Recollections of Lord Cohen of Birkenhead: “The Lord”

MICHAEL MORETON*

My first year out of medical school, I had the honour of working as an intern for one of the most distinguished physicians of his day, Lord Cohen of Birkenhead (1900-1977). Henry Cohen’s life story is more typical of America than Britain. The son of an impoverished Jewish tailor, he attended university and medical school on scholarships and then due to his intellectual brilliance had a meteoric rise through the profession. He practiced medicine in the days when diagnosis was made, for the most part, on the patient’s account of the illness and what was found on physical examination. More intellect and less technology were involved in the process and in this process he was one of the stars.

By the time I became his house officer (1964), he was President of the General Medical Council, the highest medical administrator in the land, and was one of the Queen’s Physicians. Definitely top of the heap. In his mid-60s he was more of a politician and administrator than a doctor. He was an incredibly impressive figure. Short and pink, a thick mane of white hair, and a bearing that made him dominate a room. He was always beautifully dressed and characteristically wore a rose or orchid in his lapel. He had those old fashioned, courtly, somewhat exaggerated good manners of his generation.

The Lord was scheduled to make rounds on Tuesdays, but most weeks the business of the nation kept him away. When he did appear it was like a state visit. The ward was cleaned until it shone; the nurse lined up in the starched uniforms that were then the style. We, the junior medical staff, although feigning no interest in the circus-like atmosphere, were secretly delighted to be included in this big event.

We would proceed from bed to bed, the patients were introduced, their illnesses and their treatments related, and the great man asked to comment. Rarely had he anything new to add; occasionally, we would pretend confusion so that he could clarify things for us, making the whole exercise look more meaningful than it really was. At the end of the visit with each patient, the Lord would grasp the patient’s hands in his, stare into their eyes, and whisper words of comfort. After seeing the last patient, he would thank us and congratulate us on our work, always managing to find some small area in which he felt improvement could be

* Address for correspondence: e-mail: drmjmoreton@gmail.com. This article originally appeared in the Birkenhead School In Focus and OBS Bulletin for Summer 2013, pp. 49-50, and is reprinted here with permission.
made. He would then depart in his Rolls Royce, and we would go to the cafeteria for our greasy lunch.

We would return to the ward after lunch and what we found there always puzzled and annoyed us. Everybody looked better! There was a buzz of conversation and laughter; patients who had been claiming weakness and fatigue were up walking, talking, and asking when they could go home. They were on the phone telling family members in distant parts of the country about their brush with greatness and repeating endlessly the words that the old man had spoken to them. It was more than we could bear. We had worked so hard for them. What did they think he had done for them? Nothing, as far as we could see. Of course, we missed the point. What had happened was that they had touched the magic.

The Lord, and the doctors of his generation, had come into practice in a world without CT scanners, magnetic resonance imaging, or ultrasound. A world without cardiac or transplantation surgery. A world without antibiotics or insulin. Theirs was a world in which physicians
had fewer tools with which to influence the course of the diseases that they treated. Often the only tool that they had at their disposal was their ability to raise the determination of the patient to improve and survive. They were the cheerleaders for the body's ability to heal itself. They considered it to be their duty to give their patients an optimistic outlook in order to will themselves better. The power of the physician's personality was an important part of the healing process.

Now things have changed. We have convinced ourselves that we must examine every problem from a purely scientific perspective. We see and listen to a patient's symptoms, examine them, order laboratory work, and decide on the treatment. We give them a prescription, but, as we do so, we tell them that this pill may not work, that there is a small chance it will make them worse, and, finally, we tell them of its many side effects. They pick up the medication from the pharmacy and it comes with the "Patient Information Leaflet". This document was written not by doctors but by the company's lawyer. Its purpose is to protect the company. It lists every possible thing that could possibly happen so that the patient will have no grounds for complaint if anything should happen. This hardly sets the stage for making the patient believe that they are going to recover. It encourages the concept of the body as one great biochemical machine, one whose working can be altered by adding a few chemicals, rather than being a very personal thing whose performance is affected by the drive and determination of the inner being as much as by the medications.

Compare what would have happened in my Chief's day. The doctor would have pressed the prescription into the patient's hand. Stared into their eyes and told them that recovery was certain. How different from today. First of all, that pressing, staring routine could get you reported for harassment. Next, the assurances could be regarded as being "in excess of statistically projected outcomes" and as such could be ruled to be misleading and encouraging unrealistic expectations.

What has happened is that we have lost The Magic, or rather we have given it away. There is a hunger for it to be returned. There is an enormous upsurge in alternative medicine. The sale of traditional Asian medicines is a billion-dollar industry. This is partly based on an understandable feeling that this is a branch of healing that has been insufficiently explored in the West. It is also based on a perception that the major drug companies are multinational corporations with little interest in the sufferings of the individual. The increasing depersonalization of care brought on by some of the changes in medical care has left patients with a need for more comfort, a need for a little magic, a need which is answered at the local herbal store.
Massage therapy, aromatherapy, acupuncture, and all the other alternative forms of treatment have in them a personal, empowering, magical element that may be missing in traditional medicine. It is ironic that at a time when modern western medicine is more able than ever before to help improve people's lives, there is an element of disillusionment in the public and a search for something simpler and more spiritual.

I have no answer to this dilemma. I would not suggest that my profession become more secretive, more mysterious, that we not reveal the truth about a disease or its treatment. It is important, however, to remember that modern medicine only aids and assists the body to recover. When teaching residents to suture, I would always remind them: "All we do is place the tissues together. The body does the healing." What we do is maximize its ability to heal. Understand that it is your body that does the healing. Have more faith in it. Summon up the magic.