



Untying my Gordian knots – Richard Gordon’s forays into our speciality of Dermatology and Venereology

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After my retirement from active service, while flitting from one place to another, and with a lot of spare time, my thoughts settled on Richard Gordon (1921–2017), the English author. Born Gordon Stanley Ostlere and an anaesthetist by profession, he left practice, taking up writing as a full-time vocation. He is most well-known for his 18 semi-autobiographical novels about the medical profession, popularly known as the ‘Doctor’ series, set in the precincts of the fictitious St. Swithin’s Hospital. Over time, I managed to read most of them. Being humorous, satirical, whimsical and nearing the truth when it came to our speciality, I felt I should share with others what I had stored in memory, and on scraps of paper. These are the knots I wish to untie before the ink and my memory fade away. The ‘Doctor’ series reveals how our speciality was viewed between the release of first book in 1952 and the last one in 1986. The title and year of the book it appeared in are given in parentheses in appropriate places.

When Dr. Gordon graduated, his first appointment was as a house surgeon in the casualty department, considered one of the lowliest, coming ahead in academic status only to an obscure appointment known as ‘Skin and VD’ (Doctor at Large, 1955). Medicine, surgery, gynaecology, ENT, orthopaedics and a dozen others had well-displayed rooms but the Skin and V.D. department was approached through discreet and unmarked entrances from the street (Doctor in the House, 1952). Awareness of this mitigated my apprehension in the late 1970s, as I started my journey in dermatology. When my mother informed her brother, a legal advisor, of my being selected for post-graduation in this speciality in Maulana Azad Medical College (MAMC), New Delhi, his immediate response was if I could not have opted for a better

speciality. Later, I realised that he had cardiology in mind. The department at MAMC was separated from the main building, on leaving which one had to cross an open space leading to a narrow passage adjoining an old building, when a door appeared to the left leading to the department, not unlike the description in Gordon’s books.

Our speciality thrives mainly as an outpatient one dealing with a significant number of chronic dermatoses. In the 1960 and 70s, when treatment options were limited and Gordon had a tiff with his colleague, all the ‘old chronics’ were directed to him. They are said to have ‘come with notes as large as the score of a symphony, on which the words ‘Rep.Mist.’ were scrawled in the writing of twenty successive house surgeons which entitled them to another bottle of medicine (tube in our case), the original purpose of which was generally forgotten and the original prescriber probably dead’ (Doctor at Large, 1955). Another unmarried character, Dr. Grimsdyke, dreads the travails of ageing as getting a crow’s playground around his eyes, chins in cascades and large areas of scalp exposed, when it would be too silly to woo a young girl (Doctor and Son, 1959). An ageing Gordon in one of the last books rues the same where his hairline could recede no further, an advancing waistline and brain cell degeneration resulting in the loss of fine precision (Doctor on the Ball, 1985). A slew of techniques is now available to restore the youthful look, the practice of which endears one to the honchos running corporate hospitals, ever on the lookout for financial big game.

Another book brings out how the services provided led to interpretations, otherwise considered outside the scope of human dignity. When a public body had come to inspect a hospital, they noticed an old building with ‘Gynaecology’

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written which, they whispered, may have been a euphemism for ‘Abortions’ and when ‘Special Clinic’ was mentioned elsewhere, they took it as ‘V.D.’. They felt that what was needed were devoted people caring for the true sufferers of the world, which was holy and purifying (Doctor in the Nest, 1979). Whatever the provenance, it clearly shows up the social stigma, prevalent then and now, and why people still try to hide them. Similarly, in a previous book, Gordon dwells on the discovery of chloroform in easing pain during childbirth. The cleric is understood to have said that chloroform was a direct contravention of the Divine will and so also any form of narcotisation at the sublime moment of childbirth. It was further said that the Lord had set his primeval curse upon woman that she must suffer in giving birth through His word, given in the very Garden of Eden (The Sleep of Life, 1975). These are reminiscent of leprosy and vitiligo where detrimental religious beliefs still rule the psyche of patients. Some of these have been overcome with advances in treatment and counselling.

Gordon also sprinkles his books with mnemonics, one of which, in the nature of an innuendo, pertains to the late stages of neurosyphilis and congenital syphilis (Doctor in Love, 1957). It goes:

“There was a young man of Bombay
Who thought the lues just went away
Now, he’s got rabies
And bandy-legged babies
And thinks he’s the Queen of May”

There are other areas of medicine enlivened by Gordon’s quips. He has written books and articles on anaesthesia,

the speciality to which he belonged. However, some feel that even now, more than 70 years after he started writing novels, the contribution of anaesthesia in saving lives has remained poorly recognised, an area he could have projected well.¹ Our speciality is one of the most vaunted one these days. Coincidentally, two of Gordon’s children who took up medicine, trained in dermatology and radiology, respectively.² The downside of the ascent of dermatology is that government institutions are doubling or trebling the postgraduate seats, thus flooding the market; following in their wake are private institutions which, instead of focusing on major disciplines, are vying to do so in our speciality, the main impetus being monetary.

While Gordon often said that he settled for an easy life and that what he did was a ‘pretty trivial occupation’, he did once concede that: ‘I’ve done as well as if I was a consultant and I haven’t killed anybody.’³ In the same vein I have also attempted to do the best for my patients, not harmed anyone and I can assure you that most of them are alive and happily scratching.

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