

SECOND SESSION

OPENING REMARKS

Dr Annis Gillie (*President, The Royal College of General Practitioners*)
(*Chairman*)

If there is one name that is more closely associated than any other, with psychiatry it is that of Yellowlees and so it is of particular interest to welcome Dr Walter Yellowlees, so well known to everybody here to speak on what one might call his family's traditional discipline and in relation to our own special discipline of general practice.

“All the world's a stage”

Dr W. Yellowlees, M.C., M.B., Ch.B. Edin. (*General practitioner, Aberfeldy*)

If we think of the human psyche as a dynamic thing motivating all human activity, how can we define its limits in our patients? Can we separate off a group of illnesses and say that these are psychiatric or psychogenic as opposed to this other group which is purely organic? I do not think we can. Every illness has an emotional component and the doctor's judgement of what is psychiatric will depend on his awareness of this component and on the importance he attaches to it. Estimates are therefore always bound to vary according to the personality of the observer.

Let me try and illustrate the difficulty by quoting a case; a woman diabetic aged 48 began having a series of devastating hypoglycaemic attacks. On many occasions as she lay deeply comatose on her sitting room carpet, intravenous dextrose solution had to be given before she regained consciousness. She was referred back and forth to hospital departments but adjustment in her insulin regime and diet made no difference; the attacks continued. This seemed at first a straightforward case of unstable diabetes, but the salient fact in the history was that until her recent marriage to a man much older than herself she had held down quite a responsible job, and managed very well. It became increasingly obvious that this marriage was at times far from happy. During my visits violent arguments would flare up between husband and wife, and, as so often happens in general practice, this was a case where you start off with what seems to be a simple complaint and you end up as a kind of unwilling referee in a marital boxing ring. In this bout when with some care the contestants were separated from their clinch and discreetly listened to in their respective corners, her story went something like this. She protested, “Doctor, he nags, nags, nags me about my insulin, about my tests and about my diet, he keeps going on at me, he won't leave me alone, oh if only he would leave me alone”. (And I wondered if this was an echo of the age long cry of the frigid wife).

The husband in his corner fancied himself as having some medical knowledge. “Doctor”, he would say, “I try to keep her right with her insulin and with her tests and with her diet, but she pays no attention to me, no attention at all, she will just not do what she is told”. (A hint, there of the age long exasperation of the husband, going right back to the book of Genesis). I do not pretend to understand the biochemical mechanism in this case, but I am sure that the cause of the trouble was essentially psychiatric and subsequent events proved this assessment to be correct. But if I had not