Voyage around my father

MORAN CAMPBELL

Going on his rounds with my father started as far back as I remember and was a part of my life to some extent until he died when I was in my mid-thirties. As a youngster it was almost an undiluted pleasure to go out in the car and play at the farms while he made his calls. Later on the pleasure was less certain. On a fine summer's day without many visits it was great fun to play in a stream or (if the farmer was not watching) climb a haystack or wrestle a sheep. And some of the farmers' wives gave us sweets or buns. But sometimes, particularly in the winter when the weather was bad, and Father was busy, it was a miserable bore—moving quickly from house to house in dreary damp villages, wanting to go home, and getting more hungry as lunch time went past hour by hour till two or three o'clock. On a good day there might be six or eight visits; on a bad one there might be twenty. These rounds were very different from those I make as a professor of medicine, in which for much of the time I just sit in a conference room and then walk round the wards in the company of two or three other doctors.

Seven gates

Father's rounds were spread over an area of about 20 miles up the dale and about 10 miles from north to south. We zig-zagged through the country lanes trying to work out a route which was a compromise between the least travelling and the urgency of the different patients. On the whole, Sunday was both inescapable and pleasant. Father had no surgery on Sunday morning, and he would visit only the more seriously ill or those whom he liked. Furthermore, the alternative to going out with him was to go to church with grandma. But in the holidays, especially when the weather was bad and there were epidemics of measles, flu, and pneumonia, it could be very trying. If father came pounding in after morning surgery saying "Who's coming on rounds?" my brother and I knew what he meant: gates to be opened. The ultimate in both pleasure and misery was a place my brother and I still refer to as "Seven Gates"—a track that lead to several farms north of the dale, near Fountain's Abbey. To appreciate the meaning of gates to a country GP one must do some arithmetic. Father, being a country man, strictly observed the unwritten rule that a closed gate meant that the gate must be closed; there were livestock in the fields. Seven gates there and seven gates back makes 14. Getting out of the car to open the gates and again to close them makes 28, which with getting in makes 56. Father was a big man with a bad back, so squeezing into the driver's seat under the steering wheel of the small, British-made cars of the mid-1930s was a trial. Having someone to open the gates relieved him of this ordeal and greatly speeded up his whole day's work.

The cars at that time were not only small they were also low-slung. The farmers had no cars and were indifferent to the state of the tracks, which usually had a deep rut on each side made by cart wheels and a high ridge in the middle that was always threatening to remove the silencer or puncture the petrol tank. The approved technique was to put the wheels on the right-hand side of the car up on the side of the rut to

increase the clearance. When dry, little driving skill was required, but in the mud things were different. One had to choose; go quickly to avoid getting stuck or go slowly to avoid damaging the car.

When the track seemed impassable and Father decided to walk he was faced with the further problem of deciding which bag to take. There were bags four. First a medical bag full of syringes and pills with a sphygmomanometer, a urine testing kit, and an auriscope for looking in ears. There was no ophthalmoscope, but then, in the country it is much more important to see the outside of the ear drum than the inside of the eyeball. Secondly, there was a surgical bag with a portable steriliser that could be put on the kitchen stove or, if that was unavailable, boiled on a spirit lamp. The occasions when a spirit lamp came in handy were not infrequent. Coal was expensive, so after breakfast the farmer's wife would often damp the range and just keep a slow pot of stew and a kettle simmering. There was, of course, no gas, and electricity did not reach poor outlying farms like John Willy's until well after the war. Thirdly, there was a "midder" bag, also with equipment for anaesthesia and Father's beloved forceps that he had had since his time at the Rotunda. These bags were all heavy. The fourth and only light bag simply contained a stethoscope, a torch and tongue depressor, some prescription pads, and the most commonly needed pills.

The bluelman

With John Willy's family of five and the unclear messages brought into the village by one of the children and telephoned into the surgery it was not always easy to know what problem was to be faced. Furthermore, there was a good chance that other problems in the family would be brought out for the doctor "while you happen to be here." He was occasionally drawn into a sly consultation on a four-legged patient. He was not expected to lay on hands or prescribe, only to answer the anxious question, "Do you think we should get the vet?" John Willy's farm was small and the land poor, supporting a few cattle but being mostly only good for sheep. The overworked local James Herriot lived at Pateley Bridge, was strictly "private," and in addition to his modest professional fee was wont to charge milage and gatage if he thought he had been called unnecessarily. Father had grown up on a farm, so all three parties were comfortable with the arrangement. If the weather was very bad and the beck was too high to be forded John Willy would come down on the tractor, but this time John Willy himself was the patient. He had lobar pneumonia.

In those days lobar pneumonia was greatly feared. It was a killer even of the healthy and a great worry for the doctor. Usually the illness would last several days with high fever, breathlessness, and lack of oxygen making the patient increasingly exhausted. The hoped-for outcome was a sudden fall of fever, what the textbook called "resolution by crisis." There really wasn't much the doctor could do, but Father's practice, if he thought the patient was close to exhaustion after a couple of days, was to give him an injection of morphine at night to try and let him have some sleep. Then about 1936 the sulphonamides came along, and my father was trying "M and B" as he called it, these letters being the initials of the manufacturer. For three nights I went out with him when he went to see John Willy to give him his morphia. It was late spring and the beck was high. Father had to trudge in his gum-

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boots through the mud to the farm. On the second and third nights he came back to the car looking worried. "His temperature is down but he's still very blue. I don't know whether to stop the M and B or not." On the morning of the third day he stopped the M and B. That night he wasn't sure but John Willy seemed better in himself. The following day, Sunday, he came rolling down the slope to the car with a puzzled but contented expression. "God damn it, he's better."

Nearly 20 years later I was given a copy of *Eleven Blue Men* by Berton Roueche. This collection of stories from the New York Health Department takes its title from an epidemic in which 11 blue bums turned up at various hospitals in the city. The cause was traced to porridge made with sodium nitrate instead of sodium chloride (common salt). The nitrate turns the haemoglobin into methaemoglobin, which is more blue than red and does not carry oxygen. Usually the condition is not serious, the patient looks worse than he is—but of course you cannot put up with too much of your haemoglobin out of action. At the time I doubt if I saw the connection, but after we returned to England I reminded Father about John Willy, and he told me that later he had learnt from the drug company rep that M and B sometimes made patients go blue ("something to do with haemoglobin") and that if it happened you should stop the drug. "There were some others besides John Willy who went blue, and I didn't know whether it was the pneumonia or the M and B. Usually I kept the drug on. You felt so helpless; there wasn't really anything else you could do for pneumonia—but sometimes it was damn worrying."

A young cleric

Father was a parson who became a doctor because of the 1914-18 war. His mother came from a staunch episcopalian southern Irish family and wanted one of her sons to do well in the church because many generations of the Morans since Cromwell had produced a bishop. After working as a schoolmaster he studied divinity and was ordained a priest of the Church of Ireland in 1911. For the next three years Father followed the usual career of a young cleric spending a few months here and there as a junior curate.

As soon as the war broke out Father sought permission to be a soldier. But the bishop flatly refused on what I take to be sound clerical grounds. So Father became a padre, as chaplains used to be called, on the Western Front. As the family name was Campbell he was posted to the Argyll and Sutherland Highlanders. Officially that was a sensible decision, but in practice it put him in an awkward position. Almost all of the men were Presbyterians, and many did not have the English as their natural tongue. His care of souls was largely restricted to the officers, who were not exactly delighted to have an Irish padre in their Highland mess. Like so many others, Father's war was a bore punctuated by the dangers, disasters, and horrors of trench warfare. When the Western Front was active he was well within the range of German guns, ministering to the wounded and the dying in a casualty clearing station just behind the lines.

Amateur anaesthetist

When the casualties were pouring in at the battle of the Somme Father volunteered to help keep a patient anaesthetised, thus allowing one doctor to serve as anaesthetist to two doctors doing the surgery. There were no professional anaesthetists, just one of the medical officers who dropped ether or chloroform on a rag mask clapped over the patient's nose and mouth. To begin with the MO anaesthetist would "put the patient under" and leave Father to "keep him down." Father became quite expert, however, and after a time was fully accepted as a proper anaesthetist when the load of casualties was more than the regular staff could cope with. Undoubtedly Father felt more

worth while giving anaesthetics to those who might live than administering the last rites to those who wouldn't.

For a time the second-in-command of the casualty clearing station was Martin Leake, the first man to win the VC and bar. Father described him as a diffident chap and not a good commander because he feared superiors and was shy with juniors. He was apparently devoid of any sense of danger but had an unheroic manner and was puzzled that he should have won a medal for doing what any doctor would have done.

Medical student in Dublin

Having served three and a half years in France, Father was posted back to Dublin, where he was seconded to the Bishop as a general-purpose locum tenens who would fill in for any church that needed a parson at the weekend. There were plenty of such churches because the Protestant clergy had all joined up. He was based in Dublin and would go off wherever he was needed on his motorbike on Saturday or Sunday. The rest of his week was his own.

By this time he was having spiritual scruples. He remained a mild Christian throughout his life, and occasionally officiated in the local churches. He therefore decided to try and get a better, more useful degree, perhaps in science and then go back to school teaching. So he went to see the registrar at Trinity College, Dublin, who, hearing of his experience in the casualty clearing station, hinted that there was a vacant place in the medical school.

Father always asserted that this was the first time the possibility of becoming a doctor had ever occurred to him. He told me he went out and walked around the grounds of Trinity for an hour trying to work out where he would get the money to support himself, now aged 31, for another four years at university; what the attitude of the bishop would be; how it would mean postponing marriage to my mother, and so on. He decided. That was Friday. On Tuesday he started in medical school. Trinity asked no questions, and the bishop turned a blind eye. Just so long as Father and his motorbike were available at weekends the bishop only occasionally called for his services during the week.

Weekend assignments during the Troubles

Some of the weekend assignments were as hazardous as the casualty clearing station because these were the times of the Troubles in Ireland. A lone motorcyclist inevitably attracted attention. He did not think he was ever shot at, but he was often stopped by a tree across the road or a nondescript brandishing a gun. Father became a dab hand at these ambushes. He would stop the engine of his bike and sit still to indicate to those in ambush that he was not going to make a run for it. He would take off his goggles and tweed cap (worn back to front, of course) to show his bald head and would unwrap his scarf to reveal the dog collar, which by now he wore only when on church business. Then he waited for someone to come out from hiding, cover him with a second gun, and start questioning.

The opening questions, in addition to his "educated" accent, established my father's ostensible business but sometimes were not of themselves a sufficient alibi. To support his *bona fide* Father always strapped a single small Gladstone bag on the carrier behind him containing his clerical garb and his silver communion set. The Royal Irish Constabulary and the British Regulars were usually by now satisfied and would let Father go, often with a hint about where to be careful further down the road. But the other groups, especially the hated Black-and-Tans, often remained suspicious and would try to establish where his loyalties lay with some such question as "Who are you for?" This is a shortened form of the challenge "Are you a Billy or a Dan, or an old tin can?" Father with a nod at the gun would reply "I think I'd be wiser to keep my mouth shut

until I know who you're for." If the group was Irish, the matter usually ended there and Father went on his way.

And so the years passed. My father worked his way through medical school. He continued to woo my mother in a desultory way, and the troubles in Ireland quietened down only to flare up again in 1922, when he was junior registrar in domiciliary midwifery at the Rotunda.

Medical student in London

I took a room with Mrs Mac in Brook Green. Mrs Mac was slightly shy of 65, or so I would guess from the life story that unfolded from recounted incidents. But any exact age would have been only an average; physically she was in her seventies while in energy and spirit she was in her fifties. She was a bustling, wizened little thing born in Galloway who had come to domestic service in London and had even risen to be in the dining room once when Edward and some cronies ("there was a lot of talk about his goings on, Doctor") were entertained. She had married a shopkeeper and they had done quite well until he died in his late forties, probably of cancer in the liver. "He had been off his food and having indigestion and then one night when I was washing him I saw he was yellow; so I knew it was cancer."

They had no children. This had obviously been a great disappointment but by my time she had accepted it as she had accepted so much of life. Adoption seemed not to be thought of by her kind, nor did she have the vicarious satisfaction that being an aunt or godmother would have given her in her small home town. She said that she had once gone to a doctor about having a baby and he had "felt around inside" and said he thought she had had "TB in my apparatus." She always referred to that part of her body as her apparatus pronounced apparraatoos. Although I supplied a great deal of what must in all honesty be called "primary medical care" to Mrs Mac I can really only guess at her medical history. She certainly had a persistent cough and at times her chest was very tight and wheezy. So I think I can say she had chronic bronchitis and a bit of asthma. I never saw an x-ray film, but I would not be at all surprised if she had had TB as a girl. Certainly once when I visited her during one of her winter admissions to hospital for pneumonia she was "on precautions"—I had to wear a mask and gown. So presumably someone had seen signs of TB in the radiograph. She also had big knuckles and bent hands which, although nimble, were probably the scene of old rheumatoid arthritis.

Mrs Mac's "apparraatoos"

She had also a mechanical weakness in her "apparatus" which meant that she couldn't hold her water. I suppose she had—despite not having borne any children—a prolapse. Now the combination of a bad chest and a "weak apparatus" is a bad one. I doubt that she ever told the doctors in hospital about it, and in any event with her chest they would not have contemplated operative repair. The combination is also socially bad for reasons which need little imagination—coughing puts quite a strain on the apparatus. If her chest was bad, when she was going to sit down for any length of time and when she thought about it she would spread a good thick newspaper like the *Sunday Express* under her. Usually she would remember to take it away with her after she left, but often the *Express* was left behind in a state of which though Prince Philip would approve, we could not. The final containment of the problem that all regulars in the house tacitly adopted was to avoid one corner of the sofa so that it was always available for her use—and she played her part by sitting nowhere else.

She had a GP, a rather bedraggled little Irishman who on the two or three occasions I met him made it obvious that he had an inferiority complex with respect to bright young London

students like me. This I foolishly exacerbated when, to try and break the ice, I said that my father had been at Trinity College, Dublin. "I was only at the College of Surgeons, meself" said he and firmly kept a conversational distance from then on.

In today's jargon Mrs Mac was unaware of the concepts of "family practice" or "continuity of care." She made "episodic demands of the health care system," which meant that she only went to her GP for "sustifikits." And once or twice each winter he was called—usually at night—to get an ambulance to take Mrs Mac to whichever hospital "had a bed on the EBS" (emergency bed service). This he usually managed to arrange without a house-call; her condition was predictable. Mrs Mac's favourite hospital was "Jewcain Road" and it was as her Sunday visitor that I first entered that place which was later to figure so much in British medicine and my own career.

General practice at that time in neighbourhoods like Brook Green was probably at its nadir. The casualty departments of the local hospitals gave a 24-hour drop-in service; the hospital senior staff were "honoraries" who were usually on the staff of several hospitals so that they established no relations with the local GPs who, in any case, were not allowed to look after their patients in hospital and were not even expected to visit them. Indeed, it was taken for granted, I discovered as a senior student, that all the local GPs were incompetent. Unfortunately this assumption was not unreasonable in our part of Hammersmith. All the doctors of drive—and certainly all the young ones—had gone to war. And the neighbourhood fell between private practice and a good panel practice. It was not really poor but could no longer support middle-class pretensions.

Life in "digs"

The house was dingy when I first went and with the passage of time it passed through stages of grubbiness to being so downright filthy that when my mother came to see me shortly before I left she was appalled, as indeed I should have been. But the food was usually "good"—or at least plentiful. The floating population ate irregularly so Mrs Mac had no difficulty in using their ration books to indulge my appetite.

My room became a pretty conventional student's pad. I covered the walls with pin-ups from a series of colour prints given away by *Punch*: the girls were all very nineteen-forties—high shoulders, red lips, and shoulder-length waved hair (black, platinum, or red). Bed was lumpy but quite comfortable for one and would take two provided one wasn't there for the sleeping. The sheets were changed about once a term but I got three turns of duty out of each change by first swapping top for bottom and then head for feet. But this meant that I had to learn a fresh way into bed each month if my toes were to avoid the gaps between the patches and other holes. It was only too easy to make what the surgeons call "a false passage."

I had a winter-long battle with the cold, which I coped with by getting desk work over while running the gas fire for as long as tuppence lasted. The colder the weather, the shorter the time. Then I would make a cup of cocoa, fill my hot-water bottle (an old stone ginger-beer bottle), and retire with my books, with dressing gown on wrong way round, scarf around my neck, and duffle coat spread over my clothes which in turn covered my feet. I cannot claim I suffered as much as Ivan Denisovitch but his description of settling down for the night in Gulag X took me back.

Spasmodically throughout the year I would have to fight a three-night battle with bed bugs. I don't know why their offensives always lasted three nights but once one started—a bite which dragged one back to consciousness in time to throw back the covers and see the evil blood-filled little bastard wandering off—I knew that despite all my efforts I was in for it for two or three nights. Now, bed bugs don't live in the bed, they live in the woodwork so my plan of campaign was not to crush them—that only made a bloody mess—but to heap DDT on their backs and hope they would carry it back to

their burrows. I finally did discover from an ex-POW a trick that cut short the battles. I moved my bed out from the wall and stood each bed leg in paraffin (kerosene). Behind these moats I slept undisturbed, provided some guerillas hadn't camped out in the mattress.

Other inhabitants

The inhabitants of 67 Brook Green could be broadly grouped into three classes. First there were two other permanents. Joe was a tubercular Irish labourer whose week revolved around the dogs at the White City. The other was a retired captain who had pursued the unlikely combination of the Army and painting. He was not much of a painter but I understand he had become an "opinion" on the Florentines.

Then there were the medium-stay clientèle. At first these were military or semi-military types. The most striking of these was a Canadian staff sergeant who used to supply Mrs Mac with both Scotch whisky and Canadian horse liniment for her chest. She would occasionally come to my room carrying a bottle of this stuff in one hand and the *Sunday Express* in the other and ask me to give her a rub. It really was great stuff; her chest went very red and we both inhaled a penetrating aroma of Super-Vick. I don't know what it did for her bronchial tubes, but my eyes and nose ran freely for hours.

In 1946-7 there was a steady supply of demob folk in London for "courses." The most memorable of these was a former petty officer in the Navy who ate steadily with a rhythmically clicking jaw, whose conversation was a steady tale of copulation. He was not particularly boastful but claimed that in a year at Portsmouth he got through four gross of French Letters which he had been given by a Yank PX man.

Later still came a succession of Indian doctors for postgraduate study. They were the forerunners of the flow that 20 years later provided much of the junior hospital manpower of the NHS. These first were very impressive. Most of them came from Lahore, soon to be part of Pakistan, but were Hindus. However there were also Sikhs and Muslims, and I wish I

had been sufficiently mature to have listened carefully to their long civilised arguments about the future of the Indian sub-continent. I am afraid I was full of radical anti-imperialism and had no sensitivity to the agony that was taking place as Mountbatten negotiated the partition.

Then in the third category were the transients. Mostly these were musicians: members of the pit orchestra of touring opera companies doing a season at the Kings, or of a struggling dance band that had managed to make the Palais for the week. And sometimes there were singers or actors "resting" while trying to break into the West End. When the money ran out they went back to the provinces and I don't think any of them became famous.

Each year, however, we did have a visit that in its way was a bit of class. This would be occasioned by the *Daily Herald* Brass Band Contest at the Albert Hall and usually a few of the senior members of all of the top bands—Fairey Aviation or Fodens Motorworks would stay and the great Harry Mortimer would drop in and share a wee dram with Mrs Mac and the boys.

Mrs Mac was very sorry when I eventually moved into hospital but I went to see her regularly until I got married and we went to the States. I am afraid I didn't write to her much during our time in Baltimore and I received only one painfully written letter from her. On coming back to London we had a lot to do and although I phoned a few times, all I could gather from the foreign voices at the other end was that Mrs Mac no longer lived at 67. I managed to trace May, her niece in Camden Town, who told me Mrs Mac was in hospital in North London but would shortly be going into a "home" near her. I said I would wait till then and Diana and I would go and see her. This good intention was put off for several weeks and when I next called May she told me that Mrs Mac had relapsed a month before. She had been delighted to hear that "the doctor" was going to come and see her. May had tried to get hold of me but for one reason or another had failed. And Mac had died. I wish I had seen her once more. Or rather, I wish she had seen Diana and me because I was the closest she ever had to a son—and I felt a sort of responsibility to give her the pleasure of pride in us.

CHRISTMAS QUIZ

Answers

- (a) *The Human Factor* by Graham Greene. Dr Emmanuel Percival. Aflatoxin.
(b) *The Siege of Krishnapur* by J A Farrell. Dr McNab and Dr Dunstaple. The latter believed that cholera was caused by impure air and died after drinking rice-water stools which Dr McNab maintained spread the disease.
(c) *Malice Aforethought* by Francis Iles. Dr Edmund Bickleigh. "Farralite" containing vanadium and gold.
- (a) Chronic ulceration of ear in latex collectors in British Honduras. (b) Mercury poisoning among hatters in Danbury, Massachusetts. (c) Lead poisoning due to contamination of cider vats. (d) Impotence from pesticides. (e) Rickets in factory children in Yorkshire. (f) Berylliosis from manufacture of fluorescent lights in Salem, Massachusetts. (g) Respiratory failure during recovery from shock in Vietnam war. (h) Hereditary hyperkeratosis of palms and soles in inhabitants of island in Adriatic now called Mljet.
- (a) Collagen and autoimmune diseases resulting from cosmetic surgery with silicone implants.
(b) Name suggested for indeterminate minor febrile illnesses—"Ah! there's a lot of it about."
(c) Diagonal ear-lobe crease said to be associated with coronary artery disease.
(d) A physical sign of retroperitoneal masses.
(e) Attempted suicide by jumping out of windows.
(f) Stress fractures of tibia—a hazard of jogging.
(g) Reinforcement of tendon reflexes by clutching hands.
(h) Patients who have relatives of whom they are ashamed—for example, those with dementia or incontinence.
- (a) Leo Buerger (1879-1943). (b) Theodor Billroth (1829-1894). (c) Johann Berzelius (1779-1848). (d) Fernand Vidal (1862-1929). (e) Georges Clemenceau (1841-1929). (f) René Leriche (1879-1955).
- (a) An American Indian squaw, the first patient to be described with xanthomatous biliary cirrhosis, several years before the report of Addison and Gull.
(b) Suffered himself from myotonia congenita which he described.
(c) Jonathan Hutchinson described sarcoidosis as "Mrs Mortimer's malady."
(d) Precipitate labour, known in France as the Laetitia syndrome.
(e) The patient with multiple myeloma in whom Henry Bence Jones first found the characteristic proteinuria.
- (f) Died from relapsing fever (Dutton's fever) soon after discovering the tick carrier.
- (a) Cadmium poisoning in Japan. (b) Flush named after native word for dolphin produced by eating scombroid fish. (c) Kala azar. (d) Caused by the pain of colic.
(e) Repeated falls and fractures. (f) A form of folie à deux.
- (a) Skin irritation due to an acarine mite.
(b) Swelling on scalp in porters. (c) Prostatitis. (d) Paget's disease. (e) Whitlow in disco addict produced by repeated finger snapping. (f) Herniation of synovium of hip from acute extension in getting under bar. (g) Anaemia from frequent removal of blood for investigations or transfusions.
- (a) Amyl nitrite. (b) Substances containing stramonium like asthma cigarettes and Potter's asthma remedy.
(c) Pentazocine and pyribenzamine (tripelennamine). (d) Phencyclidine, which causes hyperthermia. (e) Ginseng abuse syndrome—hypertension, anxiety, insomnia, diarrhoea. (f) Jimson seed which contains belladonna.

Photographs of Theodor Billroth, Johann Berzelius, Fernand Vidal, and Georges Clemenceau were supplied by courtesy of the Wellcome Trustees.