RES MEDICA
Journal of the Royal Medical Society

Rule One, Drop One

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Abstract
I suppose it is a universally applicable law of human behaviour that when anybody starts a new job they become, for a certain period of time, the New Boy. I suppose it is also an invariable rule that the New Boy feels awkward, foolish, clumsy and mawkish (no connection with the firm of solicitors of the same name). The only unique feature about the world of medicine is that the New Boy syndrome is that much more painful and embarrassing, and lasts a little bit longer, the average being between seven and fifteen years. The cause of the New Boy syndrome has been recognised for many years among ornithologists and behavioural animal psychologists, and it is all to do with the pecking order. To put it concisely, the animal that comes lowest in the pecking order, often called the 'runt' of the litter (particularly by the others), is pecked by everybody and doesn't get to peck anyone back. As a result, the runt becomes what we biologists call 'beaten up'. If after a long period of this established order, an even more significant animal is introduced to the system, this newcomer becomes the new runt, and the old runt, delighted to have somebody to kick around at last, relieves the many years of pent-up aggression by beating hell out of the new one. This system can be seen in operation among any assembly of gregarious vertebrates — for example, a duck pond, a chicken run, or the American Presidential Elections.

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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, 1981: 47-49
doi:10.2218/resmedica.v0i0.941

RULE ONE, DROP ONE

by

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I suppose it is a universally applicable law of human behaviour that when anybody starts a new job they become, for a certain period of time, the New Boy. I suppose it is also an invariable rule that the New Boy feels awkward, foolish, clumsy and mawkish (no connection with the firm of solicitors of the same name). The only unique feature about the world of medicine is that the New Boy syndrome is that much more painful and embarrassing, and lasts a little bit longer, the average being between seven and fifteen years. The cause of the New Boy syndrome has been recognised for many years among ornithologists and behavioural animal psychologists, and it is all to do with the pecking order. To put it concisely, the animal that comes lowest in the pecking order, often called the 'runt' of the litter (particularly by the others), is pecked by everybody and doesn't get to peck anyone back. As a result, the runt becomes what we biologists call 'beaten up'. If after a long period of this established order, an even more significant animal is introduced to the system, this newcomer becomes the new runt, and the old runt, delighted to have somebody to kick around at last, relieves the many years of pent-up aggression by beating hell out of the new one. This system can be seen in operation among any assembly of gregarious vertebrates — for example, a duck pond, a chicken run, or the American Presidential Elections.

The world of medicine has many runts, some of them old, some new, some borrowed and many blue. The difference between the world of medicine and, say, the average chicken run (apart from the toilet arrangements, that is) is that in medicine the New Boy/Runt system is made worse by the acquisition of skills. An early mentor of mine put it beautifully. 'Most medical practice,' he said, 'is like riding a bicycle: once you can do it, you forget what it's like not to be able to.' He was a great physician, as a matter of fact, and was later awarded a Bensonian professorship by the Royal College for his long and devoted services to bicycle-riding.

Looking back on my own long and varied career in medicine, it often seems to me as if my early life consisted entirely of being the New Boy falling off a bicycle. There appear to have been so many times when I carried out some perfectly simple and straightforward procedure, only to get blasted out of my socks the next day by an irate registrar or consultant. (I speak of the time before I took my higher degrees and became an irate registrar myself.)

It seems to me that, as a junior houseman, I only ever broke one rule — the trouble is, it was always Rule One. For instance, one of the commonest duties a houseman is called on to perform is to relieve a man's distended and obstructed bladder by inserting a thin plastic tube called a catheter. This is a procedure that requires a little skill and a modicum of strength, and it usually engenders a great deal of relief on both sides when it works. The only problem is that there are about two hundred and ninety different kinds of catheter. Some have holes in the tip, others have holes in the side below the tip, others have angled ends, or balloons that can be inflated, some have bobbly bits at the end, others have three tubes running down the middle, others are dyed red, white and blue and play 'Rule Britannia' when they reach the bladder, while still others are motor-driven and come with heated rear-window and digital clock-radio. The point is that if they do the job they are meant to do, then they do the job they are meant to do and that is that.

So I would be called to the ward, I would look at the poor patient and then go and select one of the nine hundred bits of bent plastic in stock from the side-room, insert it into the patient's bladder, receive his thanks (and urine specimen) and go to bed. The next day on the ward-round I would cop

the entire wad from the registrar. 'Goddamit, Buckman, why the hell did you use a Beckstein-Toovey gauge 14 catheter? Don't you know Rule One of surgery — always, always, *always* use a Harris' 16 Silastic Double-Lumen Whistle Tip on the median lobe syndromes up to day three post.op.' I suppose it seems very obvious to you now that I mention it, but in those days everyone in the whole hospital seemed to have a different Rule One for me to break.

In theatre my first surgical consultant made a point of teaching me the basis of operative surgery. 'Rule One of safe surgery,' he would say, 'never, never, *never* put a toothed Parker-Carr arterial forceps across the bile duct without first checking for anomalous venous drainage of the pancreas.' And to this day, I never have. Particularly when taking out tonsils. Medicine was no less difficult than surgery. Consultants were always dashing up to me and saying things like 'Rule One of Neurology — always look for Lucknow's sign in any female who presents with tingling of the fingers, double vision, low back pain and ringworm.' The trouble is that consultants like that never told you what Lucknow's sign was, how to test for it or even what to do if it was positive. As a result, I have always said that Lucknow's sign was negative and so far nobody has ever bothered to check.

Obstetrics was no different. I think that the Rule One of Obstetrics was that every women over 35 who had had a previous baby weighing less than six pounds or more than ten, and who now had short sight, furred tongue and night starvation, should immediately be . . . . er . . . . well, I forget, should immediately be taken from here to a place of execution and there be hanged . . . . no that can't be right. Anyway, you get the idea.

I have come to regard the practice of medicine as a minefield of other people's Rule Ones — the harder you try not to tread on one Rule One the more likely you are to tread on another. But how does it happen: what causes us to forget our past ignorance so quickly in order to drop variegated poo from a great height on the New Boy? I think I can'cast some light on the psychological processes underlying this phenomenon.

Suppose that you are a junior casualty officer called to see a patient with apparent tetanus (lock-jaw). You check him over as thoroughly as your sense of rising terror will allow, recalling that tetanus was a half-hour lecture in the middle of the Infectious Diseases course and that you were away on that Thursday at the dentist's. Having completed the clinical examination, you next go on to the second phase of standard casualty procedure — that is to say, you go berserk. You rush to the telephone and call up the duty medical registrar, the duty anaesthetist, the Intensive Care Unit, the regional health officer, the State Secretary for Health, the Minister of Defence, and most important of all, the local paper and the hospital head porter.

Then the medical registrar arrives and goes through the patient's pockets and finds an out-patient card for a local psychiatric clinic and a bottle of a certain kind of tranquiliser tablet. He turns to you with *that* smile on his face and says: 'Rule One of medicine, old boy, these tranquilisers can occasionally cause a disturbance of the jaw muscles that looks like lock-jaw but isn't. Never forget — if it looks like tetanus, it might be a phenothiazine dyskinesia.' Of course it might. You shrivel in shame and embarrassment. Your humiliation and degradation will keep your collar itchy and your underwear damp for the rest of your life and — like all nerve-shattering cataclysms — are completely forgotten in a fortnight. Yet you have acquired a sear: like a wound that is only visible when you are suntanned, it causes no difficulty in daily life. And so your newly acquired Rule One doesn't create any bother for you; in fact you don't even realise that it is a sensitive spot until 4.30 a.m. on your third night on duty as medical registrar, when some fool of a goddam casualty officer calls you out of bed to a straightforward phenothiazine dyskinesia muttering some damned nonsense about tetanus.

It is probably a very deep basic human characteristic to regard yesterday's acquisition as if it had been in the family for years. I suppose that in the early years of man's evolution it carried considerable survival value. Perhaps in the dim mists of time, in the Plasticene Era or something, there were two kinds of Neanderthal man. One learnt a new trick — say scratching his neck, or picking his nose, or making the tea — and when he woke up the next day said, 'I wonder if I can still do my new trick? Yes I can! How super! Etcetera.'

The other kind of Neanderthal man learnt the new trick, woke up the next morning and dashed around to the Patent Office. It was this second lot of course that later evolved into Cro-Magnon man and developed shorter tails, smaller jaw-bones and Harley Street consulting rooms. The older, self-congratulatory group, over the years, grew longer hair, developed tiny shrivelled-up brains and became actors. It is not yet known at which stage in man's development he learnt how to diagnose tetanus from phenothiazine dyskinesia: in fact reliable reports suggest that some members of mankind have still failed to learn it. Nevertheless, one thing is certain: they that know it have always known it, and have never not known it.

So there it is, a major component of our mental equipment — and one that I think we should guard against at all times because of the corrosive effect it has on those we seek to instruct. In fact would go so far as to say that there is only one Rule One, and that is that there is no Rule One. No, I take that back. I think there *is* a Rule One that encapsulates all that I have ever learned about the world. It is simply this: always be very cautious if you are following a car driven by a man wearing his hat. Rule Two is: doubly so if it's a cap. For some reason people who don't take their hats off when they drive are always the worst drivers in the world; they never signal, always swerve around the road and generally behave like prune-brained berks. They don't seem to know a damned thing about driving — they don't even know Rule One.

'Rule One, Drop One' is an excerpt from Dr. Buckman's book "Jogging from Memory" published by Heinemann/Quixote Press (£5.95);

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