Personal viewpoint

Hoist with my own petard!*

For most of my professional life, I had no time for private practice. I used to joke about it, saying it was the kind of thing that one might take up on retirement. To understand this point of view, it is necessary to mention the salient features of my own career.

I was doing house jobs in London when my career in civilian medicine was rudely interrupted by the outbreak of World War II. I joined the Royal Army Medical Corps and when I eventually left it I went to the Norfolk and Norwich Hospital as an ex-Service Registrar to rehabilitate myself for civilian medicine, and to take the MRCP. I then came to Oxford and joined the Nuffield department of clinical medicine, where I stayed until I eventually retired at the age of 67.

Having a job in a large university department helped me in various ways. As soon as I became senior and was graded as a consultant, I enjoyed a great measure of clinical autonomy. This facilitated my developing a keen interest in gastroenterology many years before this branch of medicine was recognised as a speciality in the United Kingdom, although it was already well established in the USA and most of Europe. I had a particular interest in ulcerative colitis and in the late 1940s started a small clinic for this disease. So few physicians were keen on dealing with this illness, which at that time was very poorly treated, that by the early 1960s the clinic had expanded to more than 500 patients. At that time, the NHS was truly a national service so there was no obstacle to patients being referred to whatever centre their doctor or local hospital might choose. As I was anxious to do what I could to improve the treatment of this disease, and as I was convinced that a controlled therapeutic trial (at that time a novelty) was usually the best way of assessing the value of any particular form of treatment, it was a major convenience to have a large mass of patients who could volunteer to take part. It is a pleasure to pay a tribute to the patients who almost invariably would volunteer to be studied, not only in controlled therapeutic trials but also in a variety of other researches. I was also most fortunate that some very able men elected to come and work with me as research fellows.

There were other advantages in having a whole time university appointment. The department was well equipped by the standards of the day, which greatly facilitated research. To take but one example, it contained a total body counter for work with radioactive isotopes, a counter that was designed and built by our own physicists. In the university as a whole, there were hundreds of experienced scientists who were always willing to give advice. When the celebrated Sir Hans Krebs retired from his position as Professor of Biochemistry, he moved across to the teaching hospital and set up a metabolic research laboratory in our department. He and his colleagues were most helpful to me and my research fellows whenever we had problems with laboratory methods.

Of course, nothing is ever perfect and there were some disadvantages in my job. For about 20 years after I became a consultant, my salary was about two thirds of a whole time NHS consultant, although eventually this anomaly was corrected as a result of a decision by the Prices and Incomes Board. Also, for a long time in Oxford, the only university clinicians with a university title were the professors, the others being known as graduate assistants or first assistants. As a result, I was a grandfather before I was given a personal readership. Fortunately, I have never been preoccupied with money or with personal status, so these were simply minor irritations which, happily, did not obscure my satisfaction with the positive benefits of my job.

The combination of clinical work, teaching, and research was sufficient to fill my days and thus I was content to accept my university salary and to be debarred from private practice. It was a result of my being completely occupied with my life in the hospital that I made the wisecrack about private practice being suitable for those who had already retired from fully active life.

The years slipped by and eventually the date of my retirement arrived. As I still enjoyed clinical medicine, I started a small practice in the private hospital. Beforehand, I was curious to find out what it was like, never having had the experience of working 'freelance' before. Rather to my surprise, I found it extremely agreeable. As the number of patients was small, I could give each one plenty of time and get to know them as individuals. I saw the same illnesses as I had seen for years in the big hospital so there were no technical difficulties in dealing with them. My surgical colleagues were at hand to operate on appropriate cases, either in the private hospital or, for major surgery, in the teaching hospital. The simplicity of the arrangements had a great appeal for me, because I was completely free from all administration. I simply had to pay for the hire of a consulting room and the rest merely involved me and the patients. It was excellent to have a part time occupation of this sort rather than stopping work completely. The fees I earned were also a useful supplement to my university pension. Doing a little clinical work also encouraged me to keep fairly up to date with new developments and also helped me to enjoy attending medical meetings, such as the British Society of Gastroenterology and various foreign gatherings. Man does not live by gardening alone!

Now that I have become an octogenarian, I can look back on my life with a certain degree of detachment. Do I regret never having done any private practice until I retired? The answer is an unequivocal 'no'. In retrospect, I derived the greatest satisfaction from carrying out studies with my various research fellows. My achievements may have been modest but I feel that they would have been almost non-existent had my time been heavily taken up with private practice. So, as far as my professional life is concerned, I can echo the song made famous by Edith Piaf *Je ne regrette rien*.

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*Petard=an early explosive device used in war to blow in a door or gate, or to make a breach in a wall. It carried the risk of blowing up in the face of the engineer setting it.

Thus Shakespeare writes:
'For 'tis the sport to have the engineer
Hoist with his own petard. ...'

Petard is derived from the French verb péter meaning to break wind, blow off, or fart. This seems singularly appropriate in view of my own professional preoccupation with diseases and dysfunction of the bowel.

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