REFLECTIONS OF A GENERAL PRACTITIONER.*

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MANY worthy and learned men have gone before me in this office, men rich in experience, with the ability to place before you the critical results of acute observation and clearly drawn inferences; men who have added to the lustre of the position and to the sum of medical knowledge both in theory and practice. I have no such gems of learning and erudition to display, but must content myself with a few humdrum reflections upon the general practitioner and the growth of his knowledge and attainments.

Not to many of us is it granted to reach the perfection of knowledge and skill ascribed by Chaucer to his "Doctour of Phisike"—

"He knew the cause of every maladye,
Were it of hot or cold, or moiste or drye,
And when engendred, and of what humour,
He was a verrey parfit practisour."

Our pathologists, epidemiologists, and bacteriologists, searching out the beginnings of life and origins of disease, must read these words with envy deep-seated in their hearts. But possibly they, unlike the "verrey parfit practisour," are not "grounded in Astronome." And we in the humbler walks of medical life may wonder how "he kept his patient wonderfully well." Possibly it was because "anon he gave the sike man his boote."

But we must glide over the intervening centuries, with their intermingling of medicine and magic, their spells, charms, and incantations, and come down to the more prosaic times in which we live. Of late years the general practitioner has been greatly in the eye of the public. Around him many debates and discussions have centred. In the past his history has been one of constant struggle against prejudice without and instability within. Too often has he ploughed his lonely furrow and toiled in more or less obscure seclusion, whilst the limelight has been directed upon his more fortunate consultant brother. But events of the last ten or twelve years have dragged him from his rôle of the quiet and unostentatious worker and have subjected him to the criticism of all sorts and conditions of men—both inside and outside his own profession.

He has been the subject of ardent debates amongst laymen, of tender solicitude upon the part of prominent officials of friendly societies, of anxious concern to his fellows, and, of course, of the disinterested attentions of very superior officials at Whitehall. He is belauded and criticized by turns; condemned, exhorted, and legislated for. Should he be associated with any public service, regulations are showered upon him, and he goes in peril of being bound hand and foot in red tape. By training and occupation the general practitioner is the most individualistic of persons. His whole life is occupied in attaining and developing the personal touch. Whatever his scientific and professional accomplishments may be, he is in danger of failure, more or less complete, if he does not succeed in coming into personal and living contact with his patients.

From his cradle in the medical school he is taught to rely first and foremost upon his own judgement and skill, to be ready of resource, to adapt his methods to his surroundings, and to be prepared, if necessary, to meet all situations and deal with all sudden eventualities with promptitude, decision, and dispatch. He is trained to observe for himself, reason for himself, and act for himself, accepting grave and insistent responsibility in the interest of his patient suddenly confronted by any one of the dire crises which lurk unseen around the unsuspecting wayfarers upon the road of life. He is told many things about the human body and its vagaries, and how to deal more or less efficiently with its variations from health. He receives too little instruction in his relation to his patients, to the community, and to his fellow practitioners. Finally he is launched upon the world with the assurance upon a roll of parchment that he has been examined in this, that, and the other, and found to be a suitable person to practise the arts of medicine, surgery, and midwifery. What wonder, then, that, living his life in the public gaze of the little world in which he moves, he constantly lays himself open to misunderstanding, criticism, and even to malicious slander.

So it comes to pass that this intense individualist, too

often self-centred in his work, is harassed by advice as to how to make more of his life and opportunities. By some he is implored to save his soul alive and deliver himself from the pressure of his environment and his own native inertia by becoming a trade unionist. By others he is urged to communal activities; or, again, he is forced into a more or less questionable position as a grade of civil servant. Even his own familiar friend, a member of his own profession, has lifted up his heel against him.* By this candid critic, writing in a pseudo-philosophical strain, the general practitioner is assured that his position in society and in the regard of his fellow men is threatened, even if not doomed to degradation. He is told that he is regarded by the working classes, for whom his labours have ever been freely and cheerfully performed, as being the most mercenary of craftsmen—a tradesman in the worst sense of the term. This critic generously admits that, whilst desirous of making as much money as possible, the great bulk of general practitioners are truly willing to give their best in the interests of their patients; but he avers that there be many, and too many, in the ranks who can only be described as "the cad in medicine"—to whom the oath of Hippocrates is a vanished memory—whose only object is to get the most and give the least, and play the parasite on their fellow men. If this be truly the considered opinion of the East End of London we tremble to contemplate the position which we must occupy in the regard of the hard-headed sons of the North. But we resent and repudiate such a view.

As a side-light upon the mercenary character of the general practitioner one may cite the recent action of the Panel Committee of Sheffield—practitioners in our own Branch area—in giving £1,000 to the Sheffield University, "to promote the policy of bringing physiology into closer relation with the practice and teaching of clinical medicine." This was a purely voluntary effort, the means being found by the judicious use of a voluntary panel levy. Even in discussing the National Insurance Bill Mr. Lloyd George made a great point of the fact that it would reduce, if not abolish, what he gracefully referred to as "wrangling in the sick-room" as to fees and emoluments. I venture to think that there have been far more wrangling and disputations over his annoying certificates and the situations created by his multitudinous regulations than ever took place between the ill-paid practitioner and his non-paying patients.

But to turn for a moment to the other side of the picture. The general practitioner has been belauded and encouraged by other, and, as we hope, more generous and truthful observers. They tell him that the future glory of the profession is his to realize; that he is the basis upon which is to be built the magnificent edifice of a truly National Medical Service which is to banish pain, disease and suffering and to usher in a glorious æon of virile centenarians. He is expected to be the embodiment of knowledge, wisdom, understanding, insight, tact, skill, courage, and numberless other virtues, accomplishments and attributes. Like Caesar's wife he must be above suspicion—but may not be trusted to have a stock of panel dressings lest he divert them to his own use. Like St. Paul he must be all things to all men, but, unlike the apostle, he may not speak his mind too freely without fear or favour.

Yet the general practitioner is more than an individualist—he is also, in his highest moments, an idealist. Confronted with the many problems of disease and abnormality, he is ever reaching forward to the time when things now obscure shall be made plain, and when we shall no longer see through a glass darkly, but, as Kipling sings of the true artist—

Each for the joy of the working
And each in his separate star,
Shall draw the thing as he sees it
For the God of things as They Are!

We admit, as general practitioners, many delinquencies, and we acknowledge many shortcomings. We grant that, in the rush of work, our clinical notes are apt to be fragmentary and lacking in cohesion; that the beginnings of disease, which come so frequently under our notice, are not recorded in such a way as to form reliable data for the establishment of broad general principles, or the compilation of brilliant monographs; that these same early symptoms and apparently unimportant signs appear as a mass of inco-ordinated and uncorrelated details. But we have great hopes for the future, and believe that, out of the chaos of multitudinous minor symptoms, much useful and concrete information may emerge; and that the foundations of medical knowledge may therefore be broadened and deepened, to the strengthening and establishing

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* *Lancet*, February 26th, 1921.

of the great temple of science, in the building of which we are labourers—ardent, if unworthy and obscure. We may not all equal the achievements of Sir James Mackenzie in his wonderful clinical work, carefully carried out during the pursuit of a busy general practice, but his example is a stimulus to us and one which each may emulate and follow, even if it be afar off. The system of clinical research established by him at St. Andrews will have far-reaching effects and is capable of great development in many centres in the country. It is a great idea, and it would be well if every teaching centre should gather around it the men of its own area in general practice, and bind them into some similar band of workers to forward the cause of medical science. Surely there must be such men within easy reach of every school of medicine who could give a course of lectures or demonstrations, chiefly of a clinical nature, to those who, at present, are apt to see disease only when well established and presenting the features well known and described in textbooks, and systematic lectures. Young practitioners would thereby be saved many of the rude shocks which meet them upon commencing private work, when they find how obstinately disease declines to present itself in textbook shape and how difficult diagnosis can be before the characteristic symptoms of hospital cases have fully developed. They would learn that every stomach-ache is not appendicitis, whilst recognizing that this fell disease must be ever in their mind. How many cases of very early pneumonia are seen by the hospital student?

By the formation of such clinical research associations amongst general practitioners a greater zest would be given to our domiciliary work. The feeling of comradeship engendered, together with the diminution of the sense of aloofness, too often prominent in our lives, would make for progress and advancement. Rare traits of character and ability would be brought to light in hitherto unsuspected quarters and mutual respect would be cultivated, which is not born of private antagonism under present conditions of life. Such work and association in research would better equip the general practitioner for taking his proper place in any hospital appointments which may open under the Dawson or some similar scheme for a real national, but not bureaucratic, system of medical service. Further, it would tend to the diminution of empiricism and increase the scope of rational treatment. Empiricism, very fortunately, has been a steadily declining factor in the practice of medicine. Ever since men ceased to draw all their ideas from the writings of dead philosophers, the ancient fathers of medicine, and began to observe, inquire, and infer for themselves, rational treatment has progressed by leaps and bounds. Anatomy, physiology, bacteriology, pathology, chemistry, and physical science have all added their quota to the building up of a science daily becoming more exact. And many empirical ideas have been found to have their roots deeply embedded in the truth and have been revived and established firmly as medical facts.

The early Victorian and pre-Victorian novelists were not a little unkind—perhaps with some justice—to the medical men of their day, describing them alternately as empty-headed pomposities or fussy ignoramuses, bound hand and foot to bleeding, leeching, and sweating, and given to the use of high-sounding phrases of unmeaning dog Latin—as, for example, Fielding's Dr. Barnabas. But gradually there came a great change, and out of such unpromising material as the Bob Sawyers and Ben Allens of a past generation there was evolved a race of sturdy, independent practitioners. The family doctor arose who was not only medical adviser, but in many cases the guide, philosopher, and friend, to whose kindly judgement and advice manifold domestic and other difficulties were submitted. Mr. T. Pridgin Teale still feels that the great need is the making of good family doctors. "Nowadays," he says, "so many young fellows wish to go into specialities. To be a good family doctor is about the finest medical position a man can have. I have come across some splendid examples of them, men who can be the very greatest comfort to a family in distress. The work calls for him to be a gentleman in the truest sense of the word, and some of the finest examples have been country medical men." We may remember, in passing, that the establishment of the medical school at Leeds, with all its glorious traditions, especially in surgery, was the work of general practitioners in the old apprentice days. For many years all the staff were in general practice in addition to their consulting work. We all deplore the threatened passing of the genial and true-hearted family practitioner, who seems doomed to vanish in the flood of superficial knowledge which is overflowing the country. His personal and family influence have been undermined to the point of

threatened extinction by the increased activities of the State in communal medicine.

The great tendency to convert the doctor into a civil servant, the disintegrating effect of the National Insurance Act, and the openly expressed desires of many, both within and without the profession, for a whole-time medical service, have all conspired against the confidential position of the general practitioner. The wrangle about money—hitherto confined, when existent, to the privacy of the house—has been transferred to the senate, the conference chamber, and the columns of the daily press; and the commercialism, if any, exhibited by the profession has been thrust upon us by the politicians and by men who reckon all things in terms of pounds, shillings, and pence, and reck little of conditions of life and the true magnitude of service rendered. During the controversy upon the Insurance Act some of us in Bradford met in debate certain political supporters of the Act. One of them exclaimed in horror: "Why, some of you will be getting £1,000 a year!" Appalling thought! Could any professional man possibly be worth it? It is true that during the last thirty or forty years medical education has immeasurably advanced; we are all expected to know something of many special subjects, and specialisms and specialists have multiplied greatly. More than ever medicine ranks as the profession for which the preparation, even for general practitioners, is longer, more arduous, and more exacting than in any other. When we consider the many and varied examinations, the long lists of subjects, general and special, of medical and surgical knowledge which have to be faced by the present-day student we cannot fail to see that the term "learned profession" can be no empty-sounding title to those who would secure a place within its ranks. Surely the labourer is worthy of his hire!

As days and years pass, we who have borne to some extent the burden and the heat of the day perchance find ourselves wallowing in the wake of the ship of medical progress. With difficulty do we keep our little craft in the right track, and we struggle on in our attempt to keep abreast of ever-increasing knowledge. At the same time we remember many ideas, theories, and methods of practice which have come and gone. They have been greatly boomed, indiscreetly exploited, and hailed as the last word in their particular sphere of thought and action. How many such have sunk into oblivion and are now remembered only with the indulgent smile of presumably greater knowledge. But some, such as the great work of Lister, have laid the foundation for further progress and for the erection of a more glorious edifice of practice and achievement.

Many of us remember the time when no abdominal case was nursed in the general ward, when the patient must not be carried along the corridor to the theatre, but the operation had to be performed in a special ward and the patient lifted straight into bed in the same room; when the unlucky house-surgeon had to go up every four hours to drain the fluid out of Douglas's pouch and turn the Bantock's tube. The whole performance was conducted under the hissing Lister's carbolic spray, lest any stray germ should crawl in and set up trouble. At that day the spray was in constant foggy evidence at all operations, and anxious dressers rushed from ward to ward bearing the steaming apparatus for an antiseptic dressing. But, to quote once more the words of Mr. Pridgin Teale, "we in Leeds worked right through the carbolic acid period and went on and on. When Sir Berkeley Moynihan became surgeon he took up with vigour the complete Lister teaching, and we passed from the antiseptic to the aseptic period." These events were taking place at the time when Erichsen, in the 1887 edition of his monumental work on the *Science and Art of Surgery*, was saying that an art could only be carried to a certain definite point of excellence—could not be perfected beyond certain attainable limits. That in the art of surgery we had nearly reached these final limits there can be little question. In the scientific branch of surgery we were but as yet on the threshold. In 1921 Mr. Teale says that the modern medical man is terribly scientific, and Sir Berkeley Moynihan says, "To-day the view prevails that surgery has reached her destiny and is almost a finished art." He continues, "We can look on it now as just the key which has been made to unlock a great many closed doors. It is only just beginning its true function." How similar the statements with nearly forty years' experience between them!

From general considerations as to what manner of men we practitioners be, we pass now to a few points in our relation to the community and to the State. And first I would desire to note one point in our duty

to ourselves. Too often we hear it said of one untimely cut off, "Poor fellow, he died before he could save anything for his family," and our charitable institutions have to step in and good-heartedly do what they can to help. Much better would it be if every newly qualified man would at once insure his life to his fullest ability, increasing such provision as his financial position improves. How much misery would be avoided and how many rough places be made plain! I would earnestly commend this to the attention of our younger colleagues.

Then, too, there are our duties to our fellow practitioners. We should cultivate the spirit of mutual helpfulness and curb the feeling of antagonism and competition. Competition there must be; but this view need not exclude friendly relations. The meeting together in scientific or social gatherings tends to teach us more of one another and to show us that our associates in practice are not such bad fellows after all. The friendly help tendered in times of sickness is a bond of unity not likely to be broken, and in this matter I tender my grateful thanks for help in time of need. The general public have a great idea of what they call medical etiquette. I have yet to learn that so-called medical etiquette is anything more than the good old rule of doing unto others as you would that they should do unto you. A short time ago I was assured by a Church dignitary that under our "rules" a man could not even change his doctor. The reply was obvious. In spite of all our weaknesses and the strictures of captious critics, the spirit of the oath of Hippocrates rules our professional life and regulates our relations to each other and to our patients.

In this our own Association we are banded together for the extension of knowledge and the interchange of experience, as well as for the promotion of the honour and dignity of the profession. We are united by the moral laws of community of interest and of purpose, of endeavour, and of aspirations. Our relationship to the community in general and to the State has undergone great changes during the last twenty or thirty years. The well-known altruism of the profession has been exploited by the State, by clubs, by pseudo-philanthropists, and the general public. To such an extent has this gone that services, cheerfully rendered to necessity, have been demanded as a right, and any attempt to place such services upon a sound and reasonable basis has been resented as something bordering upon extortion and commercialism. The low fees of contract practice instituted in a kindly spirit for the benefit of low wages and large families were barefacedly quoted by an eloquent Chancellor as the basis of pay for his distribution of the rare and refreshing fruit of his Insurance Act. Step by step the municipality and the State have invaded the domain of the private practitioner. Not content with the general supervision and regulation of the health and conditions of life of the people, they have filched from us duties and privileges heretofore regarded as our own: they have come between us and our patients, and have laid upon us other duties and responsibilities undreamed of by our predecessors. The unrequited issue of the ordinary death certificate, open to all sorts of curious eyes, the notification of infectious diseases in an ever-lengthening chain—now at least twenty in number—that of industrial diseases, of births of infants, the proposed compulsory notification of venereal disease, together with the filing of records, the secrecy of which is not above suspicion—all these things, necessary as some may be, bring us into daily contact, if not conflict, with the general public, and undermine our position as the confidential friends and advisers of our patients. Now one reads of a proposal that notification of tuberculosis should follow a patient from M.O.H. to M.O.H. wherever the victim moves, thus justifying the complaint and criticism of one of my patients that he would become a marked man—at his home, his work, and wherever he removed.

How has this situation arisen? It is the natural and logical outcome of the altruistic desire of our profession for the betterment of the nation. In season and out of season we have preached care for the health of the community, regulated conditions of industrial life, demolition of slum areas, better housing, pure water, pure milk, and healthy surroundings. But the local authorities in particular, forgetting the origin of their knowledge and the inspiration of their enthusiasm, despise and repudiate the criticism of the profession upon their methods, uttering the parrot cry of "self-interest" and accusing us of having respect to our own pockets rather than a desire for the welfare and health of the body corporate. They thrust upon us and upon the long-suffering ratepayer grandiose schemes of communal medicine, indifferent alike to the cost of their ventures and the truest interest of all concerned. There is a feverish haste to be in the forefront

of movement—which they call "progress"—too often forgetting their position as guardians and executors of preventive medicine and unnecessarily invading the domain of curative medicine. They are apt to establish large coteries of *soi-disant* specialists, of recent qualification and immature growth, to the exclusion of men who live among the people, whose lives and interests are bound up with those of the people whom they serve. There must be some form of communal medicine, but in it the general practitioner should be duly and effectively recognized. It is quite true that, as the Dawson report says,

"Preventive and curative medicine cannot be separated on any sound principle, but they need not be too closely identified, but rather they should be brought together in close co-ordination. They must likewise be brought within the sphere of the general practitioner, whose duties should embrace the work of communal as well as of individual medicine. It appears that the present trend of the public health service towards the inclusion of certain special branches of curative work is tending to deprive both the medical student and the practitioner of the experience they need in these directions."

There are many things in which really expert advice is necessary, as in housing, drainage, food inspection, water supply, control of epidemic disease, and so on; but as general practitioners we object to the wholesale creation of clinics, whether of children, schools, infants, or antenatal, with many others staffed by newly-qualified practitioners fresh from the school and hospital, who have little, if any, experience of the great world of medicine which they have but just entered, who possess but dim ideas of the work and difficulties of the general practitioner, and are ignorant of the daily life of those whom they are called upon to treat. We think that in most of these cases the services of the general practitioner should be sought and used to the uttermost. Administrative officers there must always be, but of purely clinical officers, except of highly specialized character, there need be but few. Much has been said and written of the need for the knowledge of the beginnings of disease, and who but the general practitioner really sees disease in its earliest stages and in its protean aspects before its real character has been overlaid and masked by complications and accessory conditions? But the ordinary medical attendant must see to it that he leave no stone unturned so to keep himself abreast of the new methods of treatment and new conceptions of disease that he is ready and willing to step in and undertake the treatment and prevention of disease as opportunities arise. My lamented and revered teacher, Mr. A. F. McGill, would say to any obtrusive student, "Ah! Mr. Blank, knowledge comes but wisdom lingers." Let us hope that, with all the avenues of knowledge open to our rising generation, wisdom may follow close upon the heels of knowledge. Thus shall we find the general practitioner taking a greater and nobler share in the development of the Art and Science of Medicine in all its varied branches, and more firmly establishing himself as an integral and essential part of the whole fabric.

THE WAR WORK OF THE RED CROSS.

BEFORE the war it was recognized that the Red Cross societies would be of value during a campaign in affording to the Army Medical Service the organized provision of supplementary aid. If, during the great war, this had been all that the British societies accomplished it would have been work well worth doing, and these bodies would fully have earned the gratitude of their country. It is common knowledge, however, that this was by no means the whole extent of the work of the Red Cross societies. Yet, until the appearance recently of the general report—a stout volume of over 800 pages—of the Joint Committees of the British Red Cross Society and the Order of St. John of Jerusalem in England, few can have realized how great were the war labours of these societies. Their services were such that they were able from the beginning to inspire the military authorities with confidence, and cordial relations were established between the Red Cross, the R.A.M.C., and the R.A.S.C., without which the success of their work would have been impossible.

Co-operation with the Army Medical Service.

In regard to the functions of Red Cross organizations in time of war it is the duty of the Government to provide for the assembling of wounded from the field of battle,

* Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England, 1914-1919. London: H.M. Stationery Office, 1921. (Pp. 823, illustrated. 12s. 6d. net).