



Three Generations in the Graveyard

— C G Ellis



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Curriculum vitae

Chris Ellis qualified from Charing Cross Hospital, London and after house jobs and a short assistantship in general practice in England, was sent to Natal to check that the colony was still dressing properly for dinner. They weren't. He arrived at Edendale Hospital in Pietermaritzburg and immediately thought a second Zulu uprising had occurred only to be informed that it was a normal day in the casualty department. After Edendale, he went to Canada to rest and was in family practice for three years in Vancouver, returning to Natal in 1974 where he has been in family practice in Estcourt and Kokstad. He now works for the Anglo American Corporation.

He was awarded the Louis Leipoldt Memorial Award for 1984 and for 1985 for papers in the South African Medical Journal.

His main research interests are developing new ways of conveying the impression to his partners that he is working hard and methods of convincing the staff he is desperately busy.

It was a while ago that I realised that there was something wrong. I must have been too busy to notice before. Here was, at least I thought was, a stable rural family practice, yet everyone was on the move. I started to take note of the weekly arrivals of new families on to my list and the departures of others who I had only just got to know. Most patients don't tell you that they're leaving, it's only after a while that you notice that they're not there. It's like the geriatric part of my practice. I sometimes forget whether some of the old ones who I have been expecting to die, actually have or not. Maybe they did while I was away on holiday. I find myself continually checking with our receptionist.

Then I realised it was not only the patients who were on the move. It was the doctors; my partners. They started to leave. One said he knew he had to go when at teatime I started on a joke he had heard me recount at least three times before. Others went for different reasons - gone farming, gone to New Zealand, specialised, followed the children, retired and the Greener Grass Syndrome. Still, I did wonder if the cause wasn't really me. Was my soap not coping with my axillae?

Migrations old and new

The ancient and modern history of the world has been that of mass migrations. Humans moving to better climates, securer food supplies or safer environments. Within our mobile nations occur micromigrations of families to and fro within the territorial boundaries. Individuals moving like tadpoles in a pond, progressing to families of frogs hopping from one pond to another and eventually becoming herds of frogs migrating to greener valleys like the migrant labour systems of America, Europe and Africa.

Despite this, I had still entered rural general practice with a fixed idea. It would be a static community, a never-altering village with all the characters - the mayor, the postman and the butcher, all living forever and unchanging. It was the young physician that was transient, an ephemeral passerby, touching only slightly into the dynastic lives of families rooted by feudal rights into the land.

This was confirmed as an assistant in a small Devonshire village on the edge of Exmoor. At the end of my first week a pensioner came in with all the accoutrements to make up the picture of "the

local character", the sort photographed by tourists while sitting on benches outside thatched pubs. A battered hat, beard, hobnail boots, and a grin missing alternate incisors. He must have been in the photograph in about July on the West Country Calender for 1960. Yes, he said, to be considered a local here you had to have three generations in the graveyard. So there it was, I was always to be 'foreign' unless perhaps I translocated the remains of my grandfather and my greatgrandfather from the hill country of Lancashire and even then I didn't feel that would be acceptable either.

So how does one care for this dynamic circle of transient groups in the eighties and nineties? The future for long term doctor-patient relationships seems bleak, yet one maintains these relationships with a good percentage of patients still. There are, for instance, the local squirearchy; those names that carry weight within the parish and mean that great grandfather is indeed lying in the graveyard and his genes are still working the land above. Farmers and businessmen tied by real estate or trade to the locality and unable to move. Maybe that's all changing now like that ever recurring statement "What ever happened to the good old fashioned doctor?" which was countered rather nicely by one of those nice old family doctors himself who was heard to reply sotto voce that "he wondered what had happened to the good old fashioned family." Perhaps my practice is atypical, but then we all feel our practices are unique, bitty and different to others. I thought I had collected all the loonies and the oldies but I'm sure my lot are unrepresentative of anything really except the great panorama of human life.

I decided to divide up the practice arbitrarily into:

- transients and visitors
- new and settling (had been in the village up to 3 years)
- intermediate and stable (had been in the village over 3 and up to 7 years)
- dynastic (from the graveyard)

*Yes, to be considered a local here,
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It was impossible to enumerate the transients but new and settling, intermediate/stable and dynastic where approximately 35%, 30% and 35% respectively - an interesting distribution. This accounted for us having to remove about a third of our files to the archives every 3-4 years and why few of the babies I delivered ever made it to the local primary school. Their parents had been promoted, packed up and pushed off.

The thought of attempting to do research or screen or do a survey on this population was more than a challenge. Stability in its geographic sense is changing as we, itinerants, in a changing world proceed on a succession of life odysseys. Never has man's relationship with place been more numerous, fragile and temporary, we are witnessing a historic decline in the significance of place to human life.¹ Paradoxically we all consider ourselves home town

*Perhaps I, the rural family doctor,
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a nomadic society that isn't there.*

boys and girls which one look in our mother's address books reveals to be patently untrue, each address crossed out to be followed by another like a diarised family atlas flowing over several pages. And ageing doesn't help either as geriatric migrations compel us like wrinkled lemmings to move toward retirement homes on the coast or to move in closer to the children. The wanderings of a world of seekers made restless by the availability of travel, the advertisements of opportunity and the treadmill of promotion. The itch recurs "when the virus of restlessness begins to take possession of a wayward man, and the road away from here seems broad and straight and sweet ...".² Some of us are even called by the group name "travellers", that is nomadic people who are not necessarily of Romany origin but infected by some atavistic impulse to set off on the open road.

This movement of people means that, in our group practice of six partners, I cannot at any one time define the population for which I am caring for. I know I have a core of patients who are mine and then a periphery of those who I think are, but I'm not absolutely sure; and then beyond that, there are a "pool" of practice patients. I also know of some who specifically belong to other partners, usually gratefully returned to them when they come back from leave. But even the small core who call themselves my patients, are often unable to see me due to my leave, weekends off, off calls and covering services. Even when I'm at work, they can't get in as I'm on a call or 'out'. Some I never see at all, those rare visits of adult males under forty, the "unseen" patients called the non-consulters, and then they are gone. Perhaps I'm a part time visitor treating a nomadic society that isn't there.

References

- (1) Future Shock. A study of mass bewilderment in the face of accelerating change - Alvin Tofler.
- (2) Travels with Charley - John Steinbeck