

CRYSTAL BALLS

Few activities are more fatuous than predicting the future. But as no one seems prepared to say, 'Who can tell?', any magazine or newspaper is assured that 'the planet's most prominent scientists' [sic] will be prepared to mouth off, themselves assured that they won't be around to be mocked when their predictions are wildly wrong. *New Scientist* celebrated its 50th anniversary in the autumn with just such a futurefest (reported in the *Guardian*). Anyone asked to predict so far ahead should first be reminded of Professor Douglas Hartree. In 1951, according to Wikipedia, he predicted that just three digital computers would be able to do all the UK's computation. No one would ever need their own computer, which they wouldn't be able to afford anyway. He died in 1958.

Predicted medical advances are always going to occur 'within the next decade'. Sure enough, according to *New Scientist*: 'digits will be regrown within 5–10 years ... Within 50 years whole-body replacement will be routine.' I hope they do better than with artificial blood. When I was studying for my anaesthesia exams in 1979, manufactured oxygen-carrying solutions were just a couple of years off. Artificial haemoglobin is a good deal less complicated than a regrown finger, but we still don't have any that works. Every time I read about it, it's 2 years off.

Beverly Whipple, secretary general of the World Association for Sexual Health, reckons that in 50 years 'sexual violence and abuse will be eliminated'. Is that just in Surbiton? She also thinks that the spread of sexually transmitted infections will be halted. Presumably, much as tuberculosis has been eradicated now that we have streptomycin.

The Independent's futurefest involved just its specialised correspondents, but they didn't do much better. At a time when there was much anguished discussion about whether we should resuscitate babies born at 22 weeks, because almost all of them die, the Indy told us that 'the first baby to be created, gestated and born entirely in the laboratory is in prospect'. It seems to me that weeks 0–22 are a good deal more complicated than weeks 22–25, by which time a good proportion live. But, hey! Don't let technical difficulties get in the way of good copy. The same article promised us that the first male pregnancy is a scientific possibility.

There's nothing wrong with science fiction, and there's nothing wrong with hoping for the future. But let's not pretend that it is any more than fiction or hope. And first, let us hope there is a future.

'What about Dr Greengage?' I enquire. (I don't mind seeing the registrar in an emergency because they are often more up to date than the others. But then I remembered that it was Thursday and she would be up at the hospital for her teaching). 'Please, Mrs Flagg', I say, my voice choking slightly (I'm past caring what people think by now). 'I've got obstruction of the bile ducts. I can feel my liver swelling'. 'Oh yes,' says old Ivy, without betraying any emotion. She continues to gaze at her screen through her half moon specs, her lips moving soundlessly. Then she says: 'I can put you in as an extra with Dr Grimes. He's running late, so be prepared to wait at least an hour'. Arthur Grimes is the senior partner and well past his clinical prime, in my opinion. I shall be surprised if he survives the first round of GMC revalidation. But beggars can't be choosers. I accept my fate and take a seat in the waiting room until it's my turn.

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'You can't have a pain in the liver,' says Dr Grimes in that bored superior voice he puts on. 'The liver is not a pain-sensitive organ. You've just got a bit of indigestion again. 'What about my gall bladder?' I ask. Old Arthur tells me I had an ultrasound scan last time I had liver pain and it was normal apparently (although in my view that girl in the scanning department was not sufficiently experienced). Still, I didn't want to go into that again, so trying to be constructive and helpful, I suggested that an MRI might be the thing to go for. But old Dr Grimes takes it amiss as usual and says he is the one who will decide when an MRI is indicated and anyway there's a 2-year waiting list, which I don't believe. Then he's tapping out a prescription for 'Gastrocalm Intensive Care'.

My heart sinks. I've got bottles of that stuff at home and it's quite useless for

biliary trouble as any competent doctor would know. But there's no point in arguing with him. Too set in his ways. On my way out I see that Ivy is on her break, so I get that Shirley with the purple hair and the stud in her nose (nice girl) to put me in for an appointment with Dr Phillips on Friday. Meanwhile, I think I'll call in at that new health shop in the high street and see if they've got any good complementary liver medicines ...

We are grateful to John Salinsky for these extracts from Norman Gland's diary.