THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

LONDON: SATURDAY, SEPTEMBER 5TH, 1925.

EDUCATIONAL NUMBER. SESSION 1925-26.

THE CHOICE OF MEDICINE AS A CAREER.

BY

CHARLES BUTTAR, M.A., M.D.CANTAB.

WHY does a boy decide to become a doctor? From the opening addresses still delivered each year at some of the medical schools by eminent leaders of the profession, who have long since forgotten their own motives, the answer would appear to be that the boy is inspired solely by the lofty ideal of helping suffering humanity. But human action is rarely the result of a single motive. With few exceptions the sequence of motives in the selection of the profession of medicine is, probably, the need for making a living; the influence of environment, such as contact with relatives who are doctors or schoolfellows who intend to be; the glamour of the respect shown to the doctor; curiosity. The instruction now given in schools in the elements of such sciences as biology and physiology must increase the strength of the motive of curiosity. The compound of these ingredients, spiced in many cases with the idealism of youth, is the pabulum on which the profession of medicine is nourished.

Idealism is a very valuable spice; but it needs tempering with the milder condiment, humility. Moreover, it is sublimated from the emotions, and therefore needs the corrective of reason. There is a tendency among medical men in their public utterances to make too much of the great and noble profession, with its hard work and scanty reward. Any occupation may be great or noble, hard and ill paid. The ideal parson can be just as noble, just as hard-worked, and worse paid than the doctor. Idealism is quite possible in the lawyer, perhaps even in the stockbroker. I have never ceased to marvel at the greatness of soul of the ideal scavenger; his work would revolt me more than the gruesomeness of dissecting or *post-mortem* rooms. It is well to leave to the public the estimation of the greatness and nobleness of our profession; to admonish students privately on the maintenance of a lofty aim in life; and to limit our utterances in public and in the press to practical questions which must be answered by every student and practitioner at some time in his career.

QUESTIONS FOR THE ASPIRANT.

The first question that a would-be medical student should put to himself—he will not do it, but his parents or guardians might do it for him—should be: "Is my standard of general culture sufficiently high?" To avoid trespassing on the domain of idealism, this question may be dismissed at once with the answer that the standard of culture can never be high enough, notwithstanding the examination in general education which the student is required to pass. The second question is: "In what kind of medical practice do I intend to engage myself?" The choice lies between public and private practice, though the two overlap. Public practice is salaried, and may be military or civil. Military service—in the Navy, Army, or Air Force—has certain limitations in the matter of the age of retirement according to the rank attained, and in its necessarily lessened incentive to hard work. But pay and pension are assured, so that one of the anxieties of private practice does not exist. Civil medical service has a later age of retirement, less assurance of pension, and in many cases less pay; but

greater independence, and consequently larger scope for advancement. As socialization of the community advances, more and more appointments become open to doctors. But the pecuniary possibilities are never likely to equal those of private practice. It is desirable that the highest type of doctor should enter the public services since it is through these men that the mass of humanity is ruled. A service of cultured and intelligent men is less likely than a mediocre service to make the community uncomfortable with harassing restrictions, cast-iron rules, or futile and expensive experiments.

The majority of students will become private practitioners. Private practice may be either special or general. Special practice is rightly regarded as a higher grade than general practice; its practitioners should be doctors of high intellectual capacity. Unfortunately success in this branch of practice involves considerable expenditure for the purpose of "keeping up appearances"; so that high intellectual capacity needs, for comfort, to be combined with private means. This need, however, prevents overcrowding of the higher grades of the profession. It was recently the fashion amongst some specialists to adopt a tone of mock humility in talking of the general practitioner, and to suggest thereby that the general practitioner was a person much superior to themselves. This was mere hypocrisy, and therefore nauseating. It is true that many men of great intellectual capacity become general practitioners; some prefer this practice, others cannot afford the special practice they would prefer. The work of these men is of the greatest value to the department of general practice, in that it sets a standard for the branch of medicine in which the majority of students ultimately become absorbed. In a temporary lapse into idealism it may be suggested that the general practitioner should be one who is capable, not only of selecting the specialist suitable for a particular case, but also of criticizing, in the light of his knowledge of the patient and his surroundings, the opinion of the specialist, and of advising the patient whether he shall adopt the specialist's advice or not.

The student who is destined to become a general practitioner has many questions to ask himself at one stage or other of his career. Let him not think that the National Insurance Department of the Ministry of Health has settled his status by defining the duties which are within the competence of the ordinary general practitioner. A general practitioner must be prepared to be faced with any and every ailment and accident that the human being is liable to suffer. Hence arises the danger that he may regard himself as a universal specialist. He must ask himself: "Am I capable of judging my own limitations?" Unless he is capable of doing so, his patients will suffer from ill performed operations, from prolonged courses of useless vaccines manufactured on erroneous diagnosis, from regimes of sour milk to satisfy baseless hypotheses, or from expensive health resort treatments for non-existent disease. To avoid these catastrophes the student must be well trained in diagnosis in every branch of medical practice. It is far more important that a general practitioner should be able to recognize early an attack of glaucoma than that he

should be able to perform circumcision or an amateurish operation for adenoids. Yet eye work used to be regarded at hospitals as a luxury while countless students tried to scrape out the contents of the naso-pharynx. There are some branches of medical practice in which the general practitioner should, as a rule, outshine the consultant; such are the management of confinements and the feeding of infants. But even in these matters the important things are the power of diagnosis and the recognition of limitations, so that a case of congenital stenosis of the pylorus, for example, may be referred for appropriate treatment.

The next question the student should ask himself is: "Have I the courage to be honest?" This is a very difficult question. In all ages the human being likes to have somebody or something to look up to and venerate, to whom or to which he may attribute the power he would like to possess himself. Most people venerate politicians, and think that they must be made of some superior clay. In the Middle Ages the priest was regarded as all-wise; the lawyer has had his turn; and the poet, painter, and composer have never ceased to emphasize the superiority of their mental powers. But in the home the doctor has been supreme; and the assaults of quacks and faith-healers of all descriptions throughout the ages have failed to displace him. The doctor has to keep up a reputation for wisdom; will he, by being honest, give the position away? When pressed with questions by importunate patients, a doctor should be strong enough to say, "I do not know."

Supplemental to this question of courage to be honest is the question "Am I truthful?" The probability is that the more truthful a doctor is the better for the advancement of mankind; for science, as Huxley said, has learnt that the foundation of morality is to have done, once and for all, with lying. Nevertheless, this question also is difficult, and perhaps, as another scientist used to say, not yet ripe for dogmatic statement. In cancer, is the sheep, hungry for life and looking up to the doctor, to be fed with lies or annihilated by the truth? And how many of those we try to spare would be annihilated by the truth? And shall the inquiring wife of a repentant, but gonorrhoea-stricken, husband be lulled to peace, or stimulated to suspicion? For meeting such questions the student may well ask himself, "Am I the soul of discretion?"

INGREDIENTS OF SUCCESS.

If a young man, well educated, desires to enter the medical profession as a general practitioner, is willing to try to recognize his limitations, is honest, discreet, and, as far as possible, truthful, he may wish to consider some of the factors of success. No man can possess all these factors, nor is any man so insipid as to be able to please every patient. But the more of these factors a doctor possesses, the more patients he will please.

It is not possible to define personality, nor is it possible to describe or to cultivate the type that impresses. To assume the appearance of wisdom when no wisdom exists may not be strictly honest; but there is no doubt that an appearance of wisdom conferred by nature may be a valuable asset. The attraction of personality may be increased by attention to various details. Thus it is within the capacity of most men to cultivate some measure of sympathy and charm of manner. With an effort many can make themselves alert and businesslike. Attention to personal appearance, and to the ordering of the house from which the practice is conducted, is important. The medical man has too often tried to live up to his reputation of being unbusinesslike. He may be unpunctual, or careless about noting and keeping appointments. And apart from the effect on his practice, a lack of business capacity may have disastrous effects on the doctor and on his family.

It is sometimes said that the appearance of prosperity is often a better asset than the possession of knowledge. The public can recognize a smart motor car, but not the power of diagnosis. Hence a doctor may embark on expenses which his income cannot meet, and if he dies early his wife and family are abandoned to the charity of his friends and colleagues. From his earliest days the student should be impressed with the necessity when in practice of keeping his expenses within the limit of his means, and with making provision for contingencies. The cost of this provision should be a first charge on his income, and such provision should be made at the earliest opportunity—if possible, during student days. All medical men should have insured their lives, all should have insured against sickness and accident, all should have joined a defence society, all should subscribe to the medical charities, and all should be members of the British Medical Association.

PUBLIC HEALTH: SOME GENERAL CONSIDERATIONS.

BY

HENRY KENWOOD, C.M.G., M.B., D.P.H.,

EMERITUS PROFESSOR OF HYGIENE IN THE UNIVERSITY OF LONDON.

THE importance of developing the teaching of the preventive aspect of medicine in the ordinary curriculum of the medical student is now fully recognized. Sir George Newman in 1919¹ made an eloquent appeal to this end, and to the Educational Number for 1923 he contributed an article on the "permeation" of the medical curriculum by preventive medicine. He observed that the chief glory of the present age—which he called "the Golden Age"—of medicine has been the advance of prevention, and pointed out that "it is now generally acknowledged that the ultimate purpose of the science and art of medicine is not to cure the individual patient only, but to seek out the laws or principles which govern health or ill health for the human family." He appealed to the medical student to give attention to the subject. "There are," he said, "not less than a score of Acts of Parliament which impose public preventive duties upon the medical practitioner, and 'it is required of him that he shall take an essential part in the vast national and international machinery now in being for the conquest of disease.'" The General Medical Council by the date of the article in these columns from which I have quoted had revised the medical curriculum and had recommended that the preventive aspect of medicine "should be a pervading influence all through the curriculum, affecting every subject in it, so that the student naturally and almost unconsciously adopts in his daily practice of medicine the attitude and spirit of prevention." When this comes about

the medical practitioner will the better realize the responsibility attaching to his unique position for the application of effective measures of preventive medicine, and a better foundation than exists at present will be laid for the curriculum for the Diploma in Public Health.

The fact must be recognized that those who undertake the work of a medical officer to a public health authority devote themselves to a service which, to the very large majority, does not offer a prospect of pecuniary reward equal to that which attaches to successful private practice; but a medical official performs a valuable work in congenial circumstances, given that tact, consideration, and conscientiousness which command popularity and success; and the public health worker enjoys a greater freedom than the busy practitioner—a fact which has led many of the latter to join the ranks of the former.

A medical man who desires to enter the public health service as a career must, as a first step, obtain a Diploma in Public Health, and details of the way in which it may be obtained are given at page 447. The Regulations of the General Medical Council demand that the granting of such a diploma shall be proof of the "possession of a distinctly high proficiency, scientific and practical, in all the branches of study which concern the public health." Most of the universities and licensing corporations now grant such diplomas to candidates who pass the examinations provided by them; some universities grant degrees in the subject, but these are generally available only to their own graduates.

¹ *An Outline of the Principles of Preventive Medicine*, 1919.