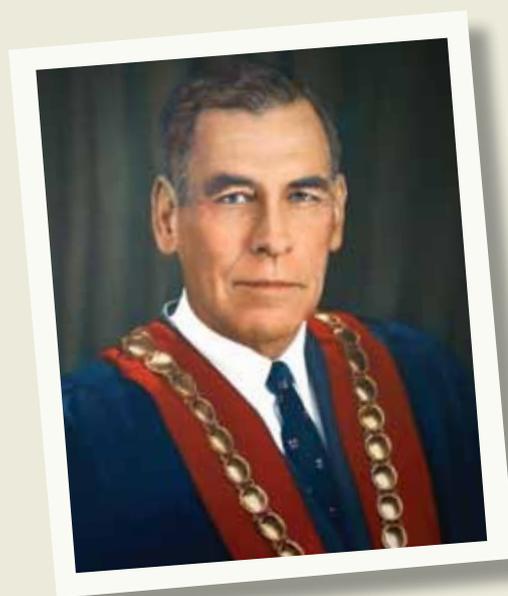




Memoirs

*Harvard Northcroft
Merrington,
MD(NSW), MB
ChB(Otago), FRACGP*



Named after his father's alma mater in the United States, the late Harvard Merrington was born in Brisbane and received his medical education in New Zealand. Marriage and medicine brought him back to Australia, where he earned a reputation as a forward thinking general practitioner, and as a leader of his profession during a term as RACGP President. He was awarded MD(honoris causa) by the University of NSW in the year before he died for his outstanding contribution to teaching in the field of general practice.

Introduction

In reviewing my professional life as a doctor I must make brief reference to my parents whose influence shaped my basic attitudes and values as well as providing the genes of physical health and a long life.

My father committed himself in his late adolescence to the Presbyterian ministry. As an artisan apprentice he changed course and studied intensively to achieve his MA at Sydney University and a travelling scholarship, allowing him to do postgraduate study at Edinburgh and then to gain his PhD at Harvard University in 1904. The completion of this goal was so memorable to him that he reserved the name Harvard for his son, born 7 years later. He remained a dedicated, scholarly leader in church and community affairs, with a special interest in education.

My mother supported him actively as well as providing a strong moral influence on their children.

My first decade was marked by two adverse circumstances – recurrent bronchopneumonia with consequent disruption of schooling, and the absence of my father, first to collect funds to found Emmanuel College, then in 1914 to enlist for Gallipoli (as it eventuated) and later France until his return in 1919 when I was 7 years of age. I attended Kangaroo Point State School and then the Brisbane Boys' College.

Adolescence in New Zealand

In 1923 my father accepted appointment to the First Church, Dunedin. There at the critical age of 12 I started as a new boy again, first at Arthur Street State School and then at John McGlashan from 1926 to 1929. Here I enjoyed a very significant secondary schooling and gained my university entrance.

At the age of 14 I was heavily influenced by my sister's fiancé, Charles North, just completing his medical degree. Not wishing to pursue the church ministry but carrying an embryonic sense of community responsibility and with very practical aptitudes, I decided with certainty that I would be a doctor. I count myself most fortunate for this commitment even before my secondary schooling began. This same Charles North, my brother-in-law, was to become my professional partner for 30 years.

As a lad I had become an enthusiastic Boy Scout and derived from the Baden Powell wisdom the raw materials for the approach to problem solving. This Scout tradition of observation, improvisation and reading the bush helped me to escape total disaster at the age of 23.

My schooling was undistinguished but I was fortunate to have scholarly colleagues and memorable teachers. I represented the school in rugby and won second prize in an interschool French oral competition under the Club de l'Alliance Francaise.

University years

I entered the Medical School of Otago University in 1930. The 6 year course consisting of a basic sciences year, 2 years of anatomy and physiology, 2 years of clinical teaching and a final year in the wards, in my case the Christchurch Hospital.

On the extracurricula side I enjoyed the social life, sang in the sextet at the Capping Concert, I fiddled with the violin, developing a strong feeling for music and literature and participated in the usual student philosophies as met through the Student Christian Movement. The change from the segregated boys' school to working and playing in mixed company was refreshing.

My passage through the medical course was uninterrupted though unspectacular.

In 1935 I became engaged to Betty Thompson of Perth. The strange story of our meeting does not belong in this record.

At the beginning of my final year my career could have terminated but for good fortune and my medical knowledge. There was a vacancy for a senior medical student to act as 'doctor' to the party of some thirty men constructing the western section of Milford Sound Road, which was to be linked through the well known Homer Tunnel, under construction from the eastern side. A fellow student and I agreed to do a half each for this 3 month job. To meet and replace him I decided to go on foot from Eglinton Road across the Dore Pass to Glade House where the Milford Track began, then to walk the track. In the crossing I got off course and was benighted high on the mountain side. By improvising a 'blanket rope' I was able to get down the following day, avulsing a medical malleolus, but thanks to good weather, was able to reach Glade House by nightfall and got through to Sound Road a little late. It was a maturing experience and the job paid enough for me to buy an engagement ring.

Hospital residency, Perth

I decided to do my hospital residency in Perth Public Hospital (as it was then) as my fiancée had done some nursing work in Dunedin. I had a good variety of postgraduate experience and teaching but grossly inadequate by current standards. Betty and I were married on February 8 1937. I had 100 pounds in the bank and we planned to do locums to save up for an overseas trip.

Mount Isa years

After a few locums in the eastern states I was attracted to a 6 week locum in Mount Isa, Queensland, paying 12 pounds 12 shillings per week! The job was as Medical Superintendent to the District Hospital with right of private practice. After a very short time my principal resigned and I applied to fill the vacancy. I realised later that as the appointment was pretty hard to fill, the replacement should begin in the winter. My youth and limited experience was a stumbling block which was overcome, for I was on the spot.



There was another doctor, employed by Mount Isa Mines Limited, also with right of private practice. He and I gave each other's anaesthetics and occasionally stood in for emergencies. There was also one to administer the Lead Poisoning Act, not working as a clinician. The work was very demanding, sometimes very stressful, comprising operative surgery, the full spectrum of obstetrics and clinical medicine as it then was. The first sulphanilamides were just becoming available. I was naturally Government Medical Officer for health and police work as well as hospital matters and nurse training. I helped to teach and examine in first aid. On a brief holiday in 1941 I was afforded tutoring by Dr Peter Braddon in the use of radium for superficial malignancies and licensed accordingly. Naturally, we had an X-ray unit.

We had our three children during these years. The summer heat was most trying for my wife and with the advent of the Pacific War my enlistment in the RAAF had double merit. So we finished our 4 and a half years in Mount Isa. The war scare was on and my wife took the children to a cottage in the Blue Mountains and I left in January 1942 for Brisbane.

The war years

My initial postings were: Recruiting Centre, Laverton RAAF Station, RAAF Hospital, Richmond, and the School of Technical Training in Adelaide. Here I worked under the SMO in the care of hundreds of young men crowded into one floor of the old Town Hall. We had cases of measles and meningitis, some fatal. In October 1942 I was posted to No.1 Medical Receiving Station at Batchelor, south of Darwin, then after relieving at various units, to No.12 Squadron. This unit was moved in July 1942 to Merauke in Dutch New Guinea. The setting up of the camp from scratch in the swampy, mosquito-ridden terrain went well and there were only minor sickness. Here, as in Darwin, the Japanese air raids were dwindling to a stop.

For Air Force purposes my 'home state' was now WA and I was given leave in October. Very shortly after my return to the Squadron I was posted back to Perth to serve a year as Deputy Principal Medical Officer, Western Area. This was an administrative job but included relieving at units in Broome and Derby. At the beginning of 1945 I was posted as a Senior Medical Officer commanding the RAAF Wing of the 110 AGH which served all three services. This was mainly a surgical demobilisation which took place in Brisbane, my original 'home state'.

Randwick decades

My brother-in-law from adolescent times invited me to join him in his general practice in Randwick. So in 1946, we began a 30 year partnership, while assistants and third partners came and went. We were both Otago graduates and shared the ethos of general practice as it then was. As well as routine consulting, the work comprised of midwifery, basic operative surgery, giving each other's anaesthetics in local hospitals, a simple onsite X-ray facility and 24 hour availability on a rostered basis. It was only some 20 years on that this kind of practice began to be overshadowed by the inroads of technology, specialisation, hospital based service and many other complex factors.

Toward the end of the 1970s both my partners died and I was glad to have as an associate Dr T Anspal, prominent in the affairs of the Eastern Suburbs Medical Association (ESMA).

I had joined the Australian Medical Association (AMA) (then BMA, NSW Branch) in 1937 and naturally joined ESMA in 1946. Dr North held office during the war years and I was secretary and president early in the 1950s. Even then there was the threat of government intrusion into medical practice. Cohesion within the profession was just enough to delay the debacle until the crisis of 1970. In 1986 the association honoured me with the award of Life Fellowship.



I soon felt the need for continuing medical education and began attending seminars and courses such as those run by the post AMA section of general practice where I was asked to present, in association with Professor Madison, a paper entitled Toxic Confusional States. Perhaps as a result of this I was later asked to contribute to a TV program on tranquilisers in association with Dr Harry Bailey. In 1959, for the Postgraduate Committee of Sydney University I gave a paper on psychological disturbances in general practice – this was published in their bulletin. This same year I attended an extended course for selected GPs run by Professor Madison probably provoked by the innovative Michael Balint in Britain. Over a few months a group of eleven GPs met one evening a fortnight to discuss, ostensibly, their ‘difficult’ patients but in reality to discover that the resolution of the difficulty lay within themselves through the medium of enriched understanding and acceptance in the relationship. This was one of my earliest experiences of peer group action in transforming attitudes and motivation. I had already been deeply impressed by the writings of Carl Rogers and this seminar imparted fresh impetus to my conviction of the immanence of psychological factors in all of the doctor’s work. Professor Madison wrote an account of the seminar soon after but I do not have the reference.

About this time I attended a faster reading course to help me in my studies.

College years

In 1958 the NSW faculty of the College of General Practitioners in Britain became the (later Royal) Australian College of General Practitioners in autonomy. My membership of this brotherhood has been one of my most significant involvements. A wealth of educational resources opened up and more particularly the challenge to members to take an active part in the affairs and policies. After a short term in the Research Committee I changed to the Education Committee (NSW faculty, later College) and held office for some 20 years. I attended a course in 1959 and the first convention in Melbourne in 1960. Prior to the second convention for which I organised the scientific exhibits, I had become interested in tape recording as a hobby and I was asked to develop the College Medical Recording Service which had got nowhere until it was realised that it required a single director rather than a committee, one other to attend to the administrative side. This was Dr Geoff Puddicombe – we made a cordial team.

As director of the policy I was to seek out and interview over a microphone, usually in their homes by courtesy, colleagues who had something to impart to GPs in their everyday conditions, not the rare and academic. My source of speakers was in the reading of journals and attendance at innumerable seminars – this was of great profit for me. The taped interviews were edited in evenings and weekends then transferred to microgroove discs by a record factory. Geoff Puddicombe maintained the distribution list and we despatched them by post. The service was launched at the College Convention in 1963. From an initial subscription list of about 40 it rose to the 100 mark. Though initially subsidised by courtesy of Smith, Kline and French it became a profitable enterprise for the College. It had to be suspended during my presidential years but was later revived using cassettes instead of discs.

During 1963, as a faculty representative on the NSW Association for Mental Health, I was on a working party to examine the mental health of young children, particularly the first weeks. This inevitably led us into the preparation for mothering as part of antenatal care. We became very enthusiastic and a symposium was organised under the leadership of Dr Clements. A monograph titled Maternal care in the service of mental health was published by the association. The enthusiasm generated by this exercise inevitably expressed itself in



my own obstetric care. In 1965 I took part at the AMA Congress in Perth in a session entitled A New Dimension in Obstetric Care, later reported in *The Medical Journal of Australia* (MJA). In June 1966 I came to conduct the Fathers' Classes for Karitane Hospital.

From this time I began attending the annual courses in obstetrics and gynaecology on Saturdays, provided by the staff of the Royal Hospital for Women. I am pleased to have missed only one of these in some 23 years.

On the same theme I joined the Association for Psychosomatic Obstetrics and Gynaecology in 1976 and presented a paper at their first seminar, subsequently attending all possible meetings including the conference at Alice Springs in 1982, on which occasion I had some pleasure in climbing Ayers Rock and revisiting Mount Isa.

In 1979 I contributed a paper to *Australian Family Physician* with the title Antenatal care is looking ahead – far ahead.

I was appointed as representative of the faculty to attend meetings of the State Obstetric Advisory Council. To my mortification I found that this specialist dominated body was committed to rationalisation of obstetric services – that is, concentration into major hospitals where most of the family doctors who had continued to do their confinements were well received. The presence of the College on this committee was simply to enhance its credence.

From the early 1960s I had been on the review panel of MJA and my medical education was stimulated by the critical reading of some thirty publications. As well as letters to the editor on matters I felt strongly about, I wrote some editorial comments by request. Articles I had published will be referred to in context. I served briefly on the editorial sub-committee.

The Postgraduate Committee in Medical Education of the University of NSW (UNSW) was formed about 1963 and I was nominated as representative for the faculty of the College. It was a sobering and largely frustrating experience to try continually to represent the needs of GPs to a body of specialists and academics. This experience was paralleled in my membership of the corresponding committee of Sydney University. In view of my gathering disillusionment I was a little disconcerted to receive the award of Life Governorship from the Postgraduate Federation in Medicine in 1973, which was substantially derived from the Sydney Committee. I was nominally a member of the Federation's Council for some years.

My nomination to the Mental Health Committee of the National Health and Medical Research Committee was a much more congenial task. This was composed of psychiatrists, some in health administration and some in practice, who were able to comprehend the significant role of the GP in community mental health and were even friendly. I contributed an article on the management of insomnia.

In 1964 I was invited by Professor Kiloh of the Department of Psychiatry, UNSW to give four lectures each term to his students. I found this a great privilege as I had on many occasions expressed the College concern that undergraduate teaching gave such meagre preparation for the realities of general practice. My brief was Psychological aspects of general practice. They were

informal talks rather than the kind of lectures that students were used to. On the whole they were well received and I still meet doctors of the later generation than mine who remember them with appreciation, not for their content but for their atmosphere. I enjoyed this task for 12 years.

Subsequently this student teaching found its place in the Department of Community Medicine, UNSW under Professor Ian Webster and Dr P Manzie. The same policy was pursued of presenting psychological principles as integral with all aspects of family doctoring.

Back in 1963 I had been invited by Professor Stapleton of the Department of Pediatrics at Sydney University to join his panel of student tutors. We each had a small group of students assigned to us for a term. Again, it was not prepared lectures but more or less of the formal teaching was ventilated by the students in this permissive atmosphere. I also assisted in larger tutorials in which students reported on their experiences in attachment to general practices as was becoming fostered by the College.

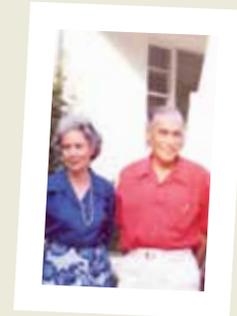
There is no doubt that these educational exercises helped to reverse the veneration of specialities, as students began to opt for general practice openly as their prime choice.

During these years I was on the Medical Education Committee and the Council of the College. In 1966 I was able to plan an overseas trip including attendance at the International Gesellschaft of General Practice at Salzburg. At their previous meeting in Montreal, 1963 (attended by an Australian, Dr Kent Hughes) the idea of forming a world organisation had been conceived. College Council appointed me to lead a small delegation at the Salzburg conference but imposed firm restraints on me against commitment to expenditure, so when the matter came up my support for the idea was rather inhibited. Nevertheless the conference did agree to move toward what came to be a World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, understandably abbreviated to WONCA. Of course I became a foundation member. It has continued to thrive and Australians have held the position of secretary, treasurer and president.

On this same trip I had useful contacts with our parent British College, notably including Drs Valerie and John Graves who had pioneered the Medical Recording Service there, on slightly different lines from ours. On request from the NSW faculty I took time to examine the system of hospital accreditation in Canada, with special reference to the acceptance of GPs in the hospital. I submitted a report of my findings.

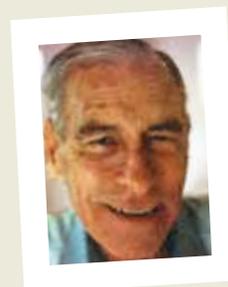
I returned to Australia to attend the 1966 College Convention in Adelaide, then back to my practice in which I had employed a locum. I found much progress in College action. The long discussed examination on general practice had matured. It was determined that it must be based on the realities of practice and not just an academic test. A model examination of several parts was devised, to be sat by 40 selected College members, not just a qualifying test, but also to have them report on its validity. I was gratified to get a good score and thus my Fellowship (which had already been conferred by election of council). From this beginning the College has evolved a sophisticated system of evaluation which has gained worldwide recognition.

About this time I wrote an article for the Marriage Guidance Council of which I was briefly a member and one by request of the editor of MJA for publishing in the Womens' Weekly. For the Medical Society of Sydney I wrote The Ethos of the RACGP and the Family Doctor of the 21st Century – Blueprint or Fantasy. At the AMA Congress in 1968 I had been asked to be responsible for the recording of addresses for which I had a few students as assistants. I also presented a paper entitled Ill Conceived or Well Born? I was commissioned by the postgraduate committee to speak on a given title, The Teaching Hospital is an Anachronism.



The medico-political crisis and the presidency

I attended the AGM of the College in Adelaide in October 1969. At the council meeting I was very surprised to find my name was among four nominations for the position of President Elect and much more surprised to find myself elected. I had never sought this office and was somewhat daunted at the prospect, with good reason. By the end of 1969 the ferment within the profession was beginning to boil. President Kent-Hughes became very active in mobilising the College's opposition to the political plans which came to include the so called common fee, which was a fictitious figure and differential rebates to patients of GPs and specialists performing the same service. Many members felt that the College should not be involved in political argument but Kent-Hughes recognised that there was no other nationwide voice for GPs. In March 1970 he left Australia for an overseas conference and I was suddenly Acting President. It was a very stormy and frustrating time and the change to the National Health Scheme went through. There was a scramble for specialist recognition and I was obliged to represent the College on the Specialist Recognition Appeals Committee, again as a window-shop ploy. A wave of depression swept through general practice and the College could only try to carry on notwithstanding.



I was formally invested as President in October 1970 for 2 years. Presidential duties and activities defy definition but were obviously heavy with committee work, visiting, addressing and writing. The educational arm flourished. The Travelling Fellow, Dr Corlis, had organised a vigorous and innovative program based on small group learning in live in seminars, usually consisting of 5 days. I took a very active part in these so far as I was able. They became known as 'Leura Seminars', though they were held in other places.

I was only able to get away from my practice with some cooperation from my partners throughout. I remained a full time GP even in obstetrics, though I had some close calls!

At the College AGM in 1971 I had the pleasure of handing my eldest son his Fellowship Diploma.

Singapore

In 1972 our College was invited by our colleagues in Singapore to assist them in the formation of their own College of General Practitioners with special reference to our experience in a suitable examination for member. I went with Dr Farrar, Secretary General and Dr Puddicombe. The three of us were received with memorable courtesy and hospitality with which to mix our discussions. Their enthusiasm left no doubt of their success. We anticipated our College Council's approval in ordering a donation in the form of a Presidential Chair embossed with the Singapore College crest.

A year later I returned to Singapore accompanied by my wife for a combined Colleges' conference. They were flourishing. At the formal session I was awarded with the Honorary Fellowship, College of General Practitioners, Singapore. An account of the above contacts was written as a sub-editorial for MJA, November 1973.

I had accepted an invitation to give the formal address at the AGM of the Royal Perth Hospital in early 1972. It was an inconvenient date.

The Fifth World Conference on General Practice

Our relations with our sister College in Canada had been close on account of WONCA and because our problems were so similar. In 1971 at the request of the editor of Canadian Family

Physician, I contributed to an article I titled *Avenues of Advance*, reporting on our situation. Such communication with other colleges was intensifying and it had been decided that Melbourne would be the site for a combined meeting with the British and Canadian Colleges to coincide with the Fifth World Conference in October 1972. Under the leadership of Dr Kent-Hughes an elaborate program was devised. While most of the work was done in Melbourne, I was obliged as President to be closely involved, with special responsibility for the combined Colleges meeting. As host of the Australian College I chaired the meeting and gave an address. My wife and I hosted a very enjoyable social dinner with the assistance of Dr David Game, Chairman of Council.

In the middle of the conference I then had to fly to Perth. I spoke about 'Where are we going in family health?' It was something of an oration and I was relieved when it finished. A senior surgeon of the hospital (he had been that when I was an RMO 36 years earlier!) was to give the vote of thanks, but when he came to the microphone he was obviously aphasic from an acute cerebral occlusion. I was considerably disconcerted and wondered if my message had been a bit strong. He later recovered to a degree. The same night I flew back to Melbourne for the final day of my Presidency and the Academic Session of Conference. Here, I invested as President my friend of several decades, Dr JG Radford. I was awarded the highly prized Honorary Membership of The College of Physicians of Canada.

In 1971 I took part in the formation of the Australian Society for Clinical and Experimental Hypnosis, later to be just The Australian Society for Hypnosis. I became actively engaged in learning and teaching this fascinating skill which is such a valuable adjunct to general practice. I served on the committee and assisted in numerous seminars and conferences. I incorporated hypnosis in my obstetric work with some remarkable benefit.

Post presidency years

In 1973 I gave the address at the Graduation Ceremony for the Medical Faculty of UNSW. I spoke on challenging need for flexibility and adaptability to cope with the future.

In 1974 I wrote an article for MJA entitled *Personal disability in the family group: a two-way interaction. The medicine of relationships*. I consider this one of the best that I ever wrote. It was conceived out of an interview I had done for the Medical Recording Service. It was very well received and I got requests for reprints from countries around the world.

The same theme of seeing patients in the family group rather than in isolation was expressed in an address to the International Gesellschaft in Igls, Austria in 1976. Here, I was surprised at the criticism and opposition evoked because of the fear of getting involved with your patients. This fear is also, of course, to be found in Australia.

I was asked by MJA to write an article to be one of a series of 14 relating to nutrition. I was later asked to modify it to be the final one. I had no objection to having the last word as I had strong views on the racketeering using the cloak of nutrition. I entitled it *Fact and fancy in food and feeding* (MJA August 1975).

In December 1974 I suffered a myocardial infarct after my regular game of squash. In spite of complications I made a good recovery and was able to resume my normal practice a month later, though we of the partnership had agreed to give up night calls – these had become few as more people were going direct to hospital, through no persuasion by us. I was, however, able to continue my obstetrics until the closure of my favourite hospital (War Memorial) and then, for 15 months only, by grace and favour, at St Margaret's.

Two other articles I wrote were *Problems in sex counselling* and *practical advice on establishing rapport*.

The radiology project

In 1977 the NSW faculty was requested by the State Health Department to provide a representative to assist in the training of GPs in radiology. As this was a special interest of mine I gladly volunteered. My experience had gone back 40 years. I was surprised that no meeting was called until the following February. The reason, I found, was that this subcommittee had already met and had constructed so called guidelines which practically denied this facility to GPs unless, as the chairman sardonically said “they practice at Ayers Rock.” My protests were met with hostility and insult against GPs in general. Again I saw that this was a credence giving exercise. Over the next 2 years I gradually won a notional acceptance that if the College could offer an approved training course some limited licensing might be considered. The long story is that the examination was set up and is accepted for licensing of GPs to X-ray limbs and chests only, wherever they practice. By 1984 I was able to find a replacement in Dr David Jenkins who continues to keep it going. It has become a prestige activity for the NSW faculty of the College, reported in *Medical Practice* in August 1983.

In 1982 I gave an address on the care of cancer patients organised by the State Cancer Council in conjunction with the faculty.

Dr A Jackson and I jointly wrote a chapter on Hypnosis and psychosomatic medicine published by Elsevier in 1980.

On two occasions, 1980 and 1984, I was asked by the Medical Defence Union to review the evidence suing a GP for alleged negligence. I was very interested to do this in some depth and though I never got the full report of the cases I understand that my comments were helpful to the defence.

Further health problems

I became fairly crippled by spondylolisthesis in 1981 and was glad to have the relief afforded by laminectomy. Unfortunately the spinal degeneration extended, assisted by a fall in which I fractured my pelvis and T12-L1 vertebrae. During 1985 I was troubled with cardio-respiratory insufficiency. I managed to attend the College Convention and AGM in Melbourne but a few weeks later I required hospital treatment for pulmonary oedema. I realised that I was unfit for general practice and was obliged to retire. I disposed of my practice and began to develop other interests though I did manage to do a fairly sedentary locum for Dr J Alam in May 1986. In retrospect I realise how much more stressful practice has become under the intrusion of the political bureaucracy.

In August 1988 I was advised of the award of Life Fellowship of the College and so, once more, attended the AGM to receive this at the hands of the President, Dr Eric Fisher, whom I had first met at a Leura Seminar some 20 years earlier. My friend and colleague Dr Radford was similarly honoured.

What relic of medical practice did still remain to me was the use of counselling and hypnotherapy for patients with the appropriate disabilities. Some come from former years and some are new to me.

To make use of my retirement leisure I volunteered and was accepted as a reader for the Royal Blind Society of NSW. I was appointed to the Student and Special Library Division to read mostly technical and academic material, notably medical, of course. As in the case of my reviewing years with MJA I was thus introduced to books, journals and manuals which I would not otherwise have met. It has become a valued activity for me.

Dr Merrington died in July 1992.