Some Aspects Of Medical Practice On Both Sides Of The Atlantic

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At the beginning may I disillusion anyone who is expecting to read an erudite, well-documented dissertation on the advantages or disadvantages of the National Health Service compared with North American private practice. This has not been my intention for two good reasons; that I haven't read enough of the relevant literature; nor have I personal experience of equivalent types of medical practice on each side of the water.

That which follows is a series of medical vignettes called from my own experience. I end by outlining some of my own opinions on State Medicine subject to the reservations already made.

Ill health in early childhood afforded me a number of opportunities for studying the local General Practitioner. I recall him as a diminutive, portly old man with a chubby face and large tufts of white hair protruding from his ears. He wore a severe black overcoat and a black bowler hat. His mien was a mixture of dignity, gruffness and peremptoriness. Dr. T. always made you better, but the process involved bolting either red, brown or clear medicine. All of these liquids had repugnant tastes. In particular the innocent looking clear variety caused the same gustatory shock as a slice of green lemon.

Dr. T. resided in a large Georgian country house with a conservatory, sprawling outhouses and a stable. The front of the house looked out on sixty feet of close-cropped lawn. The little estate was insulated from the village by a high stone wall over which towered a line of copper beeches. The patients' waiting room was situated at the side of the house. It was large, dark and low-ceilinged. One waited one's turn seated on long oak benches which had cast-iron legs. If medicines were prescribed, they could be collected at six p.m. from a special table in the surgery, where they were placed impeccably wrapped in shiny white paper, after the old man or his assistants dispensed them.

The old man's practice was a scattered rural one in Gloustershire. His income was derived from private and "panel" patients. His bookkeeping seemed rather haphazard even to a child. The bill for a visit would arrive about two years late, unless one's parents wrote and asked for it when it might be sent a little earlier. Dr. T. was owed a lot of money when he died, still in harness, shortly after the tragic death of the son who was to have succeeded him.

The man who bought the practice piloted it through the early stages of "National Health" and stayed on under the new regime. He was a distinguished looking middle-aged man, tall and spare with stooping shoulders. He bore the aquiline feature and crisp manner befitting the colonelcy he had so recently relinquished. Later, when as a houseman I came across some of his neatly-typed letters of referral, I became aware of the high standard of medical practice which he maintained.

When I first knew him there was a faint military cast to his bedside manner. I remember having a bad sore throat in my teens. The doctor arrived, walked

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briskly up the hallway, entered my bedroom and greeted me. He took a long chromium-plated flashlight from under his arm, where it had been carried like a baton, instructed me to open my mouth and focused a powerful beam of light on my tonsils. He then prescribed, barked a few words of encouragement and departed.

Another of his idiosyncracies which intrigued me lay in the possession of three vintage Rolls-Royces which he used for house-calls. The owning of this formidable fleet was rather a matter of necessity than one of grandiosity since they were each cannibalized in turn to keep the currently serviceable one on the road.

The practice prospered, the area became more populous, and several assistants were engaged to share the load. In due course they broke away and settled on the fringe of the old practice. They lived in semi-detached, pebble-dashed houses with small front gardens; their majestic beeches were borders of wallflowers and sweet williams. They drove small, economical cars like the majority of their car owning patients. Most patients were on the National Health list. An attack of pneumonia would cost them about two bob, in addition to their N.H. contributions; a shilling for sixteen Aureomycin capsules, a shilling for a bottle of Mist. Expect. and nothing for the visits.

At first glance then it would appear as if the sick poor benefitted considerably from the new system. But I am sure the doctors in this area would have continued to visit and prescribe, fee or no fee, had private practice continued.

My next level of contact with the Medical Profession was that of a medical student. I doubt whether the advent of National Health altered the medical students' way of life to any marked extent. However, the composition of my year reflected the social changes which occurred in England following the war. Most of my contemporaries were up on a Veterans' grant or State or County Scholarship. Richard Gordon's description of the nonchalent playboy who carelessly dawdled his way through ten years of medical school was already an anachronism. I am not saying that everyone burnt midnight oil every night of the week, or that one could never get a hand of bridge in the common room when one should have been in the grand round. However, one had to do a certain amount of work and was allowed only a few times to repeat examinations. Only three of four out of the fifty-odd students were married at the beginning of the course. Five at the end. One girl left early to marry a dental student after dissecting head and neck with him. One man left under mysterious circumstances in the fifth year; but most people qualified eventually.

As students, we were told the story of a top-hatted, frock coated surgeon who was on the teaching hospital staff about the middle of the last century. He used to arrive at the hospital in a horse and carriage and pluck long hairs from animal's tail after it was tethered to the hospital railings. He thus ensured a supply of fresh suturing material each morning. On entering the main hall of the building he would be joined by a group of medical students who followed reverently in his footsteps. I don't think there was any less respect for senior doctors in my own time, although customs had changed, insofar as we awaited the chief's arrival, on the ward. The ritual was a little different for housemen who commonly accompanied the consultant to his car after the round.

One had little time to ponder the changes attendant upon the advent of N.H. during the year of housejobs, which followed qualification. However, one couldn't help observing the dilemma of the senior registrars in the knowledge that there was no chance of them all becoming consultants.

Soon after the statutory year of internship was up I joined the R.A.F. During the few weeks of basic training a number of diverting courses and tours were laid on for our benefit. One of the latter consisted of a trip round an ejector-seat factory. The party was made up of thirty or so greenhorn medical officers divided into groups. The group I was in toured the factory whilst the others were fired off one by one in a captive ejector-seat which flew up a scaffolding tower. From time to time, during the tour, the combined noise made by screeming drills, whining belts and our stentorian guide was blotted out by ominous booms emanating from the direction of the tower. Exeryone looked a trifle green. One felt like Marie Antoinette awaiting transfer from tumbril to the stage of the guillotine, except that one didn't have her sang-froid. But the experience wasn't too bad after all. There was no sensation of movement, one moment you were on the ground, the next moment you were being slowly cranked back to terra firma from fifty feet up, smiling bravely and surreptiously wriggling your toes to make sure your spine was intact.

Following the introductory phases I spent three very pleasant years on a flying station in Germany. One's medical life there progressed at two very different paces. On the one hand, the never ending routine medicals, and on the other the clangor and sense of urgency accompanying an airfield emergency. Fortunately, during my time at least, no one was ever hurt badly as a result of a plane accident. The worst flying accident involved a sergeant who rode his bicycle through a third storey window. However, he had the constitution of an ox and was soon back at work.

From these crosscuts of service life I will turn to the period of General Practice which followed. I worked as an assistant in a Northern County surburban practice. This was my first and last encounter with the more onerous aspects of the N.H.S. The surgeries were large and the visits took all day. We used an old army billy tin for a sterilizer and had equipment to handle nothing but the most minor laceration. One carried a number of differently colored certificates on visits and to the branch surgeries. The patient paid a shilling for his certificate. By the end of the day your trouser pockets would be pregnant with small coins which made you clank like Marley's ghost as you walked. The local Medical Executive Committee was your "Big Brother" giving forth praise if you ran the practice economically, making you pay if you prescribed something which wasn't on their list. I left the North Country to take another house-job and at the end of this emigrated to Newfoundland.

I took over a self-dispensing private practice in a remote outport. We lived in a large white clinker-built house looking out on the sea. In the garden was a raised outhouse which leant sideways perhaps a degree less than the tower of Pisa. A solitary crab-apple tree substituted for the copper beeches. If the front gate was left open in summer, the garden filled with miscellaneous livestock whose removal was effected by my wife and I launching pincer attacks armed with broomsticks.

The surgery was an old nursing hut which the populace had ingeniously attached to the back of the house by an old stove-pipe which traversed the adjoining walls. One acquired new skills like pulling teeth, filtering fuel oil, lighting Tilley lamps, doing a post-mortem on a sheep and treating horses with lockjaw.

The practice remained a private one for a year and then was absorbed into the local cottage hospital district, such that I became a full time employee of the Provincial Department of Health. I think this is the best and perhaps the only solution to conditions of practice in certain parts of Newfoundland. In my area there were a number of people who, although not indigents, led a very marginal existence. For them it

meant that they no longer had to think twice before calling the doctor. This resulted in a noticeable increase in the volume of work. This was very evident at the branch surgery I held in the disused general store of a small settlement. The crowd of patients waited in the body of the store which might have otherwise been scenery for a ghost town movie. The counters were dusty, the shelves carried small piles of ancient stock and in one corner was a stack of packing cases containing coffins. Occasionally I was too busy to get home for lunch and on one such time I was entertained by a very poor family. One of the children was despatched to buy a can of milk and a tin of peaches. The meal was prepared, I ate with the family and made my way back to the clinic. Sometime later one of the children let slip that they didn't usually have milk in their tea and only ate tinned fruit at Christmas. To me this incident epitomizes the plight of some Newfoundlanders.

After two years in the outport I started training in Psychiatry and have no experimental basis for comparing modes of practice in England and Canada. From G.P. experience though I feel more time allowed to Psychiatry during my undergraduate years would have been most valuable.

I will conclude by setting down my attitude to State Medicine based largely on what I know of the N.H.S. One can divide the people affected by the introduction of State Medicine into three groups.

THE POLITICIAN—THE INTRODUCER

There is no doubt in my mind that politicians who propose such schemes are moved largely by admirable altruistic desires to provide cheap medical care for all. Incidently though, the issue provides a splendid party platform and invites the congratulations of humanitarians and the acclaim of the generality. However, once the scheme is introduced money has to be found to support it. The politician has to raise it as painlessly as possible. He may well have been too liberal in his early dispensations, subsequently have to retrench and make charges for medications anything but nominal. A vastly hypertrophical administration set-up has to be supported. The politician no longer laughs at jokes based on Parkinson's laws.

THE DOCTOR

The doctor loses freedom, prestige, cash and incentive. Under the English system if he wishes to add to equipment or improve his facilities, the money comes out of his own pocket. Certainly as far as the English G.P. is concerned the patient calls the tune. The doctor is virtually a civil servant minus some of the associated privileges and security.

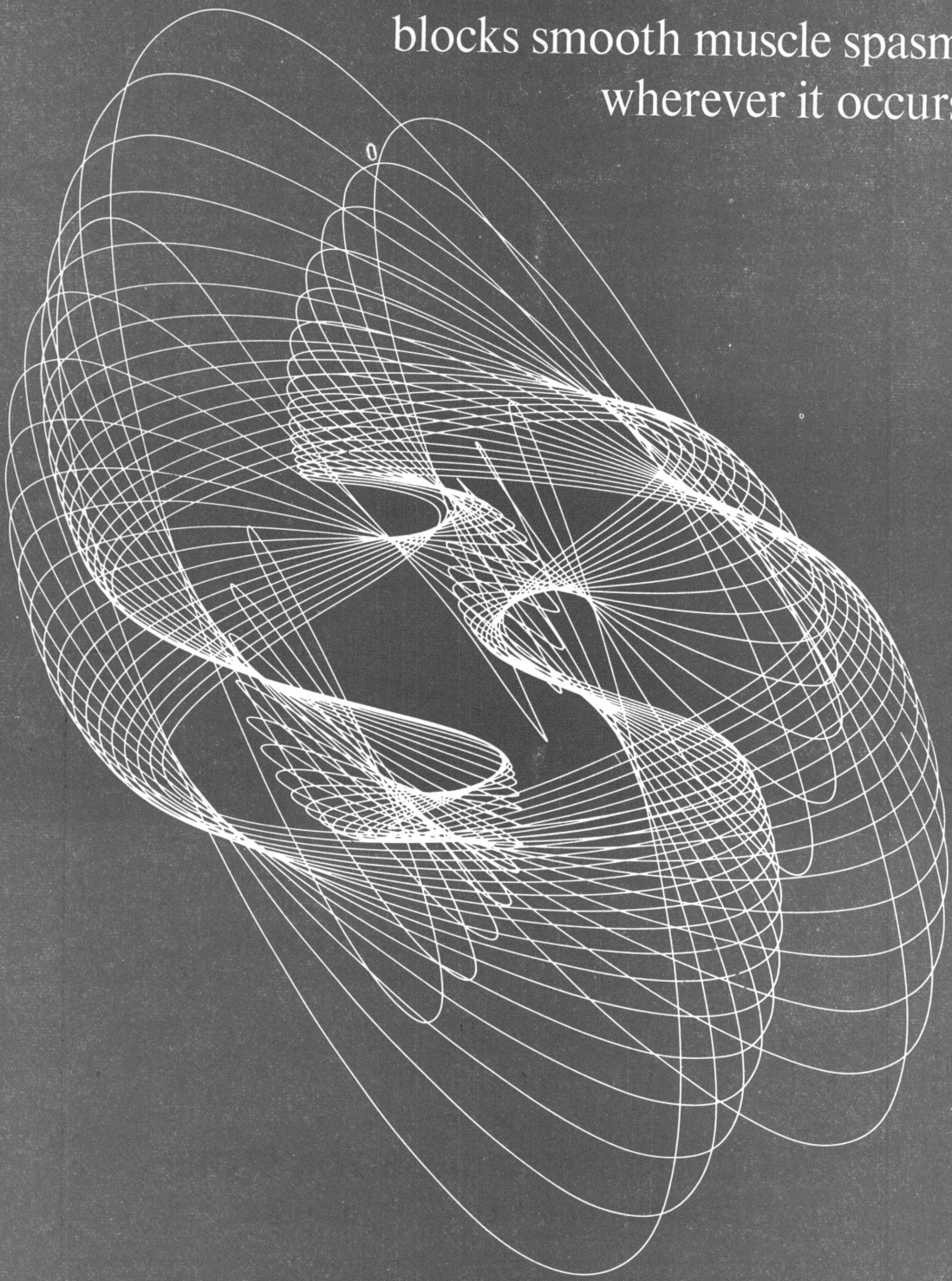
THE PATIENT

Instead of being a contract the doctor-patient relationship has become a giant of the patient. Compared with the old days the patient tends to go to the doctor for less cause and has to wait longer to see a more harassed physician whose livlihood depends less than it used to on being skilful and possessing a good bedside manner.

These changes in English Medicine represents only a part of the drift in Western Europe towards the Welfare State. Certain aspects of this process enervate some of the people involved. Initiative seems to lessen as dependency on the state increases.

I am not advocating a return to the state of affairs in England at the turn of the century when illness and loss of work was disasterous to a working man and his family. However, I think it would be relevant to conclude by quoting words written by Dr. Samuel Smiles about a hundred years ago:

> "Whatever is done for men and classes to a certain extent
> takes away from them the stimulous and necessity of doing
> for themselves; and where men are subjected to over-guidance
> and over-government, the inevitable tendency is to render
> them comparatively helpless."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