The third housecall

Alexander Crowe MD CM

In the dimming light of the late October afternoon, he stood in the college orchard surrounded by a group of students. His trousers were cinched up over his lean frame and his worn tweed jacket was spotted with tobacco ashes. Honeybees flew in and out of the fall flowers foraging the last supplies of nectar and pollen before winter.

There was nothing spectacular about this professor, yet his enthusiasm for the study of botany had endeared him to generations of students. I was one of those novice students who harboured a love of the natural environment. I didn't know that this humble teacher was the leading botanist in Nova Scotia, and for countless students he made the study and enjoyment of plants come alive. He imparted in us a longing to learn about nature and his classes became a thrilling adventure in discovery.

The pathway for this great teacher began with a bachelor of arts degree in 1931, then a master's from the University of Toronto in 1936, and a doctorate in 1939. His thesis was *The Flora of Nova Scotia,* which was the first published study in Canada of a province's flora. This was a comprehensive work that he revised and updated over the years. He also wrote *The Geology of Nova Scotia*. It became a standard text for the study of geology. Despite his renown as a teacher and researcher he spent his entire career with the Nova Scotia Department of Agriculture and he was never far from that orchard where his students became entranced with botany.

Enter the general practitioner or family physician

As a young physician, it was a privilege when he joined my practice. His medical history was as nondescript as his personal appearance, but his wife did call me on 3 occasions to do housecalls for acute illnesses. On the first occasion he had influenza, and on the second he had dizziness due to benign positional vertigo. These were self-limiting illnesses that required a diagnosis and reassurance. On the third housecall I arrived to find the professor unconscious with no lateralizing signs. My aneroid blood pressure cuff recorded a diastolic pressure of 150 mm Hg, and the systolic pressure was greater than 300 mm Hg, the highest reading I could record. I was dealing with hypertensive encephalopathy. I arranged transfer to the intensive care unit at the local hospital.

His family sat by his bedside as I discussed management with a consultant. That day I made several visits to reevaluate the professor's condition and to update the family. Within 24 hours he had regained consciousness and his blood pressure slowly improved to near-normal levels. I transferred him to a consultant at the tertiary care centre, where over a period of 3 weeks he was weaned off intravenous medication and his blood pressure was regulated on oral medication. When he returned to my office we agreed to carefully monitor his blood pressure, and he agreed to some lifestyle changes including smoking cessation.

Like honeybees

The role of the family physician in the life of the patient must be as an expert in diagnosis and treatment. The benefits of the physician's interaction must accrue to the patient and never to the physician's aggrandizement. The physician has a short window into the pathophysiology of the patient in order to return the patient to health. There is always the possibility that a brilliant diagnosis will bring renown. A physician must resist this. To seek acclaim for doing one's job, rather than bringing equanimity to the patient and the patient's family, is the antithesis of good medical care.

The professor was outstanding in terms of his contribution to science and teaching, and while his dedication to his pursuits might have given him the appearance of being aloof, he maintained a balance. As I reflect on standing in the orchard with my fellow students and the professor watching the honeybees darting in and out of the blossoms, I realize that physicians are like those honeybees. We dart in and out of the lives of families bringing knowledge, skill, and hopefully healing, but soon our actions will become a fleeting memory. The professor, on the other hand, because of his research, writing, and teaching, will have a much more lasting legacy.

A housecall is a small drama with cast members. The physician quickly evaluates what might be a life-threatening situation and initiates a management plan. Then the physician exits stage left and becomes 2 red lights merging with traffic, returning to the office, the hospital, or home.

The other cast members are the patient and family who are left to consider the seriousness of the diagnosis, the treatment, and the future. My third housecall had a triumphant, dramatic ending. The professor recovered fully from his hypertensive encephalopathy and was invited to make a prestigious presentation to the Royal Society. As the audience applauded his presentation, even this humble genius must have experienced the thrill of a career acknowledged by his peers.

My reward for the third housecall is the memory of my patient, the professor in his tattered jacket and creaseless trousers, continuing to bring his wisdom to those who in turn would pass on his profound appreciation of the pursuit of knowledge.

The housecall is a valuable part of the art of medicine. It should never be discarded as an archaic remnant of medicine's distant past.

Dr Crowe practised full-scope generalist medicine for 25 years in Truro, NS.

Competing interests
None declared