

Elegy for a country doctor

Peter Grahame Snow 1934–2006

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We gather here to celebrate the life of Peter Snow. And we will do so with informality. There will be little reference to supernatural matters: the Snows are tolerant people, acknowledging and accepting that others have religious beliefs, but they themselves have led evidence-based lives.

Peter died quietly in his sleep on the last day of summer; he had suffered coronary heart disease for some years, and increasing cardiac failure in recent times. His autobiography remains unfinished.

Do not be gloomy. Peter would not want that at his farewell: *I knew him Horatio. A fellow of infinite jest, of most excellent fancy.*

And so (Robert Louis Stevenson)
*Away with funeral music! – set
The pipe to powerful lips!*

*The cup of life's for him that drinks
And not for him that sips.*

This was a man who drank in life and experience, a man with a huge appetite for people, and a hunger for laughter; a man who sought and found quality; a man who had an intoxicating enthusiasm for ideas.

The horns of the moon are broken: we are here to weep at our loss, and we are here to say goodbye. But we are also here to celebrate that rich and full life.

Did you see the extraordinarily beautiful 68-year-old Jane Fonda interviewed on TV1 on Friday night? She said she never truly understood her parents until she wrote her autobiography. I think perhaps I never truly understood my friend until I wrote this eulogy. But how do you do justice to a life? I can only hastily sketch a few pencil outlines, an

incomplete and inadequate portrait of the person.

I was a callow lad of 18 when we new medical students were ushered into the anatomy dissection room that cold grey early March day in Dunedin exactly 45 years ago. I had never seen a dead body, but among the six of us whose names started with S, and who were assigned to cadaver 15, was an older man who had. Peter Snow was a mature student of 24, and he was familiar with medicine, death, hospitals, and human tissue. He became a comfort and prop for the rest of us.

We made jokes to lift our mood, to pull ourselves away from the horror of what we were doing. It was said that the year before us, a student, after watching for some time a workman struggling with a heavy job on the street below the anatomy department, called,

"I say, do you want a hand down there?"

"Oh. Yes, please," replied the workman.

So he threw him one.

Peter was a successful medical student. He took the final year prizes in dermatology and, curiously enough in light of his later iconoclastic views, in psychiatry. His medical mentors were Hugh Stringer, Bill Macbeth and Alan Alldred. He could have specialised in anything, and in the end he specialised in what he had always wanted and intended: country general practice.

He began expressing an interest in general practice when the rest of us would not have had a bar of it; he was a member of the College of Gen-

eral Practitioners as a student, and became the first to pass its qualification examination. He remained a faithful advocate of the College throughout his career, was recognised by appointment to its presidency when that was an honour, and was eventually awarded its Distinguished Fellowship. I was proud to read his citation at the College conference, but sad that Peter was unable to attend because of his first cardiac episode. Our mutual friend Pat Farry received the award on Peter's behalf.

After a year as a house surgeon in Dunedin, he worked at Gore Hospital where he was greatly influenced by the surgeon Murray Loughlan, and further encouraged in his desire to be a country doctor. He and Helen worked for a year in the very isolated special area of Tokonui, and when the Tapanui practice became vacant, they moved there - first to the hospital house, and later to the house and farm they built nearby.

He loved farmers and fishermen. I remember being out on a codfishing trip off Halfmoon Bay, Stewart Island, one sunny calm blue day. The fish were biting as soon as the sinkers hit the seabed, and every line came straight back up with three good cod. We were just getting into the swing of it when the skipper said, *'OK, pull up now, we're going in.'* It was a fine day; I couldn't understand it, and I said so. He said *'Look at the water.'* Well, the water looked the same to me as it always did: blue, wet. But Peter said, *'These people can read the water.'* The southerly struck us half an hour later, when we were 100

yards or so from the point that would shelter us the rest of the way in. The skipper's timing had been perfect. Farmers and fisherman can read the sea, the sky, the seasons, the pasture, the stock in ways that most of us struggle to understand. But time spent in the company of experts is never time wasted: Peter could see those qualities, and developed much of that wisdom himself.

It was that farmer's wisdom, that ability to see phenomena clearly, and to perceive the connections among them, that led Peter to describe an epidemic of chronic fatigue syndrome in West Otago, a syndrome that was then recognised elsewhere in New Zealand, and that the media soon dubbed Tapanui flu. The long-retired ex-dean of the Otago Medical School phoned me one evening shortly after that time, and told me he was going with a busload of old people on a tour that included a stop-off at Tapanui, and did I think that this epidemic was so contagious that they were in any danger. I told him I didn't think so, and off they went. Well, they all got embarrassingly acute diarrhoea from the lunch they had in Tapanui instead, and I don't think I was ever forgiven.

Peter's medical observations did not stop at Tapanui flu. He was the first to stress the danger of 3-wheeled farm bikes, and of deep drainage ditches beside country roads; he searched for a clear understanding of the effects of selenium deficiency in humans. He was a pioneer GP teacher of students for the Otago Medical School, and of trainee GPs for the College. When Otago no longer sent him students, he took in overseas students on electives in New Zealand, and thus began several long friendships, reinforced on his and Helen's visits to Europe. He knew the value of apprenticeship. He was recognised for his research by the Otago University at its 150th anniversary celebrations.

And he certainly didn't stop at medicine. He famously developed a

theory that a particular landform in West Otago was a meteorite crater, and from that a supportive interpretation of local Maori place names, an elaborate connection between the observations of a twelfth century Kentish gentleman in Britain and the mystic fires of Tamaatea that laid waste the totara forests that covered much of the South Island, thus destroying the refuge of moa, and leading inexorably to their extinction. That interest in meteorites led him to Siberia, to the site of the great meteorite explosion near the village of Tungusku, in the early years of the last century, and on to theories about the extinction of the dinosaurs.

He went to Venice and learned to build a gondola. Can you imagine? This man went to Venice and learned to build a gondola.

His son, Adrian, has listed his interests – OK, let's be honest here – his obsessions.

Country practice, chronic fatigue, hyperactivity, meteorites and moa extinction, cosmos creation, tsunamis, growing blueberries, farming deer, fishing, duck shooting, Maori culture, Maori history, Maori migration, health politics, fishing ventures, the vessel Seddon Park and Stewart Island, RNZCGP, selenium research, travel, art: photography, sketching, painting, writing, mountain climbing, all terrain vehicle safety campaign, road safety design, flying (short attempt), Venetian gondolas, mythology, grandchildren, people, woodwork, medieval Chinese navigation, bird flu.

He was a man of many parts, a generalist, a polymath. But primarily he was a specialist in general practice, a man who believed in professionalism, in the belief that professionals have duties – they do not have privileges. They have duties over and above the duties of being a citizen.

He was a plain speaker. He was not in any way snobbish. But he loved quality: a European car, excellent art, great food. Do you know, at one stage there was a tax advantage for GPs in having your wife buy your car, then

leasing it back from her and claiming the lease payments as a business expense. Peter did that, and for Christmas that year he gave Helen a set of mag wheels for her Rover.

He wrote in a brief CV for our medical school class's 40th reunion last year, *"I am a reluctant gardener, a slave to Helen in the acre and a half garden we are developing on the shores of Lake Hayes, where we are now retired."*

In fact, both he and Helen are talented and natural gardeners: and I think it was because he liked good food so much that it had to be grown fresh. The Snows' table was always a gourmet one, with fresh vegetables, the best oysters, venison, whitebait, cod, trout and other fare.

He was intolerant of that fatal combination of arrogance and ignorance that is pomposity. How he managed 28 years of service in medical politics is therefore a mystery to me.

I remember the day we (Peter, Alistair, Jules, my son Paul and I) walked out of the Greenstone. We had walked up the Caples, across the saddle, and down the Greenstone in 4 days – no mean feat for young lads. We were all pretty tired, grubby and footsore when, a mile or so from the end, a sight met our jaded eyes. A young man and two girls were walking toward us. He was bare-chested, tanned, a rifle-strap diagonally across his chest, a cartridge-belt diagonally across the other shoulder, bandolier style; the texture of brief frayed faded denim shorts contrasted nicely with his smooth tan; two adoring nymphets almost as briefly clad, tripped alongside; and he had a flower behind his ear. He was undeniably beautiful.

'Hello,' I said, *'where are you off to?'*

'I'm going to shoot a stag,' he replied.

Now Peter was tired and sore, so it would be base of me to suggest that his rejoinder was motivated by envy. And he was not normally a man of strong language. But he said,

'You won't shoot a stag with a fucking pansy behind your ear.'

I was fortunate enough, with our two families, to share adventures on Stewart Island, Martins Bay, Doubtful Sound, Mavora Lakes...many, many, Otago places. Great times. We went together to China. I have fished with him, skied, shot ducks, dived for scallops and paua, tramped, conversed for hours.

He read books like a man starving. He was delighted to acquire a set of Journals of the Polynesian Society, and of the Transactions of the NZ Institute, and the Royal Society of New Zealand, and he devoured them.

He was a sensitive painter and photographer, and he was a true artist with a fly rod.

He was perversely paradoxical: the sensitive watercolorist who loved to kill fish, the politically rightwing ACT candidate who championed the plight of underdogs, the loner who was at home in a crowd, the patient country doctor who got so frustrated as a house surgeon in Dunedin hospital that he smashed the ward telephone, the very private man who thrived in public office, the plain

speaker who became a successful medical politician, the consummate professional who challenged professional orthodoxy, the conservative who was one of the most inventive and imaginative people I have known.

Nights when he had Otago Hospital Board meetings he and Helen would come to our house in Dunedin, and he would lie on the floor and we would discourse for hours on perceptions, thoughts, ideas. It was an infectious, communicative, contagious zeal.

And in the end that is his legacy: the fruit of his bounding imagination. He was entranced by ideas.

There's a Greek proverb: *It's a civilized society when men plant trees they will never sit under.* On Christopher Wren's tomb in St Paul's cathedral are the words, *'Reader, if you require a monument, look around you.'*

Peter Snow has not left a cathedral, but he has left a great legacy of challenging questions that he would never be able to answer, and with Helen, he has left three fine men with his DNA and his name. Look around you.

To Helen, Adrian, Alastair and Jules: though we grieve, your loss is immeasurably greater than ours. Please know that you have our love and support.

Peter, if we were wrong, and you are somewhere listening to this, here is my wish for you: that you now know:

1. Whether there was a meteorite that fell on West Otago, set the fires of Tamaatea, and killed the big birds;
2. What it was that exploded above stony Tungusku that night;
3. What selenium deficiency causes in humans;
4. How the Maori got here;
5. What caused Tapanui flu.

You died on the last day of summer:

We will miss you most of all, my dear old friend, when autumn leaves start to fall.

Lay down your weary tune, lay down;

*Lay down the songs you strummed
And rest yourself 'neath the
strength of strings*

No voice could hope to hum.

Ian St George

6 March 2006

Pandemic Influenza

'An attempt to contain an emerging pandemic virus at its source is a demanding exercise and a resource-intensive operation. Moreover, supplies of antiviral drugs reserved for use to support such an operation are finite and not easily replenished, and must therefore be used judiciously.

For these reasons, the decision to initiate activities aimed at rapid containment should be triggered by compelling evidence that the situation represents a transition in the behaviour of the virus likely to result in efficient and sustained human-to-human transmission. Such evidence will derive from a combination of clinical, epidemiological, and virological findings as guided by the following criteria:

1. *Moderate-to-severe respiratory illness (or deaths) in three or more health care workers who have no known exposure other than contact with ill patients, and laboratory confirmation of H5N1 infection in at least one of these workers.*
2. *Moderate-to-severe respiratory illness (or deaths) in 5 to 10 persons with evidence of human-to-human transmission in at least some, and laboratory confirmation of H5N1 infection in more than 2 of these persons.*
3. *Compelling evidence that more than one generation of human-to-human transmission of the virus has occurred.*
4. *Isolation of a novel virus combining avian and human genetic material or a virus with an increased number of mutations not seen in avian isolates from one or more persons with moderate-to-severe respiratory illness (acute onset), supported by epidemiological evidence that transmission patterns have changed.'*

WHO pandemic influenza draft protocol for rapid response and containment. Updated draft 17 March 2006, page 8.