



Part Five: Discovering General Practice

This is the fifth instalment of the autobiography of John Horder. He intended it to be read solely by family and friends. However LJPC persuaded him to serialise it for a wider readership. The autobiography as a whole is an important piece of history. It is remarkable for its humanity, perception and humility – much like the man himself.

John is a founding father of modern general practice. He was doing his medical finals when the NHS was founded in 1948 and has been an active advocate of whole person, family and community-oriented general practice ever since. He became active in the College of General Practitioners shortly after its formation in 1952 and before it gained its Royal Charter in 1967. He was one of the two founders of the Leeuwenhorst European Study Group that defined the job description of a general practitioner in 1974. He was President of the RCGP between 1979 and 1982. He assisted the setting up of general practice educational bodies in several Western European countries, especially Yugoslavia and Portugal. He has been a tireless supporter of inter-disciplinary learning and founded the Centre for the Advancement of Inter-professional Education (CAIPE) in 1987. He lives in Primrose Hill with his wife Elizabeth June, who was also his partner in general practice.

Abridged by Layla Stock

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Following the end of my appointment at the London hospital in 1951 I decided to accept an invitation from Dr John Wigg to act as a locum-tenens in his practice for two weeks.

Like most of my fellow students at Oxford and the London Hospital, I had picked up the impression that general practice was what you did if you failed to secure something better. In nine years of training I had not spent a single hour in general practice. These two weeks were planned as a stop-gap, but proved to be a revelation.

The revelation was threefold. Above all, I realised that this was the right job for me. I also recognised it as an important role in our society, and finally, I relished the fact that I was not accountable to anyone except patients and their families. I experienced something like a religious conversion, in that I had found a mission and a drive which lasted for the rest of my career.

John Wigg, whose temporary assistant I became, was himself the son of a general practitioner. He was a devoted and reliable doctor, consistently enthusiastic about the new National Health Service, because he had experienced and never forgotten the extreme poverty of many people living in Kentish Town during the 1930s. My wife also worked within the practice as a part-time assistant.

The practice had about four thousand patients when I joined it. Although they were concentrated in Kentish Town, Camden Town, St John's Wood and Hampstead, there were many outliers, because it was our policy, when patients moved, to follow them if we could.

A large sample of the illnesses which we encountered at the time was recorded when my wife and I did a morbidity survey in 1953, which was published in "The Practitioner" in 1954.¹ Without looking back at the detailed results, my memory is of the predominance of chest illnesses. It is difficult to believe today that in the early 1950s there was no awareness of any of the health effects of smoking.

MENTAL HEALTH

I remained interested in psychiatric problems. As a locum I saw that there was no shortage of challenges. There were, for example, a considerable number of people of all ages who complained of physical symptoms which did not fit with the textbook patterns of diseases that had been the focus of most of my medical training. At that time any hint that the problem might be 'psychological' or 'nerves' or even 'anxiety' or 'depression' evoked from the patient a degree of stigma and humiliation, and therefore of denial and resistance.

Most doctors at that time, whether in general or in specialist practice, gave little importance to psychological problems, and made obvious their contempt in one way or another. Meanwhile the word “neurotic”, was used most frequently as a term of abuse by doctors frightened of what they were dealing with, essentially because of the ignorance that was widespread in both profession and public.

THE NATIONAL HEALTH SERVICE

The nineteen fifties were for medicine a period of optimism, partly because of recovery and rebuilding after a terrible war, partly because of the new Welfare State (including the National Health Service) which provided benefits previously unknown to much of the population; and partly because of a series of new drugs which were successful in controlling bacterial infections.

During my first year in the practice I continued to work towards the membership examination of the Royal College of Physicians and succeeded at the second attempt. This effort was helped by working as an outpatient assistant at the National Heart Hospital once a week. This was valuable for passing the exam, but I found it a very boring experience, repetitive, without significant relationship to patients.

THE FIRST BALINT GROUP

During the same year I felt that I needed more training in psychiatry within general practice. Having heard of the Balint group which had just started for the first time at the Tavistock clinic, I applied to join and was accepted.

The focus of the group was on the relationship between doctors and patients in the consultation; it was as much about the doctor as about the patient. I had never met anything like this before and it was of course a threatening experience. Dr Michael Balint believed that we should learn from experience and avoided taking over any of our cases himself. As a result of this we learnt not to offload problems onto specialists unless there was a specific and clear clinical reason for doing so.

The group met weekly to discuss current patients and problems. In the two years when I attended regularly, I probably presented less than ten cases. Only one was included in the now well-known book: “The doctor, his patient and the illness”,² the first of many resulting from this influential initiative of Michael and his wife Enid.

THE COLLEGE OF GENERAL PRACTITIONERS

In 1950 most of those responsible for training doctors would have described the role of the generalist as one derived from a superficial knowledge of a cluster of specialist subjects, sufficient to support early diagnosis of diseases, recognition of life-threatening or urgent conditions and the capacity to treat the less severe or complex examples in each field.

I was first forced to think more deeply about the role and training of the generalist when the local branch of the British Medical Association set up a working group to discuss two exceptional BMA publications: “The Training of a Doctor”³ and “General Practice and the Training of the General Practitioner”.⁴ Both documents were subsequently neglected by the BMA Council, but greatly influenced the thinking of a new institution: the College of General Practitioners.

Within months of my starting as a general practitioner, a letter had appeared in both the *Lancet* and the *British Medical Journal* proposing the need for a national institution comparable to the Royal Colleges of Physicians, Surgeons and Obstetricians. The signatories were Dr John Hunt, a general practitioner in private practice in Kensington, and Dr Fraser Rose, a National Health Service general practitioner in Preston. Their letter received hundreds of positive responses, not only from general practitioners.

Encouraged by the response, the proposers set up a steering committee, composed half of general practitioners known to be enthusiastic or influential and half of prominent members of other parts of the medical profession. The report of the steering group proposed the creation of an independent College of General Practitioners. The proposal needed the support of the government, and more immediately it required the formal support of the existing Colleges. They were at first unwilling.

Despite a lack of support from the existing Colleges, Dr John Hunt went ahead and started what then became first known as “The College of General Practitioners”. I joined the new college immediately and, soon after joining I attended my first meeting of its North London faculty, held at the Hampstead General Hospital. The meeting was chaired by Dr Stephen Taylor, a medical Member of Parliament, who later became chairman of the first Council of the College. It was a breath of fresh air.

WORKING FOR THE COLLEGE OF GENERAL PRACTITIONERS

Due to the morbidity study my wife and I had carried out in our practice in 1953, I became involved in the College, part-time and unpaid, as assistant secretary within the Research Committee. Our aim was to encourage individual general practitioners to use research methods in studying practical questions of their own choosing and to help organise epidemiological surveys.

I also became the first honorary librarian and archivist when the College acquired 41 Cadogan Gardens, allowing it suddenly to expand from one to seventeen rooms. With the help of Lindsey Batten, a library was created containing "only books and journals strictly concerned with general practice", initially only two books, and one journal (*The Practitioner*). Over time the number of books and journals directly focussed on generalist practice has increased exponentially. We also started our own archive collection, to which the earliest and most conscientious contributor was the chairman of the Research Committee, Dr Robin Pinsent.

The College started its own journal in 1954, with a Devonshire general practitioner, Dr R.M.S. McConaghey, as the first editor. Its focus was almost entirely on research. This was the origin of the *British Journal of General Practice*, which is now the most frequently quoted GP journal in the world.

In 1955 John Hunt, Honorary Secretary of Council, invited me to become his assistant on a part-time basis, even though I had very little relevant experience and training. John put heavy demands on anyone who worked with or for him, as he did on himself. I became increasingly anxious, working harder and harder to compensate for becoming less and less decisive.

This was the start of my second depressive illness. I received electro-convulsive therapy for two or three weeks and resigned from my job at the college. I was eventually admitted to the Atkinson Morley Hospital in Wimbledon.

NON-MEDICAL WORK

By 1955 we had moved to 98 Regent's Park Road. Our eldest child was thirteen; the youngest was three. Helped by her mother, my wife managed all this, while continuing to see patients for two-thirds of every weekday.

We continued to spend many weekends in Sussex with my mother, in the house and garden which my father had designed, but had enjoyed for only seven years before his death. We were extremely lucky to have regular holidays - first with children, later the two of us alone. It was during some of these holidays that I began to draw and paint, almost for the first time since leaving school.

For me painting seems to fulfil some need which neither the practice of medicine nor writing nor playing music can fulfil. It has acted as a contrast, a compensation, a relief, an escape from harsh realities into an ideal dream world, from pressure and hurry into a state where time is forgotten; an opportunity to create rather than to respond to another person.

I still have three of the first watercolours which I painted while at school. During the war I painted seldom, but, after it ended, there were few holidays without one or two drawings started. There was always a temptation to undertake too many and too ambitious subjects which had to be completed at home - a habit which has persisted. Unlike many other painters, I am unable to create a picture out of my own spontaneous imagination. By choice I only paint in watercolour, as it remains a continuing challenge, and there seems to be no obvious reason for experimenting with other media. Nor do I tire of similar sorts of scenes. They are never exactly the same.

I have contributed two or three pictures to the Medical Art Society's annual exhibition in almost all of the last 50 years. In addition to this I have also exhibited pictures in the corridors of the Sadler's Wells Theatre and in the Symons Gallery at the Royal Free Hospital, Hampstead.

If I ever regretted that I did not pursue a career in music, it was only briefly. In retrospect, I think I had an exaggerated idea of my ability, possibly encouraged by my mother, whose own professional career in music was abandoned when she married. I am deeply grateful to Roger-Ducasse for recognising that I would never make it as a professional musician, and for telling me this. But my daughter and granddaughter have achieved that.

Overall I have had equal pleasure from playing the piano and the organ. Each has dominated in turn at different periods, and I recognise that I have always tried to play music which is technically at my limit. I have played at least 30 organs across Europe including three of the most famous 17th century organs in the Netherlands. Each organ is, of course, different to the next one and each has to be explored. As a

pianist it has been my privilege to accompany professional singers, violinists and 'cellists'.

This account has now reached 1956 and recovery from my worst and longest depressive illness. The next fifteen years were perhaps the most productive ones in my life, although they were not free from mood swings and energy changes.

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