

## THE SMILE\*

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A one-time Town Clerk of Clocolan used to preface his public speeches by telling his audience that he was about to say a few words in slightly humorous vein! A very laudable aspiration, but a presumptuous assertion because unfortunately an address, like the unborn child, has to be delivered before it can be adjudged and even then, also unfortunately, the assessment must be left to others!

I, at best, may strive to emulate man's funny-bone. The funny-bone, as any Professor of Anatomy will tell you, borders on the humerus.

Quite recently I met a woman, born in Clocolan, where I practised in my youth. She told me that she had been too young to remember either me or my brother who followed me in practice, but nevertheless she had grown up with our names, because our names had been household words on their farm. I felt very proud indeed and I told my brother, and he too felt very proud, but I also had to give him the explanation! On that farm they had two mongrels (*brakke*) and the one they had named Lockie, and the other they called Percy!

The College of the General Practitioners of South Africa has given to its members a new meaning and a new vision. Our crest has just been designed. It is dignified and perfect in every heraldic detail, but if that crest had been designed in the days, shall I say, when I was a *brakkie* on a Free State farm, a dog might well have featured on it. Not only would it have symbolized the kind of life we led, it would have pinpointed accurately our lowly position in the hierarchy of the medical profession. A '*Nag-Apie*', whose nocturnal activities in some respects we shared, could also have posed on such a crest.

Now, when I think of the poor *brakkie* carrying the burden of my name, and I leading the kind of life a dog is supposed to live, I cannot help but smile to myself. Why do I smile? Why do we all smile? There is food for thought in a smile. It

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plays around our lips a thousand times a day. It throws light into our eyes, and yet it is an attribute which we share with no other of God's creatures. Tonight I will make bold to inquire into the psychological significance and other aspects of the smile, and will also pursue reflections arising out of such an analysis, and out of such reflections. I may even distil some medicine for the medical man.

A study of the smile will automatically embrace laughter, for what begins as a smile, may broaden out into a broad smile, which will explode into laughter. A smile is merely the simplification of the laugh, and the laugh is a pleasant release of tension.

In Afrikaans het ons die mooi woord 'glimlag' en soos die glim wat op die horison wys, voor die son opkom, so is die verhouding van die glimlag tot die lag.

While the expression of emotion dates back a thousand million years or more, speech, in its most primitive form, cannot date even one million years. Emotional expression therefore characterized all animal contact through aeons of time, and yet the smile alone of all emotional expression developed as the sole prerogative of man. It is a fair assumption, therefore, that the smile was an all-important attribute in the evolution of Man in his subsequent civilization, and in his ultimate survival. It explains Man as the successful family unit, and made possible the tribal unit which again resulted in ever-larger groupings.

Psychologists begin their study of speech by observing its development in the infant, and to the infant we must go for an elucidation of the nature of the smile.

Biologically it must have preceded speech, for not only is the smile innate to the human being, but it is a very early attribute of the neonate. Some parents will tell you that their babies smile soon after birth. At that stage it is traditional to relate the smile to wind (whether before or after the event I have not been able to determine). Be that as it may, by the end of the first year of

life the smile is already accepted by the child as an important social attribute because of the obvious pleasure it gives to nurse, parent and grandparent. Only to a small extent can the smile be imitative. It is inborn, and the blind child smiles just as readily and as easily as the normal child. On the other hand, a deaf child cannot talk. The facility for speech is there, but the newborn child has to learn to talk. The smile alone is the true instinct.

Laughter, in its purest manifestation, one sees in the little child, and it is in the little child that we can seek the psychological significance of the smile, and of course the laugh. In the child it is spontaneous, gleeful, easily elicited, an uncritical, unfeared acceptance of a wonderful world impinging on the senses.

We must define the smile as the acceptance of environment and individuals. It is the acceptance of life and living, and laughter is the exultation therein and a pleasant release of emotional tension. The smile, I reiterate, is the signal whereby man registers his acceptance of his fellow man and his destiny. It is the symbol of his goodwill.

In his recent valedictory address to the Northern Transvaal Branch of the Medical Association, Dr Howard Botha gave us a masterly analysis of humour. Much of what I have just said is complementary to that address, and I am honoured in the company in which I find myself.

There are many inflections to the smile. We have the nervous smile, the shy smile, the wry smile, the crooked smile, the quizzical smile and others. These are all mere overtones to the smile, and in no way alter its biological significance. There is also that smile which will not wear thin even in the face of great tribulation—it is the smile which is the badge of courage.

With these preliminary remarks, I will now proceed to narrate to you, by manner of anecdote, some examples of humour and humorous incidents that have arisen out of my professional life. Where the idiom serves my purpose best, I will move from one language into another, and I can but deplore the fact that Yiddish is a language not known to you. Some of my stories may be known to some of you. Please accept them as material essential to my hypothesis.

And what is this humour that we speak about? It is the ability, with the aid of the smile and the laugh, to distil out of life the comic, the preposterous, the pretentious, the ridiculous, and the vain. It is the mirror that reveals to man his true self and reduces him to his true size.

#### EPISODES

##### No Hero

My first anecdote emphasizes the old adage that no man is a hero to his own valet. Ou-Bill was my valet, also my factotum, in my bachelor days in Clocolan. He was a waif, an 'opielkind', adopted by a fine farming family in the Thaba 'Nchu district. He was squat and broad and pitch-black, with a colossal mouth in a laughing face. He had an easy manner with Whites because he grew up with them, but his own kind he cordially disliked. He brought much laughter into my life, but he was too naïve and illiterate to know how witty he really was. From the very start he was terribly jealous of the Basutu that came for treatment. 'For their few pennies,' he said, 'you fuss and fawn over them, and you don't even know how sick I am'. At that time he also informed me that his appendix was worrying him and that he would not be working until it was removed. He had his opinion. Mine was a second opinion. He refused a third opinion, and after battling for 10 days without his services, I was forced to remove his normal appendix.

While I was scrubbing up and his black face was showing from between white sheets, he beckoned to me. He looked anxious. 'Kyk,' he said, 'ek weet hoe slordig jy is, en hoe jou laaie daar by die huis lyk. Na jy my blindederm verwyder het, moenie my derms sommer inroetel nie. In God's naam, pak hulle ass=blief ordentlik terug.'

Ou-Bill's task was to open gates. Clocolan farms are comparatively small and gates were plentiful. Every time he had to open a gate there was a grumble, and his movements became slower and slower, and one day I scolded him good and plenty. His reply was: 'Vir jou is dit geen plesier om 'n hek oop te maak nie.'

'En wanneer is dit 'n plesier?'

'By my ander Baas. Voor ons 'n hek oopmaak, steek ons 'n

sopie, en na ons die hek toemaak, steek ons weer 'n sopie.'

'En wat was julle werk, jy en jou wonderlike Baas?'

'Ons het drank in Basoetoland gesmokkel!'

On a visit to Johannesburg I took Ou-Bill to the zoo, but could not move him away from the chimpanzee which excited him greatly. I found him transfixed in front of the animal and a large crowd had gathered around him. He was chattering away to the chimpanzee, taunting him to talk.

'Sê net een woord', he said, 'en jy betaal die taks.'

If the baboon had smiled but once, that too would have raised him to human status!

##### A Tale of Sabbath Gloom

Old man X never smoked on a Saturday. It was his one concession to his Sabbath because the doors of his business remained open on that day. Not smoking made him notoriously irascible. Someone came complaining about the high price of an article, and that on his Sabbath? He barked back: 'Dis die belasting wat alles so duur maak', and then he philosophized, 'glo vir my meneer, dinge word nou so erg, een van die dae sal ons seëls op ons vrouens moet sit voor ons by hulle kan kom'. Gelukkig is sy voorspelling nog nie verwesenlik nie en ons leef nog nie in 'n era van beplakte vrouens nie.

I believe it was Mr X who, in his last illness, said to me: 'Please doctor, try not to lose a customer.'

##### The Hypodermic Needle

The hypodermic needle has become part of folklore. It has mystic qualities for some and a diabolic significance for others.

A little boy watching me select a needle for his injection said to me: 'Why have you got to use such thick nails?'

During one of those mass-hysteria inoculation campaigns that at times overwhelm us—and strangely enough often at a time when things are otherwise slack—another little boy pushed his nose past my surgery door and said: 'You have to give me an injection'. I replied: 'That's OK by me, I am cashing in', or perhaps I didn't say just that. Anyhow, he said: 'You are going to hurt me'. 'Nonsense', said I. 'Oh yes', said he, 'you gave my brother an injection and he says you bored a hole into him'.

##### Sudden Death

Organ transplantation has given a new slant to the diagnosis of death, but at no time is death easily accepted, and sudden death can be quite shattering.

I was settling down to a quiet Sunday night at home, when a call of extreme urgency summoned me to a nearby suburb. A large immigrant family were having a reunion and some of the men were playing cards, when one of their number, until then in apparent good health, got up from the table and collapsed on his way to the toilet; his alarming appearance was the reason for the call. He was quite obviously dead, but I knew my customers. I fought shy of the 'kiss of death', but I placed my stethoscope on him, I pummelled him, and I injected him. Only then did I pronounce him dead. With that their wild cries reached up to the skies. It made me feel that they looked upon my words as the very cause of his death, and not the mere pronouncement thereof!

Soon people were fainting everywhere, and I was having a busy time, when someone summoned me back to the patient. Someone had checked up on me! 'He isn't dead at all: his pulse is beating'. . . I found a man holding the dead man's hand in an iron grip. I explained to him whose pulse beat he was feeling and returned to my swooning females. But again I was summoned back to the corpse; they were still checking up on me. 'He can't possibly be dead because he is breathing!' This time a person was holding a flimsy bit of paper under the dead man's nose. A shaking hand and a slight draught was causing the paper to flutter quite visibly. I pronounced that the man was still dead.

News of the tragedy was filtering through the city, and more people were arriving all the time. A woman rushed up to me, all breathless: what had I done for the patient? I told her everything, but I was a bit shy about the injection. But that is just what she wanted to know. 'Did you give him an injection?' I could honestly say that I had. Her reply was: 'Perhaps if you had given him another kind it would have been better!' I was tired and I leaned against a chair, and yet one more woman

had her say. 'You can't just stand there and do nothing', she said. 'What do you think I should do?' I asked. There was a look on her face that wasn't nice when she said: 'I think it is time you called in a specialist!'

#### A REASSESSMENT

Some years ago the late Dr Theron of Bethlehem, seeking belatedly a subject for a valedictory address, posed the question 'Why do my patients leave me?' and he concluded that apart from some obvious and unrelated reasons, patients leave us when we have served them too long and too well, when our devotion reminds them of a debt that can never be repaid, and our importance in the family becomes an embarrassment.

The profession seized avidly upon so flattering an interpretation of what used to be a traumatic experience. It won for Dr Theron the Hamilton Maynard Prize of our Association. The message orbited round the world, and on its way had itself translated into a number of foreign languages.

Even a superficial examination of this interpretation of a patient's conduct reveals the interpretation to be arrogant, uncharitable and presumptuous, all things that good humour is not, and it is difficult to believe that the goodwill which first signals itself by way of a smile on a baby's face, as an inborn human attribute, can be so sadly lacking in the very human and mature doctor-patient relationship.

If we must know why our patients eventually leave us, it may be well to enquire why they come to us in the first place. Before I do that I will relate two anecdotes, and merely because in each case a patient chooses a doctor. The stories are otherwise irrelevant, and are not meant to bolster up a subsequent argument, or to prove a case.

One night I received a call at a time when my brother was away from our practice. The woman at the door said, 'Maar jy is nie Dr Percy nie'. I said, 'Nee, ek is sy broer'. And then she said, 'Dis jammer. Dr Percy het my eerste man gedokter tot hy dood is, en nou wou ek hom so graag gehad het vir my tweede man'.

The other incident occurred many years ago when I also received a call to a patient. At our first interview she said to me: 'I choose my doctors very carefully. First I had Doctor A and he died, and then I had Doctor B and he died. When I wanted Doctor C, he died, and now I pick on you!' She is still in fair physical shape, and she still has some of her faculties, but so it is with me, and we yet have to see who picks on whom. If she continues to be my patient, the upper hand will be with me, and the odds should be on me!

#### THE DOCTOR'S IMAGE

What image does the apparently staid and obviously respectable medical profession present to the public? We present many images, some of them quite bizarre.

In us mingle in varying degrees the art and the science of medicine, pragmatism and mysticism, orthodox and unorthodox thinking, as well as the varying emotional content of individual doctors.

We have the soother who pooh-poohs our fears and often often underestimates them, and we also have the alarmist who adds just that extra spice of excitement to the already overwhelming fears of the patient. The latter is also the dramatist. He creates a situation and sets relatives running or riding or flying from wherever they happen to be. The soother is the instinctive pacifist, his desire is to resolve a situation. A lady came to such a one with a boil on her nose. He said, 'It is nothing and everything will be all right'. She answered him, 'It isn't nothing, it is something, and everything won't be all right because there is one thing about this boil which is all wrong. It should have been on your nose!'

We also have in our midst the man who sits in an ivory tower, and should never have left the laboratory. He sees the body as a biochemical complex and he behaves accordingly, but we also have the near-nihilist who places a quite unnecessarily heavy strain on the healing forces of nature.

There is the practitioner, as neurotic as any patient, who overreacts in exactly the same way. He hammers a flea with a sledge-hammer.

Some of us sit by the waters of Tshipise, others worship at the homeopathic shrine of Hanneken, and yet others apply a caliper to the coccyx in order to evaluate an ache over the occiput—the millimetre men of the chiropractic cult.

We really are a mixed meal, but we all have our adherents. To our surgeries come many patients, but only some remain. Those who stay with us do so because they like us, but they also like their butcher, their baker and the candlestick-maker.

There is something infinitely more subtle and complex to the delicate doctor-patient relationship. Your competence or apparent competence is never the sole factor. Very often it is not even the main factor.

I have sought a word that will encompass the full content of a satisfying doctor-patient relationship, and I believe that compatibility is the word. Some patients will pull against gravity in order to get away from us, while another patient will find our wrong diagnosis more satisfying than the correct diagnosis of someone else!

A maternity case will pay one visit to Dr A, and then move on to Dr B and be prepared to remain with him come doomsday! Whereas another, but similar case will give Dr A the compliment and Dr B the hurt.

Nowhere is this yearning for compatibility more clearly revealed than in the compatibility of age, whence incidentally comes most of the meaning about the patient's ingratitude and his amnesia for good deeds done.

Individuals age with the years, but families rejuvenate with each generation, and the young people of each new generation seek the young man that their parents and grandparents sought. But your old doctor is no more that young man, and slowly, sometimes ever-so-slowly, but nevertheless ever-so-surely families slide away from him.

This is *not* a lament for the old doctor. Many of his old faithfuls will walk with him into the grey years and they will add joy to his life.

In summing up I now say to you, patients come to you not only because you are so wonderful, and they leave you not merely because they are so vile!

#### OUR DUTY

How do we respond to the great but varied expectations of our patients, some of them so subtle that they have to be divined?

Before I answer that question, I wish to introduce you to my friend Naas Potgieter. Naas was a huge man with a booming voice, and the memory of his words still resounds in my ears when he said, 'Dokter, as ek een enkele vals haar in my kop vind, sal ek hom uitpluk en met 'n hamer verbrysel'.

Now one cannot recommend this plucking out of false hairs to all and sundry. It might lead to too many cases of premature baldness. Nor can we all be as honest as Naas Potgieter! Nevertheless, our duty to our patients is as crystal-clear as the morning light. Medicine is like unto the priesthood . . . our sole function is to relieve pain and suffering, be it mental or physical. We have no other function and with this postulate goes the obvious corollary, succinctly expressed in the Latin tag '*non-nocere*'—not to hurt. In ministering to the suffering, we must try not to hurt. This applies not only to rough fingers and the rough tongue, it also applies to the host of iatrogenic conditions which sometimes through lack of knowledge, but more often through lack of thought, we so frequently bring upon our patients.

In conclusion: remember, a man cannot be all things to all people, nor should he try, but a man can be true to his own self. We must not pander to the foibles and frailties of our patients. We must not compromise with ourselves. The doctor must know his medicine. Medicine is a science, but the man must know *himself*, for therein lies the art of medicine.

Shakespeare has said that a man may 'smile and smile and be a villain'. In your conduct with your patients, as in all life, your smile must not be a feigned social smile, and your laugh must not be a hollow laugh. You must not wrench yourself away from your own good self.

How can all this be better said than in Polonius's advice to his son Laertes in *Hamlet*:

This above all: to thine own self be true,  
And it must follow, as the night the day  
Thou canst not then be false to any man.