## The Membership Exam

## by Chris Ellis

A$t$ the relatively young age of 38 I found myself as the senior partner of a six man rural family practice. I was altogether rather pleased with myself. My major concern in life was the size of the lease on the Porsche and the inconsistency of my approach shots to the green.
It was then that these two effusively and boringly keen young doctors joined us and seemed to smell out a retired cerebral cortex quite happily day dreaming at the end of the corridor.
"Hadn't a man of my very obvious importance and experience ever considered taking the examination for the Membership of the Faculty of General Practice?" they asked. It is the sort of question that should be crushed before it is heard by the other partners.
"Wasn't it," I retorted, "rather undignified for someone of my grandeur to have to be examined again?"
"No," they said, "it wasn't" and although I was not yet a public danger didn't I realise that I was on the road to becoming a public nuisance.
"What about the grandfather clause?" I cleverly countered. No, they wouldn't accept that either. The public had apparently too long a term to go with me for that.
I think my first duodenal erosion occurred on the day I read the past question papers. The treatment took days (and several evenings) to heal it. The hangovers took a little longer. The two of them took me in turns on ward rounds. I wasn't even allowed my usual routine of standing at the end of the bed, nodding sagely and making

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## From the Soft Edges of Family Practice

superior and irrelevant anecdotal comments about life in the trenches. This was war. I had to get on with the examination of the patient. It was then that I realised that they meant it. I was informed that at all costs I must avoid going into bovine excrement mode. The examiners would pick up my transparent embellishments and pathetic evasions at a hundred yards.

I think I persisted because I thought they might be offended in some way, like missionaries trying to save a lost cause. All that zeal and nothing to work on.

The book work was even worse. It was almost all news to me. My cortex had given up the travail of thought long ago, so I slavishly wrote it all down and tried to memorise it, but my concentration span had shrunk to about twenty minutes between nervous urinations. It was like reading the Book of Revelations. How could all of this stuff have crept into the syllabus in the last fifteen years without me noticing? My main concern was my capacity to hold on to all this new information. Would the synapses take the increased load
without overheating? On several occasions I had to put out the fire with chilled rhine reisling. Nevertheless facts kept coming. I found out that a channel blocker was not something you called the plumber out for, but a whole new class of drug that had replaced extract of foxglove. Along with this, I discovered that my knowledge of pharmacology was so outdated that it put me in the same category as Dr Crippen, the poisoner.
It wasn't long after I had started studying when I began to have flash backs. I was sitting my finals again.

The only way I had been able to remember anything then was by a series of blindingly complicated mnemonics. These took the form of verses or ditties. The more vulgar the better.
As the time for the written examinations drew nearer, my sleep pattern changed into dreams involving the more terrifying consultants from my old medical school. They loomed up with disapproving and stern faces and asked incessant questions about channel blockers. Channel blockers had come to represent everything I didn't


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know about modern medicine. I would awake with the pillow in my mouth and Dame Beatrice Wetherby chasing me with a speculum. She was the consultant gynaecologist to the group and high in the empyrean of exalted British medicine, being the president of various royal colleges and institutions. The students knew her as "Smiling Death". She was a petite, neat woman whose oral examinations earned her the nickname.

On entering the room for a viva, she gave off a beautiful welcoming smile. It was like coming home to mother. One immediately relaxed and smiled widely back. It was a mistake. She shut the smile off like a blind coming down and there facing you was a pair of piercing eyes that could crystallize the glass in a reinforced windscreen. You now had somehow to get the large smile down off your face. It felt like the edges of your mouth were flapping out there. The only thing to do was pull them slowly in and assume a sort of hopelessly sick expression.
Dame Beatrice would usually appear in my daydreams and immediately awake me into a
furious sweating upsurge of reading, but it was in the middle of the nights that I started to relive the last time I sat a membership exam. This had been for the Royal College of Surgeons of England (MRCS) which sounds rather grand, but was part of the finals. It was the last day of this hilarious adventure that was perhaps the worst.
It involved three viva voce examinations and then at the end, as an exquisite finale to the day, you appeared at the college for the results. If you had passed, you were then a doctor. It was with this in mind and with a certain amount of misplaced confidence that I had, in the morning, phoned up Pruniers, a restaurant in St James and booked a table for a massive celebration for the evening. The examination halls of the College are in Queens Square. On the opposite corner of the square is a pub called the Queen's Larder. It was in this pub that all the regular patients who were used as cases for the examinations, assembled. They would come from all parts of London for ten shillings a day and the bus fare.
They were examples of diseases in their grossest and most advanced forms - large heads, limps,

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hunchbacks, cardiac failures, etc. These patients would sit in the public bar of the Queen's Larder on the benches around the walls. If someone who didn't know that it was examination day, walked in for a quiet lunch, they would have thought that it was a day out excursion from the funny farm. For the price of a beer or three, you could get a diagnosis. The old hands knew exactly what was wrong with themselves and the questions that would be asked. After several free pints brought by the eager students, this already incapacitated lot would weave their way over to the examination hall.
One of the patients in the pub was a midget. I brought him a pint and he spilled the beans. He showed me his lower leg. It was bowed into a sabre tibia by Paget's disease, a rarity I had never seen before or since.
I had another piece of luck. My vivas were in the afternoon, which was usually the best time to be examined, as after lunch the examiners had mellowed and an aroma of Havana and a flavour of Old Grouse hung over the green baize tables. They even failed you gently then. One student was walked over to the windows.
"Do you see those trees down there?" the examiner asked.
"Yes, Sir," was the reply.
"What do you notice about them, my boy?" the examiner asked.
"Well, they haven't got any leaves on them, sir."
The examiner put his arm round him as he lead him to the door. "Perhaps you should come back when they have got some on them."
There was a fair amount of repartee that went down in the folklore of the occasion.
It was over those green baize tables that a student in the year above me was asked:
"Tell me, Mr Orchard, what would you like your sperm count to be?"
Robin Orchard took a deep breath. "Well, sir ... it depends on the occasion."
He is probably a very successful family planning consultant now.
One attractive female student obviously appeared rather dim to her examiner, so he started with a simple question. He handed her a femur.
"How many of these have you got, my dear?" he asked. "Five," she replied. Somewhat startled he cautiously asked, "And how do you come to that number, my dear?"
"Well," she said "I have two myself, and then I'm pregnant, that makes four and I'm holding
this one, that makes five!" That's fifteen love, with the examiner to serve.
In my oral that afternoon I had a real ogre of a surgeon from Guy's who had been terrifying students for years, but as luck would have it, I got the midget. I could still smell the beer on his breath as he winked at me.
"Now, young man, could you tell me what this is?" The ogre was pointing at the sabre tibia. My brain started to race. It wasn't possible to give such a rare diagnosis straight away. The cat, as they say, would have been out of the bag. I assumed a very considered furrow to the brow and with a very thoughtful reply gave out a few weighty differential aplombs ending with " . . but, sir, couldn't it be a rare disease such as Paget's Disease of the bone occurring unilaterally?" Out of the corner of my eye I could see the midget nodding his appreciation of the performance.
It was the first dawning of a fact that repeats itself daily, that medicine is a balancing act between the truth and what people want to hear.
It was after this day of cut and thrust that the remnants of us collected outside the portals of the Royal College of Surgeons of England in Lincoln's Inn Field. We awaited in silent groups. A dispirited and listless lot. There were rows of plinths in the hallway with the heads of medicine's great heroes on them. They stared in stony blankeyed indifference, except a couple who looked very displeased at what they were viewing that day. If they had been alive, I think the lot of us would have failed.
The registrar of the College then appeared at the top of the steps. The procedure was, that he called out the numbers and the students filed up the stairs. If you had failed you were informed of this happy and exhilirating occurrence and you had to walk back down through your colleagues like a newly diagnosed case of AIDS. I walked up the stairs. Yes, I had passed. I found myself admitted to the College. A friend was shaking me by the hand. I hadn't even been incontinent. A little while later when I got out after the ceremony, I phoned to confirm my booking at Prunier's.
"Yes sir, what was the name?"
"Ellis" I replied.
"Oh, yes sir, Mr Ellis."
I heard myself reply with a rather ageworn weariness.
"Actually it's Dr Ellis."
These fantasies pressed in on my studies until long after the written paper in Durban which was
a partial anticlimax. I understood all the questions. With hopes, therefore, still alive I arrived two months later at Natalspruit Hospital for the oral examinations, having lost my way twice in the traffic. I carried with me this naive idea that they would be conducted in the spirit of the brotherhood of man. After all we are colleagues ploughing our furrows together. I would be met with welcoming hand shakes and interested enquiries about where I came from and what a splendid show that I had come up all this way from the country to try the examination. Not on your nelly. This was serious business. We students sat in a particularly dim corridor while our examiners, serious men in dark suits with bowed heads with nary a glance for the victims, walked passed and conferred behind closed doors.
I was told that I was to be examined by a GP and a female specialist paediatrician. I entered with trepidacious steps. There in the room was a small petite woman who smiled at me. My heart took a couple of extrasystolic turns. Surely it couldn't be ... Smiling Death. I thought I was going to have an immediate insurrection of the bowels. I realised just in time that it wasn't, because this wonderful woman just kept on smiling. Nevertheless I don't think I heard the first question. I just saw her lips moving. I had to ask her to repeat the question.
"What," she asked "were the cardinal signs of rheumatic fever?" As good chance would have it, I had read this up only two days before and knew that there were five. I started off quite well. "Cardiac murmurs, subcutaneous nodules ...
umm . . umm ..." then I realised that I wasn't going to make it. The senile fact-retaining apparatus was failing. A deep emotion called fear, was suppressing it.

I fleetingly thought of offering to talk about channel blockers, when I heard my voice speaking at a distance as though I wasn't present.
"But, of course, we don't have the same cardinal signs in general practice, you know ...". I heard my voice speaking with instructive authority, "... those late signs are seen in the advanced stages whereas we GPs ..." I realised too late ... I had gone into bovine excrement mode "... see the early signs ...". Out of the corner of my eye I noticed that my right hand was giving condescending and expansive gestures. "... We go on the more subtle events such as the rapid pulse, the degree of pyrexia, the flushing of the skin, the posture on the bed and the movements of the eyes ..." At the end she was only smiling faintly.
I'll never know if she saw the borderlines of veracity being manipulated for gain, but I'm sure I detected a twinkle in her eye as I left. I'd like to think she recognised one of the essences of general practice being enacted ... the mixing of fact and fiction into plausibility.
You think after all this I'm going to tell you I failed.
Well, I didn't.
Apparently I've been impossibly expansive ever since.

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The meetings will be held under the auspices of the SA Academy of Family Practice/Primary Care and general practitioners, specialists and pharmacists would be
most welcome to attend.
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