In My Own Time

A great therapeutic age

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My first encounter with disease on a grand scale occurred many years before I qualified in medicine: after leaving school, I joined the South Wales Borderers on the Salonika front, where malaria was the *bête noire*. It was at its most malignant near the mosquito infested waters of Lake Doizan, and it wreaked havoc among the troops. One officer, who was reluctant to leave the line, was sent to my care in a dugout a few miles away, and soon had one of his usual attacks. His temperature was 42°C, but he pleaded not to be sent to the base; so there he stayed, imbibing quinine—the only remedy we then had for malaria. Nowadays, we have the large variety of more effective medicines that were urgently needed then. Another colleague on an adjacent front line transport died from blackwater fever, which was thought to be due to a combination of malaria and quinine. Prophylaxis and treatment of malaria have moved far since those days.

As if malaria wasn't enough, we were afflicted in 1918 by one of the most severe epidemics of influenza on record. I suffered only mildly myself—perhaps because I was in the vicinity of Delphi, where the oracle no doubt protected me—but many in hospital were dangerously ill, and some died. If only we had possessed the antibiotics of today—such as the sulphonamides, penicillins, or tetracyclines which have been mentioned in previous articles in this series—the infections that accompanied this influenza would not have been so lethal.

After the first world war

Since the first world war we have lived in an age of great advances in medicine. When I qualified in 1923, and contemplated the common medical illnesses, it seemed to me that there was little effective treatment other than good nursing and general hygiene. Insulin treatment was in its infancy. My mother died of diabetes in 1920: the remedy was discovered two years later. Diphtheria claimed many victims. Pernicious anaemia was fatal, and tuberculosis often so. In pneumonia, one waited hopefully for the crisis, which could end favourably—but often did not. No antibiotics were available then for chest infections and venereal diseases, and thyroid disease created many problems.

It was my privilege to be taught by the great Dunhill—a pioneer from Melbourne who put thyroidectomy on a firm footing. Geoffrey Keynes, by responding at once to an urgent call from my practice, rescued from death an apparently mori-

bund patient with myasthenia gravis by removing her thymus gland. The moribund patient lived for a further 24 years.

When I first entered general practice in 1925, I was fortunate to be employed by one of the greatest doctors I have known. He was confined to bed with active pulmonary tuberculosis for nearly all the time that I knew him, but he was well versed in written medical work. Had streptomycin, para-aminosalicylic acid, and other drugs been available then, I feel that my friend would not have died prematurely. In 1926 I visited him in a clinic at Montreux; on the night I arrived he showed me the original article by Minot and Murphy on the liver treatment of pernicious anaemia. By coincidence, his Swiss doctor was attending a young woman who was desperately ill from pernicious anaemia in that same clinic. We suggested that he try this new prescription of raw liver. He was sceptical, but agreed to try it, because the patient was certain to die anyway. The effect was dramatic, and she left the clinic apparently well.

When my doctor friend returned to England we discussed the miracle and consulted a senior authority about the value of the treatment. The pundit was discouraging and ridiculed the whole idea. We wondered later whether our experience in Montreux was the first time that the liver treatment was used on this side of the Atlantic.

When one considers pioneers in medicine, the original work on operative gynaecology of the great Lawson Tait should not be overlooked. His work occurred rather early on, for he died in 1899. His partnership had broken up before then, and his junior partner, Dr Charles Martin—a friend of mine—eventually emigrated to practise at Kobe in Japan. In Kobe he not only indulged in much clinical work but also collected the most exquisite array of Chinese snuff bottles.

Some retrograde steps

Nevertheless, not all treatment in the new age was good. In the 1930s focal sepsis had a great vogue as being the primary cause of chronic rheumatic disease. Sufferers were subjected to tonsillectomy, extraction of septic teeth, and, if that didn't work, extraction of all healthy teeth, and often the removal of healthy abdominal organs too. I thought that this procedure passed beyond the bounds of reason, especially when some sufferers were said to have killed themselves after the loss of beautiful teeth or other organs. Mercifully, wholesale tonsillectomy in young children is now coming to an end.

We are not at the end of our expectations yet. Some afflictions still call for research and treatment. At the moment I think particularly of progressive muscular atrophy, from which a friend of mine has recently died. Even so, we live in a great therapeutic age, and we owe thanks to the many great pioneers who have made it possible for us to enjoy better health and longer lives.

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