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GENERAL PRACTICE IN MEDICINE.*

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By some sections of the community—medical as well as non-medical—the general practitioner is looked down upon as the Cinderella of the profession, but as the Cinderella of the fairy tale comes into her own, so the general practitioner comes ultimately to occupy a most important place in the organisation of medical work among the community. As the Navy is our first line of defence against attacks by an enemy, so the general practitioner is the first line of defence against the inroads of disease. To-night I should like to impart to you some of the lessons one has learnt during thirty years of general practice, and to impress on you some of the privileges and responsibilities of the general practitioner. I wish to make my remarks practically helpful to you as fledglings who have just left, or are just about to leave, the teacher's nest. You have in the course of your training laid the foundation of your life's work, and if you have laid that foundation truly and well, the superstructure will come in time, but it must be built by ever-increasing knowledge and experience, and that knowledge and experience must be so arranged in the mind as to be available when it is wanted. A man may have an intimate acquaintance with Anatomy, Physiology, Pathology, Medicine, Surgery and Midwifery, but unless he can put it to practice in his daily work, and have it available at a moment's notice as it were, the man had better select some other sphere for his work and usefulness than general practice. The man with less theoretical knowledge, but with a good practical working acquaintance with his profession at his finger-ends will go a great deal further than the man who is up in all the latest developments of scientific knowledge.

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Still I would not have you go away with the idea that the ignorant man is likely to make a good general practitioner. He may acquire a practice of a kind, but not of a kind that will be ultimately satisfactory to himself or his patients. As Abraham Lincoln says, "you may deceive some people for all time, and all people for some time, but not all people for all time." Now to be practical I am going to preach you a sermon, and like a sermon I am going to divide what I have got to say under different heads:—

- (1) Your Duties before entering on General Practice.
- (2) Your Duties after entering on General Practice.

(1) **Your Duties before entering on Practice.**—Your first duty after graduating, or taking your licence, is to register as a qualified practitioner. This may be done at any of the offices of the General Medical Council in London, Edinburgh, or Dublin, and for this registration you pay £5. This Register is a list of duly qualified practitioners kept by the General Medical Council in accordance with the Medical Acts, and it is only after your name has been put upon that list that you can sign medical certificates of different kinds, such as death certificates, birth certificates, lunacy certificates, certified notices of infectious diseases, and it is only after that that you can sue for fees.

After graduation it ought to be every young man's aim to secure a hospital residency for six or twelve months. Of these there are two kinds: (1) those with a teaching staff; (2) those which have only a visiting staff of surgeons and physicians who do not teach. Each of these has its advantages. In the first, though you have more routine work preparing cases for lecture, superintending students and so on, still you have to go over all your cases carefully, and you have the privilege of using all the latest methods for diagnosis and treatment, and also of listening to the instruction given by the chiefs to the students. In the non-teaching institutions on the other hand you have more time to devote to the clinical investigation of each case and more individual responsibility in treatment, and if your chief is a man of ability and energy he will prove of inestimable value to the resident who will lay up a store of knowledge which will prove of very great value to him in later life. During this period also the resident should begin to take an interest in, and have a special leaning towards some particular branch of his professional

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work. This he should do, not to become a specialist in the general acceptance of the term, but to become master of a particular branch which will prove interesting and serviceable later on. In most smaller provincial towns and villages there will be ample opportunity for putting this knowledge into practice in the cottage hospitals dotted over the country. Not only will his own patients enjoy the privilege of this special knowledge, but his professional colleagues in the neighbourhood will be glad to call on him for advice and help, and this at a far lesser cost than bringing a specialist from a large city.

Then it is well if the man has the means and opportunity that he enlarge his professional outlook by studying and travelling abroad. There, by visiting hospitals and teaching centres, he will have the opportunity of observing how one's profession is carried on by other people than ourselves, and will escape the narrowness and prejudices of the particular school in which he has been trained. While loyal to his own old teachers he will see that there are other teachers as good or even better than those by whom he has been instructed at home. Prior to the Great War Germany and Austria were the happy hunting grounds of most of the young graduates, and many of us have most delightful memories of medical and other experiences at such centres as Berlin, Vienna, or Prague. Nowadays the hospitals across the Atlantic in the United States and Canada have great attractions for our young men, and they find a warm welcome in the great teaching centres of these countries.

There is still a further and important means of preparing for your life work, and that is by taking an assistantship for some months with a general practitioner in large practice. There you learn the real practical business of treating patients in their own homes, gaining confidence in prescribing and giving directions to sick people, managing the relatives—a most important factor—carrying out confinements with no one but a handy neighbour to assist you, arranging visits, keeping books, and all the details which you will have to carry out on your own account once you are in practice for yourself. In undertaking an assistantship the assistant has usually to sign a bond promising to give diligent and faithful service, and devote his whole time and attention to the interests of the practitioner whom he is serving, and also undertaking not to start practice within a certain distance of his practice within a certain period of time.

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Having carried through the preliminary training the next question that arises is where and how are you going to start practice. There are three avenues to practice: (1) the purchase of a partnership in an already established practice; (2) the acquisition by purchase of the goodwill of a practice rendered vacant by retirement or death; (3) starting a practice on your own account by taking a house, putting up your plate, and waiting for patients to come. In the first two cases there are numerous medical agencies through which you can get into touch with prospective partnerships and vacancies. As some of these agents are not wholly above suspicion, it is advisable to get from them in writing the cost for introduction to work or practice. The business books should be examined by some lawyer of experience so that you may be satisfied that you are getting something reliable for the money you are expending. All these preliminaries having been satisfactorily gone into, a deed of agreement should be drawn up, amendments made in it if necessary, under legal supervision, and then you the practitioner sign it. Formerly it was a very common practice to start by putting up your plate in what you considered a promising district. Since the passing of the National Insurance Act, however, this has become rarer, as most of the poor or working classes among whom at first you can only look for clients are already in touch with a panel doctor and will not change except for some special reason. This avenue is therefore not so promising of early success as it used to be. Still if a man has means at his command, the time of waiting need not be misspent, as he has leisure to study his cases more minutely and can give his patients more individual attention. He can attend hospitals and dispensaries, and thus utilise his time profitably while waiting for his practice to grow. Sir Halliday Croom used to say we climbed over the backs of the poor into the pockets of the rich, and as one's practice grows, better-class patients come and by degrees the poorer ones drop off. Taken all over the nicest people to attend in my opinion are the better-class working people. With them you do not need to stand on ceremony. You see the patient whenever you enter the house, do what is necessary without interruption, give your directions, pass a remark or two with those in attendance and then leave. Frequently among those who consider themselves the better class you are shown into the dining-room or study while the lady of the house changes her

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frock in order to make herself presentable. You have to listen to her story, then see the invalid, hear his or her story, and make your examination. Frequently when examining for a heart murmur or some fine crepitations in the lung, the lady of the house takes a fiendish delight in making up the fire or pulling a venetian blind up and down. When your examination is over and directions given, you have again to retire to the dining-room, give a report again to the lady of the house, hear her remarks, probably on the question of domestics or the latest society scandal, and you feel relieved if you can get out of the house within half an hour or forty minutes.

We come now to the second part of the sermon, namely :—

(2) **Your Duties after you have entered on Practice.**—Of these duties there are three kinds :—

- (1) Your Duties to your Patients.
- (2) Your Duties to your Profession.
- (3) Your Duties to yourselves and your Families.

(1) *Your Duties to your Patients.*—Having chosen medical practice as your life's work you must, if you wish it to be a satisfaction to yourself and your patients, take your work very seriously. For the first few years at least everything must be sacrificed for it. It is only by hard and steady self-denying work that you will be able to fill a useful niche in the medical world. It is your duty to give of your best to the people who put their trust in you; and remember, this trust is something higher than the ordinary trust one puts in one's neighbour in daily life. People's lives are put under your care and their health and happiness, with all that these entail, are yours to make or mar. In other professions, a mistake may mean discomfort, trouble, possibly even financial loss to all the people concerned, but in the case of our profession, mistakes at a critical moment may mean the sacrifice of a human life with all that this brings with it. You must spend sleepless nights and live laborious days, if you wish to make your work a satisfaction to yourself and a help to other people. Many a time after a hard day's work you may think you are entitled to give nature its due and rest your weary bones, but a message comes and you hesitate for a moment whether to go or not. In ninety-nine cases out of a hundred it won't matter whether you see the patient to-night or to-morrow so far as his illness is concerned, but the people who sent the message are nervous and

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anxious and excited, otherwise they would not send for you late at night. You go and in ninety-nine out of a hundred cases, as I said, you find the patient suffering from some trifling complaint. But you have relieved the people's anxiety. They go to bed happy and you have done your duty. But what of the hundredth case? It may be an acute appendicitis, or a perforated duodenal ulcer requiring immediate attention, and by going out at night, in addition to earning the lasting gratitude of the patient and his relatives, you have probably not only saved the patient's life, but a long weary illness with unknown and anxious complications which might have ensued had you left your visit till the morning. That one case more than compensates for the ninety-nine needless visits. In this connection you ought not to smile or pooh-pooh a person's anxiety to have you early. The mere fact that a person is ill in a house means an upturning in all the domestic circumstances, engagements have to be cancelled, servants to be propitiated, and arrangements altered, so if you can assure the friends that the ailment is of a trifling nature you will have brought comfort and happiness once more into the home. Don't be annoyed at people's ignorance. Their want of knowledge of facts which are matters of daily experience to you is abysmal, but you must remember that ill-health is not their normal condition, whilst among illness you live and move and have your being. It is your natural atmosphere, and here again you must remember that while you are seeing a number of sick people each day, the sick person is, to the household in which he resides, the only patient in the world. All their thoughts and anxieties are for the time concentrated on this one person who naturally assumes a great importance in their eyes. To them the world rotates round the invalid. This to you may seem absurd, but it is human nature and you can't get away from it, and the sooner you begin to adjust yourself and your ideas to this condition of things, the sooner you will grasp one of the secrets of success in practice.

While you are in the house the patient should also be to you the only patient on your list. Concentrate your mind for the time on the two-fold problem of finding out what is the matter with the patient, and how you can soonest set him on his feet again. As Oliver Wendell Holmes says:—

“Each look, each movement, every word and tone
Should tell the patient you are all his own.”

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By your kindly and sympathetic interest in his condition you will help to make him well. You will pour into your patient fresh stores of strength and purpose and hope, and these in most cases are more valuable to him than all the drugs in the pharmacopœia.

At your first visit to a patient, examine the different symptoms in detail, in addition to the particular organ that seems affected, and you will frequently find some factor which has a bearing on your diagnosis and treatment, and you will be able to avoid pitfalls which might later lead to confusion and anxiety.

In our daily work, we, as a profession, have numerous difficulties to contend with and different problems to solve; but many of our worst mistakes are due to incomplete examination and study of our cases, and with the careless these omissions are often sufficiently manifest to enable a watchful patient or his friends to sit in judgment on our failures.

In practice, every case that comes before you is a conundrum to be solved. Some of these are very easy and can be solved quickly. Others are more complicated and cannot for a time be classified under any of the headings learned in the schools. For example, a child is suffering from spasmodic pains in the abdomen, followed by diarrhœa. You learn that the youngster has been gorging himself with raw fruit or newly-baked scones. A good dose of castor oil sweeps the intestine free of the offender and the symptoms disappear. Or you are sent for on account of a man waking up through the night with an acute stitch in his side, and by the time you see him in the morning a slight cough has started, his temperature has risen, and a rusty spit has appeared. You at once recognise that you are face to face with an acute pleuropneumonia. In this case you cannot cure your patient so easily, and it is your business so to advise him that he may safely pass through his crisis.

On the other hand, you may be asked to see a man or a woman—more frequently the latter—in her twenties, who complains of feebleness in one limb with irregular pains and stiffness. Here the problem is more complicated. It may be a temporary condition due to hysteria, or it may be the beginning of a disseminated sclerosis. In such a case you require to have both possibilities present in your mind, and to weigh up the probabilities for and against. Don't rush in where angels fear to tread, and airily tell the anxious parents that it is an hysterical or imaginary paralysis and that recovery depends

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largely on the patient's own efforts. It may come off all right if it is a functional condition, but to have a person dubbed hysterical when she is really suffering from a long, weary, and ultimately fatal illness, gradually beating its funeral march to the grave, will not improve your reputation or comfort the distracted relatives. Put the possibilities fairly before the friends, and if they desire it, don't hesitate to get a specialist's opinion on the case and have the responsibility shared.

Other problems are more complicated still. It may be a case of cerebral tumour in its early stages, when no one can dogmatise as to the diagnosis, and one has to wait patiently for weeks or sometimes months before one can say with any certainty that it is a tumour and where it is located. Meantime what are you to do? You can only treat symptoms as they arise until you have accumulated sufficient evidence to justify you in coming to a definite conclusion as to the cause of the symptoms.

This brings me to the question of consultations. When are you to call in a consultant for a second opinion? Firstly, of course, in an acute case when you are in doubt yourself as to the diagnosis, a case where you have gone carefully over the signs and symptoms, weighed up the different possibilities in your mind, and still cannot come to a definite conclusion as to what is the matter with the patient, and where it is very important to make an accurate diagnosis at the earliest possible moment, *e.g.* is it a case of diaphragmatic pleurisy or an acute appendicitis? As you get older and acquire more experience these cases ultimately become fewer. Still all through your professional life these cases do turn up, and a consultation in these circumstances is frequently of great help, as the specialist may see the case from some new angle. In other cases, a consultation gives no help whatever, and you are left to await further developments. But it reassures the patient and his friends, particularly the latter, that you are alive to the patient's interests, and anxious to leave no stone unturned that will help to bring him back to a state of health. Another condition in which you ask for a consultation is when you have adopted every means within your knowledge to accomplish a cure, and still the patient makes little progress towards recovery, or gets worse notwithstanding your efforts. The man who feels himself so competent that his self-esteem or self-conceit forbids him to seek advice when he knows that he has come to the end

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of his resources, lacks the humility which belongs to larger natures, and is a doctor to be avoided. A consultant comes in to share your responsibility, and may put fresh encouragement into your efforts and hope into the hearts of the afflicted household.

There is a third condition in which you should call in a consultant, and that is when the patient or his friends ask for it. Everything from your point of view may be going on as well as can be expected, and you are doing everything to secure recovery, still the friends may think that the patient is not getting on as fast as they desire, and wish another opinion to see if anything further can be done to hurry things up. In these circumstances never stand in the way, but get a consultant to see the patient. The specialist will be able to reassure the anxious friends that everything possible is being done, but the condition is always slow and won't hurry. The result is that the friends will have renewed confidence in you as their medical adviser, and no harm is done.

The world, as you know, is composed of many different kinds of people, with different temperaments, different moral standards, different ways of looking at things, at any rate very different ways of looking at illness from you and me. They may, without saying anything to you about it, take the patient off to some consultant, and get what they call an independent separate opinion about him. Though this is certainly not in the best interests of the invalid, you cannot prevent it as you are not taken into their confidence in the matter. If the consultant's opinion is the same as yours it is all to your advantage and the people's confidence is restored. But if the opinion is different from yours, one of two things may happen; either they come and tell you they have had this second opinion and would like you to get in touch with the specialist, and you have the question thrashed out in the best interests of the patient; or, on the other hand, they take the view that you have made a mistake and go elsewhere for treatment. These things naturally worry you for a time at first, but in the long run it is a relief to get rid of such people, as you never know when they may treat you in the same way again, and they will treat you in the same way again in similar circumstances, and you have not that feeling of mutual confidence which is essential for successful treatment.

When you are talking to a patient or his friends regarding his illness use plain simple language that they can understand.

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Don't air your knowledge of scientific terms which are as unintelligible to them as Greek or Hebrew. Such terms as hyperchlorhydria or hypochlorhydria convey nothing to them. You may think that it will impress them with your superior knowledge and ability, but in reality it leaves them bewildered or at least with a dull feeling of dissatisfaction that you are trying to cloak over your own ignorance by the use of unintelligible and high sounding phrases. You never lose by being simple and straight with people.

One of your trials in practice is to listen to longwinded, useless, and futile descriptions of symptoms. To the patients these are all important, and they honestly think they are helping you to come to a definite diagnosis of their cases and making them simple for you. No matter how busy you are, you must hear those people to the bitter end if you wish to gain their confidence. They are much more likely to carry out your instructions to the letter and be ultimately benefited by them, than if you cut them short in their harangue, press a prescription in their hands and show them to the door. Besides, amongst the vast amount of useless information which they pour into your unwilling ears, there may be some remark, to them unimportant, which throws a flood of light on the condition from which they are suffering, and proves of inestimable value to you in sifting the wheat from the chaff. You have to learn to bear fools gladly.

In your directions to patients always be precise and particular, never casual. Don't tell them that they may do this or that, but let them understand that they must do this or that if they wish to get well. These directions may in some cases not be of much importance to you, but they are all most important to the patient. Slovenliness in direction breeds want of confidence in the patient, the instructions are not carried out rigidly, and naturally satisfactory results are not obtained. In many cases it is regular systematic living by rule that brings invalids round to health more than all the medicines you pour into them. That is why people return with renewed strength and energy after a visit to a health resort or spa. While they are in residence there, their whole day's proceedings are planned out for them by the doctor, their meals, the waters to be drunk, the exercises to be carried out, and the amount of rest to be taken. The same is true of temporary seclusion in a nursing home. There they are away from the thousand and

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one little irritations that are involved in ordinary home life with its worries and responsibilities. They are away from the daily round, the common task, hurried meals, late hours, and the pressure of business anxieties which all militate seriously against successful treatment.

In all these cases, and indeed in every case, you have to remember that it is not only diseases but human beings whom you have to treat. It has been recently said that the patient has gone somewhat out of fashion for the last twenty years, owing to the advent of the laboratory animal who is much more easy to handle. Different people have different temperaments, different habits, different ways of looking at health and disease, and all these factors have to be taken into account if treatment is to be successful. That is one reason why there will always be room for good general practitioners in the practice of medicine. These different elements in a patient's character can only be learnt with infinite patience and perseverance on the part of the practitioner. The specialist is very apt to take a narrow view of the case, and the more special the specialist the more likely is he to fall into this mistake. He is apt to put down every patient's ill-health to some defect in the special organ in which he specialises.

In connection with this it is very important that when you have been in charge of a patient's health you should keep in touch with him while he is in the specialist's hands. It is of assistance to the specialist, who knows nothing of the patient except the particular trouble which he is called in to treat, that there is some one who has all the threads of the family history—medical and otherwise—at his finger-ends, and can often be of assistance when things are not going all right.

As family practitioners you will be made the father confessor to many of your patients. Just in proportion as you are trusted in that proportion you will become the confidant and adviser of these people in all their troubles. When a man is lying on a sick bed, and possibly face to face with death, he is apt to open his heart freely to his doctor—more freely than to his minister—on the secret of his past sins, and you will sometimes get a great shock when some respected member of society, probably the head of a delightful family, confides in you on the follies of his youth. These have been locked up in his breast for years and are now poured forth to you with a look of agony and despair in his countenance which touches you to the quick. He

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feels he can confide in you and speak freely. He knows that you are walking daily among human misery, and bodily and mental suffering, and he feels that you are the only person in the world to whom he can open his bleeding soul. To that bitter cry wrung from a man in his despair you must respond with charity and sympathy. From you these secrets must never pass but be buried with you.

It is highly improper in any circumstances to discuss a patient's illness with outsiders. Your relations with your patient are confidential and not public property. Frequently you will be asked what is the matter with Mr So-and-So. To this you ought to reply in very vague terms, in fact tell them nothing in as polite or impolite language as you care to indulge in. Should he persist, then you must point out to him his indiscretion in asking for such information from you. About twenty years ago a well-known obstetrician had to pay £12,000 damages to a lady whose character he had jeopardised in this way. This secrecy between doctor and patient has been a law to the profession since the days of Hippocrates at least, and through all the shifting changes of time it has remained to the present as inviolable as the Ten Commandments. The only exception to this rule is where a medical man is in the witness-box. He can be required to answer any question that may be asked save those that tend to incriminate himself. When, however, a question is put to him involving the honour or interest of his patient, the medical witness should appeal to the judge as to whether or not he must answer. The judge will exercise his discretion, and in some cases may allow the answer to be written down and handed to him and to counsel. No action will be taken against a medical witness for any statement extracted from him when he is giving evidence in the witness-box.

Treating patients in hospital, as you have been accustomed to do, and treating patients in their own homes, are two very different matters. In the former case the patients have already been ill for a longer or shorter period before they had been admitted, and by that time the symptoms have become crystallised into some definite form that can be pigeon-holed according to the classification of your text-books. In the latter, many of the ailments are trivial and temporary, and have passed off before you have made up your mind as to diagnosis; or while seeming trivial and temporary are in reality the

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beginning of diseases which may ultimately lead to ill-health and death. For example, a person may come to you with symptoms which you consider due either to neurasthenia or gastric catarrh as the case may be, and yet it ultimately turns out to be pulmonary tuberculosis, the toxin in one case having upset the nervous equilibrium of the patient, and in the other his gastric organ: or, a man may be treated for some weeks for indigestion while in reality the patient has a malignant growth giving rise to all the symptoms. As Sir James Mackenzie has pointed out hospitals attract disease in the well-developed stages, and consequently study in hospitals is usually directed towards advanced disease. The proper stage for study and the one least recognised is the early transition stage between health and disease. It is at this stage that the case comes under the observation of the general practitioner, and it is to him that we have to look for the enlightening information on these conditions, *e.g.* how many thousands of papers and books have been written on chronic Bright's disease and how little is known of the early insidious beginnings of this fell disease.

Again, in treating patients in their own homes you have generally to carry out the treatment yourself. For example, if a patient requires an enema you have yourself to administer it as a nurse may not be available, or if the patient is very ill you have to assist in changing the draw sheet. In confinement cases, without a trained nurse at hand, you have to assist in changing the patient's dress, and arranging the bed after the confinement is over, and in some cases even, if the baby has arrived before the nurse, you have everything to do yourself even to washing the baby. You have to give directions how to make a poultice or turpentine stupe, or have to make them yourself if no one else is available who can do it. In doing these things you are not wasting your time engaged in menial occupation. You are only doing your duty to your patient when there is no one else competent to do it.

In your relations to patients I should like to say a word or two regarding what is called a good bedside manner. To some men an easy manner comes naturally, but to most young men it is an art to be acquired and cultivated. To be brusque, sharp, and unsympathetic in manner to a person who is sick and feeble in body and restless in mind will frequently make a patient shut up like a clam-shell, and raise an unsurmountable barrier, where confidence and sympathy are essential. We

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have all a feeling of contempt for the doctor who is described by the ladies as so sympathetic! so refined! who goes about with a pocketful of empty banal phrases calculated to comfort and soothe the cravings of the wretched. The sick and feeble take these crumbs of comfort frequently with avidity, but to people of firm and strong character they are petty and sometimes revolting. The story is told of a vigorous old Quaker lady, who, after a consultation with a man of this character, remarked, "Thee will do me a kindness not to ask me to see that man again. Thee knows that I don't like my feelings poulticed." Our sympathy, as John Brown says in *Rab and his Friends*, should not be pity as an emotion ending in itself or at best in tears and a long drawn breath, but pity as a motive to give power and purpose. The man with a curt, brusque, depressing manner may be the abler physician, but he will not get to the hearts of his patients and do them so much good ultimately as the kindly, patient, optimistic friend who brings happiness and breeziness into the depressing atmosphere of the sick chamber. There is nothing like being ill oneself to understand the patient from the patient's point of view. Personally, I acquired a vast amount of knowledge of the feelings and longings of the sick man when I was laid aside with a sharp attack of acute articular rheumatism. Then I understood what it meant to be racked by pain, to lie helpless in a bath of perspiration, to be motionless for hours on end, breathing as shallowly as my respiratory centre would permit. A doctor does not usually think much of chloroform sickness, but a fellow-feeling makes us wondrous kind: and after experiencing what seemed interminable hours of this retching with an appendix wound gnawing at one's vitals makes one have sympathy for the poor wretch who is similarly afflicted and engenders a determination to do all one can to prevent one's patients having the same unfortunate experience.

In an acute illness, be business-like, and gravely kind and still not too hurried. Remember that the doctor's visit to many a sick chamber is the most important event of the day to an invalid, as it brings him relief and reassurance and a fresh breath from the outside world to which he is longing to return. But when the patient has reached the convalescent stage he counts on you coming for a daily chat. Then you feel that you are not only the physician but the friend of the patient. You give him a little news from the outside

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world, turn over the books at his bedside, suggest others, discuss the various places he may go to in order to recruit, and thus leave him with a fresh interest in life and a fresh longing to return to his normal ways.

The question of talking politics is rather a thorny one, but I am strongly of opinion, that whatever a medical man's convictions on these matters may be he ought not to obtrude them on his patients. His work brings him into contact with people of all sorts of belief as regards forms of government. It is wise not to enter into any sort of controversy with them on grave matters of opinion. If a doctor is known to be a keen Unionist he will hardly be a *persona grata* to an extreme Radical or Socialist, while, on the other hand, if he has strong socialistic leanings, he will hardly find a welcome from those of an opposite way of thinking. Therefore, while holding his own opinion on politics as firmly as anyone, he should keep it to himself and not parade it before his patients. If he does, he is bound to annoy and aggravate some, and this will not conduce to the harmonious working of his practice.

While treating patients don't imagine that your work is done when you have prescribed a bottle of medicine. If you read the biographies of great physicians, you will find that with the best of them drugs hold a very secondary place in their armamentarium. The ordering of the patient's life as to exercise, diet, relaxation and rest are of more importance for the patient's welfare than the exhibition of drugs. Weir Mitchell in one of his essays says, "The doctor who gives much medicine and many medicines, who is continually changing them, and who does not insist with care on knowing all about a patient's habits as to diet, meal-times, sleep, modes of work and hours of relaxation, is on the whole a doctor to be avoided."

Hitherto we have been speaking of the relations between doctor and patient, but we come now to the next head of our sermon—

(2) *A Doctor's Duty to his Fellow Practitioners.*—When you start practice, it is only a matter of courtesy to call on the practitioners in your neighbourhood, as it is always well to keep on friendly terms with them. In large towns this is comparatively easy, but in small towns where there are only three or four doctors, this is often very difficult owing to petty jealousies and selfishness. But if you can get them together

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in such a combination as the British Medical Association, or meet them over a pipe, it is wonderful how friendly they may become, and mutually helpful to one another. In these circumstances it is more easy to get over the loss of patients as they may pass from one doctor to another. To be on friendly relations with your neighbours is a most valuable asset in difficult cases with consultants far away. You may get their help and advice or give it, as the case may be. If you are ill, or wish a holiday, you can get your neighbour to see your patients, and do the same for him when his turn comes. You can discuss cases with one another, play golf, bridge, or cricket, and thus make life smoother and pleasanter all round. When a patient comes to you after leaving another doctor never believe a word he says about your fellow practitioner, even if, as Osler quaintly remarks, you know it to be true. They will tell you of what they consider his bad treatment, neglect, or carelessness. Don't believe them. You would probably have treated them the same way yourself, perhaps worse, and remember your own time will come soon, and some of your own cherished birds will take wings and go off to another doctor with harrowing tales of your ignorance or neglect. When a person comes in such circumstances you are not on that account to refuse to have anything to do with him or send him back to his former adviser. He won't go, because he has lost confidence in the man and satisfactory relations in these circumstances are impossible. After being satisfied that those responsible for the patient have informed the previous attendant that his services will no longer be required, it is also courteous to write yourself to the former doctor and intimate to him what has happened. Fortunately the old feeling of rivalry is dying out, and professional men are recognising that, while there may be competition, there is ample room for friendly co-operation. If you play the game you may almost always depend on others doing the same to you.

In cases of accidents or sudden illnesses, it is your duty to attend at once and do what is necessary, though the victim may have another medical man and though your time otherwise may be fully occupied. In common humanity you have to go to the assistance of your unfortunate fellow-man. After doing what is needful, report it to his own doctor and let him carry on the treatment.

When you start practice in a district, you ought to join one

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or two of the medical associations in the neighbourhood. By hearing communications read and joining in discussions, giving the members the benefit of your experience, you help to keep yourself in touch with what is going on in the medical world. Don't allow yourself to become fossilised and stale. One of the medical journals should be read systematically. They let you know what is going on in scientific circles. You can keep abreast of the times, and acquire information which you can use profitably for the benefit of your patients. It is also expected of a medical man that he should do his utmost to further the advance of his profession. Though he has not the refined methods for diagnosis and treatment that are available in up-to-date hospitals and laboratories, he can by keeping notes of his cases gradually accumulate a mass of evidence on some particular subject which may at length enable him to produce some work of value to medical science. In this connection I should advise you strongly to keep notes—even short notes—of your cases. You have no idea how useful they will turn out years after they have been taken. You see a case of hyperchlorhydria, treat it, make short notes, and put these away according to your card index system. Some years afterwards the patient returns with dyspnœa or œdema and you find a dilated heart with mitral incompetence. You wonder if this murmur was present when you first examined him and your memory cannot be relied on. But you turn up your old notes and find out the former condition of the heart. Or with some slowly progressing disease of the nervous system, you can from your notes trace the gradual progress of the disease from its earliest doubtful symptoms to the full-blown manifestations of the trouble, and these notes are of inestimable value to you when a case of a similar kind turns up. These cases watched and notified from time to time make a much more lasting impression than all the descriptions of the text-books. Dr Jenner did all his work in connection with vaccination while practising as a country doctor in Somersetshire. Sir James Mackenzie, the great cardiologist, accumulated his vast amount of clinical material while a general practitioner in Lancashire. While one cannot expect you all to become Jenners or Mackenzies you can do something to advance the sum of medical knowledge, which will be a pleasure and a satisfaction to yourself, and be welcome to those who have the same aims and ambitions as yourself.

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We now come to the third and last head of the sermon—

(3) *A Doctor's Duty to Himself and his Family.*—It is fortunate or unfortunate for most of us that we have to make our living by our practice, and to that end it is necessary to make charges and send out notes of fees. Doctors are proverbially unbusinesslike men, and certainly if they sent out their accounts as regularly as the butcher or the baker they would earn much larger incomes. But the esteem in which they are held by the public would to a large extent disappear. But in fairness to themselves and their dependents, as well as to those who have had the benefit of their skill, doctors ought to send out a note of their fees regularly, every six or twelve months as the case may be. To your working-class patients the former period ought to be the limit. A working man may be able and willing to pay three pounds each six months, while he finds difficulty in paying six pounds at the end of a year. "Short accounts make long friends." On the other hand, once people are well, they are apt to forget the long period of daily visits they have enjoyed from the doctor, if it is nine or ten months before they get the bill. They are apt sometimes to think the doctor extortionate, while they would have paid the same fee readily if they had got the account soon after they had returned to health. As an old Edinburgh doctor remarked: "Aye tak the fee when the tear's in the e'e." When daily visits are paid over a long period to poor people or to widows or people whom you know to be badly off the fee has to be modified accordingly. A man may be an excellent doctor, but he is lacking in sympathy and the milk of human kindness, if he will not reduce his fees and dispense with them altogether in cases of known ill-fortune. It is all to the credit of the profession that this is done, though one never hears of people in commercial life acting according to this principle.

I should like now to touch on the question of insurance. Unless a man has private means he ought, by a life insurance policy, to provide for those dependent on him in the event of his death before he has been able to acquire a competency. The earlier this step is taken the smaller is the premium one has to pay annually in order to secure those benefits. Life is always uncertain, and how often one sees young married doctors carried off unexpectedly with the result that their widows and children are left practically penniless. Indeed it is almost criminal for a man to leave his dependents unprovided for,

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where this, with a little economy and foresight, might have been avoided. In addition to this, a man ought to ensure against illness and accident. As his income depends entirely on his own efforts it falls to a minimum if he is laid aside for any time unless he can get a locum to carry on. This, however, involves expense which can be provided for by an insurance policy which allows for a certain sum every week so long as the doctor is unfit for work. There is, however, a third form of insurance which a wise practitioner will do well to contribute to. No matter how careful he may be in doing his best for his patients in providing them with the latest and most approved methods of treatment, his efforts may be called in question by the patient or his friends, and the doctor finds himself the defendant in a law suit for neglect or malpractice. Unless the doctor is insured against this contingency he may be compelled to lay out several hundred pounds in his defence. Even if he should win his case and get his expenses from the Court, the pursuers may be and often are impecunious individuals with no money to pay expenses, and the doctor's money is therefore all gone. There are insurance companies which, for a small premium of £1 per annum, will conduct the defence and pay damages if necessary to the amount of £1000 and thus relieve you of all responsibility and monetary loss. By utilising these three means of insurance a doctor with a growing family is freed from great anxiety and can sleep peacefully at night.

One word more and I am done with this part of my subject. Every doctor ought to have a hobby. It is not of much consequence what it is, so long as it takes his mind off his work and switches it on to something that will be a rest to his brain. If he is fond of books he may study history or poetry or belles lettres. If he is fond of nature he can take up botany or natural history or geology. Gardening seems to be a favourite attraction to those who have the opportunity. In any case let it be something that will take him out of himself. Unless he have something of this kind to fall back on he will find his leisure very tedious, and should he be so fortunate as to be able to retire on a competency, he will soon become a nuisance to himself and his friends.

I shall conclude with six practical rules for your guidance and help :—

(1) Always visit a patient as soon as possible after getting the message. You never know what may be wrong.

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(2) Always remember that you are a gentleman first and a medical practitioner afterwards. This will save you from falling into many pitfalls.

(3) Always keep your temper with a patient. To lose it means to lose the respect of your patient, and your self-respect as well, and you are always sorry for it afterwards.

(4) Always make what you think will be disagreeable visits early on your rounds. You may have to tell the patient or his friends bad news; you may have to correct your former diagnosis after thinking over the case: the patient may be crotchety, discontented, and dissatisfied. In all these cases make the plunge early in the day, and your mind will then be free to devote itself to more legitimate work.

(5) Always make up your visiting list for the following day before you go to bed at night. You never know what the morrow may bring forth. You may be called out early to a confinement case or to a case requiring instant operation, and if your list is not ready to hand valuable time is wasted during the most precious hours of the day.

(6) And, lastly, to come to smaller matters. Always take off your overcoat when you enter a patient's house. It gives the impression that you are not in a hurry to get away. Besides you can no more examine a patient satisfactorily with your overcoat on than you can play golf in your topcoat.

Hippocratic Oath.

"I swear by Apollo the physician, and Æsculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation—to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly

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medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practise my Art. I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen or slaves. Whatever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art, respected by all men in all times. But should I trespass and violate this Oath, may the reverse be my lot."

In compiling this paper I have to express by indebtedness to Dr Aitchison Robertson's *Medical Conduct and Practice*, and to the *British Medical Association's Handbook* for recently qualified Medical Practitioners.