‘I returned and saw under the sun, that the race is not to the
swift, nor the battle to the strong, neither yet bread to the
wise, nor yet riches to men of understanding, nor yet favour
to men of skill; but time and chance happeneth to them all.’
Ecclesiastes 9.11.

‘Living Doll’ was an early hit by Cliff Richard. In it, he declared
that what he wanted was a ‘Crying, talking, sleeping, walking,
living, doll’ (This was a long time ago now, when ‘doll’ was a
more allowable expression for a young female companion). On
the basis of her being those things, he was ‘going to do [his] best
to please her.’ Despite this patronising tone, he seemed to be
actively interested in the possibility of her infinite variety. He
would take a risk on her being out of sorts from time to time and
that how she would be, from day to day, would depend on a
number of factors. He could see that she had been different in
the past and might change again in the future.

Very often, when doctors are talking to people about their
Sickness they avoid consideration of their infinite variety if
they can. They settle for a more static and reliable version of
the human condition. Of course, they argue, what they want
to do is to get to the meat of the matter, if there is any, as fast as
possible. What is the problem? When were you last all right?
When did it start? Where did it start and where has it been
since? Show me where! These are all lovely questions and very
useful if the issue is the usual one of a recent downturn in
well-being from a usual state of being very-well-thank-you. Its
usefulness is confirmed by the regularity with which the
approach is vindicated in cases of twisted ankles, septicaemia,
and Hashimoto’s thyroiditis, matters that might be incidental
to the life being lived. It is equally useful in the large number
of instances where nothing very much of medical interest is
conveyed by the patient or understood by the doctor. Doctors
say they are making a diagnosis. What they are really seeking
is the earliest possible closure of the issue. Difficulties arise
when Sickness persists and repeatedly resists elucidation by
this technique, which is really best for Paper Dolls.

A ‘Paper Doll’ was what ‘The Inkspots’ decided to settle for
in their, earlier, popular vocal hit. Each of these melodious
men thought they would ‘Rather have a paper doll to call my
own than any fickle-minded real live girl.’ When they came
‘home at night she would be waiting; she would be the truest
doll in all the world.’ Of course she would; her options were
limited by the defining characteristics they preferred. Age
cannot wither, nor custom stale such limited variety. In reality,
when the doctor calls home at night, after Mummy looked in
and ‘found her like that’, or when they finally get her to a
clinic, what will be waiting to be seen is a person. The Person
the doctor sees is the one who has, just at that very moment,
arrived at just this point in their biography. The biography is
infinitely varied and although normal human physiology might
run like a paper blueprint, human lives do not. To be in touch,
even remotely, with what is going on in the sort of Sicknesses
seen in our clinics it is necessary to know the context in
which it is happening. Knowing the biography provides some
understanding of the dimensions of what are attributed
otherwise to ‘time and chance that happeneth to us all’.

Probably medical people divide as between those who
prefer Paper, or Living, Dolls. There are many static aspects of
medicine. Most clinical activity is dynamic so it behaves most
doctors to know how to be in touch with their patients’
context. Some of this is implicit in General Practice, where a
doctor might have known the patient all their life, and their
mother before them. Curiously, not much of what they know
gets into their referral letters. All too often it does not appear in
the clinic notes either. I conclude that it is not thought relevant
or not enough to be worth the effort. I suggest that it is. It
certainly is if the Sickness is likely to be chronic, or lifelong.

At the interface of neurology and psychiatry there are a
number of such Sicknesses. Many of them emerge in childhood.
It is always painful and threatening to have a sick child, but
nowadays most children can get better again. But some parents
and carers have to live through the story of a Sickness. They
have to live with an enigma, even a disappointment, even an
embarrassment. If the doctors do not know what their story is,
how can they play a useful part in it? The biography began in
the conceptual act and it is set in a context within the social
structure. Look at the next thick set of notes. What is known
about these Persons? Maybe an hour spent listening to who they
really are and what they are experiencing might be better than
one spent in the EEG department?

Science cannot work on unique instances so biography is
usually the province of men and women of letters. Their
accounts are partial in every sense yet what they convey speaks
so clearly to us, about ourselves and others, that we must be
reaching across the improbabilities with our super-computer
brains to create new syntheses. The more we take real history
of the real family and the context of their lives, the better our
skill at understanding the Predicament of our patients and
their families. I am satisfied that if this is not a part of the
science of medicine it is an important aspect of its art.

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DOI: 10.1017/S0012162204000593