The end of an era.

It is not often that requests about the fine details of teaching are handed down from 'on high' to medical schools, but this has happened, in a drily-worded request to cease using humour to encourage inter-disciplinary disparagement. A senior member of the Board of Studies read the phrase at our recent (virtual) meeting. "In case there are any surgeons present who need to have this explained to them", she said, "it means 'stop making other people's medical sub-professions the butt of your jokes'". A second later, the room dissolved in laughter at the way the news had been delivered, but the instruction was apparently meant quite seriously.

Oh dear....

When, long ago now, an edict went out that medical schools were no longer to promulgate humorous doctor-to-doctor ways of describing patients, I did sort of understand because patients are vulnerable at the best of times, and the very least they can do is expect their to be taken seriously. And, critically, they were gaining the right to see their notes! So no longer was it possible, for example, for one doctor to give assurance about the psychological state of a patient to another doctor by adding the letters *NFN* to the notes (= 'Normal, for Norfolk'), or 'acute pneumoencephalopathy' (= 'airhead'). Or to give a warning with *PFH* (= 'parent from hell'). Or to summarize the outcome of a consultation with *TTFO* (= 'told to go away'), possibly followed by *DRMA* (='Don't refer to me again').

But nothing in that change precented the time-honoured tradition of medics being rude to one another's sub-disciplines (and to the various professions that connect with them, including academic scientists such as your current author). You have already read an example.

How sad for future students that they will not have long lessons on important but dull material livened up with these sorts of jokes. And we will lose more than laughs, because some of the jokes, ancient as they are, made you think as well as laugh. Try this one:

What's the difference between a general practitioner and a specialist?

- *One treats what he thinks you have; the other thinks you have what he treats.*

This is the medical equivalent of the famous warning that, to a man with only a hammer, every problem looks like a nail.

Or how about this definition, which can do much to prompt thoughts about cultural differences and unconscious bias: *an 'alcoholic' is someone who drinks more alcohol than his doctor drinks*.

There is a kind of hierarchy in medical jokes, but the group who seem to be fair game for every other one – the medical equivalent of the drummer in the rock band – are the orthopaedic surgeons. In the UK, at least, surgeons of all kinds delight in the deep history of their profession lying with practical barber-surgeons rather than university-educated doctors. When they add full surgical qualifications to their medical degree, they replace their hard-earned title of 'Dr' with 'Mr' or 'Ms'. Orthopaedic surgeons, with their penchant for using tools similar to those in DIY stores, seem to especially enjoy their origins and, though they are of course highly intelligent, educated and capable people, may go to some trouble to cultivate a bit of a Neanderthal image. I suspect that they themselves are the true source of most of the jokes about them, but even they are no longer supposed to pass these jokes on. So our poor students will never hear stories of consultations like this one:

> *Mister orthopeadic surgeon, I have broken my leg in two places, what should I do?*
> *-Don't go to those places again.*

And, alas, they will never be given the advice that, if they want to keep a £10 note safe from an orthopaedic surgeon, they should hide it in a surgical textbook. I once witnessed that one being told to a student audience by a general surgeon, when introducing the orthopaedic specialist about to follow him onto the podium. The latter went up on stage calmly and began his own lecture with

> *It's always nice to be introduced by a general surgeon. By the way, if you want to hide your money from one of those, just put it in the patient notes....*

While other surgeons make orthopaedic surgeons the target of their jokes, any surgeon can be fair game for physicians. One of my favourite spontaneous examples took place in a medical school 'Town Hall' meeting. The university had recently got hold of throwable microphones, which are built into large, soft, fluffy cubes that cushion the microphones if someone fails to catch the cube, and also avoid doing too much damage to a student, or indeed lecturer, as a result of someone's bad throw. A fairly new colleague put his hand up, and a senior Professor on stage, a physician by training, threw him the red cube with, I might add, magnificent aim. She waited for the question but when it came, we could hardly hear it.

You're a surgeon, aren't you? asked the Professor.
We saw him nod, and heard him shout *How did you know?*
You are holding the microphone box upside-down.
(It was a good three minutes before the laughter stopped and order was restored).

Some jokes manage to cover many medical specialties at once. One I heard at a Royal Medical Society dinner concerned a group of four medics, a GP, a cardiac physician, a general surgeon and a pathologist, who headed for the Southern Uplands to shoot some pheasants for their dinner. They had not been long in position when a bird flew over.
The GP said *It looks pretty much like all the birds I've seen that turned out to be pheasants, but I'm not 100% sure. What do you think?*
The cardiac physician looked longer and said *By the rhythm of its flight and the pattern on its plumage, I am almost certain it's a pheasant, but there's a 5% probability it's an abnormally large grouse*.
The surgeon ignored their chatter and raised his gun - BANG! - the bird fell dead on the ground. He handed the grisly remains to the pathologist.
Tell me what that was, he said.

Of course, some jokes extend beyond the medical profession to that other great institution full of people that everyone hopes they will never need – lawyers. There was nothing in our instructions against telling students these jokes, so it should still be possible to tell stories such as:
A doctor and a lawyer were talking at a party. Their conversation was constantly interrupted by people describing their ailments and asking the doctor for free medical advice. After an hour of this, the exasperated doctor asked the lawyer,
What do you do to stop people from asking you for legal advice when you're out of the office?
I give it to them, replied the lawyer, *and then I send them a bill*.
The doctor was shocked, but agreed to give it a try. The next day, still feeling slightly guilty, the doctor prepared her bills. When she came back from posting them, she found an envelope on her doormat. She opened it, and found a bill from the lawyer.

I wonder, now that so many of my colleagues in the NHS are working under a burden of bureaucrats (see my blog article, *The Power of Architecture*...), whether the telling of jokes can be rescued simply by transferring them to a new target. Graffiti artists have already begun some fine

work in this direction, as depicted on a lavatory door in a Scottish hospital:

To err is human. To err and blame it on someone else shows 'management potential'.

Perhaps I should leave the last word on medic jokes to my late and much-missed colleague and quandam Head of Department, Matt Kaufman, author of the world-famous *Atlas of Mouse Development* and the co-developer, with Martin Evans, of ES cell technology:

The trouble with medical jokes, he said, *is that they get promoted to being consultants*.

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