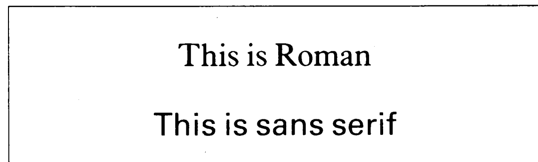

FIG 3—*The two most common type styles*

changes—and it is rare when this is not the case—you must look at the whole manuscript beyond the change to make sure that widows and orphans have not suddenly appeared.

not know of any evidence that indicates that they are more legible, except that a large size may help the visually handicapped. Most editors do not belong in this class, at least physically.

Widows and orphans

It is an irritation though a minor one, to find that a heading or subheading appears on the last line of a page and the subsequent text at the top of the next. Similarly, if the first line of a quotation is the last line of a page it seems disjointed to the reader. Both disrupt the smooth flow of reading. They are a particular feature of word processed text because any revisions alter the whole manuscript beyond, displacing it up or down depending on whether things are deleted or inserted. This changes the position of the manuscript on the page breaks that the processor package automatically inserts according to the instructions it has been given about page length. If you do make such changes—and it is rare when this is not the case—you must look at the whole manuscript beyond the change to make sure that widows and orphans have not suddenly appeared.

Conclusion

Over the years since computer driven word processing began to take over the production of manuscripts for publication it has been interesting to see how much emotional capital gets invested in individual systems. The result has tended to be a written version of the tower of Babel. In addition, discussions of the various merits and demerits of individual systems have, at dinner tables and editorial meetings, become second only to those of cars—usually in terms of "mine is the best and most suited to the task; you really ought to have one because it has all the things that other systems (particularly yours) lack." All of us as writers need to try to get behind this rather immature approach to concentrate on getting to know our writing tool just as in the past we chose to draft in the most elegant and economical way with the materials then available. We should be less concerned with the means than with the finished product.

1 Ainslie J. How to choose a word processor. *Br Med J* 1989;**298**:514-5.

Notes from a country doctor

Constance E Putnam

The small village of Lyme, New Hampshire, lies south west of the White Mountains; two miles further west the Connecticut River divides New Hampshire from Vermont. Dartmouth Medical School and the Mary Hitchcock Memorial Hospital are ten miles to the south, in Hanover.

In 1935 the town of Lyme, which had a population of about 900, had been without a doctor for some time. Despite the great depression residents voted at a town meeting to raise $500 for the support of a doctor for the ensuing year.

Bill Putnam was finishing an 18 month internship at the Mary Hitchcock Memorial Hospital when the vacancy in Lyme came to his attention. The position was ideal for his requirements; as a 9 year old he had barely escaped death in the influenza epidemic of 1918 and, inspired by his attending physician, had decided then to become a doctor in a small New Hampshire town. And so it was that on 1 January 1936 William F Putnam MD hung out his shingle—or put up his plate—in Lyme, having made his first house call the night before.

"Doc Putnam" had begun his career. He stayed in Lyme for 42 years, and his practice expanded to include 24 communities in two states. He once calculated that his territory encompassed more than 1000 square miles. Undeterred by a schedule that often allowed him little sleep, Dr Putnam maintained an extensive correspondence with friends and family. He wrote to them in the early morning, or he used a dictating machine in his car while he was making house calls. The result is a remarkably detailed epistolary record of a medical career. Below are excerpts, chosen at 10 year intervals, from a few of those letters.

Constance E Putnam is one of Dr Putnam's six children. A professional writer and editor, she lives in Concord, Massachusetts.

Br Med J 1989;299:1616-8

January 1939

The first call was on the River Road, which was extremely icy and slippery. . . . I did a lumbar puncture, part of the process of keeping track of . . . syphilis cases. . . .

I [next] treated a case of hemorrhoids. That doesn't sound very interesting, but it is, for the patient had had serious trouble with it for over thirty years and never realized that anything could be done for it without operation. Now she is so pleased with the result that she says it was worth waiting thirty years!

The third call was to see a baby he had delivered six weeks earlier.

I had my difficulties there, for the baby's sixteen-year-old mother is not over supplied with brains. . . . I explained in considerable detail and in words of one syllable that she was to nurse the baby fifteen minutes and then give it as much formula . . . as the baby would take. As soon as I had completed my explanation she asked me in the tone of voice of one introducing an entirely new subject, "Well, do I feed him from the bottle besides nursing him?" . . . I haven't the slightest idea what that baby will get to eat.

After some fifty miles and several more calls the doctor arrived home "a little before seven to find six patients waiting . . . suffering from iodine burn, syphilis, pregnancy, constipation, metrorrhagia, and foreign body in the eye."

June 1939

The medical variety continued unabated. Days before his 30th birthday the doctor wrote of "A quiet Sunday afternoon" with "the usual type of interruption—a procession of five unexpected patients winding up with one expected one . . . : abscess of thumb, chicken pox, menopausal disturbance, poison ivy, blood test and examination for hairdresser's license, and pregnancy."

January 1949

A decade later the dominant theme of the letters was the need to juggle activities to fit the available time.

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Ready for the next call

I'm now utilizing one of those enforced periods of leisure that are occasionally thrust upon me in the course of my work—this time waiting to testify before the grand jury in a murder case.... This letter has been interrupted several times; I guess I'd better end it now, just before I take a 3 am nap between two deliveries.

March 1949

Dr Putnam upgraded his office as his practice expanded.

New equipment includes an army field autoclave which enables us to keep the sterilizing out of the kitchen... also a new electrocardiograph, the old one having been reduced to a point where I contributed the remains to the Dartmouth Medical School.

June 1949

On his 40th birthday Dr Putnam observed that he had been experiencing mild neuritis, which "merely makes me uncomfortable and does not indicate any serious condition." He took the occasion to comment on the problem of conveying that kind of information to patients. "Somewhat over ninety percent of all medical interviews," he wrote, "might well end with a speech something like this":

My dear fellow, there is something wrong with you, I have not the faintest notion what. I realize that it is making you miserable, but I am powerless to alter its course. The only comfort I can give you is that in my long experience I have noticed that most people similarly afflicted recover after a few weeks. If you wish to nourish the illusion that I am doing something to help you, take these aspirin pills and try to kid yourself into thinking that they are speeding your recovery instead of merely dulling your sensibilities.

He admitted, however, that "few doctors... want to be quite that blunt."

August 1949

My work itself forces relaxation at times—as witness the present moment when I am awaiting a baby at the Lebanon Hospital. A couple of weeks ago we had a home delivery in the far reaches of Strafford, which was located adjacent to the most prolific blackberry patch I have seen in a long time....

In another letter he wrote,

My usual schedule this summer has been to start about seven in the morning, see patients steadily until ten or eleven with perhaps a moment out for a hasty gulp of coffee; then a trip of fifty to a hundred miles with a lunch box on the car seat, to see... patients all over the map,... with enough delays and emergencies interspersed to make me late for afternoon appointments.... Those in turn usually extend into the evening appointments... supper may come finally with the relative peace and quiet of midnight when the last office patient has gone and I sit down to contemplate the day's pile of records.... Then office work, until sleep becomes imperative or another call comes to take me out again.

It is amusing to see how often these night calls come at times when I have just decided that I can not stay awake another minute! With another cup of coffee and something interesting or important to do, one can always submerge the apparent need for sleep.

March 1959

Ten years later long hours of driving to see distant patients were still part of the practice.

I am riding through one of the heaviest snowstorms of the year, on... unplowed backroads.... I've been seeing a patient of the type which is among the most discouraging, namely, cancer of the breast which is no longer amenable to treatment.

Actually, this patient represents treatment that in a sense was successful, in that she was first operated on over ten years ago, and she has been well and comfortable nearly all of that time. However, she was not cured, and now little remains but palliative treatment.

May 1959

The passage of time has brought about much lessening of the difference between rural and city practice; but there is still a relationship between doctor and patient here that I find very rewarding, and which I think is less often developed in the city.

This is perhaps most dramatically evident when a baby is delivered at home, as still occasionally happens... usually a peculiarly happy experience.... Possibly the current frightening problem of "hospital infections" will... keep home delivery from becoming totally obsolete.

July 1959

In the month after his 50th birthday the doctor wrote;

I have [recently] had a little more excitement in my medical practice than usual—in some cases considerably more than I cared for. One source of [major] concern to me for a good many days was a delivery followed by puerperal sepsis....

In the midst of that... another member of the same family was seriously injured at one of the lumber mills.... This [necessitated my] crawling in under the machinery and applying the bandages in the midst of dirt, grease, sawdust, and confusion to a man who was thrashing around in semiconscious delirium.... He had been hit by a block of wood thrown by the board saw, producing a serious compound fracture of the skull. However, he is making a good recovery.

More routine work ran parallel to such dramas.

The first two days of this week we averaged sixty patients.... While some have only trivial complaints, we've had some real medical problems...: two cases of acute rheumatic fever, two cases of acute congestive heart failure, one acute coronary occlusion, one case of meningitis....

November 1959

When I was first in practice the only treatment for a person paralyzed by a stroke was to put him in bed and give nursing care. Now, however, one may operate, tying off a bleeding artery or extracting the clot from a plugged one—so the differential diagnosis between hemorrhage and thrombosis, formerly a purely academic question, becomes practically and urgently important....

Similarly, in... infections, a precise diagnosis is... increasingly essential.... While the right antibiotic may save the patient's life it is at least equally certain that the wrong one

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may do great harm. . . . The correct thing to do with antibiotics in most infections which do not threaten life is to withhold their use.

March 1969

Before Putnam was 60 a medical colleague confirmed his self diagnosis of Parkinson's disease.

L-dopa . . . does seem promising. [But] so far as I am concerned . . . very small doses of conventional medication have sufficed to reduce my symptoms to a quite comfortable level.

He was consistent, applying the same pharmaceutical conservatism to himself as to his patients.

May 1969

In the early stages parkinsonism did not slow him down.

I am fully involved in another legal tangle, . . . in my capacity as Medical Referee. The Grand Jury has indicted a doctor for manslaughter in the case of a child who had asthma and was improperly treated. . . . It is sadly manifest that the only role the Medical Society will take is that of attempting to whitewash. . . .

The State proposes to show that the child was given a lethal amount of aminophyllin, that she in fact died because of this, and that it was the doctor's duty to know that the dose was lethal. . . . It will be unfortunate if the doctor is exonerated, because if this happens it can be made to appear that he did nothing wrong, clearly not the case.

The primary interest of the State in prosecuting is . . . to publicize amongst the medical profession the fact that this very commonly used drug is seriously hazardous if improperly used.

August 1969

This morning I went to bed around three o'clock, having spent the preceding hours in connection with the death of a 25-year-old boy who was a passenger in a car (driven by his brother), which rolled over, crushing him.

Functioning first as physician, next as Medical Examiner, and finally as messenger of bad news and comforter to the family, after which I returned to the funeral home to complete my medicolegal duties, I came about as close as exhausting my emotional reserves as ever happens.

Some signs of a limit to Bill Putnam's energy were becoming evident.

November 1969

Sunday I had an unusual experience—dinner . . . as guest of a family in which a death had just occurred, followed by a memorial service. . . . I was being treated almost as a member of the family because of a relationship that had developed over a period of many years during which I saw them through a great variety of . . . critical situations. There have been deaths, divorces, heart-breaking chronic disability, alcoholism, bringing up of children—all of which seemed at times to be equally stressful.

This doesn't sound like much of a basis for a happy family gathering; yet . . . partly perhaps because I represent a stabilizing influence, the meeting today did not seem at all unhappy. Possibly . . . here are some of the reasons why doctors will never be wholly replaced by computers.

Dr Putnam retired in 1977; parkinsonism had made it too difficult for him to continue in practice. Eleven years later, in September 1988, he died at the age of 79. At the memorial service held in his honour at the church in Lyme Dr Hermann Sander (a college classmate) commented, "Bill and I practised medicine in the years when it was still fun. Those years are gone."

A younger friend and colleague, Dr Louis B Matthews, said, "I had the privilege of being Bill Putnam's personal physician late in his career. Although this was a point when he was already quite impaired by parkinsonism, the spark of humour and wit never failed to come through. Above all, Bill Putnam was a seamless individual. There was complete integrity in everything he did."

I would like to thank Drs Henry W Vaillant and Henry S Harvey and H A Bedau for their comments on early drafts of this article.

Cemetery cabbages

Pio Baroja (1872-1956) translated by H M Rose

Blundellsands, Liverpool L23 8TZ
H M Rose, MRCS, *ophthalmologist*

Br Med J 1989;**299**:1618-20

At the far end of the village on the left of the road the house could be seen, an old single storey house on whose damp-blackened walls some black letters stood out proudly, announcing, "Blasido. Wine Sales." The artist who wrote this inscription was not content with the elegant design that he gave each letter and wanted to add something more. Over the lintel of the wide doorway he painted a cockerel with long raised feathers, supported with its feet on a wounded heart pierced by a grim looking arrow—a mysterious symbol, whose meaning we have been unable to ascertain.

The broad entrance of the building was flanked by barrels stationed on either side, leaving a narrow passage between; then came the shop, which, besides selling wine, was a cafe, tobacconist, paper shop, and several other things. In the space behind there were several tables under a trailing vine, and there the lovers of Bacchus met on Sunday evenings to drink and play bowls, and the devotees of Venus cooled their passion with refreshing blackberry juice.

Justa, the innkeeper's wife, could have run the establishment without her lazy, spendthrift, idle husband, who as well as being on intimate terms with all the liquors, more or less pure, that she served at the counter had the generative powers of a stud horse.

"Come on, Blasido," his friends would say, "What! Your wife's the same way again! I don't know how the devil you manage it."

"Idiot, what do you expect?" he replied, "Women! They're like pigs. And mine . . . when she smells it, eh? As soon as I leave my pants on the end of the bed she gets pregnant. You've got good earth, good seed, good watering."

"Drunken pig!" shouted his wife when she heard him, "You'd be better doing some work."

"Work! Idiot, work? . . . The ideas these women have!"

One day in January, Blasido, who was drunk, fell in the river, and though his friends pulled him out in time to stop him drowning, when he got home he had to go to bed with rigors. He had caught double pneumonia. While he was ill he sang all the songs he knew, till one morning when the drummer boy was in the inn he called:

"Chomin, bring your pipe and drum, will you?"

"All right." Chomin brought his pipe and drum as he liked Blasido.

"What shall I play?"

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