

THE COMPLEAT DOCTOR*

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I KNEW our dear friend Simpson, and we had a number of things in common. I knew him first in the R.N.V.R., and we both finished as surgeon-commanders. He was first and foremost a general practitioner. We were both anaesthetists—though he was a proper one, and I was only a ‘specialist in anaesthetics’ during the war. We were both in the Naval Air Arm, and I remember “sitting at his feet” at the centre of all things, Lee-on-Solent, where he lectured with complete assurance and verve, for “he taught as a man having authority”—the authority of experience—and with it a sympathetic and kindly good humour, which endeared him to all.

So I come to the title of my address, not the ‘Compleat Angler’ but ‘the Compleat Doctor’, and I shall have failed in my talk if we do not go away with the certain knowledge that there is only one sort of ‘Compleat Doctor’ and that is, of course, the general practitioner. We arrive at this diagnosis not by intuition or self-esteem, but by a process of logical deduction.

You know the old song, “Forty years on, when afar and asunder”. Let us go back 40 years to where we all started, as medical students, sitting, not at the feet of a general practitioner (as in the far-off days of medical apprenticeship), but at the feet of many and varied consultants, each master of his own craft, in a teaching hospital.

Each consultant a demigod to his students and housemen; most of the successful ones great showmen as well. This, of course, is the image which has been sold to the public by such fine actors as

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Robertson Justice in "Is there a doctor in the house?", and in T.V. serials such as "Emergency ward 10" and "Dr Kildare", great surgeons worshipping at the shrine of Hippocrates and Aesculapius in splendid temples of Asepsis.

I can still recall my surprise on leaving this awesome place and going into practice and getting my first letter from a consultant "My dear Puddy, Thank you for sending me your patient, Mrs . . . etc." The demigod thanking his acolyte. The tables turned with a vengeance; but nothing could open one's eyes more clearly to the truth that we are the servants of our patients, and the consultants are the servants of the general practitioner. They are certainly doctors inasmuch as the word 'doctor' simply means 'teacher', but so far from being complete doctors, each is a fragmentary teacher of the whole. It is my firm conviction that all consultants should take postgraduate courses in the general practitioner's work. It would bring us closer together. The consultant at a teaching hospital is a doctor, but not the complete doctor, though I have the profoundest admiration for their supreme skill and craftsmanship, each in his own cranny.

What of those other great teachers, the medical officers of health? Largely engaged in preventative work, the more successful they are the less can anyone know how many lives they save each year—until their organization breaks down, as at Zermatt with its unexpected typhoid epidemic, spread by fast-travelling planes, thus affecting a wide area. They come into their own in a smallpox scare, but normally they live very much in the background, "unhonoured, unsung and underpaid". When a medical officer of health does come into the open and teaches in language which the man-in-the-street understands, there is an outcry from a certain section of the puritan public, who are like

"The girl who was so pure
She could not say the word 'manure'."

Do you recall the letters of protest when the medical officer of health for Norwich wrote in the *Eastern Daily Press*, instructions for cooks and handlers of food in restaurants and shops, during an epidemic of gastro-enteritis, teaching them to wash their 'dirt' off their hands after going to the w.c. Blunt teaching, which did not go down well. No, the medical officer of health is another doctor to that amorphous anencephalic mass, the great-hearted, bone-headed British public, but he is not 'the Compleat Doctor'.

And so we come to the third class of medical man, the general

practitioner, or family doctor, and it is in this field that we find what we are looking for. Let us trace the metamorphosis from the medical student in his twenties to the finished article in his middle sixties.

As students, the only contact we made with real life, the life of the general practitioner, was when we were on the 'district'. What a revelation! No white temples of Asepsis, but midwifery at home. I remember doing a confinement in a barge, with a patient athwartships, in a bunk set at arm level. The confinement was completely successful, no sepsis followed, although the cargo was two tons of rotting cabbages, and one began to learn that patients are immune to their own germs.

In village life, I remember an old parson at a parish council meeting. They were pressing for modern septic tanks and such things, and piped drinking water, whereupon he produced the burial register, and said, "The average age at death for the last five years was 85, and that's been brought low because there was a youngster of 72 among them". Visitors used to come out in spots and boils, whereas the inhabitants never did. They were immune from birth.

In general practice the first thing I learnt was the authority of the principal, which falls like the cloak of Elijah on Elisha, his assistant. My first night there I was called out to a case, answered the phone but didn't write the message down. It was a woman with pleurisy. I said "you must stop in bed absolutely, till I see you again". I came home but could not remember which village it was. A fortnight later a wee, small voice over the phone said, "When are you coming to see my wife? She's much better, but she's still in bed. You told her to stop there till you called again". How carefully we examined our first patient with a temperature, tender limbs and so on. Was it polio? Or amyotrophic lateral sclerosis? Were we missing something? When the next 50 cases were similar, we realized it was a 'flu epidemic, and we started unlearning some of the teaching that had been dinned into us, for the rarities are the spice of life to the consultant, whereas the commonplace ailment is the general practitioner's realm. But although qualified and in general practice we are not yet 'the Compleat Doctor', who can teach in his surgery from experience, without quoting from books. This was rubbed into me when I was at a naval air station, with five medical officers under me. They used to say "Surgeon-Captain says so-and-so", because they had all been on a medical aviation course, a small, but highly specialized branch of medicine.

I was the only one who had not done the course. There was only one answer. I took to flying, and was then able to say "Well, in my experience, I find so-and-so".

I would say that no general practitioner has seen one complete cycle in medicine until the babies he delivered when he first went into practice, have since come to him as mothers for the delivery of their infants in turn, say 20 years. But to be the complete general practitioner one must have a 'better half'.

Doctors' Wives

Twenty thousand doctors with twenty thousand unpaid telephone operators, receptionists, dispensers; knowing all things, disclosing none. What a magnificent fund of human labour, given, not for love of the government, but for her husband. And how cheaply does the public and the government get this invaluable service, and how unthinkingly do they accept it as a right. I refer, of course, to the doctor's wife. "A prophet is not without honour, save in his own country, and in his own house", but a doctor is not without honour in his own practice, except, may be, in his own home. You may remember the delightful story of Mrs Dose, the doctor's wife, who made a dear little, red-flannel dressing-gown for the doctor's patients. When she developed a nasty pain in the right side the doctor was busy, and had to go to the surgery, then he had to go out on a case, and at night he had a confinement to go to. The pain got worse, so next morning she sat with the other patients in the waiting room to get a little attention. She went into the surgery. The doctor was washing his hands, and said "What's wrong?" She told him and he said "Get on to the couch", so she put on the dear little, red dressing-gown she'd made for the other patients. He examined her tummy, said "Hm, appendicitis, I should think", looked at her face, and said, "Oh, it's you, my dear". But then, of course, the cobbler's children are always the worst shod.

Who is it answers the phone? "No, I'm afraid the doctor's not at home at the moment, but I'll let you know as soon as he is available." The doctor's good wife—while her husband is hastily eating a belated meal, and trying not to cough, lest he betray his presence over the phone. Who provides a cup of tea when the doctor climbs back into bed at 3 a.m.? Indeed, who keeps the bed warm? Who does or did the dispensing when the doctor was so overladen with debts and mortgages on buying a practice and a house, that there was no money for any ancillary service? The doctor's good wife.

Who listened eagerly to hear her husband praised as the first patient came out of the consulting room on that first morning—and who was disillusioned? “ Well, what’s the new chap like? ” asked the waiting patients. “ This one’s no good. Not like the old doctor. Why, he has to *examine* you to find out what’s wrong with you! ”

But still the general practitioner is not ‘ the Compleat Doctor ’. He should have children of his own. He then begins to learn, and acquire an authority of experience, instead of quoting paediatric dogmatisms, or having them quoted by the monthly nurse (shades of the past!) Truby King and New Zealand cream stuffed into an infant who is an exception and cannot take fat. The doctor acquires an insight into the childish mind which twists the unfamiliar into the familiar. Just as the English soldier twisted Ypres into ‘ Wipers ’, so in the childish mind the same thing happens. My own daughter was always very indignant at the line in the hymn:

“ Night is drawing nigh ”

She wore pyjamas, and she said “ Why is it always ‘ nighties ’ drawing nigh? ” The lay public often have the same twist, I am sure, on medical matters which are unfamiliar to them.

Body, mind and soul

The soul is not recognized in medical textbooks, it is only acknowledged in an overt fashion in the term ‘ psychosomatic ’. True religion—not necessarily the dogma of orthodox Christianity—is part of the make-up of normal human beings if they are to have a purpose in life and be complete and happy personalities. Now the specialist in hospital derives directly from the scientific attitude of Hippocrates and he may develop empathy for his patients, which is a professional sort of sympathy. In exceptional circumstances an exceptional doctor may remain purely scientific, and by a *reductio ad absurdum* treat human beings as experimental material, if the State had decreed them politically undesirable, as in Nazi Germany, where such unfortunate creatures were given injections of benzine to see the effects of producing arteriosclerosis, and other horrors. Such can be the depths of the ‘ scientific ’ mind, unrelieved by any humanity. The general practitioner, on the other hand, although steeped in Hippocratic knowledge at hospital, becomes consciously, or unconsciously, a follower of Jesus of Nazareth, treating the whole personality in the Confessional of his surgery. A patient with a sense of guilt, seeking advice, presents a multitude of symptoms which do not tally. A sense of fear can produce a cancer phobia, and if this

is realized and diagnosed a quick cure follows, otherwise the patient becomes a neurotic.

We are now getting towards 'the Compleat Doctor'. He is married, has children, 20 years in practice, a wide understanding and sympathy, especially for those mis-labelled 'neurotics'. One last thing is necessary, which comes with advancing years, sympathy and understanding which comes with his own experience of an ageing and failing body and the realization that it is more comfortable to sit in a high-backed, wooden, Windsor chair than to lounge in a minty armchair; to realize that some old dears are not daft but slightly deaf, slightly blind, slow in cerebation, and no one has the time or patience to wait for their reactions, and break through their self-erected barrier of loneliness.

Then, and only then, are we approaching the ideal general practitioner, 'the Compleat Doctor', complete in wisdom as well as having some knowledge.

What of the future?

If anyone is going to fight for the general practitioner it must be ourselves to whom general practice is still a vocation. The College of General Practitioners is our one great beacon light. After all, *the general practitioner is a specialist in his own right*. He is an ecologist, treating the whole personality—*in vivo*. Whereas the hospitals treat cases—*in vitro*. The modern outlook demands that more and more patients should go to hospital. Some people feel that all midwifery cases should go to hospital, but, in fact, the hospitals have too few beds as it is and they are sending the patients back to their own homes a lot earlier than they used to. It is the same after operations, and if the patients are going home, who is to look after them if there are to be no general practitioners.

The consultants may have a quarter of a million hospital beds, and are always crying out for more patients, but it is often overlooked that *the general practitioners have fifty million beds* at their disposal. This has never been stressed, but it is an important fact. In Sweden, in the cities, the patients go direct to hospital. The casualty officer may see a hundred cases a day. He is, in fact, a sorting officer with hospital status.

The National Health Service is undoubtedly a blessing for those patients who cannot afford medical treatment, which is expensive, and modern drugs which are even more expensive.

The old days of the Clubs are over, when the wives and children

were treated for a shilling a month. In those days there were bad debts which the doctor had to face. Those days are gone for ever, and it is a very good thing.

This Elizabethan age is a golden opportunity for moulding the future of medicine, and with it the proper place of the general practitioner—the only ‘Compleat Doctor’ in the Service. It is up to our own College, the College of General Practitioners, which was born of Faith, out of Hope (after two miscarriages), and is now a sturdy young infant. It is up to this College of ours to blow its trumpet so loudly from the battlements of its headquarters in London, that the clarion call is heard in Westminster.

Let me finish by quoting some words which were written in 1928:

Many students there are who aspire to be surgeons or consultants, and look upon general practice as the last resource of the unfortunate, and yet, surely, all the keenest and best brains among the students should be encouraged to take up this—the finest, most arduous, and most difficult part of medicine. The ideal general practitioner is one who has devoted half a lifetime to his work with his eyes open and his brain functioning, so that he is well grounded in all branches of medicine, and of the humanities as well, yet, withal, has made time to study and to keep abreast of the research workers, so that, mixing among his fellow men as he does, he is able, not only to alleviate their sufferings, but to instruct them in the prevention of further disease from his fund of knowledge, at a time when they are only too ready to listen (though haply they may forget his advice when well and fit again). Besides, what unlimited material presents itself to such a man for the spying out and studying of disease in its natural haunts, often so different from disease cultured *in vitro* in the laboratory.

And yet how few general practitioners have acquired the special knowledge, or made time in which to avail themselves of the golden opportunity for clinical research always at hand. Maybe such an ideal is beyond most of us, though there may be some men who have come nigh to achieving it. Yet surely, to the student of medicine, the highest of ideals are most worthy of his strife.

Those words which I wrote 36 years ago, and which were published in the *St Mary's Hospital Gazette*, expressed my ideals then—they are my ideals still. I am delighted that our College should have brought those dreams to fruition by its programme of postgraduate training and research, so that the dream has become a reality, and it would be a fine thing if the College could award a Diploma in medical philosophy, to such as have become ‘the Compleat Doctor’.
