THE FAMILY DOCTOR AS SPECIALIST.

ABSTRACT OF THE ALEXANDER BLACK MEMORIAL
LECTURE.*

BY

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AFTER a short tribute to the memory of Miss Ann Black, the foundress of the lectureship, and of her brother, the subject of the address, the lecturer went on to say that he desired to indicate some lines of activity in his own sphere, and not to trench upon the specialized work outside it, in which the family doctor might yet be of great service to the community. It was for the family doctor first to keep alive the great truth of the inherent unity of medicine in all its forms. Secondly, in his work there were positions occupied by him which by their very nature could not be occupied by anyone else, and in which much useful work might be done. Thirdly, the lecturer wished to consider the ethics of the family physician: what in him was the result of the impact on his mind of the vast body of "disharmony" with which from first to last he had to contend.

The Family Doctor in History.

To those with the historic sense the history of medicine conjured up a long vista into the past. Through Babylon and Egypt we came to Greece, the motherland of Medicine; she was truly our spiritual home; it was from her that we drew our earliest nourishment, in common with Art, with Music, with Literature, and Philosophy. We thought of Hippocrates, the Father of Medicine, and still looked to him as our teacher in the higher ethics of the profession. The high ideals of those times were still around us; the Sarastro chain of the high mission to humanity, the Democedes chain of loyalty to co-workers, and the Hippocratic chain of devotion to our suffering clients and to "the Art." The beautiful shadow of Apollo hovered over us still, Harvey himself was full of his debt to Aristotle and the ancients, and it should be noted that all these makers of medicine, from Democedes to Harvey, were men in the general practice of medicine, and the line went on through Jenner, another epoch maker, down to our own Mackenzie. The family doctor was the lineal descendant of these makers of medicine; he stood in the forefront of the battle against disease, and it was his *métier* to represent the inherent unity of his art in the world of medicine, and to act as its general interpreter to his patient.

The Family Doctor as Specialist.

A century ago medicine in this country was in a rather inchoate condition. There was no true corpus of medicine, but the family doctor had become of some importance socially. Instances of the light in which he was regarded were quoted from George Eliot and Oliver Wendell Holmes, and the life and work of Dr. Francis Adam of Banbury—who combined general practice and a profound knowledge of the Greek classics and of nature—was described. About that time there arose Charles Hastings, an Englishman, who went out from Edinburgh University carrying with him its fine atmosphere of culture, of plain living and high thinking, and *camaraderie* between lawyers, doctors, ministers, and all cultivated beings. He conceived the idea of a society of medical men that should make for the "honour and respectability of the profession," and the result of his labours we know to-day as the British Medical Association—the outward and visible sign that doctors were a band of men united in aim and living to some extent in unity with each other. A second factor was the passage of the Medical Act in 1858, in which by the creation of the General Medical Council a certain high standard has been set and maintained. The medical man of half a century ago was probably at as high a point in the society

of his day as he had ever been. From this time onward, however, there arose three factors which had tended towards a decline in the usefulness, and therefore of the status, of the family doctor. The first was the rise of the antiseptic system of surgery; this affected him in two ways: by widening the possibilities of surgery so that he could not hope to keep pace with it; and by attracting into surgical practice many of the keener men, who might otherwise now be in general practice. The second factor was the tendency towards collectivism in dealing with matters of public importance, such as the prevention of disease. The other and most deteriorating factor was the National Health Insurance Act. This was said by the lecturer in quite a definite and restricted sense. From the point of view of the community the system was as nearly an unmixed blessing as might be; its influence upon that part of the profession which carried out its provisions was not so good, and was one that might tend towards deterioration. Public moneys were involved; and on the plea that these must be safeguarded the medical profession was saddled with the responsibility of carrying this out by a system of regulation entirely foreign to it, and tending to check any advance in efficiency in its own proper sphere. A cumbersome form of certificate, with regulations to enforce it, was the bugbear on the one hand, and on the other, a "checking bureau," which was on the alert to insist upon economy in prescribing; these two, with the resulting complaints, exactions, fines, and humiliating appearances before Panel Committees, could not fail to have a demoralizing effect upon the panel doctor, who was the family doctor of the working classes, and to degrade him in the eyes of the general public. Materially he is better off, but from any but the financial aspect he is in a miserable plight, tied up by red tape in all directions, and wasting in certification, prescription checking, and recording every trifling scratch and passing ailment, time which should be devoted to the practice of medicine. These three factors had brought it about that the men now in general practice had not the standing of their predecessors of fifty years ago, and the process of deterioration was likely to become more marked as the years went on.

There was, however, a way back to a considerable and respectable place in the medical world: the family doctor was better placed for the observation of certain things than any specialist. To this three objections might be brought: first, the duty of a family doctor was to make use of the results of research, not to carry it out in its scientific aspect; secondly, a family doctor who became particularly interested in any branch of medicine was apt to make it his whole work, and to become a specialist; and lastly, and most important, the limited experience of any one man. In spite of these objections there were directions, untouched by others, in which he might do good work.

First, the study of the beginnings of disease. This was the burden of Sir James Mackenzie's mission; for thirty years he worked to show that in the study of the beginnings of disease there was a virgin field, and that the family doctor was the only one who could work it. In the scientific world Mackenzie was probably remembered as the inventor of the polygraph; but it could not be too strongly insisted upon that his claim to lasting fame rested upon the discovery of an idea, and not of an instrument. This idea was now being carried out at the James Mackenzie Institute at St. Andrews, where the different signs and symptoms of disease were being considered, and the observations tabulated, so that in time a body of evidence might be collated which would throw light upon the beginning of disease; and this work was being done by men in general practice.

Secondly, the practice of what might be called "urgent surgery." The man in country practice, far from the great centres, could save much suffering to the patient, and loss of time in removing an acutely ill case to a distant hospital, if he were able and willing to do such operations as those for strangulated hernia, suture of a ruptured gastric ulcer, appendicectomy, and tracheotomy. The country doctor, then, should specialize in this urgent

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surgery, not in the sense of special research, but in that of keeping himself fit to deal with urgent cases as they arose.

Thirdly, collective investigation, by men in general practice, of diseases which did not present themselves to the specialist.

Fourthly, a special line—prevention. The family doctor should have opportunity of observing the family in health, on the analogy, now so usual, of taking children to the dentist at regular intervals.

Fifthly, he might exercise the "scientific imagination." This was a contradiction in terms, synonymous with the deductive method. It had already been suggested that the inductive method, involving as it did prolonged research, was practically out of reach for the man in general practice, who seldom saw enough of any one kind of case to form a sound induction. But there was the other method, that of deduction, of synthesis; and it was this habit of speculative thought that had been used by most of the men who in general practice had contributed to the advance of medicine—Harvey, Jenner, Lister, James Mackenzie, men all of the deductive cast of mind. Some examples from recent medicine were the use of salicin in rheumatism, by the late Dr. T. J. Maclaren of Dundee; of thyroid in skin diseases, by Sir Byrom Bramwell; and the speaker's theory of the increased susceptibility of the pregnant woman to disease. Akin to this deductive faculty was that valuable asset to any man in general practice—a sound clinical instinct.

Work such as this was well worth the attention of the members of our body who wished to maintain the standards of their forebears. The times had changed, and we had changed with the times. It was almost a truism to say that new laws tended to produce results never dreamed of by their makers. This applied to the National Health Insurance Acts. No one thought of them as tending to change fundamentally the main activities of the medical profession. And yet they were, in the ways already indicated. The doctor's time was so much taken up with records of trivial events, with writing certificates, writing and re-writing prescription forms (largely, if not entirely, for the convenience of the approved society officials, and for prevention of fraud by chemists), that a very substantial part of his time, which should be given to nothing but the practice of medicine, was wasted, and he was becoming merely an official concerned in administration of funds—work which could be done by lay people, and done quite as well. It was work foreign to him; he was not, as a rule, a good business man, and he often did it carelessly, with the result of "breach of regulations," censure, perhaps fine, and in any case a lowering of his prestige as a member of a profession whose proper work was on a higher plane, and which he probably did as well as anyone. Might it be found possible some day to hark back to the fundamental truth that the doctor's work was the treatment of disease and nothing else?

The Ethics of Medicine.

The family doctor had yet another use to the community; he stood in a very special position in regard to his patients, a position quite separate from the professional one. His work brought him into very close relationship in many a home. In many aspects of life all sorts of things were brought to the doctor for advice, giving him probably as full an idea of the lives of the people, their wants and difficulties, as most. Again, doctors lived in a strange environment of disease and pain and weakness, among "disharmonies" of every physical and psychic kind. Their work was largely with the unfits and misfits of life, seeking to refit them more or less for the work they had to perform. The great mass of healthy folk, who never needed their aid, lay outside their purview.

Thus doctors lived in an artificial world of disharmonies. What was the effect upon their mind? On many it had none. Most men did not dwell on the sad, tragic, or revolting aspects of medical life; but many thought it over and tried to evolve some explanation of this perennial struggle of mankind against its environment of disease

and suffering. As usual it was well to go back to Greece to find the first questionings and the noble responses. Just as there were two classes of thinkers always with us—Platonists and Aristotelians, Idealists and Realists—so in this quest we found those who held that happiness was the prime object of man—the Epicureans; and what might be called the nobler sort, who held that to look for happiness merely was to pursue a chimera which would never be found, or, if found, would only disappear—the Stoics. One or other of these must be chosen, and in these days the Epicurean would gain a clear majority vote. The atmosphere to-day was one of conscious seeking of pleasure, anywhere and everywhere. Was it worth while suggesting that this was a passing phase, recurrent at certain periods of our history? For the spirit of man was built for nobler things. There was that in the Stoic philosophy which found its counterpart among the finer races of mankind at all times and places, the instinct, namely, that the pursuit of self alone brought no real and lasting satisfaction; that something else was wanted—the other than self. There was in man the sure knowledge that suffering was not all to the bad, that to endure was to become strong, that the plaint of Faust, "entbehren sollst Du, sollst entbehren," had some justification if the race was to maintain its high traditions. The great ones of the earth were not reared in the lovely isles of the sea, or the tropical belt, but in the rugged hill countries where Nature was harsh, and brought up her sons inured to cold and hunger and fatigue. Look again at the sick beds one knows, of patients often racked with pain. How patient, how thoughtful of others, how resigned to suffering were these; if the spirit of man were not in them being "made perfect through suffering," then there was no meaning in it. There was in man something more than the quest of happiness. That quest found its fruition easily, and its end was not peace, but mere satiety. The other, the not-self, was it not that for which the medical art existed? Were not its votaries of all grades and branches guided by the same instinct of devotion, of unselfishness, of service? But this was not, and never had been, confined to doctors and their craft. That same instinct of self-control, of inhibition of the lower impulses, showed itself alike in the stoical North American Indian, the Samurai of Japan—Bushido—in the English public school man, in the Presbyterian Scottish forebears, and in the Greek philosophers.

Conclusion and Summary.

The lecturer, summing up his argument, said that the family doctor might be looked upon as the inheritor and curator of the truth that medicine had a corpus of its own, which must not be allowed to become a mere congeries of specialties; that in this territory he had a sphere of activity all his own, in which he might find freedom from the paralysing influence of officialdom. In this scheme of things there was but little room for self, but plenty of scope for service. Width of culture; keenness in work, depth of sympathy with the needs of poor humanity, such were his aims. They were those of Alexander Black, in memory of whom these words were spoken—in memory of a scholar of refinement, who for his living pursued the art and craft of medicine.

Thus one arrived at a vision of the family doctor. He was the heir of all ages, of Hippocrates and before him; with them he inhabited the main road on which the advance of medicine was journeying. It was his to travel on lines where he was nearer to the heart of humanity than any but his ancient ally the minister of religion; like him he sees things and feels experiences known only to them and to the people in whose homes he knows of deeds of quiet heroism, of suffering borne in silence, of self-sacrifice, of many things not published to the world. He saluted with reverence the spirit of humanity, for he knew, because he had seen, that that spirit was stronger than the pains and troubles of this mortal life; that there was nothing, not pain, nor hunger, nor weariness, nor the haunting dread of death and the invisible, that the spirit of man would not surmount and find itself the conqueror, not once and now, but always, and to the end.