors had become as numerous as the district doctors.

The State's interest in health care was low. That resulted in stagnation in the numbers of district doctors and psychiatrists. The district doctors decreased to 12% of total number of physicians and many vacancies remained unfilled.

The county councils, who had powers to levy tax, used this to improve health care. Midwives and nurses increased in numbers. Mother and child health care advanced. These activities had the county councils as responsible authorities. Programmes of child vaccination started during 1950s resulting in a decrease of children's diseases.

The failure of open care to develop outside hospitals was noticed by Axel Höjer, chief of National Board of Health and Welfare during the 1940s. His vision of one district doctor per 4000 inhabitants and surgeries with several doctors was not implemented owing to obstruction from politicians and from the physician's collective, that now was dominated by hospital doctors. During the 1950s, several official reports worked against a revival of open care in the spirit of Höjer.

The period 1920 to 1960 was marked by a clear increase in the standard of living in the form of better hygiene and residential environment, social welfare and education, that in the end resulted in improved public health. An expression of the improvement in public health was the increased average life-span. During the 1800s and until 1920 there had been a 100% increase in the average life-span in Sweden. At the latter time, the population achieved on average an age of 60 years – longer for women and lower for men. The rise in life-span continued after 1920, but naturally it could not increase at same rate as before. In 1960 the mean life-span amounted to approximately 75 years for women and to approximately 70 years for men.

The transition from a Sweden with economic weakness to a welfare society also meant a new panorama of diseases. The previous infectious diseases were definitively back, while cancer, heart and blood vessel diseases and the entire field of “welfare” diseases increased appreciably. Tuberculosis was still a threat as was pneumonia. Diphtheria and scarlet fever were periodically common. One

infection relatively new in Sweden disease was poliomyelitis which came in waves during the emergence of the welfare society, partially to break the pattern. Effective cure against the infectious diseases came firstly when antibiotics were introduced in the 1940s. Antibiotics for scarlet fever, but surely immunization for diphtheria and poliomyelitis.

## **The 1960s**

In historical illustration, the period after the second World War seems until beginning of 1970s as a period of uniquely rapid and even economic growth. Growth was quickest during the 1960s. The golden 1960s were years with abnormally favourable conditions. The economic growth created resources that permitted a considerable increase of public as well as private consumption. The economic realities could now meet the social aspirations. The public sector was enlarged. It mainly concerned public central activities such as health care, social care and education. During 1960s the expansion of health care was noticed in several areas, especially in the strong increase in numbers of hospital doctors, district doctors and doctors in the country as a whole. It became also apparent characteristic that, to a large extent, it was female labour that applied for jobs in the public sector. Women had already begun to go out to work in greater numbers in the 1950s, but by the 1960s this began to have a major impact.

The expansion of child care particularly made it easier for married women to be gainfully employed. In turn, this led to bigger household incomes and choices regarding private consumption. Possibilities of better accommodation, food and hygiene resulted, for the most part, in improved public health and increased average life-span. The 1960s was also a decade characterized by structural transformation, with people moving from sparsely populated areas to large towns. It was during this decade that the expanding suburbs Lerum, Floda and Gråbo began to take shape, which among other things resulted in more posts for district doctors.

Attitudes and expectations during the 1960s became firmly rooted and continued to grow. People found it difficult to adapt to the changed economic reality of weakened trade conditions in the 1970s. It follows that the success during the 1960s indirectly contributed to the problems in the 1970s.

General health insurance was introduced in 1955. People would be safe even when they fell ill. The “seventh-kronor reform” was confirmed. To visit the health care system would cost nearly nothing for the population. Both reforms were expensive.

Investigations which followed on Axel Höjers visions of the 1940s about future operational and expanded open care resulted in amendments to law and broken promises. The doctors became socially secure with tolerable hours of work. The schedule with 42.5 hours a week was introduced. Improved education and supplementary training for the doctors within the working day became possible. The salary structure allowed doctors to pursue work other than direct patient care, and this was encouraged in the new directives for the formulation of care e.g. initiatives within preventive care.

With the regulation of working time including out-of-hours work, the total time that doctors worked was nearly halved. Vacancies were not all filled and the interest in becoming a district doctor fell. The education system had not fully developed in that time. According to the new intentions it took 10 to 12 years to “make” a competent doctor. The transition rules made the district doctor’s job unattractive. The education of general practitioners then became one of the biggest problems for the near future in order to implement the new objectives of changed open care

## References part 1

### Investigations

*Statens offentliga utredningar (SOU)* The State's public investigations (the Swedish government official report):

*SOU 1948:14.* Medicinalstyrelsens öppnavårdsutredning. The Swedish government official report 1948:14. An open care investigation from the National Board of Health and Welfare.

*SOU 1958:15.* Hälsovård och öppen sjukvård i landstingsområden. The Swedish government official report 1958:15. Health care and open health care in county council areas.

*SOU 1978:74. Husläkare – en enklare och tryggare vård. The Swedish government official report 1978:74.*

*House doctors – a simpler and safer care. Socialstyrelsen redovisar Ett principprogram om öppen vård. 1968.*

National Board of Health and Welfare presents a programme of principle about open care. 1968

## **Statistics**

*Bidrag till Sveriges officiella statistik (BiSOS). Contributions to Sweden's official statistics*

*Hälso- sjukvården 1860 –1910. The health care system 1860 – 1910*

*Sveriges officiella statistik (SOS).Sweden's official statistics (SOS)*

*Hälso- och sjukvård 1910 -. Health care 1910 -*

## **Official scripts**

*Yearly statements from provinsialläkare (Alingsås, Sollebrunn) from: Care and care historical database.*

*Svensk medicinalhistorisk bibliografi. Swedish medicine historical bibliography.*

*Förste Provinsialläkarens årsrapporter 1897 - 1959. Älvsborgs läns landsting, Vänersborg. First Provinsialläkarens annual reports 1897 - 1959. Älvsborgs's counties' county councils, Vänersborg.*

*Wistrand, Sveriges läkarhistoria del 1-3. Ger CV:s för läkare fram till 1920-talet. Sweden's läkarhistoria part 1-3. Gives CV:s for doctors until 1920-talet*  
*Läkarmatrikel 1924.*

*Svensk läkarmatrikel 1970. Bokförlaget Vem är vem. 1971. Swedish läkarmatrikel 1970. The publishing house who's who. 1971.*

*Svenska läkare. Nordstedt och söner. 1959. Swedish doctors. Nordstedt and sons. 1959.*

*Svenska provinsialläkarföreningens cirkulär 1959 – 1970. Swedish provinsialläkarföreningens circulars 1959 – 1970.*

*Sveriges Apotekarkår i ord och bild. 1942. Sweden's Apotekarkår in words and picture. 1942.*

*Sv. Farmaceutisk Matrikel 1938.*

*Sveriges Apotekares historia, Lars Lindquist. 197 . Sweden's pharmacist's history, Lars's Lindquist. 197 .*

## Homepages/databases

*Care and care historical database*, Linköping's University.

<http://pub.ep.liu.se/medhist/>

Here are 6000 district doctors annual reports from 1814 to the turn of the century 1900. The database contains materials in the following sections:

The annuals of National Board of Health and Welfare

The chief inspector's annual reports of the mind healthcare

Annual reports from hospitals and hospital Inspector statements

Annual reports from district doctors.

The health care board's annual reports

Medikolegala reports (post mortem examinations).

You will find the project is on the internet address:

<http://www.bengtdahlin.se/index.html>

## Literature

*Andersson Bertil, Fritz Martin, Olsson Kent*, Göteborgs historia. Band I-III. 1996. Gothenburg's history. Bands I-III. 1996.

*Axelsson Per*, Historien om Polio i Sverige – från barnförlamning till poliovaccin. Svensk medicinhistorik tidskrift Vol. 8 Nr 1, 2004. The history about polio in Sweden – from polio to poliovaccin. Swedish medicine history magazine Vol. 8 noes 1, 2004.

*Berg Gunnar*, Tollered – ett brukssamhälles uppkomst och utveckling. 1978. Tollered – a custom society origin and development. 1978.

*Bergmark Mats*, Från pest till polio. Prisma. 1983. From plague to polio. Prisma. 1983.

*Bergstrand Axel Martin, Andersson Bror*, Ur tre socknars krönikor – Stora Lundby, Bergum, Östad. 1967. From three parishes chronicals– Stora Lundby, Bergum, Östad. 1967.

*Berndtsson Olof*, Hedefors. Minnesbilder. 1996. , Hedefors. Visual pictures. 1996

*Boström Per*, Västergötlands tidigare farmacihistoria. Medicinhistoria i Västergötland, Västergötlands Fornminnesförenings Tidskrift 2003-2004. Västergötland's earlier farmacihistoria. Medicine history in Västergötland, Västergötland's Fornminnesförenings magazine 2003-2004.

*Brodin Göran*, Egenvårdens ansikten. Om egenvård från kvacksalveri till

patientdemokrati och e-health. Uppsala universitet, 2006. Egenvårdens faces. About own care from kvacksalveri to patient democracy and e-health. Uppsala universitet, 2006.

*Dahlström Margareta*, Att vara doktor. 2004. To be a doctor. 2004.

*Den svenska historien, band 5 – 10*. Medicinhistoriska artiklar. 1968. The Swedish history, book 5 – 10. Medicine historical articles. 1968.

*Ewert Bo, Lindberg Bengt, Odin Martin*, Vad säger doktorn? 1944. What says the doctor? 1944.

*Falklind Hans*, Det gamla Lerum. 1987. The old Lerum. 1987.

*Furhoff Anna-Karin*, Svensk allmänmedicin – när praktiken fick en teori. Swedish general medicine – when the experience got a theory.

*Sveriges Läkarförbund*. Ett sekel med läkaren i focus. Läkarförbundet 1903 – 2003. 2003. Sweden's Läkarförbund. A century with the doctor in focus. Läkarförbundet 1903 – 2003. 2003..

*Fritz Martin*, Östad – från barnhus till näringsidkande stiftelse. 2002. Östad – from child houses to industry pursuing foundation. 2002

Från rotegång till socialtjänst. Landstinget i Älvsborg. 1991. From root aisle to social service. The county council in Älvsborg. 1991.

*Galdston Iago*, Medicinens framsteg under de sista hundra åren. Bonniers 1942. The medicine's progresses during the last hundred years. Bonnier's 1942.

*Gerner Göran*, Minnesskrift – Svenska provinsialläkarföreningen 1880 – 1972. 1975. Memories from Swedish provinsialläkarföreningen 1880 – 1972. 1975.

*Gustavsson Karl*, Stora Lundby hembygdsförening, 1999. Stora Lundby skolor. 2004. Stora Lundby rural culture society, 1999. Stora Lundby schools. 2004.

*Gårdlund Torsten*, Industrialismens samhälle. 1942. Industrialised society. 1942.

*Haggard Howard*, Läkaren i mänsklighetens historia. Natur och Kultur 1935. The doctor in the humanity's history. Nature and culture 1935.

*Hallböök Torgil*, Lasaretten i Västergötland. Medicinhistoria i Västergötland, Västergötlands fornminnesförenings årsbok 2003-2004. The hospitals in Västergötland. Medicine history in Västergötland, Västergötland's ancient monument association annual 2003-2004.

*Hemberg Per*, Ett läkardistrikt berättar – om gångna tiders sjukvård i Bo och Svennevads socknar. Country Life AB, 1987. A healthcare district tells – about past times' healthcare in nest and Svennevads socknar. Country Life Ltd, 1987.

*Hammar B*, Medicinsk folkupplysning. Förhandlingar vid tjugotredje Allmänna läkarmötet i Västerås 1942. Medical ethnic information.

Negotiations at twenty third general läkarmötet in Västerås 1942.

*Holmdahl Barbro*, Sjuksköterskans historia. Liber Utbildnings AB. 1994. The nurse's history. Liber education's Ltd. 1994

*Herrljungaboken – gammalt och nytt från É., 1958.*  
Herrljunga–Tarsled, Två socknars historia, Hur de sjuka togs om hand.  
*Herrljungaboken – old and new from É., 1958.*  
Herrljunga – Tarsled, two socknars history, how they having a propensity to was taken about hand. *Lennart Kjellson.2003.*  
*Höjeberg Pia, Jordemor – barnmorskor och barnaföderskor i Sverige.*  
Stockholm 1991. Midwives in Sweden. Stockholm 1991..  
*Johansson Hilding, Älvsborgs läns landsting 1863 – 1962. 1963. Älvsborgs's counties' county councils 1863 – 1962. 1963.*  
*Johansson Sören, Boken om Ale. 1985. The book about Ale. 1985.*  
*Kronans Droghandel, Årsredovisning 1999. Göteborg. Annual report 1999.*  
Gothenburg  
*Kuuse Jan, Strukturomvandling och arbetsmarknadens organisering. 1986.*  
Structural transformation and the labor market's organisation. 1986.  
*Kuuse Jan, Varaktiga konsumtionsvarors spridning 1910 – 1965. En indikator på välståndsutvecklingen i Sverige. 1969. Permanent consumer goods' dissemination 1910 – 1965. An indicator on the development of welfare in Sweden. 1969.*  
*Lindberg G, Rosén M red, Folkhälsa och sjukvård. 2000. Public health and healthcare. 2000.*  
*Lind Håkan, Landstinget i Älvsborg. 135 år i ord och bild.1998. The county council in Älvsborg. 135 years in words and picture.1998.*  
*Lönnroth Louise, Provinsialläkarna och deras arkiv. Medicinhistoria i Västergötland, Västergötlands fornminnesförenings årsbok 2003-2004. Provinsialläkarna and their archives. Medicine history in Västergötland, Västergötland's ancient monument association annual 2003-2004.*  
*Mannerfelt Otto, Älvsborgs läns landsting 1863 – 1913, I och II. 1913. Älvsborgs's counties' county councils 1863 – 1913, in and Ii. 1913.*  
*Niklasson Christina, Alingsås lasarettshistoria. Alingsås's hospital history.*  
*Nilsson Ingemar, Peterson Hans-Inge, Idéhistoria.SNS förlag. 1998. Idé history.SNI publish houses. 1998.*  
*Nordholm Uno, Om Apotekarsocietetens uppkomst och utveckling. Stockholm 1976. About Apotekarsocietetens origin and development. Stockholm 1976.*  
*Norrman, Ragnar, Prästerna och vaccinationen. En regionalundersökning avseende Uppsala län 1811-1820. I Kyrkohistorisk Årsskrift 1979. The priests and vaccinationen. A regional survey respect Uppsala län 1811-1820. In Kyrkohistorisk yearbook 1979.*  
*Olsson Helmer, Folkliv och folkdikt i Vättele Härad under 1800-talet. 1945. Folkliv and ethnic poem in Vättele hundreds during 1800-talet. 1945.*  
*Pontin M, Anvisning till Valet af Läkemedel för Allmänna sjukvården, till*

inrättande af Sockenapothek, Stockholm. 1816. Instruction to the choice af medicines for the general healthcare, to establishing af Sockenapothek, Stockholm. 1816.

*Puranen, Britt-Inger*, Medicinens roll i kampen mot tuberkulos och smittkoppor under två århundraden. I Hjärta-Kärl-Lungor 77:3/1982. The medicine's role in the struggle against tuberkulos and smallpox during two centuries. In heart vessels - lungs 77:3/1982.

*Qvarsell, Roger and Jan Sundin*, The Social and Cultural History of Medicine and Health in Sweden. In History and Philosophy of the Life Sciences, vol 17, 1995.

*Rapport från en studiecirkel*. Bygd i förvandling. Glimtar från Stora Lundbys nutidshistoria, Del 2, skola och vård. (Stencil). 1982. Report from a study circle. District in change. Glimpses from big Lundby's modern history, part 2, teach and care. (stencil). 1982

*Runeberg Johan Ludvig*, Fänrik Ståls Sägner. 1928. Legends of Fänrik Stål. 1928  
*Saujer Birgit o Peter*, Innan Alingsås blev stad. Before Alingsås became a town.  
*Sjögren Iréne*, Nils Rosén von Rosenstein. Mannen som förlängde människolivet – en trilogi. Växjö universitet, 2006.

Nils Rosén von Rosenstein. The man that the extended human life – a trilogy. Växjö universities, 2006.

*Skarback Sören*, Läkarna i gamla Göteborg. Tre Böcker Förlag AB, Göteborg. 1999. The doctors in old Gothenburg. Three books publishing houses Ltd, Gothenburg. 1999. Schmith George F, The man who saved the world from smallpox. IUniverse

Sköld, Peter, "The history of smallpox and its prevention in Sweden". Ascleipo. Revista de Historia de la Medicina y de la Ciencia, 54:1, 2002, 71-91.

*Stolt Carl-Magnus*, Läkaren och patienten. The doctor and the patient.

*Stolt Carl-Magnus*, Borås och Sjuhäradsbygdens medicinhistoria – de bortglömdas historia. Medicinhistoria i Västergötland, Västergötlands fornminnesförenings årsbok 2003-2004. Borås and Sjuhäradsbygdens medicine history – the forgotten history. Medicine history in Västergötland, Västergötland's ancient monument association annual 2003-2004.

*Stora Lundby*. En resa genom tiden. 1999. A travel through the time. 1999.

*Sundberg Carl*, Läkarvetenskapen och dess samhällsbetydelse under det nittonde århundradet. 1920. The medicine and its society importance during the nineteenth century. 1920.

*Svenska sjukhus, Del I – III*. En översikt över det svenska sjukhusväsendets utveckling till 1900-talets mitt. Stockholm 1950. Swedish hospitals, part I – III.

An overview over the Swedish sjukhusväsendets development to 1900-talets across. Stockholm 1950.

*Sveriges Apotekarehistoria, Johan Fred. Sacklén. 1833.*

*Sveriges Läkarförbund. Ett sekel med läkaren i focus. Läkarförbundet 1903 – 2003. 2003. A century with the doctor in focus. Läkarförbundet 1903 – 2003. 2003.*

*Stahre Ulf, Britanniafabriken 1893 – 1993. Ett gjuteris historia. 1993.*

Britanniafabriken 1893 – 1993. A founding rice history. 1993

*Sundelin, Arne, Sörman, Anne, Skammens hud – Om spetälska i Sverige.*

Bokförlaget DN, Stockholm. 2004. The shame's skin – about spetälska in Sweden. Bokförlaget DN, Stockholm. 2004.

*Säveån från Hedefors till Floda. 1996. The Säve small river from Hedefors to Floda. 1996.*

*Sölenius Bengt, Hälso- och sjukvård i kommunerna. 1992. Healthcare in the municipalities. 1992.*

*Torwald Anita och Rune, Bergum – en västgötaparish i omstridd gränsbygd. 1989. Bergum – a västgötaparish in controversial boundary district. 1989.*

*Vigård Folke, Lerums socknar genom tiderna. En krönika. 1976. Lerum's socknar over time. A chronicle. 1976.*

*Öberg Lars, Göteborgs läkarsällskap. En historik. 1983. Gothenburg's läkarsällskap. A history. 1983.*

*Öberg Lisa, Barnmorskan och läkaren. Kompetens och konflikt i svensk förlossningsvård 1870 – 1920. Ordfront. 1996. the midwife and the doctor.*

Competence and conflict in Swedish childbirth care 1870 – 1920. Word front. 1996.

## **Newspapers and magazines**

*Svenska Dagbladet. Medicinskhistoriska artiklar. Medical historical articles.*

*Svenska Dagbladet Inger Atterstam. Spanska sjukans massdöd en gåta. 19 mars*

2006. The Spanish illness's mass dead a riddle. March 19, 2006. *Högberg, Ulf,*

Den vita pesten - tuberkulos från forntid till nutid. I Kvartalsskiftet, Svenska Nationalföreningen mot hjärt- och lungsjukdomar 2, 1982 s. 69-75. The white

plague - tuberkulos from antiquity to nutid. In Kvartalsskiftet, Swedish

Nationalföreningen against hjärt - and lung diseases 2, 1982 s. 69-75. *Nordström,*

*Stefan & Egil Johansson, «Husförhörens läsbetyg avslöjar ärftlig ögonsjukdom.»*

I Forskning och Framsteg 1/1978, s. 52-56. ÖHusförhörens läsbetyg discloses hereditary ögonsjukdom. Ö in research and progresses 1/1978, s. 52-56.

*Nordström, Stefan*, Kyrkböckerna avslöjar ärftliga sjukdomar. I Forskning och Framsteg 7/1982 s. 39-43. Kyrkböckerna discloses hereditary diseases. In research and progresses 7/1982 s. 39-43. *Palmborg Märta*, En kvinnlig provinsialläkare bläddrar i minnenenas bok. Suppl. Nr 22, Allmänmedicin 5/1997. A female doctore flips in the book of memories. Suppl. Noes 22, Allmänmedicin 5/1997. *Sjukdomsuppfattning genom tiderna*. Svensk medicinhistorisk tidskrift, Vol. 3 Supplement 2, 1999. Disease view over time. Swedish medicine historical magazine, Vol. 3 Supplement 2, 1999 *Swartling Per*, Primärvårdsutvecklingen i Sverige. Allmänmedicin nr 4, 2001. *The development of primary health care in Sweden*.

## **Interviews, personal documents, lectures**

### **Interviews:**

*Kerstin Damell*, Den första distr.sköt. trakten, först i Lerum 1931 – 1940 sedan i Floda 1941 - 1962. Intervju på Sävegården 1998-07-22. The first distr.nurse in Lerum 1931 – 1940 then in Floda 1941 - 1962. Interview on Sävegården 1998-07-22

*Annie Bauhn*, Distr.sköt i Gråbo 1959-1985 . Intervju i hemmet i Kinna i juli år 2000. Distr.nurse in Gråbo 1959-1985. Interview in the home in Kinna in July years 2000

*Ingeborg Nilsson*, Distr.sköt i Lerum 1940 - 1980. Intervju på Höjdenhemmet i Lerum 12 november 2003. Distr.nurse in Lerum 1940 - 1980. Interview on Höjdenhemmet in Lerum November 12, 2003

*Karl-Erik Ahlsén* Om hans mor Aina Nord sjuksköterska på 1930-talet mm. Intervju i Lerum 2005-01-21. About his mother Aina a nurse on 1930-talet mm. Interview in Lerum 2005-01-21.

*Sten-Axel Nyman* Om Tore Nyman, prov. läk. i Lerum 1944 – 1970. Intervju i Lerum 2005-01-31. About Tore Nyman, doctor in Lerum 1944 – 1970. Interview in Lerum 2005-01-31.

*Ann-Marie Packendorff* Patientminnen från 1930- och 1940-talet. Intervju i Lerum 2005-01-31. Patient memories from 1930 - and 1940-talet. Interview in Lerum 2005-01-31.

*Barbro Svalin*. Distriktssköterska Floda/Lerum. Intervju maj 2005. District nurse Floda/Lerum. Interview May 2005.

## **Documents/typed memories:**

Bengt Dahlin Prov.läk/distr.läk, doctor in Gråbo o Lerum 1962 – 1995.

Evy Johansson. Barnmorska/midwife in Lerum 1953 – 1994.

## **Lectures:**

*Lidin-Jansson Gunilla*, Tankar om smittkoppsvaccinationen. Göteborgs läkarsällskap 2004. Thoughts about vaccination of smallpox. Gothenburg's läkarsällskap 2004.

*Larsson Lars*, Tjörn – när sillen försvann då ökade dödligheten. Med. hist. Fören. I Göteborg. 2004. Tjörn – when the herring disappeared then the increased mortality. With. hist. The stem. In Gothenburg. 2004

*Ingeborg Nilsson* f. 1910. Distr.sköt i Lerum 1940 - 1980.

*Lönnroth Louise*, *Provinsialläkararkiven berättar. Landsarkivet Göteborg.* 2004. The regional archive Gothenburg. 2004.

*Wikström-Haugen Inger*, Medicinhistoriska muséet i Göteborg. Historiskt om provinsialläkare i Älvsborgs län och särskilt i Svenljunga och Marks/Skene. Föredrag 1993-05-14. Medicinhistoriska muséet in Gothenburg. Historical about provinsialläkare in Älvsborgs's counties and special in Svenljunga and Mark/Skene. Prefer 1993-05-14.