

Editorials

THE HIPPOCRATIC WAY

In Thasus, the wife of Dealces, who was lodged upon the Plain, from sorrow was seized with an acute fever, attended with chills. From first to last she wrapped herself up in her bedclothes; still silent, she fumbled, picked, bored, and gathered hairs; tears, and again laughter; no sleep; bowels irritable, but passed nothing; when directed, she drank a little; urine thin and scanty; to the touch of the hand the fever was slight; coldness of the extremities. (Hippocrates. *Epidemic*s. Book III, Case 15. Adams' translation (1849). Volume I, page 419.)

QUICK to pick out the essentials, rapid in diagnosis, deliberate in prognosis, the father of medicine was a true general practitioner. Even today his example is well worth following. No one has achieved with the same economy of words so trenchant accounts of their cases. Nothing seems to be omitted which is relevant, no unnecessary words are added and yet by his clinical description his patients in their mortal sickness have been made immortal. How was it done? Who knows, for the ways of genius are beyond telling.

A recent publication by a family doctor in active practice sent us back to our favourite, Sydenham, edition of Hippocrates, translated by Francis Adams who described himself as 'surgeon' but who was a general practitioner in a country district in the highlands of Scotland. Dr Ian R. McWhinney in his *Early Signs of Illness—Observations in General Practice*¹ has come as near to the Hippocratic way as any one we know:

"A married woman of thirty-two complained of lassitude, flatulent dyspepsia and insomnia. There was no previous history of physical or mental illness; during the previous sixteen years she had attended the surgery only during her pregnancy. Examination: negative. Diagnosis: nervous dyspepsia. Two weeks later she reported improvement but in another two weeks returned complaining of belching and heartburn. In another two weeks she requested a visit and was found in bed, complaining of dyspepsia and a feeling of fear and panic. She was not obviously depressed; chlorpromazine was prescribed. A few days later, she arrived at the surgery in a state of acute depression. She failed to improve with antidepressive drugs, but her depression remitted after electroconvulsive therapy."

There is a similarity between Dr McWhinney's presentation of

his cases and that of Hippocrates which is very striking. Further, Dr McWhinney has a way of making statements as aphorisms in the same manner as the father of medicine.

This may seem a far fetched comparison, but it is justified. Dr McWhinney's book is full of wisdom, and though all may not agree with all he says, the reward of reading it will be found to be great. It is not so much what he says as the way he says it, for he has been able to bring to medicine a fresh perspective; that is, a fresh perspective to those whose knowledge is confined to twentieth century medicine.

REFERENCE

1. *The Early Signs of Illness: Observations in General Practice*. London. Pitman Medical Publishing Co. Ltd. (1964). Price £1 10s. 0d.
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M.C.G.P.

ON 18 March, 1953, the foundation council of the College endorsed the decision of the provisional foundation council, that the time was not yet ripe for members to use the letters M.C.G.P. after their names.

At the annual general meeting of the College on 21 November 1964, it was agreed with only one dissentient vote:

When educational criteria for admission to membership of the College had been strengthened, that Council should consider rescinding its directive of nearly 12 years ago that members should not use the letters M.C.G.P. after their names.

At a meeting of Council, held on 24 January 1965, it was agreed *nem. con.* that now that criteria for admission to membership have been strengthened, Council withdraws its objection to the use of the letters M.C.G.P. after members' names.
