Celebrating a general practitioner thesis the Nijmegen way

DENIS J PEREIRA GRAY

ON Wednesday 22 January 1992 I participated as a visiting external assessor in the formal ceremony for the award of an MD thesis to a general practitioner, Dr William van den Bosch, in the University of Nijmegen, the Netherlands.

I had been asked to bring formal academic dress and on arrival at the university main hall I was greeted by Dr van den Bosch dressed in white tie and tails and accompanied by two 'supporters' also in white tie and tails. I vaguely noted the similarity of dress to a British wedding and proceeded to enter an academic robing room where all the other professors were dressed in their doctoral gowns, which were much more subdued than those of their British counterparts. Only Professor Frans Huygen was wearing the red gown of an honorary doctorate from the University of Maastricht.

The thesis ceremony, which is very much a public event, was held in the great hall of the university. In the front row was Dr van den Bosch's wife, accompanied by their children. His parents and brothers and sisters had also come for the ceremony which was attended by many patients, friends, colleagues, and most of the staff of the academic department of general practice. The hall, which holds 400, was full, with people standing at the back.

The formal procession, which was preceded by the registrar bearing a silver mace, was led by the rector (vice-chancellor) followed by 12 professors, including the dean of the medical faculty. The 12 professors included four professors of general practice: Professor Chris van Weel from Nijmegen, Emeritus Professor Frans Huygen from the same university, Professor Henk Lamberts from Amsterdam, and Professor Richard Grol, professor of quality assurance related to two university departments of general practice in the Netherlands, whose book *To heal or to harm*[1] the Royal College of General Practitioners published a few years ago.

On taking our seats on the formal podium I noticed with pleasure that three of us had independently decided to wear the fellows' tie of the RCGP, the other two being Professors Huygen and van Weel. Nijmegen is the only place outside the United Kingdom where two colleagues have been elected fellows by the RCGP.

The ceremony began with a prayer (Nijmegen is a catholic university) and Dr van den Bosch then briefly summarized his thesis, which was on the epidemiological aspects of childhood mortality. The rector asked the 'promoter', Professor van Weel, if he wished to open the proceedings and as is customary, he declined. Questioning then moved on to the dean and then to me as the external assessor from the United Kingdom. I was asked to question for about eight minutes and concentrated on the significance of the role of the mother and of the differences that had been found by Dr van den Bosch. I addressed him as Mr Promoventus and he addressed me as Most Distinguished External Opponent.

After exactly 45 minutes the registrar returned from the back of the hall, thumped the silver cane and announced *'Hora est'*. The rector then closed the proceedings and the platform party processed out to a special committee room. Here the rector asked each professor in turn if the thesis was of a satisfactory standard. I was seated at his right hand as the external assessor and was asked my opinion first. We all indicated our approval and the rector signed a beautiful, embossed certificate. The platform party then processed back into the hall, where music had been playing, preceded by the mace. The promoventus, accompanied by a supporter on each side, stood to greet us and we resumed our places on the platform. The rector announced that the thesis had been judged satisfactory and the certificate was presented to great applause.

Throughout the ceremony all of the platform party and most of the audience held a precirculated copy of the thesis. The whole audience and the platform party retired afterwards to a reception held by the university. Dr van den Bosch, accompanied by his wife and children, headed a receiving line and all present shook his hand in turn and kissed his wife three times on the cheek — this took an hour and a quarter to complete, so great were the numbers present.

I was then taken by the van Weels to their home and at 17.30 hours we assembled at a restaurant in the village where Dr van den Bosch works as the local family doctor, as his guests. The buffet supper was attended by about 50 people including his family and several professors of general practice. Professor van Weel spoke as head of the local department of general practice and gave Dr van den Bosch a present on behalf of the department. Dr van den Bosch spoke for 20 minutes and was followed by Professor Huygen, who announced that the local branch of the health service was paying the publication costs of his thesis.

The party then repaired to an adjacent hall where the local brass band trumpeted out local tunes to great applause. The second phase of the party then began as about 200 more people arrived through the evening for what was a major local celebration. This was similar to a British wedding reception with everybody arriving bearing presents, mainly books, bottles, pictures and flowers which filled a whole table. Drinks and food were served for several hours. At about 22.00 hours a cabaret started in which Dr van den Bosch's colleagues did various skits on academic medicine, on general practice and on him. This was followed by general singing.

The mixture of family, patients, friends and leading academic colleagues was unique in my experience and delightful to see. Never before had I seen such patient participation in the world of a local general practitioner who was being simultaneously honoured by his community and by the academic leaders of his profession as he obtained one of the great academic achievements of his life. It was perhaps symbolic that at about 23.00 hours a patient pinned me down on the significance of the rank Spearman correlations in the thesis and challenged some of the interpretations most severely.

The resemblance to a British wedding reception was strong. The whole day was a celebration — from the good humoured laughter in the thesis discussion to the formal congratulations in the university, and the general happiness and fun of the evening party. Here was a family, a community and colleagues respecting, welcoming and encouraging one of their own to achieve high academic success.

Academic general practice in the Netherlands seems much more confident, mature, and secure than in the UK where anti-intellectualism and ambivalence about academic success have

D J P Gray, OBE, MA, FRCGP, general practitioner, Exeter and professor of general practice and director, Postgraduate Medical School, University of Exeter.

Submitted: 31 March 1992; accepted: 13 October 1992.

not yet been overcome. Throughout the evening I was introduced to about eight other younger general practitioners all of whom were doing an MD thesis in one or other university in the Netherlands. They were enthusiastic, they were confident, they were well read, and they were working extremely hard.

The analogy of the wedding bears further thought. Just as the private internal review of the thesis represents the formal engagement and the making of the contract, so the wedding represents the public commitment and the celebration of an important event in which there is a change of status and a change of title. Dr van den Bosch had his change of title to a full doctor of the university recognized publicly and in style.

Perhaps his wife should have the last word. When I was saying goodbye to her and thanking her for inviting me to her party, she smiled and said 'After all, writing a thesis happens only once in a lifetime — so one might as well do it all well!'

Reference

1. Grol R (ed). *To heal or to harm.* London: Royal College of General Practitioners, 1990.

Address for correspondence

Professor D J Pereira Gray, 9 Marlborough Road, Exeter, Devon EX2 4TJ.

Composition and decomposition: the illnesses of some of the great composers

P WINTERSGILL

As we were taught as medical students, common things occur most frequently: as with lesser mortals, so with composers. Seven composers are considered here, ranging in time from Handel who was born at the end of the 17th century to Liszt who died in the middle of the 19th century. In the first four cases presented the major illnesses during life were relevant to the cause of death; in the remaining three cases the terminal illnesses were different from those experienced earlier in life.

George Frederick Handel (1685–1759)[1]

Apart from obesity, which was largely the result of an excessive intake of food and drink, Handel was fairly healthy up to the age of 50 years. He then suffered the first of three episodes of 'rheumatism' associated with depression; it seems quite likely that the 'rheumatism' was in fact a mild stroke. During the next few months he had several bouts of depression, associated with financial worry, alternating with periods of mania. He then went to Tunbridge Wells to take the waters, a practice common among the nobility and gentry of that period. On his return to London five weeks later he was much improved.

Two years later he had a similar episode, this time associated with the loss of use of his right arm. This meant that he was unable to play the organ or to conduct. He again visited Tunbridge Wells before travelling on to Aix-la-Chappelle (Aachen) in Germany. On his return to London a month later he was again much improved, so much so that some nuns, passing a cathedral, were amazed at his playing.

Six years later Handel was affected by another episode of stroke and depression; in a letter Horace Walpole wrote 'Handel has a palsy and cannot compose'. This time there was loss of speech and 'disorder of the senses' as well. He was evidently in pain and had a fever. Thus, in this case he may have been affected by a rheumatic complaint as well, possibly gout, in view of his customary diet.

When Handel was 66 years of age he started to develop cataracts, for which he had three operations during the next seven years. After the last operation he went completely blind.

His last illness lasted only a week. He was carried home from a performance of the *Messiah* following a stroke. He died on Good Friday, 13 April 1759 at his home in Brook Street, London, after lying semi-conscious for a week.

P Wintersgill, MRCS, MRCGP, retired community medical officer, Huddersfield.

Submitted: 10 July 1992; accepted: 3 August 1992.

Wolfgang Amadeus Mozart (1756–91)[2]

When he was six years old, Mozart had the first of several attacks of rheumatic fever, followed by what appears to have been erythema nodosum, judging by his father's description. Leopold found 'a few spots as large as a kreutzer [a coin about one inch in diameter], very red and slightly raised, and painful to the touch' on Mozart's shins and elbows.

As an 11-year-old child, Mozart caught smallpox during an epidemic in Vienna. However, he recovered completely.

Later in life Mozart had periodic attacks of fever accompanied by joint pains; presumably these were further episodes of rheumatic fever. It is now known that the streptococci causing rheumatic fever can also cause erythema nodosum and nephritis, but the physicians of the 18th century knew nothing of such matters. It is likely, therefore, that each time Mozart had rheumatic fever, he sustained kidney damage.

This would explain his death from kidney failure at the early age of 35 years, with its symptoms of peripheral oedema, fever and vomiting.[3,4] His decline was gradual, lasting approximately six months, until his death on 5 December 1791. There was no postmortem and no evidence of poisoning, as has been suggested. Henoch-Schonlein purpura has been suggested as a cause of death,[3] but it seems unnecessary to suggest a rare condition when a common one fits the bill.

Frédéric François Chopin (1810–49)

During childhood and adolescence Chopin was noticed by his friends to be thin, frail and easily exhausted. On one occasion at the age of 18 years he had to be carried to his carriage after exerting himself on the piano. His sister had died at the age of 14 years of a chest illness, which until recently was thought to be tuberculosis. However, in view of the long length of the illness, this is unlikely.

Chopin suffered from a chronic cough from the age of 15 years. He was also intolerant of fatty foods, which gave him abdominal pain and diarrhoea. In addition, he never, so far as is known, fathered a child. He had repeated chest infections, especially in the winter when his cough became worse, and productive of sputum. In addition, he had periodic sinusitis and laryngitis. All this points to some form of bronchitis or bronchiectasis, rather than tuberculosis, as was once thought.

On a visit to Majorca at the age of 28 years, he had a particularly bad chest infection, the winter being cold and wet. In the long term his cough got gradually worse and his breathing more difficult; he became weaker and more dependent on others. From February 1849 until his death on 17 October the same year, he became weaker still and his face and legs started to swell. At the postmortem no definite conclusion was reached, except that there was no sign of the tuberculosis that had been expected.