RES MEDICA
Journal of the Royal Medical Society

# Res Medica

## The George Bernard Shaw Syndrome

**Abstract**
Bernard Shaw really believed that a medical degree was a licence to kill. In a famous tirade written in 1906, he triumphantly proved that all doctors are humbugs and morally, if not always legally, criminals. Not only that, but "to make matters worse, doctors arc hideously poor," and-just in case you happened not to appreciate what a terrible crime yours is he added that "the greatest of our evils and the worst of our crimes is poverty, and our first duty, to which every other consideration should be sacrificed, is not to be poor." But Shaw must have felt that the great crime of poverty was not entirely the doctor's fault for he had yet more telling ammunition to fire. In accusing the profession of being unscientific and unkind, he touched two of the points upon which doctors over half a century later remain most sensitive. So much for G.B.S.

Copyright Royal Medical Society. All rights reserved. The copyright is retained by the author and the Royal Medical Society, except where explicitly otherwise stated. Scans have been produced by the Digital Imaging Unit at Edinburgh University Library. Res Medica is supported by the University of Edinburgh's Journal Hosting Service: http://journals.ed.ac.uk

ISSN: 2051-7580 (Online) ISSN: 0482-3206 (Print)
*Res Medica* is published by the Royal Medical Society, 5/5 Bristo Square, Edinburgh, EH8 9AL

*Res Medica,* Summer 1960, 2(2): 21-24
doi:10.2218/resmedica.v2i2.338

# RES MEDICA

MAY 1960

**The George Bernard Shaw Syndrome**

Bernard Shaw really believed that a medical degree was a licence to kill. In a famous tirade written in 1906, he triumphantly proved that all doctors are humbugs and morally, if not always legally, criminals. Not only that, but "to make matters worse, doctors are hideously poor," and—just in case you happened not to appreciate what a terrible crime yours is—he added that "the greatest of our evils and the worst of our crimes is poverty, and our first duty, to which every other consideration should be sacrificed, is not to be poor." But Shaw must have felt that the great crime of poverty was not entirely the doctor's fault for he had yet more telling ammunition to fire. In accusing the profession of being unscientific and unkind, he touched two of the points upon which doctors over half a century later remain most sensitive. So much for G.B.S.

All this presented itself for reconsideration when we read again *The Doctor's Dilemma* early in October 1959. It was not fortunate reading for the time of year, and we have frequently regretted that a more benign drama had not come our way. Like spilt milk, however, it does not merit tears and we have had to adjust ourselves to passing our fifth academic winter at the University of Edinburgh labouring under rather eccentric standards. Is that doctor a pauper? Is he unscientific? Is he unkind? And the vital statistic that emerges is that the man who commands three direct negatives is a freak.

Now it is obvious to us, and, we imagine, to all readers, that the standards by which an enemy of the profession condemned medical men in 1906 are hardly those by which an undergraduate should be assessing his teachers, friends and colleagues in 1960. But where Shaw got three affirmatives in 100% of cases, our series has been more encouraging. The first question is no longer valid (his poverty, if it exists, is not nowadays the personal crime of the doctor). Most take a point from either the second or the third and there are even a few oddities who snatch a pair—kind doctors who are also scientists. Who have they turned out to be?

Sir Sydney Smith and Dr W. Ritchie Russell come to mind. *Mostly Murder* has now been devoured by the profession and the laity alike—and it is a book that must be devoured, for more leisurely reading cannot keep pace. Fact remains stranger than fiction and becomes stranger than ever. This is a classic biography and a key-chapter in medico-legal history. It is also something else, it is the record of a medical man who has been an original contributor to science, but whose work has been stimulated by a strict enthusiasm for human justice and impartiality. His is the story of a man who has spent his whole life helping people who he felt most needed his skilled help: the story of a kind doctor with a difference.

As eminent in his line as Sir Sydney is Dr Ritchie Russell, whose address on "Brain Mechanisms and Social Problems" is published in this issue of *Res Medica*. We were present to hear Dr Russell address the Society in December, and were delighted with his application of the exciting new discoveries of neurophysiology to the art of learning to live and become socially acceptable. Another rare case of humanity and science in the same

doctor. Dr Russell, himself a medical editor, has also taken a welcome and generous interest in *Res Medica* this year and his kind advice has helped us towards a better Journal.

We would like to forget for a paragraph that they are not quite doctors to include in this select list two unrelated and very different men—John and David Clark. Both are scientists in the best tradition of the new medical generation; both must be popular for patients are already reported to be swearing by one and with the other; both claim to be paupers—but we are suspicious. As Senior President, John has devoted much of his final year to the affairs of the Royal Medical Society, has personally attracted many new members, and has, not least, been a social hit. David was our ambitious and successful predecessor as Editor of *Res Medica*. He has also been secretary and President of the Society, and his liberal friendship and concern have been and are valued by us personally and by the Journal and the Society alike.

We can draw a favourable conclusion to our research—that the standards of Shaw have come, in 50 years, to apply more happily to the medical profession. There *are* doctors who are both scientific and kind. The revolution of 1948 has secured the medical man an income irrelevant to his labours, which makes him just as poor or rich as his colleague doing the same job. And this brings us round to another man who, like Shaw, has no medical degree, but whose name is safe in medical history. Aneurin Bevan, founder of the National Health Service, is now, we trust also a champion of the science and humanity in medical men. George Bernard Shaw, winner of the Nobel Prize for literature, *v.* Aneurin Bevan, P.C., M.P., might well have been quite a medical argument.

* * *

Poets and Cardiologists have long competed for the copyright of the heart, and William Wordsworth is quoted more than once by Dr R. W. D. Turner in his article on "Auscultation" in this issue. This is the first of a series of three articles by Dr Turner which will appear in consecutive numbers of *Res Medica*, the other two to be entitled "Triple Rhythm" and "Murmers." This series should be particularly popular with both undergraduates and post-graduates alike and together they will provide a simple, yet comprehensive, account by a national authority on the vital art of using the stethoscope. From student to doctor is an overnight transition, but from guessing-tube to stethoscope is the work of years.

**Addiction**

There is no doubt that the risks of unlimited administration of the opiates are given sufficient emphasis in the instruction of the present-day medical student. There is current a picture of the drug addict, a man crazed and desperate, physically, mentally and morally degenerate, which is ever in the mind of the physician using these drugs. This, together with the doubt as to how prolonged a course is sufficient to precipitate addiction, may, in fact, combine to make a less experienced physician over-cautious, and fail to relieve pain where this is eminently and safely possible.

That a student should leave his school with a healthy respect for these most useful and most humane of all drugs is undoubtedly a very good thing. It is far better to start with timidity than with over-confidence. The strange thing, however, is that there are few addicts to opiates in this country, and of those who are, a small minority derived their initial stimulus from the medical profession.

There exists another group of addicts, in the true sense of the word addiction, who are much more common in this and other countries. A large majority of these people derived their supplies initially for a trivial illness from members of the medical profession. The barbiturate addict is a member of a large and ever-growing body of people.

Repeated estimates have deduced that about 10% of all prescriptions on E.C.10 contain a barbiturate as the main or only constituent. The production of barbiturates in this country in 1946 was estimated to be sufficient to provide one million people with a tablet a day for the year; within ten years the estimate had doubled, and no account was taken of barbiturates imported into the country from elsewhere. The incidence of suicide from overdosage has been steadily rising for the last thirteen years—ever since the inception of the National Health Service—and the most recent analysis suggests that 13% of all suicides, 75% of all drug suicides, and 80% of all fatalities from drug overdosage are caused by barbiturates. Finally, beyond the range of statistics, it is left for us to wonder how often barbiturates are administered with homicidal intent. The overall picture is not reassuring.

It has been suggested that the barbiturates have come to represent for the General Practitioner a cross between a placebo and a panacea. The psyche is now implicated in so many, and so diverse complaints, and is subject to so few therapeutic curtailments, that sedation is often the only remedy available—and is often successful, at least initially. Moreover, there are few diseases associated with sleep disturbance, where an uninterrupted night's rest does not produce beneficial results. Unfortunately it is often the patient with a psychosomatic disorder, or a sleep disturbance who has the underlying personality defect which predisposes to addiction.

A particularly pernicious form of this disorder is where there is a combination of drugs. Opiates and barbiturates are fortunately seldom used together by addicts in this country. Alcohol and barbiturates (the two share many clinical effects and may even affect the same biochemical processes) or barbiturates and amphetamines are more common combinations. The old joke about the socialite torn between taking a barbiturate and going to bed, or an amphetamine and going to the party, has now more sinister overtones.

As is so often the case, the diagnosis and even the prevention of these tragic medically induced illnesses rests more upon the awareness of the risks inherent in prolonged barbiturate administration than upon the recognition of any complex clinical syndrome. In particular the initial symptoms of intoxication may mimic those for which the drugs were first prescribed, encouraging further prescription, and the establishing of a vicious circle leading eventually to habituation and addiction.

**Examining Exams.**

During the past two hundred years medicine has developed from an art to a science. At the same time the different fields of study within the all-embracing subject, medicine, have expanded greatly in scope. Due to this gigantic increase in subject matter medical students are faced with a choice; either to study to the exclusion of all else or to attempt to cultivate outside interests at the same time as pursuing the curriculum. The average student will be unable to take the latter course and expect to do well in the professional examinations.

The duty of a medical school to the public is to ensure that its products are an asset to public safety and not a liability. A doctor who has wide cultural interests but a comparatively sketchy knowledge of medicine is a liability; he may have a good bedside manner but will only be able to help his patients die easily whereas a doctor with less charm and more knowledge may preserve the patient's life and, in all probability, give less satisfaction.

Examinations are the only possible way of ascertaining a student's grasp of the different branches of medicine. Examinations, considering that they are the only method of deciding whether the candidate is suitable to take on the responsibilities of a doctor, should not only test the student's factual knowledge at a particular time but should also determine whether he has a firm understanding of his subject.

The present system of examinations is open to criticism on both points mentioned above. The examination takes the form of a number of essay questions usually allowing a slight degree of choice. The essay form of answer is particularly poor in ascertaining the amount of knowledge the candidate has absorbed. Good style and the adroit use of a few facts can cover many important gaps. Another criticism of the present system is that the date of the examination is known beforehand. This allows the student to depend on last minute cramming. What is soonest learnt is soonest forgotten. It is unfortunate that the present state of the medical curriculum allows a student with a poor knowledge of a subject such as biochemistry to do well in a branch such as psychology or surgery.

Thus we would suggest that an examination paper should be of the short question-and-answer type. This would ensure that the student's knowledge was being tested and not his writing ability. (Useful though the latter may be, it is of little importance to a doctor as compared to the former.) These papers should be set at frequent intervals during the course testing the knowledge of the student up to that time. Our second suggestion is that students should not know the date of these examinations. This would avoid last-minute swotting and encourage continuous though perhaps less arduous study. In the long run this system would benefit the student with respect to his extra-curricular interests. He would be in a far better position to estimate his progress and the amount of time necessary to reach the desired standard, and hence the amount of time he could safely devote to other subjects.

**Tradition**

Any society which has been established for the best part of 200 years cannot help but evolve its own peculiar customs and traditions. In the minds of most people this tradition is pleasant and even worthwhile, yet in some there lurks an element of doubt which occasionally bursts in the form of caustic and unbridled criticism.

Vanburgh, the great 18th century architect and builder of Blenheim Palace, once said "Custom is the law of fools." Nowadays the cult of "all things contemporary" is much to the fore and tradition, particularly in the field of design, is seen in the unkindly company and light of Victorian conservatism. This lust for change and reaction against conformity has, however, spread beyond design, through art, into the realms of social conduct where it is not so refreshing and constructive.

Before altering any old tradition much thought and debate is necessary. All too easily something old yet good and functional can be thrown out and sacrificed to this modern Godess of Change, only to be regretted after the irreversible deed is completed.