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Sister if everything was not ready for him. I believe that his technique was like quicksilver; certainly many abdomens still bear the hallmark of his determination not to waste time with unnecessary turning. He still had the gentle touch, however, and one desperate houseman struggling with a forceps delivery was reprimanded with, "That's human flesh you are assaulting, not a heifer!"

With the advent of the NHS he was forced to give up his surgical and obstetrical beds; and for this he blamed, and never

when a shogun was thrust through the window and a rough voice accused them of sheep stealing; they protested that they were just waiting for the doctor, but when eventually the doctor returned, with a wink in his eye that even the darkness could scarcely hide, he denied all knowledge of them.

One country lady was equal to him: "Where does Mrs Black stay?" he asked her. "Oh, she's poorly?" "That's none of your damn business!" he snapped. "Then find your own damn way!" replied the woman. His treatment of his patients was summed up by a phrase he often used: "Do as I tell you and you'll be all right. Don't, and God help you!" On one occasion to a poor soul in hospital pleading to be allowed home: "Certainly, go home now, if you want"; and, pointing to the cemetery up the road, "I'll see you out there tomorrow."

Of course, many of the stories are apocryphal, but this is the measure of the man's character that they have entered into Dumfries folklore. He is alleged to have sent for the medical officer of health off the golf course to show him that an ill-serviced child, diagnosed by the MOH as having tetanus, had a clinically clear chest. "She's got a chronic grumbling appendix; all the family have had it." And sure enough, the recorder claims, she never looked back after her appendectomy. Incidentally, his brother-in-law, Fergus Hewat, would also believe his stethoscope rather than the x-ray film—perhaps a message to us slaves of modern diagnostic technology. On another occasion, on a midnight visit to a child with tonsillitis, he swung round to the young sister snoring in the next bed, saying "And we'll have hers out, too!"

The commonest Gordon Hunter story is his "Stay in bed until I come back," and he never came back. One patient had the audacity to challenge him with, "But you said you'd be back on Friday." "Ah," says Gordon, "but I didn't say Friday." My favourite on this theme is about the man he saw late at night with abdominal pain. "It's your appendix. I'll get the ambulance right away and have it out." "Don't bother, doctor, I'll be on my way; you said you'd send for it when you saw me with this pain last year."

His ex-beaman's son goes through life saddled with all of Dr Hunter's names; his mother explained that after her confinement the doctor asked her what she was calling the bairn. "Oh, Edward, I think," she said. "Edward be damned! You'll call him after me." He was an inveterate smoker, and there were few things he would not do with a cigarette in his mouth. He would tell his patients to stop smoking, "but just have one with me before you stop."

Flukes and football

When on holiday he was a different character, though still very much in the driving seat. His favourite hobby was "tramping flukes," a form of bare-foot sparring of fencers in the Ninth century at Caerlaverock—"the bonniest pastime in the world." He organised high-spirited parties to Twickenham and Trent Bridge, and on one occasion persuaded Len Hutton to show his shortened, war-wounded arm. "A pity you didn't come to me," he said; "I'd have made a better job of it, and then you would have really been able to hook!" Football was his main local sporting interest, and if we could get the waiting-room empty for a moment on Saturday afternoons, we would shut up shop and dash off to see Queen of the South play; he was, of course, the team's medical officer. Mrs Hunter was also an ardent supporter, and Queens were then a useful side. The worst thing I did to Dr and Mrs Hunter was to invite them to my wedding and keep them from seeing Queens beat Aberdeen 3-0 in a cup tie.

A caring man

To complete my picture of this striking man, I must emphasise the concern he showed for his patients. It was said that his

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working day was from 5.30 am to 5.30 am, and he lived for his work. After operating in Kirkcubright he was once stranded by a blizzard; such was his determination to get back for his Dumfries surgery, that he walked through the snow much of the night, leaving his assistant to bring the car later. In spite of his brusqueness his concern was for his patients; a caring man, and many is the poor household that has received a bag of coal of a winter's night, thanks to Dr Hunter. His great self-confidence and compelling manner inspired intense trust and faith, surely more

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potent therapeutic weapons in many conditions than the powerful pills unimagingly peddled by some modern scientifically trained practitioners. I can remember him have attempted to model myself on him, but in remembrance I like to recall one of his sayings, which had been done that could be done: "It is in higher hands now."

We will be pleased to consider for publication articles about other interesting general practitioners of the past.—En. BMJ.

Unemployment in My Practice

Liverpool

MERVYN GOODMAN

The present high rate of unemployment undoubtedly has an effect on my work as a general practitioner; but it is impossible to make an accurate quantitative or qualitative assessment of this increase. The area in which I practise, a housing estate built only 12 years ago and where the mid-rise flats are already scheduled for demolition, has always had a high level of unemployment in addition to many other social problems. Even so, the present economic recession has resulted in many noticeable changes.

The requests for National Insurance Statements of Incapacity have dropped considerably. Many patients fear that absence through illness may jeopardise their jobs, especially when there is any possibility of manpower reduction, while those who are unemployed now have no need for such statements. At the same time the many who are not in receipt of Social Security Benefit, and are therefore entitled to exemption from prescription charges, were certainly more demanding during the past winter.

Men

One group of patients that has been requesting more sickness statements is the older middle-aged men who have had to take early retirement. Those who have minor handicaps or a minimal degree of ill health, which makes it impossible to gain employment, benefit substantially by this addition to their pension. At one time I would refer these patients to the job centre or the Regional Medical Service with a recommendation for alternative employment. Today this is usually a meaningless exercise.

Few men present with problems directly related to unemployment, although I do know that many of those who had confidently thought that their jobs were secure have been profoundly affected by becoming redundant. In some cases the level of redundancy payment has cushioned the early shock, and it may not be until this money has been exhausted that they will realise their true financial position. These are the husbands who

go out to the local pub or the betting shop. Despite the hard times the level of drinking and smoking does not seem to have fallen. One lady could not come to my afternoon well-woman clinic and asked for an evening appointment, saying that the reason for this was that she was working. When I asked her about her job she told me that she worked in a local betting shop. To my suggestion that she must be very bored because the money shortage would reduce her business she replied, "We've never been so busy."

Women

Many married women present with symptoms of anxiety depression resulting from economic factors. It is surprising in how many households it is the wife who is left to cope with the family financial problems. In these instances the doctor has become the agency, per excellence, who is expected to cure the problems or alleviate the symptoms, and it is difficult to explain that a prescription for benzodiazepines will not make the unpaid electricity or gas bill miraculously disappear. My answer to the lady who wants "Roche 5 like wet my neighbour's doctor gives her" often takes quite a lot of time and even then is frequently not well received. As well as not wanting to prescribe tranquillisers or antidepressants I am also worried about the black market value of such tablets as I have heard of them being sold in school playgrounds for somewhere around 50p a time.

School-leavers

I am particularly sorry for the school-leavers. Most have seen one, or both, of their parents unemployed and the fact that a relatively high rate of unemployment in the foreseeable future—is a daunting prospect. I am sure that, like me, they realise that it is far easier to close a factory when there is a depression than it is to open one even in a time of recession. It is no wonder that many of these youngsters become vandals, make out of boredom through malice. This antisocial behaviour unfortunately is all too often directed against those who are particularly vulnerable. We do not have many old people in the practice—less than 3%—but it is heartbreaking to listen to the stories these people tell of the fear and injury inflicted by the youths.

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This sense of frustration is also seen in family planning clinics where young girls, many with ability and skill, present with psychosomatic symptoms such as depression or headache. They try to attribute it to the pill when more often than not it is a result of their domestic or social environment. Symptomatic treatment rarely, if ever, cures anything. It may temporarily mask the symptoms but it does not become inactive but not without producing habituation or even dependence. Unfor-

Law and the General Practitioner

Legal aspects of violence in the family

D J PEREIRA GRAY

There are two main aspects of violence in the family: violence between adults and violence between adults and children. Violence between children is rare and usually implies that one or both of the children are in need of care and control.

The legal aspects described in this article refer to England and Wales; the law in Scotland is different.

Violence between adults in the family

A physical assault by one adult on another is as much a criminal offence if it occurs between two members of a family as it is between two strangers. Violence within families, however, has special features that may affect doctors who become involved. First doctors must consider the legal issues, then the attitudes of society, and finally the complex relationships within the family.

THE LAW

General practitioners and doctors in psychiatry and accident and emergency departments are most likely to see cases of domestic violence in their everyday work, and they need to be aware of the Domestic Violence and Matrimonial Proceedings Act (1976). The Act allows a man or woman living together as man and wife, whether married or not, to apply to a County Court for an injunction containing one or more of the following provisions:

- Restraint of the other party from molesting the applicant.
 - Restraint of the other party from molesting a child living with the applicant.
 - Exclusion of the other party from all or part of the matrimonial home.
 - Requiring the other party to allow the applicant to enter and remain in all or part of the matrimonial home.
- Where, on an application by a party to a marriage, a judge grants an injunction containing a provision he may attach a power of arrest to the injunction if he is satisfied that the other party has caused actual bodily harm to the applicant or to the child concerned and considers that that person is likely to do so again.

Magistrates now have wider powers to deal with violence in families

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tunately the British National Formulary does not contain a pill to cure everything.

As I sit in my consulting room relatively cushioned against the inclement financial climate I often feel both inadequate and frustrated. It is the hope of better days around the corner that prevents me from transmitting my feelings to the patients. I only hope that they, too, feel that the tide will soon turn for the better.

under the Domestic Proceedings and Magistrates Court Act (1978), which came into operation in November 1979. They may issue a "personal protection order," which is narrower than the non-molestation order, but it is narrower than the non-molestation or threatened physical violence rather than pestering or annoyance, but is wider in that it prohibits the respondent from inciting others to assist in any violent behaviour towards the applicant or a child of the family. Issuing an "expedited order" gives protection quickly by pre-empting the requirement for the summons to be served upon the respondent.

ATTITUDES OF SOCIETY

Newlands¹ has shown how the three ancient laws, the English Common Law, Roman Law, and the Napoleonic Code, have assumed that women were subordinate or subservient to men. In England and Wales women gained the vote only in 1928 and much of the legislation guaranteeing equality was passed only in the 1970s. British society, however, is now realigning its priorities and beginning to place a higher value on equality between men and women. The rights of women whether married or not have been increased. Women have been subjected to violence from men in their homes since time immemorial. What is new are the changing values in society that are increasingly being reflected in court decisions and professional practice.

COMPLETE RELATIONSHIPS

In clinical practice doctors see more battered women than battered men. The problem for doctors is that although the law may be clear, the attitudes of society and the complex relationship between the man and the woman are not so clear. It is often difficult to tell who is the aggressor. Women often ask doctors not to take action and refuse offers of referral to solicitors or social workers. Such action needs to be considered not only in relation to the obvious factors of intimidation by the man, but also in relation to the tense, ambivalent feeling and a conscious desire of reluctance to disturb the status quo: a violent man may seem better than no man.

Violence between adults and children

Ill-treatment of a child is known as the "battered child syndrome," child abuse, or non-accidental injury. In English law anyone under the

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age of 18 is known as an "infant." It is simplest, however, to classify a "child" as someone under the age of 14 and a "young person" as someone over 14 but under 17 years (section 70, Children and Young Persons Act, 1978).

The principal legislation governing care proceedings is the Children and Young Persons Act (1969) amended by the Children's Act (1975). The 1969 Act permits a court to make an order for care proceedings if one of the following conditions is satisfied, either for a child or a young person:

- his proper development has been avoided or neglected, or he is being ill-treated;
 - that it is probable that the conditions in paragraph (a) above will be satisfied having regard to the fact that a person who has been convicted of certain offences or may become a member of the household;
 - he is exposed to moral danger;
 - he is beyond control of his parents or guardian;
 - he is of compulsory school age and is not receiving efficient full-time education;
 - he is guilty of an offence excluding homicide; and
 - that the condition of paragraph (a) above having been satisfied, it is probable that it would apply to some other child or young person in the same household.
- In addition the court must also be satisfied that he is in need of care or control, which he is unlikely to receive unless the court makes an order.

CARE PROCEEDINGS

Care proceedings may be either voluntary or compulsory. Parents or guardians of children who believe a child or young person is beyond their control may request the local authority to institute care proceedings. If the local authority refuses or fails to do so within 28 days the parent or guardian may apply to the Juvenile Court for an order directing the authority to do so.

Doctors who suspect ill-treatment are advised to inform the local social services department, and a multidisciplinary case conference is usually held. Compulsory care may be initiated by the police, a local authority, or the National Society for the Prevention of Cruelty to Children, but only a local education authority may bring proceedings alleging failure to attend school, and only the police or local authority may bring proceedings alleging an offence. In addition compulsory care proceedings may be initiated by a court after matrimonial proceedings (Matrimonial Causes Act, 1973; Guardianship of Minors Act, 1971; Domestic Proceedings and Magistrates Court Act, 1978), and in adoption or guardianship proceedings (Children's Act, 1975).

The procedure for bringing care proceedings is governed by the magistrates courts (Children and Young Persons Act, 1970). The applicant must send a notice to the Clerk of the Juvenile Court specifying the grounds and the names and addresses of the persons to be notified, the child or young person to be notified, his parent, guardian, foster parent, local authority, and, for an offence, the appropriate probation officer. The court must decide whether or not one of the above conditions are satisfied. If so it may make one of the following orders:

- An order requiring the child or young person's parent or guardian to enter into a recognition to take proper care and control over him.
- A Supervision Order.
- A Care Order. This commits a child or young person to the care of a local authority until the age of 18. Under the 1975 Children's Act a local authority is enabled to require 28 days' notice from parents who wish to remove the child from their care. If a child has been in the care of a local authority for three years the authority may assume parental rights.
- A Hospital or Guardianship Order under the Mental Health Act of 1959.

In addition a court has power to make an interim care order which places the child in the care of the local authority for up to 28 days so that further investigations can be carried out.

A decree of divorce cannot make absolute, nor a decree of nullity separation granted until the court has given a certificate about the arrangements for children (S 41, Matrimonial Causes Act, 1973).

EMERGENCY ACTION

If it appears that a child is in immediate danger there is an emergency procedure that is available by an application to a single Justice of

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the Peace—if necessary to his or her home at night—who must be satisfied that one of the conditions of the Children and Young Persons Act of 1969 is fulfilled. This magistrate may then grant an order providing for the child's detention for a maximum of 28 days. This is the so-called "Place of Safety" Order and enables a child to be taken immediately from his parents without explanation to the child or to them. In addition the police alone are empowered to remove a child to a place of safety for up to eight days without a court order.

Conclusions

The legislation described above refers mainly to physical ill-treatment. General practitioners are equally concerned with emotional problems, and emotional ill-treatment may cause immense damage within the family. Physical violence in the home has become intolerable. The rapidly changing legislation offers more remedies to ill-treated wives and children and reflects important changes in the attitudes of society, Parliament, and the public to age-old problems. Women and children are now properly considered as individuals in their own right with equal rights before the law, and longstanding and ancient traditions about their inferior position in society are progressively being eliminated.

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OF THE ASTHMA.

THE asthma is a disease of the lungs, which seldom admits of a cure. Perforin in the decline of life is most liable to it. It is distinguished into the moist and dry, or humoral and nervous. The former is attended with expectoration or spitting; but in the latter the patient seldom spits, unless sometimes a little tough phlegm by the mere force of coughing.

CAUSES.—The asthma is sometimes hereditary. It may likewise proceed from a bad formation of the breast; the fumes of metals or minerals taken into the lungs; violent exercise, especially running; the obstruction of cutaneous evacuations, as the venereal, haemorrhoids, &c. the sudden retrocession of the gout, or striking in of eruptions, as the small-pox, measles, &c. violent passions of the mind, as sudden fear, or surprise. In a word, the disease may proceed from any cause that either impedes the circulation of the blood through the lungs, or prevents their being duly expanded by the air.

SYMPTOMS.—An asthma is known by a quick laborious breathing, which is generally performed with a kind of wheezing sound. Sometimes the difficulty of breathing is so great that the patient is obliged to keep in an erect posture, otherwise he is in danger of being suffocated. A fit or paroxysm of the asthma generally happens after a person has been exposed to cold easterly winds, or has been abroad in thick foggy weather, or has got wet, or continued long in a damp place under ground, &c.

This paroxysm is commonly ushered in with littlefeels, want of sleep, hoarseness, a cough, belching of wind, a sense of heaviness about the breast, and difficulty of breathing. To these succeed heat, fever, pain of the head, sickness and nausea, great oppression of the breast, palpitation of the heart a weak, and sometimes intermitting pulse, an involuntary flow of tears, bilious vomings, &c. All the symptoms grow worse towards night, the patient is called when up, than in bed, and is very desirous of cold air.

(Buchan's Domestic Medicine, 1786.)