PRACTICE OBSERVED

Interesting GPs of the Past

A J Macleod of North Uist

KENNETH MACRAE LEIGHTON

A J Macleod, "Zadok" since his Lewis boyhood, had been in North Uist for 16 years when I went with Donald Munro to do his locum in 1948. He was already famous in the Highlands and Islands Medical Service and the fledgling NHS was just beginning to get the measure of the man.

It was a memorable locum for two housemen from Aberdeen. Much of it is now a blur of magnificent and gargantuan island meals (for the mainland was much rationed at the time), compounded with peat smoke, hospitality, and some hair-raising anxiety. Macleod left us hurriedly and returned early and unannounced. Both were disconcerting, but we must have passed the test for he offered us jobs when National Service was over. To my great fortune I was in a position to accept, and I returned to Lochmaddy as a "live in" assistant.

Zadok was but the second doctor ever to practise on North Uist, replacing the legendary Mackenzie of Scapaig who looked after the last epidemic of typhus in Britain and included isolated St Kilda in his practice. Zadok was proud to come over from his first practice in Applecross to succeed Mackenzie in 1932. He was a big man, made larger by his tweeds. He wore plus-fours (or perhaps plus-two-and-a-halfs) and was seldom seen in anything else except when he went to the annual general meeting of the BMA, when he often wore the Highland dress. It was an eminently practical garb for walking over heather and peat and wading burns and shallow tides, and we did a lot of this for, although there was a perimeter road, many places could be reached only by overland trek. It was a grand life.

I can see him now, waiting for me on the shore at Carinish when I first arrived by boat from Benbecula and my plane from the mainland for my first meeting with him and my introduction to the island and the real world of medicine. It was a bright sunny Hebridean day and the wind was ruffling his sparse hair

like the bog-cotton in the peat behind him. He had a curious way of looking at you, and until you knew that he had lost an eye at thirty while a student at Glasgow you might think he was looking in disapproval. I had never treated a patient who wasn't lying in a hospital bed and I was nervous enough. Thank God, though, the fates were kind that day, and we stepped off together on the right foot and never looked back. My enrolment in the Lochmaddy School of Postgraduate Medicine started that day—as well as a life-long friendship.

Hebridean practices differ from those on the mainland in many ways. The Minch, for instance, can be quite a barrier, and Atlantic gales can interrupt sea and air traffic alike. During my time with Zadok we were frequently isolated from orthodox communication with the mainland though there was always the

Dr A J "Zadok" Macleod and patient, Isle of North Uist, Western Isles, Scotland.

worst driver I have known. His vision monocular, his depth perception non-existent, the rain slashing across the windscreen so forcefully that the wipers, did they work, could not keep pace with it, the car buffeted by the Atlantic gale, and Zadok, in full flood of rhetoric and anecdote, coming around a corner and suddenly spying the first Bewick swan of the year, or a red-throated diver, or worse still an oncoming vehicle, and we were in the ditch on our side, or more likely (for his luck was legendary) bouncing over the heather with Zadok crying, "Look at that, now!"

He was more at home in fact walking six miles over the moor, leaping from tussock to tussock, every pocket bulging with dressings and drugs, on his way to visit a distant croft where he would be welcomed as a friend and guest with good Gaelic, spoken still like a Lewisman and thus setting him just that necessary little bit apart from his patients, the people of Uist. They say that if you walk down Princes Street in Edinburgh you will meet everyone worth meeting, sooner or later. I used to feel the same way about the doctor's house in Lochmaddy. Our summers were filled with visitors. Scandinavians, some who had known Zadok in his Antarctic whaling days, authors, painters, and naturalists. They came in droves, and they were all interesting. More grist to the mill of the postgraduate school. We sat up half the night, and more than half the night, talking and listening. And Zadok could hold them all in the hollow of his hand. Nor were all our visitors laymen, and several islanders have had unexpected domiciliary consultations which arose out of an after dinner discussion of a puzzling case. No one escaped from the island without being pumped dry of all that he could offer.

It is impossible to describe Zadok Macleod properly without describing North Uist, and there isn't space for that. It is just as difficult to think of North Uist without Zadok. But, by a quirk of fate, good fortune, and that amazing luck that carried him through Gallipoli with the Ross Mountain Battery and saw him through his adventures with the automobile and small boats, he has been followed in the practice in Lochmaddy by his son, the Boy John. Thus has a dynasty begun.

I stayed with Zadok two years before his death. We sat up late as we had so often done before. Once more the peats burned bright, and once more he sat in his favourite chair. We relived the polio epidemic of 1951, which went like measles through the island, and we refought battles lost and won with bureaucracy. I listened again to the saga of health and sickness, the epidemiology of an island, observed by one remarkable practitioner over a span of more than 40 years.

Once again midnight came and went unheeded as we talked on into the early dawn of a clear, still Hebridean morning, and then I made my way to bed filled with the saga of North Uist and with my batteries recharged for the last time.

OF COLDS AND COUGHS.

Is the bilious colic vomiting is often very difficult to refrain. When this happens, the patient may drink a decoction of balled bread, or an infusion of garden-mint in boiling water. Should this have the desired effect, the saline draught, with a few drops of ladanum in it, may be given, and repeated according to the urgency of the symptoms. A small quantity of Venice treacle may be placed in form of a cataplasme, and applied to the pit of the stomach. Clysters, with a proper quantity of Venice treacle or liquid ladanum in them, may likewise be frequently administered.

Scarcely as far as the frequent returns of the bilious colic, should be both purgative, and live chiefly upon a light vegetable diet. They should likewise take frequently a dose of cream of tartar with tamarinds, or any other cool acid purge.

(Bach's Domestic Medicine, 1786.)

Dr Macleod rising back from Loch Portan.

Scottish Air Ambulance and the redoubtable Captain Barclay, who would try to reach us in the foulest weather to land on beach or machair and take off again just inches ahead of an advancing tide. Nevertheless, it was an isolated practice, even at the best of times. We had three beds in the hospice in Lochmaddy to take the most difficult midwifery, and above all we had the services of the magnificent Queen's Nurses, scattered around the island. We could not have managed without them.

Here, Zadok was magnificent and he was king. We held surgery hours every morning after breakfast when the dishes had been removed from the table. The dining-room doubled as the waiting room, and early arrivals were sometimes asked to join us in a cup of tea. Otherwise they hung around outside the door, huddled against the gale and worried—if not

savaged—by Turk, a black Labrador with an uncertain disposition. The surgery would deserve a book to itself. A large stuffed swan sat either in the hearth or on top of the pile of records, reports, and journals that filled the old roll-top desk. There must have been a chair for the patients, for we used to extract teeth and I can't believe that we did this when they were standing up. To have a little free space amid the conglomeration of Winchester flasks, fishing rods, first-aid boxes, folding canvas stretchers, and implements for minor surgery that filled up most of the room.

When the weather was cold there was a fire—that was when the swan was moved from the hearth. Burning or not, the peats still gave off their distinctive aroma, which, mingled with the smell of wet tweeds, ether, surgical spirit, and mist expectum, I retain forever in my hippocampal gyrus or thereby. Since we had to dispense our own prescriptions I learned very quickly how few are really necessary, even in the best of practices. And Zadok's was one of these.

He was also a good teacher, but in the barding mould. His assistants swallowed him whole or not at all. There was the occasional one who could not discern the man from the tweed, as it were. Not everyone was ready for his form of instruction; he could be overpowering. His other dicta were sufficiently provocative to make the orthodox recoil. That was his way—an outrageous premise with anecdotal support. Then, much later, came evidence based on shrewd observation and, quite often, a remarkable familiarity with the literature. For me it was a stimulating and fascinating environment, and when added to that one could spend days on one's own visiting another island like Bernera or Grimsay, dealing with everything and everyone, I must say it was very heaven.

There was no doubt that Zadok was the uncrowned king of North Uist. To drive around the island with him was to travel with royalty. It could also be hazardous, for he was certainly the

Safer Prescribing

Many a slip

MICHAEL DRURY, KARL SABBAGH

This article is based on an audiovisual presentation made for vocational trainees in general practice by the MSD Foundation. Further information about the tape-slide programme on which this series is based is available from the MSD Foundation, Tavistock House, Tavistock Square, London WC1H 9LG.

Although writing a prescription may seem the simplest of acts a great many errors can be made, and very serious consequences

may result. In this article we present examples of prescriptions as given to patients. There is some information on the patient and some questions that point towards problems that may result from the prescription.

You will make best use of this article if you look at the prescription and the information on the patient before you look at the questions. Approved names of drugs are given at the end.

Patient: Miss Sara Crone. A well known neurotic patient who always brings her colds to the doctor.

Patient: Mrs Fiona Large. A woman you have treated for epilepsy since childhood and who is now seeing you for morning sickness.

CRONE

Address: 114/17

GP: N.P.

Prescription:

Tel: 2 tablets p.d. h.c. 200

Swiss 4 grains

2 t.d.s. m. 100

Date: 2/2/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

Is the prescription legible?
Is Braddon a placebo?
If it is could a cheaper one be used?

LARGE

Address: 24/24

GP: N.P.

Prescription:

Phenylin 100 mg

t.d.s. m. 300

Iron and folic acid 1 daily m. 100

Date: 3/1/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

What about phenytoin in pregnancy?
Are any extra tests required for folate deficiency?

Patient: Dolly Jones. A diabetic.

Patient: Mrs Fanny Hook. A young mother who is having treatment for a "spot on the lung," and presents for a repeat prescription.

Patient: Mrs Ivy Preston. A lady of 50 with controlled hypertension who develops cystitis.

JONES

Address: 11/11

GP: N.P.

Prescription:

Tel: 2 tablets p.d. h.c. 200

Trimethoprim 200 mg

40 mg t.d.s. m. 100

Date: 3/1/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

What about diabetes and the pill?
Is it an absolute contraindication?
How does one affect the other and what does a diuretic do?
Is potassium supplementation necessary?

HOOK

Address: 11/11

GP: N.P.

Prescription:

Rifampicin 150 mg

40 mg t.d.s. m. 100

40 mg t.d.s. m. 100

Date: 3/1/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

What about protein binding?
Which drug is affected?

PRESTON

Address: 11/11

GP: N.P.

Prescription:

Trimethoprim 200 mg

40 mg t.d.s. m. 100

Date: 3/1/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

Is the length of treatment with trimethoprim necessary?
Does Inderal need to be taken three times daily?

Patient: Victor Clowworthy. A patient with rheumatoid arthritis and mitral stenosis who comes for a repeat prescription.

Patient: Albert Groux. An old man with hypertension and gout.

Patient: George Tisser. A young man who presents with a productive cough late on Friday night and who is going abroad on a sales trip.

Clowworthy

Address: 11/11

GP: N.P.

Prescription:

Aspirin 300 mg t.d.s. m. 100

Beniclin 5 mg t.d.s. m. 100

Date: 29/1/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

What about salicylates and anticoagulants?

Groux

Address: 11/11

GP: N.P.

Prescription:

Paracetamol 40 mg t.d.s. m. 100

Beniclin 5 mg t.d.s. m. 100

Allopurinol 300 mg t.d.s. m. 100

Date: 1/2/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

What about thiazide diuretics and gout?
What alternative treatment might be used?

Tisser

Address: 11/11

GP: N.P.

Prescription:

Dalacin-C 150 mg

1 x 4 daily

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Beniclin 5 mg t.d.s. m. 100

Date: 3/1/82

Signature: [Signature]

IMPORTANT: Read notes overleaf before going to pharmacy.

Does the antibiotic carry gastrointestinal risks that are greater than the complaint warrants?