LINDSEY W. BATTEN, M.B., M.R.C.P.
James Mackenzie Lecturer 1960

THE MEDICAL ADVISER*

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First I must thank the Council of the College of General Practitioners for appointing me James Mackenzie lecturer this year. It is a very great honour and I appreciate it very greatly. I think a wise man prizes an honour done to him by members of his own profession above all others, and this is of that kind. There may be many more deserving but there can be none more appreciative of it than myself.

The James Mackenzie lecturer is not only honoured, he is also highly privileged. There are no restrictions on his choice of subject or on his treatment of it when chosen. My distinguished predecessors have, like the Walrus, " talked of many things " (we may yet hear a lecture on the aetiology of thalassic hyperthermia or on the disputed occurrence of organs of flight in swine), but whatever their subject they have spoken frankly and simply, utterly eschewing the stilted jargon and circumlocutions which mar so many scientific papers. They have not said " it is considered that " when they meant " I think ". They have set a very high standard but one which it is a pleasure, as well as a duty, to try to emulate.

May I next say something about the man in whose name and honour this lectureship was founded—Sir James Mackenzie?

Earlier lecturers have well described Sir James's life and achievements; it would be an impertinence for me to repeat or try to better what has been so well done but perhaps I may be allowed to comment.

Here was a man who, superficially regarded, climbed young ambition's ladder from general practice in an industrial town to the eminence of consulting cardiology in the metropolis; he has been described as an ambitious youth and of course he did climb this ladder; climbed to financial success, knighthood, and international fame. But it is clear from his own writing that the inner truth is otherwise. Far from " spurning the base degrees by which he had ascended " he writes after 11 years on the plateau as one still on the ladder, pointing out that only as a general practitioner could he have made the observations which threw such new light on the

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workings and disorders of the heart and urging that the same must needs apply in a far wider field. " Only the general practitioner ", he writes, " has the opportunity for finding out the significance of the various signs, a knowledge which is absolutely essential to the investigation of disease, as well as to the rational practice of medicine ". From this and many other relevant passages and from his deliberate forsaking of London and cardiology for the investigation of symptoms in the company of general practitioners at St. Andrew's may one not deduce that consulting cardiology was no more than a phase in the life of a great general practitioner, as was London in the life of a great Scotsman, and that neither cardiology nor London satisfied his soul?

I think we may also conclude that in this College of ours, more, even, than in cardiology, he " is mighty yet ", " his spirit walks abroad ". Much of his teaching concerning the heart—the predominant importance of symptoms over signs and instrumental recordings in the estimating of cardiac efficiency, for example, has been very imperfectly absorbed, but the College, with its emphasis on education for and research in general practice, directly fulfils and expresses some of his most cherished aspirations. This is the more remarkable because, as I understand, the fathers and founders of the College were not steeped in his writings when they laid the first stones, yet their minds jumped with his. I am sure if he were here with us he would accept with pride the presidency the College would proudly offer.

I am less certain that he would be pleased with the present state of general practice. He would find its scope in many ways sadly shrunken. The fragmentation of medicine, which distressed him, has continued; recording machines and laboratory tests, which he distrusted, have multiplied, and the tendency, which he deplored, to rely too much on them, too little on our unaided senses, has certainly not diminished. Medicine has not been simplified, as he hoped it would be. With the help of remedies put into our hands by others, we can save many patients from death who in his day would have died, and can keep at home under our care many we must then have sent to hospital, but our skill in using our five senses in diagnosis and our hands in treatment is almost certainly less than was our fathers', and I doubt if our power of prognosis, on which he laid such stress, has appreciably increased. Many regret these tendencies and here and there they may perhaps be countered but it is hard to see how they can be put into reverse and, as we all know, there be many that say the individual general practitioner, if not the group or team, has had his day and fulfilled his function. He is, they say, in a state of progressive atrophy,

regrettable, perhaps, but quite inevitable. He must go.

I do not wish today to argue the case for the general practitioner when engaged in his traditional pursuits of diagnosis, prognosis, and treatment, or to forecast his future, but to concern myself with another of his manifestations—that of *adviser*; adviser, that is, not to collective bodies—the Treasury, an army, battalion, factory, borough, or school; the field would be far too wide; but to single individuals or at most to families. My subject is the personal or family doctor consulted—even spoken of—as adviser. " Let me introduce you to my medical adviser ".

I think the subject is worth talking about because it is too little recognized in undergraduate and postgraduate medical education, by every sort of planner, by the State, the public, and even by doctors themselves, especially when engaged, as so many of us now are, in devising or revising schemes for the supply of medical services.

This neglect is nothing new and would matter less if organizing and planning were less in fashion, but as they are much in fashion it matters much.

The doctors of my vintage had, I consider, on the whole, a very creditable medical education. I look back on it with far more gratitude than criticism, and in many respects it might have been approved of even by that unsparing critic, Sir James. Physiology, for instance, was taught to me at my medical school not by a physiologist but by two practising physicians of whom one became a neurologist, and the other a notable general physician with a prophetic eye on Psyche and the endocrines. I am sure this was as it should be and that it was no accident that the teacher who got most anatomy into my unreceptive and unretentive head was not an anatomist but a surgeon. But I digress a little. I only want to say that we were, in my view, well taught, and taught, also, with an eye to general practice. One or two of our consultant teachers had themselves been general practitioners and most of them met family doctors daily and knew both them and their problems well, but, for all that, they did not tell us that we should be constantly asked for advice, nor teach us how to give it. Then as, I suspect now, we had to find out for ourselves.

Yet this subject—advice and how to give it—could be taught by precept, example, and practice. Why should it not be? One of our physicians (but I was not on his firm) did, I believe, do something of the kind for I remember hearing him dictate, for the benefit of his clerks and housemen, a letter to an imaginary patient either answering a question or giving advice, but even that may well have been directed to details of treatment, and I fancy his colleagues

on the senior staff might have frowned slightly, had they been present, as at a breach of decorum. No, we were not taught the art of advising or urged to look forward to it as an important part of practice; yet we were not long in practice before we found it so, and I must now try to indicate something of its scope—the kinds of question or situation which demand it, the kinds of answer the medical adviser may give.

I think the best plan will be to confront our adviser with a succession of questions or situations related, more or less, to the ages of man. I shall begin, not with the mewling infant—he shall come later—but with the lover, in the shape of a young man or woman intending to marry, or the engaged couple complete, coming to see the doctor about it, seeking, in current phrase, premárital (or pre marital) advice.

I shall make no attempt to cover the ground, which has been pretty thoroughly tilled by others, but I should like to say that the medical has at least one advantage over the non-medical counsellor. He can lead off with a physical examination like that for life-insurance—searching, perhaps, but not highly charged with emotion—and whatever advice or counsel he has to give can spring unembarrassingly out of this examination. He is quite a suitable premarital adviser though of course—and quite rightly—others are available, and he will not take it amiss if the son or daughter of the family decides, on this occasion, to go elsewhere. But this time here they are and, to plunge at once into the perplexities of medical advising, let us suppose that in the course of examination it turns out that one of the couple has sugar in the urine and proves to be a diabetic. What now? We have, of course, considerable control over the disease but we cannot cure it, and many of its " side lines " are persistent, intractable, distressing, and disabling. The young patient may well believe " it's all right now. There's insulin ". Alas! We know better. We know too that it is inheritable and is increasing among us—an unintended consequence of insulin's life-prolonging power. I have heard a consulting physician suggest that diabetics should not have children, and an American writer on Medicine and Morals who holds that babies have a right to be born free of what he calls a " taint " would without doubt agree. Must our adviser tell these young people that if they venture on marriage they should keep it childless or even that they should not venture at all?

Let me say at once that this particular painful problem never came my way, but if it *had* I must have recalled a talented young painter, diabetic before there was insulin and well knowing his fate, married to a singularly lovely girl, who also knew. He died but

left with me, then a medical student, the brightest picture of young married love I ever looked upon. I cannot produce the picture for your inspection but was it any less real than that queer intangible thing we call " health "?

It is well for the medical adviser that his job is to advise, not to give orders or pass judgment. I admit to wincing at the expression " doctor's orders ". In the case stated and in many parallel cases his duty seems to me clear enough. It is to put the truth, the relevant facts, before those consulting him, not confusing theory or surmise with fact, or probabilities with certainties, nor letting it be thought that medical considerations must outweigh other kinds, and then, quite firmly, put the decision where it belongs—with them. If pressed hard to say what he would do in the like case he should give an honest answer but still make it clear that he speaks only for himself, or, at most, gives the answer of his profession. There can be no question of bringing tables of stone down from the mount. I am equally sorry to hear " of course he couldn't go against the doctor *but* . . . ", and " he wouldn't do what the doctor told him *so* . . . "; even " It was a good thing they obeyed the doctor " is not much better. What I like to hear is " so the doctor told them everything about it and they talked it over and decided . . . " That, I am quite sure, is how it should be, at least when ponderables and imponderables, things physical and things metaphysical, things seen and things not seen must be weighed against each other. Personally, I may hope our couple will risk it but it is not for me to tell them so. The adviser's advice is " to think it over and decide ".

Let us leave advice before marriage, only noting that now and then a family doctor who knows one of the couple—or perhaps both—really well may be able to give advice on intercourse which few others are in a position to give and which can sometimes much increase their chances of " living happily ever after ".

Advice in pregnancy comes next and the personal medical adviser is at least as much needed in these days of antenatal clinics and books and pamphlets for expectant mothers as he was before they existed. Sometimes, no doubt, that splendid serenity of mind and conscious well being that sets in about the third month may breed in the mother-to-be contempt for the whole tribe of " antenatallers "—especially if she has trod the path before, and carry her through to a happy issue with nothing more than the necessary physical checks on progress—which I am very far from decrying. But there are other times when, having read the little books, listened to friends, and attended clinics, the poor girl finds herself more and more confused. Must she really weigh weekly and is it quite fatal to get plump? How, precisely, does the fat-free diet mix with all that

milk? Must she boil her breakfast egg while she fries her husband's? Are all the little tablets really necessary? What, exactly *is* the Rhesus factor and what *exactly* happens if? It is terribly hard to find the time for these contractings and relaxings, with the children and husband and flat and her mother not well just now. Must she really?

To whom shall she turn? Probably few here needed Professor Morris's quotations from patients to tell them what happens in clinics. We chuckled as we read our *Lancet* and thanked him for his courage and frankness. " As you entered, the doctor was already reading your case-sheet and we were on and off the examination table in two shakes ". " The midwives at the hospital all seem to have too much to do to bother with the odd person who wants to know 'why, where, and what ' ". Doubtless they not only *seem* but have indeed too much to do, and all too often not only they but the medical staff at the hospital or clinic does not recognize it as part of the job to listen, explain, and advise. But unless patients are the equivalent of René Clair's memorable little horses on the conveyor belt it is someone's job to do just that, to do it, too, for the " odd person who wants to know " not for the many admirable persons who do *not* want to know but are content to trust the doctor and do what they are told. The answer is not the extension of broadcast medicine, it is the preservation and encouragement of the personal medical adviser. Only he—or she—can give this particular perplexed expectant mother the advice and comfort she needs and ought to have. Standardized advice is no good to her.

Well, with or without the help she ought to have, she worries through and gives birth and immediately the trouble starts over again. Here, in the field of " infant welfare " is, I feel, almost a tragedy to be recorded—a paradise lost, hard, though perhaps not impossible to regain. Here is a province of advisory medicine which, more, perhaps, than any other, the seeker for and the giver of advice can explore together to their great mutual advantage. Only a confirmed bachelor-doctor, misogynist, and paedophobe, has nothing to give or gain. The young father-doctor, in the thick of it with his own firstborn, learning hourly, and forced to advise (do you think I'd better feed him, Harry, he seems so hungry? What are these little white bits, do you think they matter?) or the much older one who has forgotten some details but knows how to put things in their place, both these and many intermediates can, if they will, immensely help the young mother up against infant perversities and conflicting counsel and himself learn all the time. Erudition is not required. Common observation, common sense, a capacity for not being blown about by every wind of doctrine,

and a quite small fund of apposite knowledge will suffice. For example, the two words " enough milk " comprise quite eight tenths of the sacred mystery of baby feeding.

It is the same with the " toddlers ". They composed and performed their " variations on a nursery theme " long before Dohnanyi and they give innumerable performances year after year, yet never miss their intended effect. " Not use my pot ", " not eat my dinner ", " not sleep " comprise the whole thematic material—it could even be shortened to " not "; but so fertile are they in invention, so adept in the devices of augmentation, inversion, and ornament that every mother believes her particular little fiend to be playing a new tune. The medical adviser can get quite a long way by assuring her, with conviction, that the theme has the widest currency and that even the present variant has been heard before. It is more than time that this fruitful and delightful field of advisory practice was reoccupied. It should never have been allowed to pass, by default, into other hands.

I will pass over the rest of childhood, though needs and opportunities for advising will not be lacking. (See that she gets the rubella. Yes, I'm serious. Don't miss a chance!) and consider for a moment whether the medical adviser comes in at all on sexual instruction and education.

I heard an experienced and respected woman psychiatrist say, not long ago, that there was a crying need for sexual education but that she was sure the family doctor was not the one to give it. I would like to suggest that adequate sexual instruction—if indeed it can ever be adequate—cannot come from a single source but that part of it can very well, perhaps even best, come from the family medical adviser. I think the biology of sex and reproduction, everything in it that we share with other living things, especially our fellow mammals, should be taught, carefully, progressively, and thoroughly to every child in school; steps being taken to see that its parents know what it is being taught. Schools should teach the facts—if they don't they will be taught and learnt in corners—and I think they should teach the facts dispassionately as if they were cold. But of course they are *not* cold. Stripped clean of all that clothes and grows from them—sexual passion, love, romance, all their sensual and spiritual attributes and evocations—the bare biological facts are, properly considered, among the most miraculous and wonder-inspiring in the whole realm of physiology, and that is saying something.

If the Psalmist had good grounds to confess: " I am fearfully and wonderfully made " we, today, have better, and when confronted by the latest news of the endocrine machinery of the female reproduc-

tive system I can but exclaim with him, " such knowledge is too wonderful and excellent for *me*. *I* cannot attain unto it ".

The headmistress of a day school for girls coming, for the most part, from what would be termed " good class " homes, told me that her pubescent and adolescent girls knew the " facts of life " as a matter of course, but grossly, with contempt rather than respect, as though exchanging the dangerous innocence of Miranda for the no less dangerous but far less attractive knowledge of Caliban.

May not the family medical adviser be in a better position than anyone to convey to an adolescent boy or girl the conception of the body, and not least its reproductive mechanisms, as something to marvel at and respect, and if he succeeds may not this wonder and respect stand the young man or woman in good stead when, in this age of vapourized values, they search for a basis for sexual morality?

What more? Behaviour, except as it affects health, is not the doctor's province. The medical adviser can—and I think he should —teach the plain facts of venereal disease, and put masturbation in perspective. He should make the boy or girl know that they have in him an unshockable medical friend, with sympathy for them in the job of keeping their feet while Nature and civilization shove and tug in conflict (has he not tried it himself?), and that he is there to be consulted, questioned, and confided in. More, I suggest, he would be rash to attempt. The extreme complexity and difficulty of the subject is what most impresses me, and I am not reluctant to leave it.

Youth is the time when people should be, and often are, at their healthiest and when they should—and often do—have least need of a medical adviser, but it is also the time, when, notoriously, introspection buds and blooms, and when doubts about the integrity of vital organs are sown or sow themselves and all too easily take root. Hearts and circulations, lungs and generative organs are the commonest objects of apprehension; brains and livers generally receive the confidence in their integrity they well deserve, and so, at this age, does the alimentary system (its turn comes later). Of course there is commonly an iatrogenic factor, direct or indirect, and ironically enough the deadly seed may be sown by an examination, a " keeping under observation ", or a restriction of activity decreed in the name of preventive medicine, or by some ill-conceived piece of " health-talk ", printed or broadcast. Sir James Mackenzie has some very relevant remarks. " Many children are made to lead a restricted life ", he writes, " because the doctor discovers an abnormal sign—a murmur or an irregularity, or the child may have fainted. Children " he goes on; " are very sensitive to *distress*,

When the heart is exhausted distress is induced, and children instinctively cease their efforts on the first sign of distress, so that no harm is ever done by the child when left to himself. Even when the heart is damaged and its efficiency impaired, no harm will ever result if the amount of effort is left to the child's own judgment ".

Few of us, it may be, would agree quite without qualification, but how often have I wished that at least the broad sense of Sir James's remarks had found general acceptance. What must be the sum of chronic cardiac invalidism such acceptance might have saved?

Here, in chronic invalidism, cardiac or other, is a common and most important field of action for the medical adviser, for it is rarely possible for anyone else to uproot the seedlings of this disorder and if not uprooted young they are commonly un-uprootable. It may take two to do the job—the family doctor and a consultant, but for success they must work in the closest of close harmony. Even if it takes two it remains a personal task for which teams and institutions are wholly unfitted. Often enough, only the personal doctor has a chance. And what chance has he? What is known about chronic invalidism—its origins, incidence, in terms of age, sex, social class, income, occupation, and place of residence; of its natural history, relation to organic disease, and response to treatment? Here, on the face of it, is yet another field for general-practitioner research, important, for the condition must be extremely costly in man- or woman-work-days and in N.H.S. expenditure (think of the x-ray bill alone!), but exceedingly difficult to institute. For the subject, though familiar to every experienced practitioner, is as elusive and polymorphic as Proteus himself and the ever present fear of the cerebral tumour, the dark, secret carcinoma, or obscure manifestation of a collagen disease makes diagnosis, even confined within the doctor's own skull, perilous and forbidding.

Probably research is impracticable, and yet the young doctor, perhaps most of all the intending consultant should surely be taught that there is a disease, common among intelligent and amiable people, whose essence is inability to face the consequences of being quite well and whose sole constant manifestation is distrust of a vital organ. Doubtless the soil was prepared in the nursery or before, but the seed is sown in a clinic or consulting room and I return to the question: can the medical adviser pluck the seedling out? In the nature of things one man's answer can rest only on personal experience but whenever I have remarked to a fellow practitioner that to attack even incipient chronic invalidism is the most thankless task in the whole of medical practice he has always cordially agreed.

Yet the rare success is very rewarding. To deflect a potentially useful fellow citizen from the dismal round of investigation, re-

investigation, and constant or recurrent therapeusis, to convince a young doubter that his heart—for example—is as strong and unstrainable as a heart can be gives as full and lasting satisfaction as does the saving of a life physically endangered.

Directly or vicariously, Sir James Mackenzie must have rendered this service to very many young people by his disentangling the insignificant from the significant irregularities of the heart-beat, but it is a service which cannot be rendered or received by a group. An impersonal voice addressing all those who believe they have second-rate hearts will, quite obviously, persuade no one of them to embrace a stronger faith. Someone must stand proxy to Sir James, and who can it be but the personal medical adviser?

If it be said " but this is psychiatry and in a properly organized medical service would fall to the psychiatrist " the answers are that if a young man thinks his heart is at fault the last kind of specialist he will see is the one he may call a trick-cyclist—a heart-surgeon would be more to his taste—and even if he would there are never likely to be enough psychiatrists to go round.

In passing may I suggest that to label the chronic invalid " neurotic " or even to call his concern over his heart, bowel, back, or blood-pressure a neurosis is to do him an ill service. If the word gets about—and words have wings—it will convince all his friends we think he is shamming and will faintly suggest to us that here is a disease—a neurosis—requiring exorcism or other treatment rather than a disabled person requiring advice, persuasion, guidance, and reiterated reassurance.

Except perhaps for infancy, there is no close season for invalidism I have chosen youth as the time to discuss it only because youth once past, the chances of prevention or cure are very small indeed.

With youth we are nearly round the life-cycle but of course the life-cycle is only part of life. Having reproduced, off we go on a tangent towards eternity, and the first milestone is middle age. Parental anxieties, often well based, concerning the development, behaviour, and upbringing of their growing children bring ample grist to the medical adviser's mill. He may be asked to intervene in matrimonial disputes, especially if they concern the children but I believe he should be slow to do so, at least if he wishes to retain the patients.

I read an advice-book on middle age which implied that for most it was a dreary *hinterland* between " those blue remembered hills " of youth and the swamps or rocks of age. I have not found it so and I hope I am not exceptional, but, flat or not, it contains for the medical adviser one unique and notable feature—the menopause.

The menopause casts its shadow before it, and if our adviser has by now earned the trust that should be his he will be asked about it long before it comes.

A male adviser, immune from direct experience, must needs speak with diffidence but may feel able to tell the anxious inquirer that neither suicidal nor murderous impulses nor even mistaking red traffic lights for green are necessary ingredients and that it is quite common to emerge recognizably still oneself. If he does feel thus able, what he says is often well received and may come more comfortingly from him than from the little books or from " this column "—even if it is to be found there—but is he justified? Frankly, I do not know, and I suggest that here, in the symptomatology of the uncomplicated menopause is a worthy subject for general-practitioner research. The manifestations, subjective and objective, of " ceasing to be after the manner of women " would be the sole matter for inquiry; causes and cures would be outside the terms of reference. One medical adviser at least would have felt in a far stronger position if he had known all the answers.

Though males escape the menopause they have their climacteric and are by no means immune from introspective anxiety requiring medical advice in middle or any other age—indeed, we here should probably agree that the bred-in-the-bone worrier is more often male than female; but I must leave it at that for now " the ice man cometh ", old age sets in with, perhaps, an ominous shaking of the " keepers of the house " and the clouds returning after the rain.

If, as John Morley said, " the great business of life is to be, to do, to do without, and to depart" the medical adviser can help considerably in the last two undertakings.

This is an age of " iatricians " and I suppose there is room for the " ger- " as for the " paed- " but I think a good medical adviser should not leave much for them to do at least in the field of advice. It does help old people to know that many minor losses—loss of balance, of high tone hearing, of undazzled vision against the light, of memory for names and things just done, of ability to keep warm and keep awake, of agility and physical endurance—are common to most of us in age and must, within reason, be accepted, though they can often be dodged or compensated.

He will be asked to solve conflicts. " My daughter says I mustn't sleep alone in the flat, but I'm not afraid of dying, I have a telephone, and I would *loathe* a companion "; or, from the other side, " doctor, will you please tell father he is *not* to mow the lawn? " Here, again, I am sure the adviser should stick to advice and refuse to give orders, but he can scarcely refuse help in these conflicts between

" safety first " and cherished independence, and he may find solutions.

Lastly, departing. Here practical help in smoothing the path rather than words are likely to be demanded of the medical man, but there is still a place for advice. " To tell or not to tell " will turn up time and again, and I wish only to say that I am sure the words " always " and " never " are equally out of place; I am sure the *ideal* is for everyone concerned to be courageously " in the know " together, facing death open-eyed, and I am sure that though this ideal is often unattainable it should not on that account be abandoned.

I have given a very sketchy sketch of the medical adviser and his functions on my chosen basis of ages but, because it belongs to no one age, have said nothing of him in the vital role of interpreter.

The old are, on the whole, incurious and babies cannot ask but most others, of every intermediate age and every social, cultural, and economic class, want to know, to understand what is wrong, what is to be done and why, whether they can help and how. I have already mentioned some who do *not* want to know. For myself I not only welcome them but greatly respect them: I suspect they have the best prognosis. But they are a minority. Most want to understand and can be good patients only if they do understand. Emphatically, they include intelligent children—and many children are highly intelligent; they include the East End mother who complains that at the other hospital where she took him she " didn't get no satisfaction ". She is not complaining of negligence in investigation or treatment, she means they failed to explain. It is becoming common form for lecturing or paper-reading family doctors to report once more the reiterated complaint of the patient returning to the fold " of course they don't tell you anything and there was no one I could ask ", and in the many written patient-sagas now appearing as books the phrase " if only someone had told me " almost always occurs at least once. Hospitals are busy places, staffed by teams in which responsibility is deputed or shared; if the chief talks to one patient he must talk to all, and both time and privacy are hard to come by. " Reasons are plenty as blackberries ", but the hard fact remains that time and again the patient returns from the hospital—and for that matter from the private consulting room—with questions unanswered or unasked, and dark speeches unilluminated or misapprehended. Once again there is only one possible source of light—the personal medical adviser.

I hope I may have convinced any who needed convincing that there is a field of medicine which is the medical adviser's very own, in which only he can effectively work, and that he and the work he does together constitute " a good thing " and should therefore

continue to exist. But will they? Can they? A quiet unintended liquidation seems such a likely fate.

Suppose him gone and his works with him, the mortality rate would be quite—and the morbidity almost—unaffected. Those accustomed to consult him or brought up to count on him would, for a time, " feel quite lost " but this would pass, there would be no public outcry for his re-establishment, and the Ministry would not notice the difference. The fragmentation of medicine, the adulation of team-work, the curious belief that uniformity is somehow identical with justice, the unquestionable fact that he is, as they say " uneconomic "—all these militate against him. His chances seem poor, and yet if he goes the sum of human unhappiness, great enough already, will be greater and the satisfaction of medical practice to the practitioner will be less.

I had written thus much when news came that in the view of a professor of social medicine my unheroic hero, or someone very like him, was already dead. " One might almost say ", said my friend Professor Backett, " ' that the guide, philosopher, and friend ' part of his job is out,—finished ". He shed no tears over this but added that " at worst it was a pompous and essentially curative idea anyhow ". He did not say what sort of an idea it was at its best.

Now it would ill become a James Mackenzie lecturer to attack Professor Backett's main theme—that the future task of the family doctor is presymptomatic diagnosis and the strangling at birth of diseases at present unrecognized even in their infancy, for this is but an extension of Sir James's reiterated plea for diagnosis before the appearance of signs, and though I think there is a case to state against the thesis it would take another hour to present it; but I cannot let pass the statement that the medical adviser—if this is indeed he—is already " out, finished ". True, doctors are not philosophers—a strange race who dispute in a secret language—and an adviser is not precisely a guide but we need not quibble; it is for him that the professorial bell tolls. Is he indeed dead? Knowing something of many members of this College I cannot believe it. Is he " finished ", in the sense that his job is done? I strenuously deny it and have given reasons.

Is he in peril? Assuredly; but if enough practising medical advisers and if, in particular, our College resolve that he shall live and shall not, in the name of preventive medicine, be changed to an iatrocat then I believe he need not die.

And if, as I hope, we turn up our imperial thumbs what must we do to save him alive? Two things. First and most, keep his

εγδωλου, *imago*, picture, image shining steady and bright before the eyes of all concerned—teachers and taught, young adventurers in medicine, established practitioners, ever climbing up the climbing wave and perhaps getting tired of it, even our far too patient patients, so ready to take what comes and demand nothing better. And second, not to cease from mental and even from less rarified forms of fight nor let our sword sleep in our hand till we secure for him his one indispensible requirement—*time, time to listen, to think, and to talk.* If we succeed and he and his work continue then those who preserved his life will deserve well of medicine and will have done something to redeem the times.

The Hospital Almoner and General Practitioner. MARJORIE L. WARD. *Case Conference and Association of Social Workers News.* (October 1960), **7**, 121.

A hundred instances when general practitioners sought the direct help of hospital almoners are reported. The doctors' requests were usually for arrangements for a holiday or convalescent care for their patients, and sometimes for general advice about an intractable social-medical problem. In some cases home help was appropriate, and in others there was need for admission of a patient to a permanent home. Sometimes advice and support for relatives of the patient met the need.

In all, 60 patients were sent to convalescent homes, as part at least of the plan for their welfare. Marital and family troubles caused 19 referrals, and psychiatric/social problems others.

The author is at pains to point out that " social caseworkers should not seek to usurp the role of the family doctor but have their own particular contribution to make." General practitioners should be more widely aware of the help available.