

Family Doctor

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FAMILY DOCTOR

AN EVERYMAN PRODUCTION

TECHNICAL ADVICE BY THE BRITISH MEDICAL ASSOCIATION

PRODUCED BY LEWIS GRANT WALLACE

DIRECTED BY RICHARD MASSINGHAM

PHOTOGRAPHY GERALD GIBBS

"Dr. Manning speaking. Yes. Who? Oh, Mrs. Baker. Yes. Yes. You know my son's in the practice with me now. That's why I sent him over to see Betty. Yes. Yeah. Oh yeah. Yes. He gave you quite the right advice. I should have done exactly the same myself. I should be along tomorrow. Yes. Good night, Mrs. Baker.

Oh, John, that was Mrs. Baker on the telephone. She's a bit worried about your visit today.

- What's the matter? Betty's got measles and I told Mrs. Baker to keep her warm, give her plenty of fresh air, darken the room, and bathe her eyes regularly, drink plenty of fluids and take a simple expectorant for the cough. Would you have advised anything else?
- No.
- Why trouble, then? It's a perfectly simple, straightforward case.
- Not quite simple or straightforward. You see, John, in general practice, you'll soon find out that medicine isn't just a simple, straightforward matter of correct diagnosis and treatment. It's much more than that. It's also a matter of getting to know every one of your patients through and through, and building up a bond of such confidence, they'll almost trust you implicitly to do the right thing. You're not going to be just any doctor to be called in when someone's ill. You are gonna become their doctor, who understands them and whom they want to see and nobody else. As time goes on, some of the patients in the practice are going to want to see young Dr. Manning and not old Dr. Manning. Oh, yes, they will, and others will want me and not you. It's quite natural. Because they find something special in you or me that gives them confidence and for that reason, the treatment will have greater effect.

Up to now you've learnt a great many facts. You've taken your botany, zoology, chemistry, physiology, anatomy, and the rest. After two and a half years, you went to hospital. You put on your white coat and bought your stethoscope. You probably felt a bit self-conscious about it at first. You learnt how to examine bacteria under a microscope, how to connect the symptoms of a disease with the pathological specimens, how to prescribe drugs and how to make up medicines. When you came to do your surgery, you soon found how important cleanliness is in preventing germs getting into wounds from the hands, the hair, the mouth and nose, clothes, then of course the surgical instruments. You learnt the right anaesthetics to use and the right ways of using them. In the wards, you have learnt the importance of accurate clinical examination.

"You notice how the alae nasi working, and how the sterno-mastoids are helping him to breathe.

And be careful what you say in front of a patient. It may frighten him and cause him a lot of unnecessary anxiety. Remember that, when you qualify.”

“You’re qualified now and you had your technical training. Probably a better one than I had. You learnt a great deal about the diseases and the body, and you’ve probably made some brilliant diagnoses already. No, I’m not laughing at you, I did just the same, but that doesn’t make you a doctor. Not yet. You’re just starting to learn. You wanted to join the practice, but I wonder if you realise what the life of a general practitioner’s like? It’s very different from what you’ve been used to. It’s not easy. You’re going to come up against a lot of difficulties.”

You’ll be called out at all hours and in all weathers. You won’t have a lot of leisure, even to eat your meals, and somehow you’ll have to make time to read the journals just to keep up with all the latest work. You’ll have to take plenty of responsibility and learn to rely on yourself, and not on other people. When you write out a medical certificate, you must be the sole judge of the patient’s health. You’ll be consulted about almost anything under the sun: from the daughter who has been convicted of shoplifting to the favourite cat who has caught a cold. You’ll find out that spatulas, otoscopes, stethoscopes, clinical examinations, and so on, are all necessary, but they aren’t everything. When you start visiting your patients, rich or poor, in their homes, or seeing them in the consulting room, you’ll soon find out they’re not just bodies with a disease or numbers in a card index system, or forms to fill up. If you think they are, you’d better go into an office or become a civil servant. But don’t take up general practice. No. Your patients are live, warm human beings with fears, hopes, worries, and difficulties which affect their health.

“Your patients will want to talk about their troubles, and as a doctor you need to hear about them if you are to give them the right treatment. But they will only talk freely to you if they know you’ll keep their secrets and use your knowledge solely for their own good. And they must feel that they can talk freely. I’ve been in practice for a good many years now and the one thing at least I’m absolutely certain: that the relationship between the family doctor and his patient is the foundation of sound medical treatment. I think my connection with a family I knew, we’ll call them the Frasers, is a good example of what I mean about the relationship between a practitioner and his patients. It happened some years ago.”

I remember it was a Sunday afternoon and I was dozing in front of the fire after dinner when the telephone bell rang. It was a road accident so I got my things on and went out. Well, it happened to be Ted Fraser. He wasn’t badly hurt: a cut over the head if I remember rightly. We got him into a cottage nearby. A girl lived there with her mother whom we will call Mrs. Wilcox. The two of them gave me all the help I needed without any fuss or bother. The mother didn’t say very much, but the daughter impressed me at the time, and young Fraser also, because not long afterwards he married her. About a couple of years later, I had the job of bringing their little girl into the world. I remember that night clearly, mainly because of the husband. He gave me much more trouble than his wife.

“Hello, Mrs. Wilcox, and how are you?

- Perfectly well. Thank you, Doctor.
- How is my wife, Doctor?
- Quite fit! Everything is going perfectly normally. Nothing to worry about.
- There you are, Ted. I told you not to worry.
- But, Doctor, is it wise to leave her?
- Oh, it won’t happen for hours yet. Now, you’re coming along with me to the surgery to collect some medicine for your wife. Goodbye, Mrs. Wilcox.
- Goodbye, Doctor.”

“Give this to the nurse. You’ll find the instructions on the label. Say when.

- Thank you, Sir.
- Water?
- Yes, please. Thank you, Sir.
- Come over for me when the nurse wants me. You’d better get back to your wife.
- Yes, Sir. Goodbye, Doctor.
- Goodbye.”

“Doctor.

- Oh, there you are. Well, everything’s alright. It’s a girl and she’s fine. Your wife’s come through alright and you’re a father. Well, I’m going straight home into bed and I advise you to do the same. Good night.
- Good night. Oh, Doctor! Thank you very much.
- Oh, that’s alright.”

“Dorothy. She was a healthy girl and I don’t think she had any serious illness till she was 7. I knew the child well and we’d always got on excellently. But this time she was rather frightened of me.”

“We went to Torquay Doctor, but we didn’t have any good weather.

- Oh it’s generally fine there, but sometimes rather cold.
- Hello, Dorothy.
- Don’t be silly, darling. You know Dr. Manning.
- What have you been up to, going and getting sick like this? Mummy tells me your throat’s been hurting you. Do you feel sick? Have you been sick? Does your head hurt?
- What’s that?
- Oh, that’s just to look at your throat with.
- What’s that?
- You’ve seen that before. That’s a torch. Now, you’re going to help me, aren’t you? Now, what are you going to hold?
- That.
- Right. Now open your mouth. Wide. Oh, wider than that. That’s better. Now, just a little further in. That’s it. Now, say “aaah”.
- Aaah.
- Aaah.
- Aaah.
- Again.
- Aaaaah.
- That’s fine. You did that beautifully.
- Is that all?
- Yes. That’s all. Wasn’t bad, was it? Pull up your top. Now breathe. Not quite so quickly as that. That’s better.
- Mummy says I’ll soon be better. Shall I, Dr. Manning?
- Yes, if you’re a good girl and stay in bed, you’ll soon be quite better. Goodbye, Dorothy.
- Bye.”

“You must keep her strictly in bed for the time being and only give her milk and plenty of water to drink, but don’t let her get up and don’t worry. You aren’t looking very fit. Anything wrong?”

- Oh, it’s nothing. Just a touch of indigestion. No, I’m alright, really.
- You come around to the surgery this evening. I’ll be free at 6.30.
- It’s only a little indigestion, really.

- Alright, see you at 6.30. Goodbye.
- Goodbye, Doctor.”

“Are you drinking much tea?

- No, I don’t think so.
- How many cups a day would you say?
- It’s difficult to say.
- Just approximately.
- Oh, I suppose about twenty cups a day.
- Twenty cups a day. Do you mean that?
- Yes. Why?
- Well, are you surprised you got indigestion? When did you start drinking tea like this? When? Was it about last Christmas? You can trust me, Mrs. Fraser, you know? I’d like to help you if I can. Is it Ted and another woman?
- What am I to do, Doctor? I didn’t believe it at first. It didn’t seem possible. How could it happen to us? Ted and I were so happy. I just can’t understand it. I thought about it and thought about it. It can’t go on like this. I can’t go on living with him if he wants to be with somebody else. It’s impossible. There’s only one thing to do. I must divorce him. What else can I do? What else is there to do? What do you think?
- What do I think? I suppose I know you and Ted better than most people do and I’m wondering if you’re tackling this problem in the right way. I know Ted’s behaving badly and I’m making no excuses for him but all said... Well, I’ll certainly see Ted for you. Perhaps I can do something. Anyhow, I’ll have a try.
- Oh, Doctor. I’m sure that would help. If only you’d see him and talk to him.”

Well, that ended happily, thank goodness. But soon afterward they had some more worries, when old Mrs. Wilcox became seriously ill. They were both very fond of her, but she was an independent old lady and would never let me advise her. When she finally called me in, I knew there must be something very wrong.

“Alright, Mrs. Wilcox.

- Well? Dr. Manning, I wouldn’t have called you in unless I could rely on you to tell me the truth. It’s serious, isn’t it? How long have I got to live? Six months? A year?
- A year, I should think, if you are careful.
- Well, that’s what I wanted to know. There are still some things I must do and now I can arrange to do them. Dr. Manning, I can rely on you not to say anything about this to anyone. Please.
- Of course.
- Yes, I’m very fond of it. It belonged to my mother. I always use it.
- Yes, it’s beautiful.”

And that’s how old Mrs. Wilcox and I became friends. Now, Mrs. Fraser told me a day or two later, how much brighter the old lady had been after my visit. So I got into the habit of dropping in to see her, just for a talk when I had a moment to spare. We usually had a cup of tea together by the fire. We rarely talked of her illness. Well, Mrs. Wilcox died a year later and I lost a real friend.

“Well, there you are John. These are the kind of experiences you are likely to meet with in practice. But nothing out of the ordinary, every doctor meets them. They say there is something more in medicine than stethoscopes, scientific investigations and signing forms, and you can see it’s a full-time job, too. Some people talk about an 8-hour day. But it won’t do for the doctor. Your patients will

want to see you. They won't want to call in just anybody after 6.30, however good he is. Well Johnny, you still want to join the practice?

- I haven't changed my mind.
- Good. Alright. Then that's settled. It's a grand life. Oh, by the way, there's just one thing I forgot. All through your life, you're going to hear one word quite a lot and that's the word "caught". It'll be: "I hope I caught you before you set down to lunch" or "I'm glad I caught you before surgery", and you always will be caught.
Oh, Johnny, just go and see who that is, for me, will you?
- Dr. Manning's house. Yes. Yes. Yes. Mrs. Taylor, yes. Yes, I understand. Yes, alright, I'll tell him. Hold on, will you?
That was Mrs. Taylor. She wants you to go around and see her husband. He's had another one of his attacks. Oh, and she hoped she'd caught you before going to bed.
- Alright. Tell her I'll be along.
Well, Johnny, you're coming along with me.
- What sort of case is it?
- Well, it's a very interesting case. You see, Taylor has been a patient of mine for the last twenty years."

PLAYERS

Dr. HENRY MANNING – KYNASTON REEVES

DR. JOHN MANNING – MICHAEL SHERWELL

MR. FRASER – JOHN CAROL

MRS. FRASER – HELEN HORSEY

DOROTHY FRASER – HELEN STEPHENS

MRS. WILCOX – LOLA DUNCAN

Transcript: Thibault Riegert