

PERSONAL EXPERIENCES

ANTIPODEAN ANIMADVERSIONS

R. J. F. H. PINSENT, M.D.

Birmingham

SOME YEARS AGO, while waiting at London Airport for a returning 'exchange' daughter, I saw a colleague—a professor no less—heading for a departure channel with the light of excitement in his eye. Where was he going? Australia, he said, yes, and New Zealand too. To lecture, to meet his opposite numbers and to represent a learned body at an important meeting. I congratulated him on his good fortune and returned to the 'arrival' section wondering why this kind of thing only seemed to happen to our hospital friends.

Last autumn, on the day the Gillie Committee's report was published, I found myself at London Airport heading for a departure channel with, no doubt the same sense of excitement as my colleague had felt. I was to repeat his journey and for the next ten weeks was to sample general practice in other lands, carrying the privilege of representing the College at the International Convention of the Australian College of General Practitioners in Sydney.

No narrative can do justice to an exercise of this kind. Episodes and people, places and things are apt to become confused in recollection, but some moments remain indelibly recorded in memory, the memory of a novice traveller. Air travel is in itself exciting; the almost vertical take-off of a Comet, cloud-shapes and patterns in long lines, or flat 'snowfields' perhaps broken by a mountain range—yes—the Himalayas themselves. Later, of course, comes the blasé stage when one has scored seven different airlines and nine kinds of plane from a three-seat Cessna to a Boeing. This, however, was to come.

I knew that some research activities were going on in Hong Kong, and learned a little about the colony from a holiday-making Chinese restaurateur who was homeward bound in the seat beside me. Drs Cobban and Fischbacher met me after the first shower of rain the island had had for months—and the last expected until the follow-

ing April. They showed me their practices and how they cope with problems of organization quite unknown to us. Dr Cobban had constructive suggestions on the tropical diseases section of the College Classification, and Dr Fischbacher helped to equip me with a camera for the later stages of my journey. A few words of Chinese in the right place undoubtedly influenced the price for the better.

Manila—a 40 minute stop—and then the longest single hop an airliner takes across the Pacific and northern Queensland to Sydney. Even in a Boeing a thunderstorm at night is something for the tyro to remember with lightning flickering through portholes on both sides of the plane simultaneously and repeated sensations of gastric absence as when descending in a fast lift. From 30,000 feet Australia looked hot and brown, and it was some surprise to find the railings at the airport at Sydney lined with black umbrellas in a real English rainstorm.

A few days with cousins in Sydney enabled me to make essential mental and physical adjustments. The saying is attributed to John Hunt that in modern aircraft one flies so far and fast as to leave one's soul behind. There is indeed a sense of disorientation which may last a day or two, and how aircrew manage to make these adjustments week in and week out I never discovered. In those days of adjustment I met a koala bear, watched the youth of Sydney brave sharks and blue water to come crashing in through the foam on surfboards, and was driven out to the Blue Mountains, where at Queen Elizabeth Lookout the clouds were a little unkind.

Then refreshed, the Convention of the Australian College on the holy ground of Randwick Racecourse. Gardens lovely under the sprinkler sprays, cars parked in the bookmakers' enclosure and round the Tote, with hundreds of doctors from the antipodes and far beyond. Six hundred attended, they said, with a hundred from New Zealand. Two plane-loads, the biggest ever medical exodus from the Islands. Dr Victor Johnston represented the Canadian College, giving a memorable oration on an evening in which tails and academic dress were a sore affliction. Other overseas guests came from Holland, the U.S.A. and the Colombo Plan countries.

The Convention confirmed my existing impression that the practitioner in Australia is more clinically oriented than his counterpart here; and the standard of clinical case-presentation and discussion was high. There were papers of epidemiological interest, some group studies by the research committee of the Australian College, and of its faculties in the separate states. One paper and demonstration was, however, quite out of our world since it dealt with tick-bites, spider bites, snake bites and the attacks of a sometimes lethal sea-creature, the 'sea-wasp'. Two informal meetings of the research

committee of the Australian College, under the chairmanship of Dr John Radford, were held in the stewards' room at the racecourse, surely as incongruous a place as ever a research committee met in. Constructive discussions on new projects both clinical and 'operational' also—this latter of particular interest in view of the known need for such studies here in Britain.

In the few days after the conference I was invited to attend the business meetings of the Australian Council as an observer, as a very new Fellow of the College, wearing its own tie. The problems were extraordinarily similar to those which, at some time or another have perplexed our college Council. The approach differed, the surroundings and the temperature—of the environment not the debate—were unfamiliar but it was easy to recall the principles which were discussed. Postgraduate education—for which the College has advanced plans, the relation of the College to other bodies, its research activities and whether, and for what, an examination was necessary. In establishing that Fellowship of the Australian College should not be achieved by examination and in devising a method of award the Council is ahead of ours and we may well profit by its efforts.

The home of the College is an Australian national monument, once the house of the treasurer of the colony of New South Wales. It has seen changes, at one time forming part of the less reputable dockland of Sydney. The southern foundations of Sydney Harbour bridge rise from 'the Rocks' a hundred yards or so from the building and from its north window there is a splendid view of the whole span. Inside the building has been modernized, a common room, council chamber and offices at ground level. The council chamber is decorated in a quiet green with the coat of arms of the College and portraits of its first presidents already adorning the walls. Upstairs, as at Princes Gate, there is a library and some living accommodation welcomed by members of council from other States.

The uninformed Englishman tends to think of Australia as a unit, but discussions in council soon convince him of the separate identity and characteristics of the six states which comprise the Commonwealth. These six states were the original six faculties of our College, and each has preserved its identity since. Later, I was to visit them all, as well as Canberra, the conductor's dais for the continent, from which smooth harmony is, I gathered, not always easily achieved. State characteristics and traditions were evident in the discussions and added vitality and life to them. Decisions reached by people not always in the habit of agreeing with one another are all the better for this, and out of difference Australian Council achieves loyal unity in matters of medicine and practice which are its concern.

Sydney is by no means the whole of New South Wales and cer-

tainly not 'typical' of Australia—but then it was soon clear that nothing was 'typical' of anywhere. In Sydney, though, I was introduced to the pattern of general practice which repeated itself, with differences of emphasis rather than kind, throughout the other states. Singlehanded or partnership practices were highly clinically orientated and effectively conducted often in purpose-built premises. Private practice predominated, the Pensioner Medical Service supporting it, as has been described by Fox. There was some hospital specialization by practitioners according to interest, and a curious phenomenon, some undertaking of general practice by younger specialists, as a supplement to income while becoming established.

Emphasis in New South Wales, as elsewhere, was on clinical medicine and surgery. There was conspicuously less emphasis on mental illness and the psychosocial phenomena which so often concern us in Britain. Perhaps Australians on a continent find it easier to get away from one another than do crowded islanders and they are less subject to interpersonal stresses. Perhaps for similar reasons the preventive aspects of health care were underplayed—or so it seemed. Only in one state was the doctor's responsibility as a teacher of his patients fully assimilated, Western Australia, visited last of all, was to show me this in full measure.

From Sydney to Queensland, where, as I had been told, it was always sunshine and there were bananas, sugar cane and pineapples in full commercial production. Recent events in Cuba have greatly encouraged the sugar cane planters, and pawpaws too are now grown extensively. Avocado pears, passion fruit and other delicacies hitherto unknown outside the hot houses at Kew grew in profusion, and at one agricultural research station I was shown a cool-house, a greenhouse in which fans brought the temperature down, so that plants from temperate zones could be acclimatized.

As elsewhere there was an intense interest in the College and its work. Here, as evidence of the high regard in which it is held, the College has been invited to play an important part in the later stages of the medical student's training. Students will, no doubt, be introduced to practice in the outback as well as in the larger towns and cities, here they will find real general practice. I visited Toowoomba seeing partnership practices with hospital affiliations, and further inland still, at Pittsworth, a two-doctor partnership cared for a population of some six thousand, basing their practice on a small hospital. Most of the surgery was done by themselves, with a visiting surgeon from Toowoomba from time to time. They were supported by a two-car ambulance service as smart and efficient as any, and all preconceived ideas that outback medicine was corrugated-iron improvisation were proved to be fallacious once and for all.

From Queensland, which showed me everything from huge jacarandas in misty lavender bloom to hailstorms five inches deep, I flew back to Sydney and on to Wellington, New Zealand. This was a planned digression from my Australian itinerary, and by the time I arrived most of the New Zealand doctors who had come to the conference had now come home. Wellington was windy but the view from the hills overlooking it was superb. Furthermore it looked on first impression much more British. I was already beginning to notice differences between different places. Red roofs, yellow broom growing in profusion and all the greens of leaves and trees greener than the Australian gums. Furthermore, the temperature range was rather more familiar. With South Island in view a wise visitor buys two string vests.

It was surprising, after all that had been said about the emigration of British doctors, 'refugees from the Health Service' as they were called, New Zealand considered itself short of general practitioners. To offset this there were rumours of a second medical school, to be situated in Auckland. At present Christchurch has a monopoly, producing practitioners and specialists of high standard, but with somewhat less tendency to group together into partnership. As in Australia clinical medicine dominates all else, though there is an increasingly influential department of social medicine. New Zealand doctors are prosperous, as are those in Australia, many having seaside or lakeside cottages where they can escape professional problems, and if ever there was a country in which life's opportunities should not be missed, New Zealand is it.

Dr Colin Elder took me to Te Anau and up among the southland peaks to Key Summit. Here was the paradox of a palm tree growing from a snowdrift, at an altitude sufficient to cause any middle-aged townsman to pause very frequently for breath. The flight to Christchurch, through the mountains themselves and out over the Canterbury Plain was as exciting as the Botanic Gardens in the city were restful. The resemblance to the Backs at Cambridge was nostalgic. Here were signs of developing liaison between practitioners and the veterinary staff of Lincoln Agricultural College. It is possible that studies of the pattern of disease in relation to its environment may be carried out here using methods comparable to those worked out by the research committee of Council. There are already a number of 'E Books' in the country.

Back in the North Island Dr Marshall showed me that four-pound trout could be caught in Lake Taupo if you knew how, and described changes in the pattern of the College's research activities. He was to be succeeded as chairman of the research committee by Dr Gallagher of Auckland, who, in turn, took me over at a college

symposium at Wairaki. The papers read here were all of a clinical nature except one, on the epidemiology of leptospirosis, presented by a practitioner. The meeting was strongly reminiscent of a college symposium here, and this is no accident for the New Zealanders are proud of the fact that they are members of our College. This feeling one could perceive in little things as well as major ones, and more than once I found myself surprised at the awareness of the New Zealanders of affairs in Britain. The explanation came quite suddenly when I saw a full shelf of *College Journals*.

By the time I left New Zealand I had seen the fantastic thermal areas of Waio-tepu and Roturoa and had expended more spools of film than I intended. The Tasman Sea was quiet and a smooth flight brought me to Sydney again, and a two-day break at Dr Radford's lakeside cottage. Kangaroos on the grass by the roadside, Rosella parrots in the gum trees, strange fish to be caught with deep-frozen prawns as bait and the sight of a pelican flying surprisingly elegantly over the water of Surrey Inlet. A butterfly migration too, in which for 20 miles we drove through an endless sequence of white butterflies flying inexorably north. There was something almost uncanny about this.

Canberra is a short flight from Sydney, on the morning plane filled with smart executive types in Savile Row suits, with brief cases. One or two of the passengers were of a ruddier countenance, evidently bound for further destinations, wearing hats of which I heard it said "the broader the brim the smaller the station". The city of government is growing fast, encouraged perhaps by a civic sense of pride in its planning and in the fulfilment of its design. Here I met those concerned with the co-ordination of the medical affairs of the Commonwealth, and in particular those who had been working on the Australian counterpart to our National Morbidity Survey. The first results were coming through, completing an exercise to which 90 Australian practitioners had contributed records of their work. Here is a nucleus, if ever one were needed, for a statistical analytical service for general practitioners which could be developed usefully as E. Book, or similar recording spreads in Australia.

From Canberra another exciting flight, in a three-seater Cessna aircraft skimming the gum-clad mountains of the Dividing Range to reach Corryong, a small town in the Victorian outback. Here, once again, was reaffirmed my belief that general practice in its full breadth will survive under these conditions whatever else may happen in the cities. Dr Harbison and a colleague care for their far-flung community from a hospital base. The hospital is a local community venture partly financed by State funds and equipped up to the minute. It has a fair surgical case-load taking accident cases flown down from the Snowy River Hydro-electric Scheme, but the obstetric wing is not

fully used. Dr Harbison suggested that this might be an observable effect of 'the pill'. An appendicectomy was done smoothly and efficiently on the evening of my arrival.

The epidemiological opportunities of outback practice were discussed at some length, for communities are comparatively static and under the care of one or two doctors only. This is an advantageous situation in a country where private practice denies to the practitioners accurate knowledge of who are, or are not his patients at a given time. Only in areas of this kind is it possible to construct anything like a practice list with its companion, an age-sex register. In a practice of this kind the doctor is very closely identified with the community and becomes their leader in many enterprises not even remotely connected with medical practice. Civic affairs take up much of the doctor's time and when, as here, the doctor identifies himself with the community to the very limit, he finds outback practice to be the most rewarding kind of work. Often young doctors spend a short time in the outback, leaving later for the bright lights of a coastal city. Quite clearly Corryong would not lose its doctor in this way.

The same small blue and silver Cessna took me to Melbourne, flying over mountain, lake and plain, and to meet me at the airport was my ex-partner from industrial Birmingham. Since 1958 he had become comfortably assimilated into Melbourne practice and now undertook a wider range of clinical activities than ever before. Emphasis, as always, was laid on the clinical opportunities and work and it is clear that many British doctors who emigrate do this to secure these clinical opportunities for themselves. They tend to blame the National Health Service for not providing a greater range of clinical opportunities and satisfaction and, because they are by temperament 'doers' they overlook the positive advantages of the N.H.S. to the patient and to the doctor who has no wish—or sees no need—to 'do' his own Ts & As, curettages, appendicectomies and the like. One could not avoid the impression throughout Australia that the British N.H.S. was widely misrepresented and misunderstood. New Australians who were good doctors gave the impression that good doctoring had no outlet in Britain, whilst other newcomers of lesser capability might be reluctant to admit to their own failure to make a success of N.H.S. practice. These latter were quickly recognized by the Australians by their attitude to 'socialized medicine'. One had the impression that they would have failed to achieve success in any practice context.

The Melbourne scene differed appreciably from the other states, perhaps the grass was greener in Victoria and the cows really did resemble English breeds. It could be hot too, and on the day two

group practices were visited in the Latrobe Valley the car seats became so hot that they could hardly be sat upon. Group practices—partnerships sharing premises—here ran to the pattern that was beginning to be recognizable. There was the usual good association with hospitals and high standard of staffing and equipment. A number of research projects were in plan and progress in Victoria, including the use of E. Books of the same vintage as those in use here.

Next flight was to Hobart in Tasmania, over the crater-lakes in the centre of the island and down on an aerodrome by the sea. Tasmanian problems include the possible effects of mineral deficiencies on plants, animals and man, and the undoubted effects of the prevalence of hydatid disease. Here the Tasmanian Faculty of the College was taking the initiative in a health education campaign designed to eradicate the infection by disposal of the offal from all slaughtered sheep so that dogs could gain no access to it. This enterprise was being pursued with vigour, showing the general practitioner at his best in an unexpected corner of the preventive field.

Forty-eight hours was all too brief a stay in the island before returning to the mainland to Adelaide. Here once again were members of the College engaged in a high standard of practice. All were proud of the new Queen Elizabeth Hospital, not least the general practitioners who had access of right to one floor, the seventh, in this huge hospital where they were able to treat patients under the same circumstances as their specialist colleagues. Here seemed to be the nucleus of a general-practitioner teaching unit if ward teaching could be matched with appropriate student instruction outside. Nowhere were grasses yellower, thistles so big, lizards so common and cherry orchards so prolific as in South Australia.

Part of the flight to Perth is across the sea and the remainder is over the Nullarbor Plain which from 30,000 feet looks as grim as it must appear at ground level. A thin ribbon of road, patches of grey-green on a rusty-yellow background and little else for miles on end. To the visitor, as well as to the inhabitants, Western Australia seems to be an island isolated almost completely from the 'Eastern States'. Here again state loyalty was intense and one had an early impression of intense activity and rapid growth both in population, in material wealth and in academic stature. The new and rapidly developing medical school arose from a high standard of practice and gives good opportunities for joint practitioner-hospital research and teaching.

Of all the Australian States, Western Australia shows most evidence of interest in the preventive aspects of practice. Studies have already been made of the deployment of a social worker as a practice

auxiliary, work is in progress on a state-wide investigation of congenital abnormalities, advanced techniques of antenatal care at practitioner level are being studied and a long-term attempt is being made to evaluate the effects of health education in a practice in a small country town. Over all this, still uncomfortably and unconventionally in the north at mid-day, was a sun that daily became hotter and hotter. The Christmas decorations strung across the streets of Perth shimmered in the heat and Santa Claus driving reindeer across a garage roof completed the incongruity of it all.

The West Australian Christmas trees were in flower, an obligate saprophyte or parasite on gum trees which spreads and at this time covers the whole tree in a blaze of orange-yellow. Christmas was very much in mind as my days in Australia ran out and the 'plane lifted off Perth Airport for Singapore. Whether influenced by the season or no I do not know, but at one point Christmas Island appeared under the port wing, to be photographed in speckled cloud and sunshine through the aircraft window. Next, Bangkok—a brief introduction to missionary medicine and temperatures in the eighties, then the long night flight that ended in a dawn below freezing at Zurich, the stops between becoming progressively cooler. London Airport was fogbound but the pilot found a gap and landed through it. The circle was complete.

Many impressions come from an experience of this kind, one being that many more general practitioners should be able to undertake journeys of this kind. Exchanges were discussed and there seems no real reason why they should not be arranged. Australian medicine and practice undoubtedly suits Australians, and some Pommies too, but provision of overall and complete medical care generally fell short of that which is possible here. Interest in the good points of the National Health Service—about which few Australians had ever heard—was widespread and the fact of their existence caused eyebrows to lift in surprise.

While our public relations with the Antipodes might be bettered nothing could improve on the welcome that awaits the traveller from Britain. Kindness and hospitality take on new dimensions under the Southern Cross. This fact above all others will remain with me giving added pleasure to a new and lasting store of reminiscences.
