WHAT I MEAN BY A PERSONAL DOCTOR

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Learned, observant, humane, with a profound reverence for the claims of his patient.—Charles Singer on Hippocrates

THIS quotation gives us the best description that could be found of a Personal Doctor. There cannot be many short and complete definitions of this ideal person. I could not myself mean any more, or any less, if I were to suggest another.

What is a person? The dictionary gives several meanings of which for our purpose we may take three. A human being: a living soul or self-conscious being: a personality. These together define the physical and invisible parts of a man's make-up; the essence of his whole being, body, mind and spirit. Hence a personal doctor must be one who will look after the whole man, take a whole personality under his care, and be at one with his patient in sympathy and in thought.

Beyond this, which must involve a threefold love and interest, he must be a doctor in the scientific sense with a deep foundation of medicine which must be ever widening. As Hippocrates himself said, " Where there is love of humanity, there will be love of the Profession " (Osler, 1921).

These ideal attributes of the personal doctor did not find expression until the Hippocratic age. Hippocrates was the Father of Medicine as we would like to practise it, the first type of the complete physician.

The healing art was practised long before the fourth century B.C., but various cults and superstitions were the chief aids of the earlier healers. In ancient Egypt various magics and divinations were called upon. Assyrian medicine was largely founded upon astrology. The early Hebrews based their precepts of health upon the laws of hygiene. And the ancient Chinese, so advanced in civilization, held to the theory ot animism in which acupuncture was developed to a fine art, but with no knowledge of anatomy and physiology. In all

these cults or ' systems ' there was no account taken of the personality of the patient, or of the practice of humanity; the disease was of the chief importance.

When we come to the age of Hippocratic medicine, we are not only in a scientific age of real learning; with some knowledge of the organic man, with shrewd observation leading to prognosis, as in the great work ' Prognostics '; but love of humanity was also, for the first time, an essential quality of the healer. "The nature, even of the body, can only be understood as a whole" (Osler, 1921). This expressed the Greek view of the interdependence of the soul and body of man. " The beautiful mind harmonizing with the beautiful body ", as was said to have been Plato's ideal.

It is illuminating to trace, even so briefly, the origins of medicine as we now know it, and good to know that these ideals have been followed faithfully throughout the centuries. There were intervals, notably in the middle ages, when scientific knowledge and the art of medicine reached a low ebb; but it can truthfully be said that our traditions have come down to us from the earliest times, and are no less binding now than in those classical days. One could mention so many giants of our profession of later days, and of our own day, who have shone in their lives and in their work with that same art of healing founded upon humanity. And not only the great ones known to the world; we all know many hidden and more private lights of medicine. Furthermore, do we not read in the journals, in the obituary notices of our unknown colleagues, records of just such attributes to which we would aspire. These are all exponents of the same gifts, and help us to define the full interpretation of " What I mean by a Personal Doctor ".

Practical application

It is proper now to consider the practical aspects of this prologue in relation to the present time, in short, to consider the daily work of the doctor; for it is only here that practice has a chance to follow precept, to however small a degree. There can be no discrimination here between the differing obligations of the several branches of medical work. The work of a consultant physician or surgeon, of a radiologist or of a pathologist, of a medical officer of health or other local authority official, and of other clinical workers in the wide field of medicine, all dealing with persons to a greater or lesser extent; they need, therefore, to be persons themselves to a full extent.

But we, as members of the College of General Practitioners, naturally consider our work as that of the family doctor, and the

part which his personality is bound to play as such. We are needed to administer to the claims of our patients of all ages, and under varying circumstances, and have every means of meeting in sympathy with their personalities. The facets of their characters and lives are varied and fascinating, and there is endless opportunity for study of human nature in all the ups and downs of life, and in every calling. These contacts give a true picture of the accord which is necessary between the personality of the doctor and that of the patient.

In considering the varied and happy experiences in family practice, it seems appropriate to do so under the headings of the " Seven Ages of Man " for which the family doctor accepts responsibility; to see how his personal care matters at each step, and how the various, and sometimes critical, situations call for help in many ways, often of the most personal and intimate nature. What follows, therefore, must be based upon one's personal experience.

Infancy

To start with infancy. The youngest infant has his own personality, it is inherent. And, moreover, he is able to distinguish, at an early age, between the personalities of the elders around him, even to accept or to discard. Happy is the family doctor who is greeted by the ineffable smile of a baby, instead of tears. This may well depend upon the first meeting, when the infant is fully awake to the world; or as a stranger later, if time is taken to amuse and beguile before any necessary examination is made. Thus the doctor will be welcome at each visit and they are both happy, and a friendship starts which grows as time goes on.

No sadder greeting could be met with than " I like you best away ", said by an unhappy two-year-old who was grievously ill. Neither physician nor surgeon had been able to make a diagnosis and the family doctor had to cope with anxious days, until the little child refused to be bothered any more, and, curling himself up under the bed-clothes, even the familiar doctor was resented. Happily, this problem was solved in the nick of time and all went well in the end.

The friendship and trust of the parents is of great importance when dealing with little children; they can help so much and give the doctor valuable information which the very young child cannot express, and in such times of stress and anxiety their co-operation and confidence is essential.

The toddler age

Passing on from infancy to the toddler age, the story is much the

same. The trust of the child in the doctor must be gained at their first acquaintance. The friendship of children is precious, and the pleasure of being welcomed into the nursery or the family room is always enjoyed as a privilege. Otherwise, a screaming child can be more devastating than a howling baby. This after all may be largely fear of an unknown person, or of one associated with unpleasant experiences. Starting to make friends before any such fears arise is the only way for a happy acquaintance to start, showing an interest in toys and books leads to fun and play, and there is at once a common interest.

This is perhaps more important when the child is brought to the doctor, which may be a strange and apprehensive business; but other people's toys and books are often more attractive than one's own, and a short entertainment is well worth while. A waste of time perhaps? A saving of time rather, instead of having to cope with a struggling and tearful child. The necessary prick or examination will go smoothly and the child will have happy memories, and will henceforth look forward to a visit to the doctor. This is a simple and enjoyable way of being a personal doctor, and it is a real pleasure to oneself when even children can say, " This is my doctor ", with a proud emphasis on the possessive.

Later childhood

The stage of later childhood can have its special difficulties, especially perhaps in the days of early school life when the help of parents together with that of the doctor may be needed to allay childish fears. Children of this age often have hidden fears and bogies, either at home or at school; but they are reticent and need encouragement to talk about their troubles, so that these may be rationalized and perhaps explained away.

Children have much common sense, and trust the elders who will treat them with reason and show that they understand these things; showing them also how to clear away the thorns and thistles themselves, and thus to win their own early victories. If the doctor will set the tone, it will be of great help to young and inexperienced parents.

It is sometimes clear that an emotional and nervous parent is responsible for the same unfortunate traits in the child. A child with early asthma may be a case in point, when this is actually the result of suggestion; he may be threatened with an attack in the morning when being upset or unruly at bed-time. The scene is thus set, and, sure enough, as the child now expects, the attack comes on and the

doctor is sent for. The most successful treatment here is to have a family talk with the child and the parents, and to explain how unnecessary it all is, and how to avoid it before the asthma becomes a reality instead of a form of nervous retreat. Other examples could be given; of various pains which frighten the mother, and may be a defence against going to school or against some disagreeable task. The doctor is again called, and, being now familiar with the family, can do much to reassure both patients by adopting the rational attitude, the mother needing as much help as the child. The child may see reason the sooner of the two, and will realize that the doctor is wise and to be depended upon as a friend. These contacts will strengthen the ties of friendship which will ripen into a maturer relationship by the age of adolescence.

Adolescence

Perhaps it is now that the family doctor can be of the greatest personal help both to the parents and to the growing boys and girls. The approach to these matters has changed rapidly of late years, since the time when there seemed to be a taboo of silence about sex development; when children seldom asked questions, and parents as a rule did not know how to broach the subject. It then often became the function of the doctor, especially in the less educated families, to prepare the way, preferably by simple teaching in terms of anatomy and physiology. Sometimes with the teenager separately, but it was often, in the case of girls, easier and more profitable to have a talk with the daughter who was obviously just reaching puberty, together with her mother; who, when questioned, disclaimed any responsibility of enlightening the girl, or indeed of any knowledge of how to do so. Such a talk may still be of value, and eases the shyness of mother and daughter towards each other. The child goes away in possession of a precious secret, and the parent sees how simple it all is. Nowadays these facts of nature seem to be common knowledge, of a sort, but one cannot help feeling that the young people know too much and too little, and have not always learnt the best approach to the facts of growing up.

During later girlhood, and it may be later in life, we have the problem of the unwanted pregnancy, and of the unmarried mother. It is again of the greatest help here if the girl has a doctor in whom she has confidence, and to whom she can have courage to come and discuss the situation. Often, unfortunately, they come to us as strangers, perhaps from a distant part of the country, or even from overseas, hoping to hush the matter up and so to avoid the family

disgrace. In either case, if within reach of home, the doctor's first advice may rightly be, " you must tell your mother ". This may be met with a blank refusal, as the last person she will feel able to talk to is her mother; she is often mistaken here, but may think better of it, and if they can come together to the surgery for a joint discussion, the solution of the problem is much easier. There are of course other sources of help which are known to the doctor, and it is our job to take a part in this branch of social welfare.

Marriage

Following adolescence may come marriage and the young couple are fortunate who have a personal doctor with whom they can discuss any problems or questions which are on their mind. They should also be told of the full meaning of marriage, including the technique of the marriage act, which should be the highest expression of their love. True they may say, in this enlightened age, that they know all about it, but some are still old-fashioned enough to ask for advice, which they much appreciate; and, whether they know much or little, there is still room for advice of a more professional nature which can be important. Ignorance before marriage, and lack of examination when indicated, can lead to anxious and unhappy times. It is better and easier to talk confidentially with the family doctor who may have known them from childhood, and with whom there is no barrier of shyness, than to ask advice of a stranger, which they are less likely to do.

It was rather surprising when a woman, well into her middle age, and after years of married life, came as a stranger to the surgery, having been recommended by a mutual friend, to ask if she were " properly made ". She and her husband had never achieved union. She was nervous and quite ignorant about herself when first married, and finding it difficult, was quite sure that she was "made all wrong." He was diffident to start with, also ignorant, but at last became impatient and disappointed, and had lately found a young woman to his satisfaction. At this stage she came to the doctor in distress and poured out all her woes. As the result of examination, and being found perfectly normal, she was given careful instructions as to what to do, and how to do it. This she passed on to her husband. After a little time, and perseverance, all went well; the girl friend went off, and they settled down, though late in years to a happy and normal married life. This is related as an unusual opportunity for personal doctoring. Many years of disappointment and anxiety could have been saved had they sought advice before marriage. One could hardly expect to meet

with such a predicament nowadays.

The young family

After marriage we may come to the starting of the young family. The undertaking of a confinement is one of the family doctor's greatest pleasures. We are often told in this scientific age that the only safe place for a woman to have a baby is in hospital. Yet how happy are the occasions of domestic midwifery, granted always that the home conditions are suitable, and that all promises well for the mother. Otherwise the birth can take place in a nursing home or hospital where the doctor can be in charge of the case throughout.

He has had the advantage of careful and personal antenatal supervision; he also has the opportunity of describing the process of labour in all its stages, and of presenting the miracle of childbirth to the mother so that she can look forward to it with some intelligence and understanding. This time is one of intimate and personal relationship between doctor and patient; it can be happy and informal throughout, with the mother anxious and willing to take her part.

It is sad how apprehensive about childbirth some women are, and largely from the hearsay of friends. It was a charming and unforgettable moment to see the reaction of a radiant young mother on revisiting in the evening after the birth of her first baby, and to be greeted with the remark ," All my friends have told me how dreadful it is to have a baby, but none has told me how wonderful and happy it is ".

The importance of the father can also be brought into this family event when taking place at home; he should share in the general happiness as soon as possible. Not necessarily to the extent of being present at the birth, which is a modern and sometimes desirable innovation, if both parents wish for it. But he should be presented with his child as soon as possible. This can also be a charming scene; one remembers the father in a poor home on such an occasion holding the baby, his first, with a wrapt expression of wonder, and saying, " But he even has finger nails ". This informal atmosphere of domiciliary midwifery helps greatly to cement the family unit, and to include the doctor as a real friend of the family.

Middle age

The foregoing has dealt with the more eventful epochs of life, after which comes the more settled period of middle age. This should be a period of content and feeling of fulfilment; gaining in

experience and happiness, either in single or in married life. Settled in professional work, and, better still, surrounded by young life, and having the interest of guiding the development of the growing family. Even in the case of the mother it is often a combination of both, after an interval of years in which to start the young upon a sound foundation.

Such is the rosy outlook and one which one hopes can fall to the lot of the majority. But this time can also bring its problems, which need the help and advice of a personal doctor. Such problems may come from the stresses and strains of married life, even though fundamentally happy; the cares of the growing family; or, more commonly, the worries of the single professional life in which the joys and interests of a family are lacking.

There may indeed be grave illnesses, or, more exacting, a long and rather weary trail of various minor ailments. Many of these when discussed, and after full and often negative examination, are found to be the manifestations of anxiety or worry, and often of apprehension of what may be in store. Such fears are mostly hidden, but no less real, and it is for us to uncover them at an early stage if given the chance. This needs time, and much listening on the part of the doctor, but the importance of such time spent is plain and need not be stressed.

These troubles are more likely to afflict the unmarried, perhaps especially the single woman who, having no family to need her affection and attention, has not made room in her life for other outlets for her maternal instincts. Her problems may, however, be solved given time and an understanding and sympathetic approach. The quick visit to the surgery for a box of pills for the headache or vague feelings of malaise can only prolong the trouble, and soon give way to hopelessness. The state worsens, depression increases, and specialist psychological help may be needed. But the wise and friendly doctor will recognize the early stages of such psychological stress, and by explaining the situation to the patient, can do much to restore happiness and equanimity. She will understand herself better, being developed by these experiences, and so can help her friends in like predicament. She should seek professional and personal help in time to prevent such states of anxiety and introspection from becoming pathological. We exclude, of course, psychotic states which present a different picture.

The sum of this discussion is that if the personal doctor can be in

the picture throughout, this sometimes difficult period of middle age can be one of happiness and satisfaction. Even menopausal difficulties may fade out.

The time of the menopause gives another important occasion for physical explanation; our patients should know something of the physiology of this time of ' change ' in their systems. They cannot know, as we do, how " fearfully and wonderfully " we are made, with so much interaction of function, and the more timid women would meet this time with less apprehension, and therefore discomfort, if they were told of the why and the wherefore.

This last section has referred chiefly to the needs of our women patients. But this is not to ignore those of men. They may also need a confidential doctor to help them over difficult times, especially in their later middle age, and various crises may be averted.

Ageing

The period of ageing now comes into this picture of life. The hard time of giving up professional work, the emptying of the home of young life, and the awareness of the restrictions of age, should nevertheless be accompanied by happy memories. The days can also be lightened by the enjoyment of occupations of a quieter and less exacting nature at home or outside, for men or women. The joys and interests of grandchildren may enrich these years.

Yet there are less happy elderly people, probably the lonely ones, or those who feel lonely without real cause. They sometimes need someone to talk to about the trials of having to ' give up ' this and that. One would think that a full and happy life while working could not give place to lonely and self-pitying years. They need a philosophy of life which perhaps their doctor is most able to give; also maybe the suggestion of seeking some useful or philanthropic work which will be of interest to themselves, and occupy their thoughts and time, whilst bringing help to others less fortunate.

There may be financial problems to consider, or family matters, and it often happens that the doctor, if personally interested, becomes the family adviser. In the case of illness of these lonely people difficulties can become urgent and acute, and the doctor again is the first person to turn to for help. It may not be our job to arrange people's lives for them, yet we feel personally responsible for our lonely patients and often have to take the first step in solving their problems, and in enlisting other appropriate help.

The aged

So much is talked and written about in our day of geriatrics, that it seems hardly necessary to enlarge upon the personal doctor's part in the care of the old and aged. From the doctor's point of view our visits to our housebound patients are full of pleasure and interest. There is often much to do in the way of easing minor discomforts, and there is particular need for being on the look out for graver signs. Some old people complain very easily, but others not enough, and have to be complained for. But, apart from medical reasons, these routine visits are often pleasant occasions for mutual exchange of news and ideas, from which the doctor will gain as much as the patient. Their long experience of life, their talk of old times, and indeed of present day problems, can be both enlightening and refreshing.

More help may be needed by the sadder and needier old people. These visits are important; a regular visit from " my doctor " is eagerly looked forward to, and a real treat to break the monotony of the days in some cases. The " send for me if you want me " is a different attitude; indeed the visit may come too late, owing to the diffidence or ignorance of the old person.

There are also unhappy old people who have been left behind by their relations and contemporaries, especially those who have no children or grandchildren to cheer their days. These need comfort and reassurance when they ask, almost with bitterness, why they are still alive, to be a burden to themselves and, as they often think, to those around them. Dissuasion by family and friends does not help, and again they turn with their complaints to their doctor, especially as they may think that he is responsible for keeping them alive. The doctor's answer to this is that all that is being done for them is to keep them comfortable, and not to keep them here, any more than to hurry them away. None of us have control over the length of our days; but of this we may be sure, that as long as we are here we are wanted, by someone, or for something. As it was said by the Psalmist centuries ago, " Tarry thou the Lord's pleasure ". This simple philosophy will be appreciated by the old with long experience of life.

If the care of old people can be managed at home, it is far happier than any institutional care, and of course much more personal for both patient and doctor.

The dying

At the end of life, or at any age, we have the care of the dying, a

special charge.

Some description lately of the care and attitude of the doctors and nurses at St. Joseph's Hospital is remarkable for the insight and sympathy shown (*Lancet*, 1963).

Patients often ask to be allowed to die at home, if they can have home care. They are usually modest in their demands, but scrupulous care must be taken to relieve any physical distress where possible. They are often hesitant in discussing death, but should be given opportunity to do so if there is apparent anxiety or apprehension. There may be no need for this when death comes quietly and naturally, and Nature is so often kind.

The family must know the issue whether the patient realizes it or not. He will trust his doctor, if a friend, to tell him what he ought to know. But each case is different; some people are reticent and do not want to discuss the inevitable, until, when release is near at hand, it may be a relief to talk. The family, or the doctor, will know when to take the initiative if this seems best, and it may be that a period of peace will follow one of hidden anxiety and fear. But it often happens that the patient's hope of getting better remains to the end, even in a long and final illness. This is his life-line to cling to, with hopes for the future, it is also a real help to those around. It must never be forgotten that " while there is life there is hope ", and how cruel it is to take away this hope by discussing the approaching end too soon, if at all. A depression settles upon the house, and the hopeful attitude towards the patient is dispersed; he, also, gives up his hopes and, being robbed of his former tranquillity, anxiety takes it place.

One is sometimes asked by ardent people, " I hope you always tell your patients when they are going to die ". Such a remark is made in lay ignorance of the varying circumstances, and without regard to the well-being of the patient. It may be for the doctor to suggest that the ministration of the Church should be asked for. People who are not in the habit of asking for a visit from the clergy do not realize what a help and comfort this may be.

For the friendship and loyalty of our patients and their families at these times we feel grateful, and amply rewarded for any amount of care and time spent.

Some people have a fear of looking upon death, which is a mistake. One calls to mind a middle-aged daughter whose mother died after a long illness. She had had no previous experience of this and could

not face seeing her mother afterwards. She was, however, persuaded to come into the bedroom, and when she looked upon the serenity of death, her fears vanished, and she could never be grateful enough afterwards for having that last memory of peace and repose after the long months of suffering and distress. Emily Brontë has depicted this for us when she writes of the " Untroubled image of divine rest ".

This is an intimate note upon which to close this survey of the personal services which we can render throughout the lives of our patients.

This discourse has inevitably become a personal, and somewhat intimate, retrospect of a number of happy years spent in family doctoring; but this seemed to be the practical way of showing " What I mean by a personal doctor ". It is a sketchy and incomplete account and of necessity superficial. Much has been left out, both of everyday and of less common experiences, but these would all present the same picture of personal contacts. It is, of course, obvious and elementary to those of us who have chosen this branch of medicine, and can enjoy to the full the human and more intimate interests of our profession.

It will be apparent that some of this description of family practice is out-dated. Before the days of penicillin, soon to be followed by many other antibiotic and other new therapeutic measures, there were more hopeless and tragic situations, and fewer miraculous cures. On the other hand, domiciliary medicine was almost the rule and the need for hospital beds was less urgent, so that the family doctor had graver responsibilities, though always supported by our specialist colleagues. Country practice must specialize in home doctoring and let us hope that in urban centres it will remain the most important part of our work. For how else can one keep in close touch with our patients through good times and bad.

Hospitals and students

Nowadays, the need for hospital beds is ever increasing, not only for acute cases, surgical and medical, but for special investigations, which are a development of our day. This is mentioned here as it is important to keep in touch with our patients when in hospital. They feel isolated and amongst strangers, who they may think know much less about their case than their home doctor. It is therefore always a special pleasure, and reassuring, to see their doctor coming into the ward. It is also valuable to the doctor who can keep in touch with their progress while waiting for the final reports. We are

welcome in the ward by the sister, and doctors if about, and can see any reports as the case progresses. This is a grateful and personal service which we can do for our patients, and is greatly to our own benefit.

With regard to home doctoring, it has been of great interest to introduce medical students into one's practice, and to note their reaction to domiciliary practice, and especially to home visiting. This is quite new to them and is, I think, the most valuable experience that we can provide, though even full surgeries are more personal than the outpatient department.

A student spent her first day with me, visiting all the morning, several old people that day, in and out of houses and flats, up and down stairs. She then attended afternoon and evening surgeries. At the end of the day, when asked with some concern whether she were not tired, her answer was immediate, " Oh yes, it has been a tiring day, but such a happy one. You see, for the first time I have been seeing people and not cases! "

Another student, rather matter of fact and not given to express her feelings, was asked at the end of the fortnight what she thought of the difference between hospital and family practice. She was just as ready with an answer, " Oh well in hospital people come in for operation or for an acute illness; they either die or get well and go out, and you hear no more of them !" She was impressed by the long-term, and sometimes life-long, relationship of the doctor and his patients; and their friendship which she found so much more personal and interesting than in hospital.

It is good for the student, whether aiming for general practice or not, to see something of this personal relationship, more officially called the doctor-patient relationship. It is becoming more frequent for them to visit us in our practices, and we hope that it may become an essential part of their training. They can in this way learn something of the art of medicine which cannot be learnt in hospital, nor can it be learnt from lectures. It is an excellent recent innovation for a family doctor to be attached to a hospital for the purpose of lecturing, or talking informally, about family practice. But the more subtle and indefinable relationship can only be realized and passed on individually by the family doctor, in actual practice; especially is this so in domiciliary visiting. Here patients are seen in their home surroundings, and their personalities come out more naturally than in hospital, or even in the doctor's surgery. The background of their

home life completes the picture.

Students may also have something to learn about manners. Kindness and courtesy are fundamental, especially towards our patients. I remember so well, as a student, being advised by a much respected chief, always to treat my patients as my guests in my house or surgery. Such sage advice, and how patients notice such politeness, even the small courtesy of shaking hands, when they come in, or when one visits them. To my pleasure, some students have remarked upon this as a " nice personal touch ".

The National Health Service

We must mention family doctoring under the National Health Service, and ask whether it need be any more difficult to be the personal doctor described. The question is so often asked, " Don't you find that the attitude of the patient has changed? " The answer must be that if it has, it is for the doctor to put it right and to restore it to the former happy state. Patients will usually follow the standard of behaviour set; the Health Service has nothing to do with behaviour. We are responsible for the spirit of trust and loyalty between ourselves and our patients under any method of practice, and there has been no reason for any untoward change in our accustomed relationships since 1948, nor, happily, need any changes which we may foresee in the service make the personal doctor out of date.

There have in fact been some improvements for both doctor and patient. For instance, in families of limited means, the question of fees need no longer stand between us; the doctor can call as often as he wishes in cases of serious illness, and expensive medicines are free. But the Health Service is not compulsory, and some patients prefer the old method, not wanting to feel under any greater obligation, and they go on happily as before.

We hear little criticism from the contented, because they are the personal, doctors who build up large family practices under the Health Service. Much encouragement has been given lately by the College of General Practitioners towards better and more intelligent practice; this widens and enriches the field of practice. Moreover it is true that the Service is improving slowly but steadily; any changes must be slow in such a large and complicated organization. We in the periphery owe much to the doctors who have been working unceasingly on our behalf towards this betterment. They at the centre, many of them family doctors themselves, can know far more of the difficulties, and of the points already gained. As conditions go on

improving, as they certainly will, and indeed must, we shall, we hope, find more time available which is so essential for any personal work; this will bring much contentment to doctors and patients alike, and there should be less yearning after the good old days.

My intention in writing this essay has been to attempt to define this personal work, and so to give an answer to the question set. Also, in so doing, to present a happy, and no less interesting, picture of the life of the personal doctor, and of the ideals which we set before us. May these ideals never grow old-fashioned, but rather, furthered by the benefits of modern medicine, become more within our reach. So that, with ever increasing knowledge, our Legend at the beginning may never grow dim.

Epilogue

We may end on the same note, again quoting from Osler, one of our great philosophers of medicine—

> " Medicine arises out of the primal sympathy of man with man, out of the desire to help those in sorrow, need and sickness."
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> (Osler, 1921)

Postscript

Since writing this paper, this same subject has been brought to the notice of a wider public, stimulated by Sir George Pickering's fine address to the meeting of the British Medical Association in Oxford. He defined the ethos of medicine as " Human sympathy and understanding that form the very core of medicine." The daily press took this up as was seen in the correspondence columns of *The Times* under the heading, " The most personal job ", from the leading article. From these letters, expressing various views, we see that the public is as anxious to keep their personal doctors as we are to provide them.

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