



Dr James MacDonald Troup

Excerpt from a tribute to Dr James MacDonald Troup (11 November 1867 - 31 July 1945)

Written by: Dr Adrianus Pijper

This excerpt is published in reference to the article on tick bite fever that is published in this edition of SA Family Practice. Troup and Pijper first described tick bite fever in South Africa and this piece eloquently describes the relationship between these two colleagues from 1920 to 1945. Dr Troup was a formidable family doctor in Pretoria; Dr Adrianus Pijper, a pathologist who settled in Pretoria in 1920 and brought with him the first pathology laboratory Pretoria had ever known. Up till then all laboratory specimens had to be sent to a Johannesburg laboratory with the unavoidable delay and other disadvantages attached to a postal laboratory service.

Dr Pijper writes:

Dr Troup was the ideal practitioner for a pathologist. Apart from investigations that were just simple routine, every patient that showed any unusual trait was discussed, by telephone or at these enlightening and delightful sessions in my laboratory. It always was a consultation with, not an instruction to the pathologist. Troup had reached medicine through very high class mathematics, my own continental early training had included a good deal of general science, and some real scientific education under men like Einthoven of electrocardiograph fame. It may be my conceit but I do think that we both had as our first ideal the real scientific approach, and we recognized that here we had a good deal in common.

A discussion with Troup was a real education. To him diagnosis was first and foremost. And it should not be reached by guesswork. If there was no definite or easy clue, the whole ground had to be gone over again and again and all examination repeated, with the proviso that anything that might upset or worry or fatigue the patients had to be avoided at all cost. He never was impetuous, and unless circumstances warranted a somewhat more drastic attitude, he was quite prepared to watch and wait. It was this sense of tempo that filled me with admiration, and endeared him to the patient. Not that he could not reach rapid decisions. It is not many years ago that he himself went to bed feeling somewhat uncomfortable, woke in the early morning, noticed a definite pain, palpated himself, and then rang up his favorite surgeon and nursing home, announcing that he had appendicitis and was coming in to have his appendix out. There was no stopping him, all that could be done was to send an ambulance to prevent him from driving himself to the nursing home. The appendicitis was there and the need for operation was urgent, and I think his only regret was that his own share in the proceedings was such that he could not give himself the anaesthetic. It would be easy

to multiply such tales of instant decision where delays meant danger. But usually he took his time. Every Pretorian knows that Troup never drove fast. He must have spent a good deal of his life driving through the town, but the leisurely way of the early days, the slow trot of the pony cart, remained with him in the days of his motor car. He used the time thus spent in considering his cases, weighing the evidence, trying to come to a conclusion. What he then eventually had to say about them was always relevant, the irrelevancies having worn off through the process of going backwards and forwards over the case. Our discussions, therefore, did not take up so very much time. He put his points concisely and clearly. Wish there were more like him. Laboratory aids were then called in to confirm what he, or sometimes we together, had thought out. It was surprising how often something exact was achieved in this way, without any loose ends hanging about. I don't think I have ever seen Troup 'diagnosing' a 'syndrome', that refuge of the muddled mind. If things did not fit, one had to admit that to oneself, and the whole position was reviewed. It must of course be remembered that with the passing of the years more and more difficult cases came under his observation, the public and many of his colleagues realizing that obscurities had a habit of becoming banished under Troup's radiating perspicacity.

I would like to take this opportunity of pointing out that what must have been of enormous and increasing help to him, was not just his growing experience, but his long experience to a large extent the identical people and their families. Troup was the family doctor *par excellence*, and he could reckon heredity of traits and the influence of surrounding into his diagnostic efforts, in addition to this having witnessed the birth and growing up of numbers of his patients. There is a parallel with Sir James Mackenzie's life story here. A good example of this was the way in which he handled on a particular case, still vivid in my memory. The story illustrates both Troup's particular method of bringing his private and general knowledge of mankind to bear on his cases, and his habitual thoroughness. His particular 'tempo', largely calculated to save his patient undue bother and expense, is another feature of the story. There was a man whom Troup had known for many years, referred to him because of abnormal behavior. A good and efficient civil servant for many years, recently he had 'gone off', his efficiency vanished, he was accused of drinking far too much, and of being seen in strange places where he had no business, and there were definite stories of wandering about muttering to himself. Alcohol seemed the obvious explanation, as a matter of fact, its abuse was *in confesso*. But Troup was not satisfied. 'You see', he said to me, 'I know that man and if he had just taken to drink, his sort of personality would not

behave like that.' I could not shake that belief, and, with the usual suspicion of the pathologist, suggested that we might look at his blood, with the idea at the back of my mind that a Wasserman might clear up the matter. But the only thing resulting from my examination was a slight but definite increase in eosinophiles. And so we enumerated the different causations of the finding. And we both said 'worms' without further committing ourselves as to what this might lead to. But we agreed that a complement fixation was the next step. It came out strongly positive. Nothing further was said, but Troup brought out his quiet smile, had the skull X-rayed and there were unmistakably the calcified hydatids. Result rehabilitation, restitution of pension rights, great satisfaction all round. It all looks, oh, so simple, in retrospect. I know that the 'modern' diagnostician might have reached the same clear-cut result by bombarding the patient with everything in his arsenal, lumbar punctures, full biochemistry and psychiatrists' opinions and full-length X-rays. But he might also have easily missed the cardinal thing, before reaching it, satisfying himself with say a fortuitous and irrelevant hypoglycaemia, and stopping short at that. It is in the neatness, coherence and the fullness of Troup's method that the appeal and the inherent superiority lie. One hates to mention costs, but it does enter into human affairs, and it must not be overlooked that Troup's methods gave marvelous results at a fraction of the cost and waste of about and time in which supposedly 'modern' methods often involve the patient.

Troup's sense of 'tempo' also revealed itself in his timing of treatment. No relatives nor patients nor colleagues clamouring for 'something to be done' could make him deviate from his own course. With patients Troup liked to have things his own way. You either were his patient or you were not, there was not room for half-heartedness in the matter. If you were, well and good, and you could count on having absolutely everything done for you. You could safely hand yourself over and feel at rest. Complete obedience was expected. Failing this, you were gently told that it was more indicated to consult somebody else. With this attitude, which was never felt as dictatorial, was bound up that if you became really ill, you had to go to a nursing home, or rather one particular nursing home, where Troup concentrated his whole practice. Of course it was an excellent nursing home, Troup also saw to that. In the course of years, all these things became traditional, and I don't think anybody ever resented them. It may have cost him an occasional patient, but as the results were so very good, it became the accepted and recognized thing, and it was certainly to the benefit of everybody concerned. In recent times the prescription for M & B tablets often is already down on the paper before the patient has opened his mouth. Troup valued drugs, and used them largely, but always so to speak in his own time. He had a somewhat uncanny way of 'feeling' what that time was. I remember a patient who, after some obscure preliminaries, developed what looked like meningeal involvement. Most practitioners would have itched to push the lumbar puncture needle in. Troup just watched for a bit. The lumbar puncture was eventually done and I found good pus and streptococci. Troup then timed and regulated the doses of the sulphanilamide, and it all got home, and the patient never looked back, nor were further punctures even considered. All done with the minimum of fuss, and the maximum of efficiency.

As is evident from the above, Troup handled drugs in a masterly manner. He was never content with what the literature said about them, he studied their action and formed his own conclusions. Many a time he took some of them himself, 'just to see what it felt like'. One might say that if he felt anything the matter with himself, he welcomed the opportunity of trying some drug. There were no fashions in these

matters with him, he stuck to what he found good. He was convinced of the effectiveness of vaccines, and often used them. It is the fashion nowadays to decry them, but Troup and I have seen too much of their action to join in this skepticism. Of course the market has been overrun with inferior stock preparations, but it was not these which Troup usually applied. He had collected good evidence that, in the first place, a vaccine must be autogenous, and suitable for the occasion, and above all, he knew that dosage and interval are dominant factors. Here again his judgment achieved what others could not grasp.

He had tremendous experience to fall back on. Careful notes were kept of every patient, but this was not the chief fund of knowledge. I have known few people with a memory like his. He stored away masses of information, ready to come up when needed. In the natural cause of events he got a lot of purely pathological information from me, and how often have I not been surprised at the precise way in which he could reproduce that. He took pleasure in having details of my work explained, and retained them faithfully, and hardly any of these explanations had ever to be repeated. He was not the sort of man ever to undertake a laboratory job, his heart was in general practice, but he had much more than a nodding acquaintance with laboratory procedures, their possibilities and limitations.

And so, for twenty-five years we worked together, solving diagnostic puzzles and assigning diseases to their places. His most remarkable achievement was the quiet recognition, based on clinical observations only, of a new disease. I remember the hesitating way in which he first communicated this to me. From his early days in South Africa he had discovered and followed up this new entity, his interest probably having been aroused in the first instance by falling a victim to it himself. That was in the beginning of the century, and he clung to this discovery with great tenaciousness. There was no reference to this infectious disease in any textbook. It required great intellectual courage to construct a completely new clinical entity all on one's own. It still is marvelous to me that in a country like South Africa, it should have been possible for this disease to remain unnoticed for so long. When Troup first communicated his ideas to me, in the twenties, I must confess, to my shame, that I began by shaking my head. New diseases to my mind might perhaps still be found, but then they would be rarities and not, as Troup maintained, occurring by the hundred every year in relatively small communities. He then started showing me cases and completely won me over to his viewpoint. And his next step was also characteristic of the man. He handed over the whole business to me, just to give me an opportunity of discovering the causative microbe. It turned out to be a long task, occupying me off and on for several years to come. Tick-bite fever nowadays is a topic for casual conversation in the staffrooms of hospitals, but there was a time when only Troup and I knew of its existence.

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Physician and friend. Edited by Freda Troup. 1947. 400 copies were printed for the Editor by Robert Maclehose & Company Ltd, The University Press Glasgow. Page 286-290