

physiology are aimed at a non-medical readership but there is much to learn for clinicians, especially for doctors dealing with medically unexplained symptoms (the highest risk factor for which is being a woman). As Jackson states, *'I gave myself the title of hypochondriac before it became a complaint whispered behind my back.'* She is not alone. Women need to exert greater control over their health and this starts with being heard.

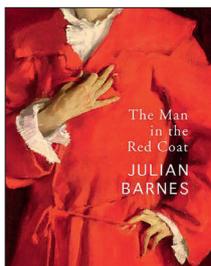
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The Man in the Red Coat

Julian Barnes

Jonathan Cape, 2019, HB, 280pp, £20.00, 978-1787332164



A RICH AND WITTY TOUR OF BELLE ÉPOQUE PARIS, VIA THE LIFE STORY OF THE PIONEERING SURGEON SAMUEL POZZI

This biographical account of the famous doctor in the life-size picture produced at the time of the Belle Époque in France (1871–1914), is a tour de force by Julian Barnes. The oil painting in ravishing red hues by John Singer Sargent celebrates a young surgeon who is going places and knows his mind. The scarlet cloak with dangling tassel and delicate doctor's hands with assured visage was deemed too scandalous to exhibit in France. Perhaps this was due to the fact he was a very successful gynaecologist (and womaniser who is presumed to have slept with some of his celebrity patients) or perhaps because he was from Jewish Protestant Italian parentage. This did not sit well with Catholic aristocratic France. Remember this was at the time of the Dreyfus Affair, which split France in half and caused societal turmoil similar to Brexit Britain.

Dr Samuel Pozzi married in his early thirties to a young French Catholic heiress

and had three children, but the marriage was not a success and in his later years he had a long-term mistress with whom he travelled extensively. He did not leave any diaries of his life so Barnes has had to extrapolate from material written by others such as his daughter's diaries and gossip magazines.

Dr Pozzi was an impressively modern surgeon who worked in a public hospital. He attended lectures and ward rounds by Lister in Edinburgh, who described his aseptic and antiseptic procedures as well as advanced surgical techniques, such as catgut sutures, which Dr Pozzi applied in France. Women with fluid-filled ovarian cysts were common in Paris and Dr Pozzi was one of the first in France to operate successfully to cure benign versions of this condition. He did insist on full bimanual examinations on his female patients, which were frowned on by his colleagues. Nevertheless, he became the first Professor of Gynaecology in France.

He consistently applied modern scientific methods in the care of his patients and built a hospital in France with the latest medical ideas from the US, Germany, and England. He commissioned beautiful frescos to adorn the walls and corridors, and warned against the then fashionable use of ovariectomies to induce menopause for the treatment of female mental ill health. He was famous for his medical achievements and even joined other notable Frenchmen whose photographs adorned upmarket confectionery boxes.

Dr Pozzi was an aesthete with fashionable tastes and went on an 'intellectual and decorative shopping' trip to London with two of his aristocratic friends. These closet homosexual dandies were important gateways into the upper reaches of French society. Wisely, Dr Pozzi kept hospital bed number one especially for lady patients referred by the Count Robert de Montesquiou-Fezensac, who was a key figure in Paris society. Homosexuality was not a crime in France so it became a safe haven for Oscar Wilde and others. Perhaps here the book dwells too much on wider Parisian society and not enough on the medical and personal matters of Dr Pozzi.

No lady patients ever complained about his care, although in his sixties Dr Pozzi was killed by a disgruntled male patient who shot him three times: in the arm, the chest, and the gut. Dr Pozzi had survived duels and attended duels as a personal doctor, and worked as an army doctor, but death was to come in his consulting room. Despite attempting to assist at his own operation to deal with his own mortal wounds, he died.

Dr Pozzi may not be remembered in medical history but his legacy is an artwork of himself in his prime that has transcended time.

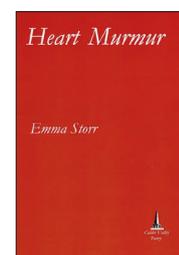
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Heart Murmur

Emma Storr

Calder Valley Poetry, 2019, pamphlet, £8.70



DEFT, LYRICAL, AND BITINGLY FUNNY

Emma Storr's poetry book *Heart Murmur* was inspired by Emma's fascination with the human body. The book contains 27 poems, written in contemporary language. These weave a path through the complexities of medicine, moving from a focus on a specific organ through to a contrite contemplation on clinical trials.

These reflective poems are written from both the doctor's and patient's perspective. They draw on the ethical, moral, and emotional aspects of medicine. Importantly, the poems consider the effect of disease and management particularly through the uncertainty of everyday medicine.

I enjoyed reading 'Delivery' with its calm account of the experience of an emergency section from the mother's point of view: *'Midnight slipped between their births, the witching hour split in two.'* Moving forward, I felt I was there examining a newborn infant in 'Six-Week Check'. Here, Emma describes the incredible wonder of the new life, fragile and fresh in her hands: *'your baked cub-like scent.'* Yet I was perplexed by and have not understood 'Clinical Trials', with each paragraph ending with *'you bastard.'* There is discerning familiarity in 'Repeat Prescription', which starts with *'I want to prescribe panaceas for teetering marriages, for kids that disappoint.'* Furthermore, an excerpt from the poem 'Consultation' reads, *'You've got a terrible sore throat and streaming nose ... Sounds*

like a cold ... so you thought you'd better pop in. As an urgent appointment? To make sure it wasn't going onto your chest. Oh come on ... you're not even coughing.'

These empathise with the struggle to provide a solution to many recalcitrant patient requests. The facetious verses give humour to the frustration of the everyday drudgery. Yet, these poems give humility and wisdom to the fragile nature of the human body and the importance of the words used by the patient.

Emma examines the human in every doctor, the raw emotion, the fascination and repulsion when a patient 'took off half her face' and placed it on the desk. There is real sadness and compassion in the poem 'Missed' describing the devastation of making a mistake: 'I prescribed you medicine. I didn't think when you told me. The scan shocked us both. I am a bad doctor. I failed you.'

Emma's honest experiences demonstrate humility and give insightful reflection on the everyday interaction between patients and doctors. The book provided a sad, happy, funny, and serious read where I both laughed and cried. The poems have stayed with me long after reading them. I will certainly listen better to my patients.

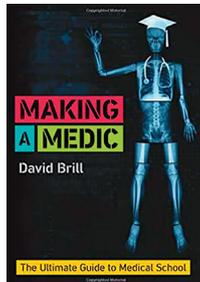
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Making a Medic: the Ultimate Guide to Medical School

David Brill

Scion Publishing Ltd, 2019, PB, 320pp,
£15.99, 978-1911510444



LOVE THE FLUFF

I remember how bemused I felt, reading two very different books in preparation for medical school. One was a dry, daunting manual written by a medical school dean, and the other was *Doctor in the House*, Richard Gordon's whimsical novel about the jolly japes of a 1950s medical student. Fortunately, today's eager medical students can turn to *Making a Medic* — an infinitely more reliable, accessible, and up-to-date guide.

The author is an FY1 doctor, so medical school is fresh in his mind. He takes you on a journey from day one through to the foundation programme, touching on everything from looking after yourself and how to learn, to preparing for exams and getting the most out of clinical placements. There's stuff about useful apps, learning from online videos ('Don't just hit play, zone out and kid yourself that it counts

as studying!'), and six reasons why you should 'love the fluff' (how students refer to ethics, professionalism, or sociology). The cartoons, diagrams, and tables make it visually appealing and the writing is upbeat and easy to read — not surprising given the author was a science journalist before studying medicine.

I now teach medical students about general practice, 'fluff', and clinical and communication skills, so I was keen to see how the book dealt with those bits. Alongside the inevitable surgical sieves and mnemonics (much less rude than I remember), there's some wonderfully mature advice about approaches to learning, and how clinical and communication skills evolve from a rather rigid process in the early years to a nuanced art, crucial throughout your career.

My only beef would be that out of 320 pages there's just one paragraph on GP placements. I wonder if that reflects the author's own leanings and experience more than the reality for most modern students of the increasing prominence of general practice in their training.

How David Brill found time to write this as an FY1 doctor with three small children, beats me. But lots of students will be very glad he did, and I will be recommending it wholeheartedly to any I know.

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