Grand Rounds

Recently I chanced to meet two senior medical colleagues who had participated in the Grand Rounds at Royal Prince Alfred Hospital for the years that I was a student and resident there in the late 70s.

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These were Friday afternoon sessions in which two cases were presented plus one or two follow-up cases from the senior registrars involved.

The two regular attenders were Dr John Hallinan, chief radiologist and Dr John Emder, a senior local GP and probably one of the last GPs ever to be allowed in the doors of the hospital in the great age of the specialist.

Medical Grand Rounds was a long standing venerable tradition at the hospital according to my father who had been a resident there around 1950. The Scot Skirving lecture theatre was a windowless Victorian conclave between A2 medical ward and the small veranda ward used for peritoneal dialysis. There was an element of anticipation each Friday afternoon as hurried last minute pathology results or research papers were incorporated into the presentations.

Some of the more exotic diagnoses included myasthenia gravis, osteogenesis imperfecta (the only time in my experience that an actual patient was wheeled into the hall), lacunar stroke, dissecting aneurysm, carotid sinus syndrome, hairy cell leukaemia, cerebral lymphoma, mononeuritis multiplex, small bowel leiomyosarcoma, splanchnic claudication, ‘HHH syndrome’ (later called AIDS), methicillin resistant staphylococcus infection, cardiac tamponade, mixed connective tissue disease, idiopathic thrombocytopenic purpura, systemic lupus erythematosus and narcolepsy/catalepsy.

The main characters of this high academic drama included: Prof Ruthven Bickerton Blackburn (lord high physician and usual chair person), Prof Tony Basten (immunology), Prof Martin Tattersall (oncology: “I do not treat the relatives”), Prof Anne Woolcock (respiratory medicine), John Greenaway (possibly Macquarie Street’s last physician), David Tiller (who could derive a social profile from a biochemical one), and John Hassall (rheumatology).

The senior registrars at the time were amongst the most gifted young doctors in the country, including Michael Field, Michael Halmagi, Roger Tuck, Ian Caterson, Bill Bye, Stephen Lee, Sheryl Van Nuyen, Geraldine Room, Paul Russell, Ben Freedman and many others.

Classic statements from that time include:
“Myaesthenia gravis is called gravis because it IS ‘gravis’.”
“Sjogren’s syndrome does not require the existence of a rash.” Response from up-start registrar: “When I worked with Dr Sjogren in Stockholm he used to say otherwise.”
“The only five medical causes of abdominal pain are myocardial infarction, diabetes, familial Mediterranean fever, porphyria and tabes dorsalis.”

After a tedious discussion about a patient with auto-immune cold agglutinins, cryoprecipitins and acute renal failure, Dr Jonathan Leicester, who wasn’t associated with the case, commented in his slow, measured way: “I wonder if the patient just had a chill on the kidney?” (laughter from audience).

Dr John Greenaway (leaning over the wooden railing, frowning sternly): “Mr Chairman, I would take to task the treating team over all these investigations!”

Mr Bruce Leckie (thoracic surgeon invited concerning a chest lump, possibly parathyroid): “Look, Mr Chairman I have been sitting here for 30 minutes listening to all these differential diagnoses, fancy test results, nuclear scans and other learned speculation. In that time, I could have made a small incision in the patient’s side, exposed the lesion and in all probability, cured it. I’m afraid I have to go back to work!”

I have always enjoyed being a fly on the wall but after three years of passive attendance I was finally asked to present a case when working for the neurology team in C1 ward under HMOs McLeod and Allsop. It may have been posterior inferior cerebellar artery (PICA) syndrome and I did not do the case justice.

I had the misfortune to speak French better than John Allsop who put me on the back foot as he looked after the private patients from Noumea who would be brought from the airport by ambulance once weekly for triage. John’s speciality was demonstrating gait disturbances, sure to trigger the funny-bone of each new cohort of students as he looked like Quasimodo lurching large.

In attending RPAH Medical Grand Rounds I was privileged to be witness to this magnificent piece of medical history the likes of which has probably not been seen before or since in this country. Who in their right mind would expect a high-powered group of people to muster at 5pm on a Friday these days unless it was for a keg of beer and a music box? In fact the latter occurred slightly later on a Friday at the Gross Farm Hotel nearby on Missenden road.