

## "PRIDE AND PREJUDICE"

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PART of the charm of Jane Austen's works at the present time is their remoteness. The people with whom she deals are so convinced of the enormous importance of their conventions and their own small problems, that it is with a sense of relief that we look down upon the scene with a tolerant eye at the smallness of man's horizon then, as compared with now. Yet this was the period of the French Revolution and the Napoleonic wars, and Jane herself had two brothers in the Royal Navy.

There are, of course, many other reasons for admiring Jane Austen's works. There is the tautness and economy of the design, for her intellectual honesty and powers of self criticism combined to strip her works of falsities and redundancies. She is concerned with people and not with abstractions, and there is very little discussion in *Pride and Prejudice* of those qualities in human nature. If we are led to reflect on them, it is through actions rather than from statement. What is more, the story depicts the triumph of virtue, of humility and tolerance, if these be the antitheses of pride and prejudice.

Jane Austen waited sixteen years before publishing *Pride and Prejudice*, which she had originally called *First Impressions*. It may occur to you that her first choice should have been mine also. My remarks will be as remote from great events as anything in Jane Austen's story. To be honest, I do not know that I fully realize that, for to me they seem to have a certain importance.

I came this year to the first meeting of this Society. I heard Mr. Vroland and others discuss the future of our professions. More and more in the last few years, our professions have achieved news value in moving pictures, books, the press and the radio. I have wondered what is meant by a profession, and what is understood by the professional life. It seems to me that these questions must be answered before it is decided what

the future shall hold. Mr. Vroland did not define his terms. I have sometimes thought that others would define professional life so concisely that it reduces to a forty-hour week and fair pay. This, of course, would enable the British Medical Association to come out into the open and join the Trades Hall.

I confess that until recently I have never looked up the definition of 'profession'. In the Oxford Dictionary it is defined as a vocation in which a professed knowledge of some department of learning is used in its application to the affairs of others, or in the practice of an art founded upon it. Applied especially to the three learned professions of divinity, law and medicine.

This is a prosaic impersonal statement of fact. It seems to me that in professional life there are peculiar privileges and special temptations, and that the benefits on the one hand and the dangers on the other are not always apparent. Jane Austen left us to reflect on *Pride and Prejudice* and their opposites by telling a story, and my reflections are based on a story.

Ten years ago this month I stood waiting at the front door of a London Hospital. It was 4.30 in the afternoon. I was there for the first time to receive the physician to whom I had been appointed. I see him now as he walked through the lodge door, and came down the drive with his rapid step. I introduced myself, he shook me by the hand without pausing, and at once I seemed to be chasing after him, as I continued to do for the next six months. I caught him up in the physician's room as he was swinging himself out of his short black coat into his long white one. "I am going to work you hard, friend," he said, and off we set. It was nearly 8.30 that evening when I said good-bye, and went to my solitary dinner. Thus began the most exciting six months of my life. For those six months I never had a week-end off, for every Saturday afternoon at 1 p.m. down he would come to do out-patients. When I tell you that he was in his sixty-fifth year, and sacrificed some of his beds to his junior so that he might still have the contact with out-patients, you will realize something of his zest for work. At the outset of his career, he had the choice of a post as honorary physician or surgeon at University College Hospital. He chose to be a physician, and when I knew him he was the senior physician both to this hospital and to my hospital. His Tuesday afternoon began with his ward rounds at University College, and finished at the Brompton Hospital at any time from 7 p.m.

until after 8 p.m. He practised in Harley Street, travelled by bus, and by train, for he never owned a motor car, and never missed his hospital rounds. He reached the retiring age at the senior hospital, while I was still his house physician at Brompton. He came down as usual on that day on which his work at his senior hospital ceased. He told me with delight of an unexpected gathering of his old students who had come to his last round that afternoon. "Friend," he said, "when we finish to-night I must show you what they have given me." Just before he left he opened his bag and silently handed me a leather-bound volume. It was Greek to me, and I had to ask him what it was. It was a volume of Plato's dialogues. "I have brought one to read on my way to Littlehampton in the train." I was privileged to look after his private as well as his ward patients at the hospital. I know now from what source came his power of lucid explanation to the lay person, and why he never shirked the difficult questions, but posed them for himself. It was, of course, Socratic in origin. I recall going with him while he informed a patient, apparently in vigorous health, that he had cancer of the lung. It was the kindness, the deep feeling and the honesty of a simple gentleman that moved me. I think he must have been the only person in the room who was unaware of these things. Simplicity, honesty and fearlessness were his native air. I have heard him silence many a private patient who flattered him, at the expense of a colleague. On one occasion when he considered it was done in a despicable manner he wrote a large "D" across the history sheet—"D" for discharge. He said: "You are no longer my patient and you must find another doctor." You will gather that one of his faults was impetuosity. "Doctor," said the downright Scottish sister, as he was leaving one of his wards one evening, "You will not come again for a week, but I have to live with your patients and you have upset everyone." A look of blank astonishment came over his face, and without a word he wheeled about, and round we went once again. Then he and sister parted on their usual good terms. The present Regius Professor at Oxford was one of my predecessors, and I have met others as far afield as Singapore and Alexandria. I was his last house physician, and I carry with me the memory of his virtues and his endearing human failings.

I look back now, and deem myself fortunate to have worked under three men for whom the day was not long enough to do all that I would, or whom not to have everything done to the

best of my ability was unthinkable. Not unnaturally they were all doctors. They all had in common the power to stimulate whatever critical faculties one had; they never offered advice or talked down; and they never imposed their personalities on an unfortunate junior. Each was imbued with the spirit of his own teachers. Some of my most cherished memories are of the times I have spent in their homes as a privileged sharer in their family life. I shall tell you of the last of the three, a physician recognized then and now as a world authority in his special department of medicine. Two years after the time of which I have spoken I was fortunate enough to obtain a post under him. I knew that he had supported the claims of another candidate and I was nervous and ill at ease the first morning on which I had to go round the wards with this forbidding person. After the round was over, and I was left alone, I remembered with some wonderment that he had several times asked my opinion, and on occasions he had said that he did not know. I lived for many months in almost daily contact with him, for his home was within a few hundred yards of the hospital. On my last night in London I stood in his doorway, and clasped the hand of this friend and master. I walked home half in sadness, but yet glad and grateful that I had had this wonderful experience. I know doctors in England, America, South Africa and Canada who share my feeling for this man. I ask myself what is the secret of it all? I remember one Saturday afternoon I wandered round London with him and talked of many things. He told me of the influences which had shaped his career and his life. At a turning point he came under the spell of three men, probably the three greatest physicians of this century—Sir James Mackenzie, Sir Clifford Allbutt and Sir William Osler. Let me tell you a little I have gleaned about them.

Sir James Mackenzie started his career as a general practitioner in an industrial town. Humdrum and hope-destroying many have found this life. Mackenzie found in it so much stimulus that without aid or elaborate equipment he there laid the foundations of the modern knowledge of heart disease. At the age of forty he had his first heart attack, but he carried on with his general practice until at the age of fifty-four he had been there for thirty years. He then went to London, and in the face of difficulties and opposition he established himself in Harley Street. He had only been there a year when one night he was awakened by a heart attack of such severity that he

was in agonizing pain for two hours. In those days this was tantamount to a sentence of death. With this threat hanging over him, he got up the next morning, and went on with his work. He had many more attacks, and there were times in his life when he could not walk a quarter of a mile, but he died working at the age of seventy-three. When he was sixty-five, and at the height of his fame, he turned away from it all, and went back to the country.

Sir Thomas Clifford Allbutt died in 1925 at the age of eighty-nine, in the full tide of his activities as Regius Professor of Medicine at Cambridge. He was a scholar in the broadest sense, a profound medical historian, and a persistent advocate of the need for a sound general education as a basis of medical training. In the words of a distinguished American, few approached him in literary style, and in the power to stimulate thought. But he was far more than a scholar or a learned man; for his combination of versatility, wisdom, true religion and humanity were extremely rare. Always young in mind, he was in sympathy with all sorts and conditions of men in many lands. His wisely critical mind was ever the clearing house for new ideas. Aristocratic in appearance and courtly in manner, he had a genius for friendship. He was the most approachable of men, modest almost to a thought as regards his own attainments, enthusiastic in praise of his colleagues and juniors, and so tolerant that he never seemed to notice any small shortcomings. With the delightful equanimity and serenity that made for happiness in his fellows, there was nothing of the attitude of superiority which sometimes marks those in a senior position. In his long and varied life he acted up to the dictum that "only two things are essential: to live uprightly and to be wisely industrious."

I have left to the last him whom my master described as the greatest of them all. Some men command admiration by their intellectual gifts; others, perhaps fewer, attract by the magnetic charm of their personality. When these characteristics are combined in the same individual his influence is irresistible. Such a man was William Osler. He was born in Canada, 1849, the eighth child of Cornish parents, his father a clergyman, as Allbutt's was. His life falls naturally into three periods, in Canada, in the United States and at Oxford. At twenty-five he was Professor of Medicine at Montreal. He went from there to Philadelphia, and then virtually founded the world famous

medical school of Johns Hopkins at Baltimore. In 1905 he was invited to become Regius Professor of Medicine at Oxford. In that tranquil atmosphere he was able to extend his influence over British medicine in a way which was enormously to its benefit. An innovator with a sense of the past, he was able to adapt tradition to the needs of the present. In him reverence for the past and efforts for the future were finely blended.

He was a humanist, humane and human. His humanism was displayed in his love of learning, his joyous enthusiasm for books both old and new. Sir Thomas Browne was his special idol. His humanity was an outstanding characteristic. He insisted that his hospital wards were made to look as bright and cheerful as possible. There is the story too of his giving his cloak one night to a beggar, who in return bequeathed "to my good friend William Osler" his liver, hobnailed by drink.

His anxiety to conceal his feelings sometimes led to misunderstanding. For when deeply moved he was apt to put his hands in his pockets, tilt up and down on his toes, and hum softly. When reproved for his seeming levity, he replied, "I hum that I may not weep." He was human, very human. His incursions into nursery teas or children's parties were always welcomed. He was equally at home with the aged. His boundless hospitality, and his spring-like joy in life welled up from spiritual depths. Osler declared that happiness lies in some vocation which satisfies the soul; that we are here to add what we can to, not to get what we can from, life. Giving freely, he received abundantly. He was always surprised at the high regard in which his colleagues held him. He would tell his friends that in good faith his brains were of the most mediocre character.

He had three personal ideals. One, to do the day's work well, and not to reck off the morrow. The second, to act the Golden Rule, so far as in him lay, towards his professional brethren, and towards the patients committed to his care. The last was to cultivate such a measure of equanimity as would enable him to bear success with humility, the affection of his friends without pride, and to be ready when the day of sorrow and grief came, to meet it with the courage befitting a man. These were the gifts he sought. Throughout life he was humble, his simplicity was proof against pride, and as the shadows lengthened after his only son was killed in the last war, that last gift was added unto him, and was with him to the end.

Chance brought these three men together at one hospital during the war, and my chief was their trusted disciple. I know now that what he was handing down to me was the seedling of a mighty tree. Perhaps that tree was planted over two thousand years ago by Hippocrates but it has been nurtured through the ages by men whose lives were informed by true religion. It did not start with Mackenzie, Allbutt and Osler, as they well knew. Every six or twelve months, someone has taken the place I held, and then gone out into a wider sphere. I have conveyed to you that I do not believe in advice, but of the subtle and imponderable influence of the good life I cannot say enough. In these days when an individual seems of so little account, it is comforting to realize that that influence can yet spread to so many parts of the earth.

When I think of Harley Street these are the people who come to my mind, and I am sorry to hear the pride and prejudice which prompts people to ignorant and thoughtless generalizations.

Of any of these men it might be said as it was said of Thomas Sydenham, a physician of Cromwell's day, by Dr. John Brown, "that human life was to him a sacred, a divine, as well as a curious thing, and that he seemed to possess in rare acuteness that sense of the value of what was at stake, of the perilous material he had to work in." If these words are analysed it is not unfair to say that the 'feeling they express is part of the ideal of professional life.

I have said that there are peculiar privileges and special temptations to do with professional life. The opportunities for service in the best sense of the term are so many that they may cease to be regarded as a privilege. Perhaps we then become too mindful of praise or of blame and ingratitude. Is this the reason for the cynical doctor's observation that a grateful patient is one to whom too small a fee has been charged?

Oliver Wendell Holmes spoke of medicine as the silent profession. I had a glimpse once of what that used to mean. My chief was looking after the health of a famous English cricketer. It was a matter for daily conjecture in the papers as to whether he would be fit to play in the next Test match. We discovered who was looking after him, and on his next visit to the hospital the superintendent, who was an intimate acquaintance, introduced cricket into the conversation, and then casually asked how so and so was getting on, whether it was likely that he

would be fit for the next Test. It would have been a great scoop for us. He looked at the superintendent and without even admitting that he knew the patient said, "My boy, I thought you would have known better than that." It is more common to find that one's pride in the possession of such special knowledge leads in an unguarded moment to the breaking of a professional confidence.

The stern self-discipline of the judge who sits in silence suffering the wrangles of doctor and barrister compels our admiration. I know that the barrister has to conduct his case, but I doubt whether he realizes how self-revealing we doctors can be in the witness box if allowed to give a clinic.

In different ways there are dangers in speech to members of all the learned professions. A facile gift of speech and specious explanation are the stock in trade of the quack, but pride in the ability to handle lay people comes sometimes to be a self-conscious accompaniment of successful doctors and perhaps of lawyers too.

I sometimes wonder, too, whether we doctors at the discussions in these meetings appear to be addressing a patient as frequently as do the barristers to be addressing a judge and jury.

If we members of the learned professions tend too readily to be intoxicated by the heady harmonies of speech, we owe a duty and a care to the words we use.

Do you know that phrase "in the vast majority of cases"? Can there be anything more eloquent in the English language to express immensity than that lonely word? It is so fraught with meaning that it requires a great occasion, yet with what cavalier abandon can it be used in the witness box to bolster up a weak case!

I have sometimes been associated with a barrister who I fancy regards the medical witness as a person whose pride it is to display his knowledge of medicine and then dilate on its application to the legal problem. As the barrister nourishes similar ambitions the association is not always a fruitful one. I am reminded of a consultation the evening before the hearing of a claim for compensation. The medical problem had to do with the spontaneous collapse of a lung at work, followed by the manifestations of a hitherto unrecognized tuberculosis. The question of the relation of this to some incident at work was under review.



In the barrister's brief the tuberculosis state was spoken of as a "lesion" in the lung, and the collapse of the lung was said to be due to the tearing of an adhesion overlying the site of the tuberculosis.

Humbly confessing his ignorance, the barrister invited me to explain these terms—lesion and adhesion. It seemed that he quickly grasped their significance, and at any rate before I thought my explanation adequate he informed me in a friendly fashion that I must beware of explaining medical knowledge and then trying to decide its legal significance. Somewhat abashed, I left. The next day in court, to my horror, I heard the barrister luxuriating in the phrase "the lesion of the adhesion". I have never understood why lesion should be less popular with the lay public than adhesion. It can scarcely be lack of opportunity. I commend, however, the "lesion of the adhesion" as an adequate description of one of the compensations of the divorce court rather than a matter for disputation in the compensation court.

One of the greatest temptations of professional life is the debasement of intellectual integrity. The temptation is greatest in the witness box and I have an uneasy feeling that the cross-examining barrister invites it too often. Perhaps we deserve it. Pride in one's knowledge, resentment at having one's opinions assailed, and prejudice roused by the trend of a case going contrary to one's medical evidence may lead to intellectual dishonesty.

I heard this year a physician, hard pressed in the witness box, impugn the word of the pathologist who had conducted the post-mortem examination. I have twice heard this done in court, and it is perhaps worth remembering that the pathologist is probably the only expert medical witness who deals entirely with facts and is not forced to speculate.

I have said enough now to show that my pride and prejudices, if such they seem, are rooted in the past. I have tried to indicate what I think are the eternal verities of professional life. Does it not show that if they had been more closely followed, and it had not been forgotten, as Dorothy Sayers said, that work was worth doing for its own sake, we might have less cause to worry about the future?

Those who are concerned about the future wish for two things—material safety for professional life and an adequate service for the community. I set a presentiment, a foreboding,

a blank misgiving against their cold facts. It is that professional life cannot be made safe any more than the span of life can be made safe by any system. I admit the laudable intention of adequate service for the community. It will be said that the overcrowded out-patient departments, and the growing numbers of poor who need legal advice, call for some national system. My misgivings are that medicine and law as professions are becoming confused by the inclusion of disorders of our social system which have little or nothing to do with them. The problem of the ever increasing hospital out-patients is unlikely to be solved by increasing the size of the hospitals. Let me say what I believe to be the plain truth. I doubt whether more than half the out-patients attending the two medical clinics I have had charge of in Melbourne hospitals are medical problems. They are social problems I agree. They are unlikely to obtain any permanent or even perhaps temporary benefit from their attendance. They are very likely to be debased into that hopeless category who come up for some obscure reason long forgotten, but vaguely associated with a repeat of the medicine. The out-patient problem is a horrible monument to a thoughtless drift, and one not yet clearly seen. It will not be solved by a nationalized medical service.

It is as though a town was built on the edge of a swamp, and all the available doctors were treating at the hospital the ever increasing numbers of victims from this breeding ground of malarial mosquitoes which had been entirely neglected. Then someone suggested regimenting the doctors to drain the swamp, when all that was needed was to train some field workers.

I do not know what legal problems arise with poor people, but I think of some of my hospital patients whose problems might just have readily taken them to a lawyer, if only an out-patient department were built in the precincts of the law courts. But actually, too, I can imagine the solution being more satisfactory in the hands of one trained in social services.

Gentlemen, if this address seems to bear a suspicious resemblance to a Christmas sermon to close the year, I shall add to it a requiem. The men of whom I have spoken, with one exception, are dead. From the survivor I had a letter a few weeks ago. He described what the bombing had done to his house. Then he said, "Now that life is cheaper, in retrospect I value most in my professional life the opportunity to teach, and to influence my fellows and students. This and a certain amount

of research." I shall add that in his busy life I never knew him to sacrifice his public hospital work for private gain. And when the end comes what will be the verse too grave for him? Not I think a dirge for safety, rather that he . . .

"May join the choir invisible of those immortal dead who live again  
In minds made better by their presence. Live  
In pulses stirred to generosity  
In deeds of daring rectitude, in scorn  
For miserable aims that end with self,  
In thoughts sublime that pierce the night like stars,  
And with their mild persistence urge man's search  
To vaster issues."

*Acknowledgment.* The tribute to Sir Clifford Allbutt is from Sir Humphrey Rolleston's Life; the tribute to Sir William Osler is partly from Sir Humphrey Rolleston's introduction to Osler's "Aequanimitas".