

or Anglo-Irish, divide, still bubble up unexpectedly as hot springs. St Vincent's, a centre renowned, amongst other things, for its high technology medicine, such as transplantation, and for its services for AIDS patients, has been run by the Sisters of Charity, an order of Irish nuns, since 1857. St George, on the other hand is nun-free, but clearly, as we were to learn, willing to take on dragons.

As any management consultant will tell you, there are two approaches to handling unpleasant change in large organisations—gradually, with discrete bribery, consultation, counselling, coaxing, and relaxation tapes. Or not gradually. Dr Refshauge would seem to have been trained in the SAS school of change management, and presented his decision as a *fait accompli*, with no option for debate. The reaction of all concerned resembled, in the Australian vernacular, the famous stunned mullet. Then, just as the acrasin was being intensively secreted, just as the usual uneasy alliances of external threat were assembling—doctors, nurses, Australian Medical Association, Trade Unions, just as the newly coalesced beast was rearing up on its sporing rump, and with the ink on the protest placards still wet, the mullet was once again thoroughly stunned. Dr Refshauge had changed his mind—the status would, after all, remain quo. From daring ambush to rout in 3 weeks. All were left wondering just what had gone wrong, or right, according to your point of view. The Sisters of Charity were the first suspects—they are renowned as mean political street fighters when threatened, and Sister Maria Cunningham's public statement that 'we were not railroaded into this' did not entirely remove all suspicion. She did not convince us that the meek would really inherit the earth. The transplant surgeons were also high on the list—those whose daily work is transplantation, presumably know how to make one fail if they want to, but doctors are not readily organised into a unified fighting force at short notice. Herding cats has been fittingly described as an easier task. As far as anyone is letting on, the opposition came primarily, not from the heavy artillery of St Vincent's, but from a sudden fusion of cells at St George. And from without, as much as from within,—the local community was not at all impressed with the prospect of saint swapping. The prospect of Catholicism-constrained fertility control might also have been a consideration. The local Labour Member of Kogarah was soon perspiring freely, as he was left in no doubt of the views of his electorate. He forcefully reminded his Labour Premier, Mr Carr, that they ruled by only a very slender majority. Realpolitik was restored as Refshauge retreated.

It is possible to see teaching hospitals in another light—as the capital ships of the health care fleet, large, heavily armed, expensive, slow to get up to speed and difficult to manoeuvre in shallow water. In the fast changing healthcare battleground, they may find themselves in the wrong place, and with their guns pointing in the wrong direction, but turning them round and re-cycling their weapons requires a variety of skills. Ability to sense the likely community reaction is high on the list. A substantial reward awaits the developer of an acrasin dipstick.

The virtues of a liberal education have long been applauded, but this has usually been taken to mean an Arts degree, to balance the dull pragmatism of the professions, or the tiresome precision of science and technology. For those who aspire to a career in politics, or other forms of leadership, a BSc in Biology, or at the very least, a few hours in the rain forest, studying the ways of the humble slime mould would not be wasted.

## MISCELLANEA MEDICA

### GASTROENTEROLOGY IN MADRAS

Dr N. Madanagopalan, a Fellow of the College, has sent us a bound volume of photocopies of his publications during his thirty years of distinguished service in the Madras Medical College, much of the time as Professor of Medicine and Head of the department of gastroenterology. This has been deposited in the Library. The majority of the papers appeared in Indian journals but many in international ones. While some contributions on subtleties of the clinical examination and on preventive health concerns reveal him as the 'complete physician', the greatest gain to the reader outwith India would be derived from the accounts of his voluminous experience of alimentary diseases. This includes analysis of 221 cases of primary liver cancer, 78 cases of the Budd-Chiari syndrome, 165 cases of calcific pancreatitis, 473 deaths from viral hepatitis in Madras 1968–70, 486 children with acute sporadic hepatitis and the course of hepatitis in 127 pregnant women. The author is a person of great energy and natural curiosity and much admired by the several physicians from the UK who have been visiting professors to his department, a lively place in 'Madan's' time.

W.S.

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#### KEEPING BODY AND SOUL TOGETHER

Physician read your Rabelais,  
And be prepared to grin,  
Improve your bedside manner,  
By indulging in some sin.

Your patient in the meantime,  
Will improve by leaps and bounds,  
His preferred medication?  
Your laughing, gleeful sounds!

The prophylactic benefits,  
Will appear for all to see,  
And Rabelais, the doctor's friend,  
Will be provided free.

Large waiting lists will disappear,  
Some wards will need a buyer,  
And every third physician,  
Will put on the robes of friar.

JIM ANDERSON