The opinions of Sir James Mackenzie*

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. . . He regarded his discoveries not as important in themselves, so much as examples of method in medical research. It was by his ideas on the objects and methods of medical research that he wished to influence the future, and by these that he wished to be remembered.

. . . Medicine is becoming increasingly complex. It includes more than 30 special subjects. These specialties exist because the corpus of facts and the variety of techniques are no longer within the scope of one doctor. They are at present within the scope, it would seem, of 30 doctors working as a team. How then can one general practitioner set himself up as competent to deal with any and every sick patient that he sees? Must he not give place and relinquish his responsibility to a committee of experts?

Such is the central dilemma of the general practitioner today. Around the central dilemma are clustered the lesser difficulties, some apparent, some real. He has no chance to teach his own work. He has either limited or no access to laboratory and radiological methods of diagnosis. His experience is considered too superficial for reliable research to be done. His professional status, in comparison with the specialist, is questioned.

To the general practitioner in this situation Sir James Mackenzie offers a vital challenge and this for three reasons:

Career

First, his career. He was a general practitioner until the age of 54. He then became a consultant at a teaching hospital of first-rank. That is, in itself, an exceptional achievement, but he capped it by returning after 11 years to general practice, doing this despite a worldwide reputation as a consultant.

To anyone steeped in the spirit of medical hierarchy, this behaviour is odd; to a general practitioner it is a symbol of great value.

Research

In the second place, Mackenzie was one of the very few general practitioners who carried out, in practice, research of the first importance—research, moreover, much of which could only be done by a general practitioner.

Role of the general practitioner

In the third place, he held opinions about the objects and methods of medical research and practice which deeply justify the position of the general practitioner and give a clear answer in his present dilemma.

. . . In the face of specialization, he maintains the need for men with overall experience and vision in all branches of medicine, considering these qualities essential both to research and to teaching.

So far from the general practitioner being ousted from his responsibilities, he asserts that there are special fields peculiar to him. Chief of these is his privileged ability to follow his patient and study his disease, if necessary, for years. Again, he is the only

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person who can study the earliest stages of disease (and by these he means the stages when a cure is still possible). He is far from regarding general practice as a bar to research.

"If then to achieve the aim of medicine (the prevention and cure of disease) it is necessary to recognise disease and understand all the phases of its life history, it is evident that only one class of individual has the opportunity for acquiring this knowledge, and he is the general practitioner. His opportunities as the family physician enable him to become acquainted with the lives of a number of people, through seeing them before disease attacks them, and watching them during the whole course of its development. He has also the opportunity of observing all kinds of diseases, and the interplay of primary and superadded diseases. He is the only individual who has the opportunity for finding out the significance of the various signs, a knowledge of which is absolutely essential to the investigation of disease, as well as to the rational practice of medicine. His opportunities give him a far wider outlook upon disease than any other member of the profession, however experienced in special branches. The need for someone with a broad outlook is imperative as the modern tendency towards specialization restricts all investigators and teachers to a narrow field of experience."

Teaching

Concerning the place of the general practitioner in the teaching of medicine: "There is an important idea which has been omitted in the consideration of medical education, namely that a teacher of practical matters must be one who experiences what he teaches. We all recognise that the best teacher for a youth who wants to be a shoemaker is a man who is in the habit of making shoes. . . Unfortunately this commonsense idea is rarely applied to medical education. The vast majority of students who enter on the study of medicine ultimately become general practitioners and yet a student may pass through his curriculum and be instructed for years by a large number of teachers, not one of whom has had any experience of the life he is to lead as a general practitioner. As a result a large portion of the student's time and energy has been spent in acquiring information that is of no use to him in the practice of his profession, while much of the knowledge which he often finds essential has never been given to him."

"There should be in every school of medicine one or more teachers who have been in general practice for ten or twenty years . . . "

Has the general practitioner discovered his special field?

The general practitioner carries out his work but finds it hard to define how this work differs from that of a specialist. This is partly because his field is wide and overlaps greatly with that of every specialist. It is also partly because he has no audience and therefore no opportunity for analysing his work and teaching it to others. Moreover, to deal with a whole person is a less tangible activity than to deal, for instance, with the genito-urinary tract.

Not realizing clearly in what way he excels, and having no critical audience the general practitioner cannot so easily pride himself in his skill. He has not set up his special heroes as the physician has set up his Osler, the neurologist his Charcot, and the surgeon his Astley Cooper. This is still to be done.

Is there need for men with a broad outlook?

Even the most intelligent patient cannot be relied upon to choose his own specialist. Therefore the presence of the general practitioner as a benevolent signpost is essential. It is his lowest function, and as can be seen above he needs to take this position in less than 20 per cent of cases.

Even where specialist advice is necessary the general practitioner has certain responsibilities:

1. To see that assessment is made of the whole patient, and not only of the special issue.

2. Where several specialists are involved, to see that responsibility does not slip between them, on to nobody.

Where, as in the majority of cases, specialist advice is unnecessary, it is convenient always to see the same doctor. Most patients prefer to see the man or woman that they know.

Can a general practitioner be properly qualified to teach?

It may well be thought that the general practitioner gradually loses the discipline and method which he learned as a student, that he becomes slapdash and superficial, and that after ten or twenty years of this degeneration he would be unsuitable to teach his art. There is no doubt that this degeneration can and does occur. There is, however, nothing about general practice which makes it unavoidable. It depends entirely on the individual doctor.

It is unfortunate that those who work in hospitals see much more of a general-practitioner's failures than of his successes, and receive a higher proportion of patients from the bad doctor than from the good one. In this way they obtain a biased view of general practice as a whole.

The idea that medicine can be taught only by the specialist who knows a small area of his subject in great depth is wrong. Teachers can easily know too much. On the whole the future doctor benefits more in his undergraduate training from the general physician and the general surgeon than from the sub-specialist in either field.

Why has so little research been done in general practice in the past?

If, as Mackenzie suggests, the general practitioner has an exceptional opportunity for research, it is indeed curious that a negligible amount of research has in fact been done by general practitioners. This is a very serious challenge to Mackenzie's ideas.

It is possible to argue that the question is misleading and to point out that such people as Hippocrates or Sydenham were general practitioners. This is true, but it does not seem a fully satisfying answer. For one thing, because they were earlier on the scene, the more obvious plums were easily to be picked. Because the lower branches have been bared by them, it would seem that the fruit can be obtained nowadays only by elaborate equipment; perhaps for this reason it is out of reach of the general practitioner.

But are the lower branches really bare? After all it was from the lower branches that Mackenzie picked his fruit. He studied common diseases, common and simple symptoms and signs. He found his plums close at hand, but hidden behind leaves. No doubt his contemporaries accepted such a term as 'irregular action of the heart' as a satisfactory label when they found a pulse that was other than regular. But what a number of important and different conditions were to be found jumbled together under this single heading! Must there not be a thousand other problems which we pass over without recognizing, even though they occur every day in our routine work—simple problems right under our gaze, but not yet perceived?

If so many important problems really exist under the gaze of the general practitioner, why is he blind to them? One answer to this question is that research requires a critical intellect; general practice attracts, for the most part, men with kind hearts. There is, of course, no reason why a good doctor should not possess both qualities, but the combination is not always well-balanced in the same man. On the whole the critical intellect chooses specialist practice (partly because it is thought to be more satisfying to the intellect, partly because it offers higher prizes to ambition).

Another reason for the comparative absence of research in general practice is that general practitioners have tended to be intellectually isolated from their fellows. Research

requires discussion, stimulation and co-operation. These necessities have in the past been lacking, but for the future there is some hope of correction, if plans now proposed are put into action.

There are possibly other reasons for the existing failure, but what is certain is that there is nothing inherent in the general-practitioner's situation which makes research impossible. Nothing has occurred since Mackenzie's time to nullify his example.

Conclusion

An attempt has been made to describe and assess opinions which Sir James Mackenzie expressed about general practice 30 years ago. The subjects which he discussed are still the basis of very relevant practical issues. It has been questioned whether his opinions, despite the rapid development of medicine, are still valid. It has been concluded that only in minor details have they proved wrong.

Medicine needs more than ever to be simplified. The need for men with a wide vision becomes more clearly demonstrated as specialism becomes more elaborately divided. The general practitioner now, as then, has his particular field in which he can excel. His opportunities for doing research upon diseases that are important to the community is unrivalled, but he only rarely seizes his opportunities.

Mackenzie had unbounded faith in the future of general practice; the greatest danger for us practitioners is that we have not enough.

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CHESS AND GENERAL PRACTICE

I chose chess as another example because in working with patients one sometimes feels they are playing a game of covert moves. The leading pawn may be captured early in the transaction by the therapeutic knight, but the player-doctor—who is unaware of the hierarchy of forces still parked in their home squares—is likely to find the game tedious and frustrating as he is called on to draw increasingly on his own precious resources and is drawn deeper into the game (the dreaded 'involvement with our patient').

Here is a situation where medical knowledge is of limited help; the black and white pieces are evenly matched, personality to personality and the real expertise is in understanding of human behaviour and motivations, an awareness of the bishops and knights and castles and royalty behind the facade of pawns in everyone.

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