MYSTIQUE OR TECHNIQUE

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" the half-distinguished faces "

The modern technological age, absorbed in the task of continually acquiring new techniques, shows a pronounced recoil from the historical attitude. The past may be interesting but it is done with and it is tomorrow which is worth living for; all this in an age when, in spite of the conquest of disease, the future of life on this planet is as unpredictable as at any time in human history.

As scientific education becomes predominant, the new generation is forced more and more to part from the remnants of pre-scientific culture, which still exist amongst us, although as long as Shakespeare and the Bible are read we shall retain some tenuous links with it. But the doctor is always " taking a history "; and is not history itself a clinical study of the behaviour of man in his past environment? The family doctor, still largely dependent on purely observational assessment for his diagnosis (itself a great inheritance from an earlier tradition in British medicine) is always conscious of duration and continuity, for he sees at close quarters the very gradual development of some diseased states and is constantly aware of the workings of heredity and of long continued environment. He should also be aware of the history of the gradual unfolding pattern of the medical services, to which he is now bound, and which in spite of revolutionary changes still contain some traditional and peculiar features.

The landmarks of the establishment of the collegiate bodies in medicine and surgery are well-known, as are their early efforts to set a standard of practice, and how at a later period their vested interests and archaic rules seemed to obstruct the progress of medical education. The story of the origin of the general practitioner has also often been told and dated back to some shadowy figures who persuaded Henry VIII in a quaintly worded act of 1542, not to bear too hardly, in his zeal to stamp out witchcraft and sorcery, on those who, though not members of the two newly formed colleges, could

legitimately claim to be responsible attendants of the sick.

Ever since the term general practice could fairly be used to describe the work of those serving the general medical needs of the great majority of the population, with or without one of those licences which were to be confirmed in the course of time as giving authority to practise all branches of medicine, its scope, and the status of those engaged in it, have constantly altered in response to public need or the medical exigences of the time. These alterations have often been accelerated by rapid social or economic change and have always reflected the standards of education and wealth to which the country as a whole had attained, but they were always initiated by the doctors and usually by the general practitioners themselves.

As the centuries went on, with the great centres of medical education still remaining in Europe, the lot of the general practitioner here, judging from the few surviving doctor's diaries, remained a toilsome round of fevers, childbirth, accidents, rough and ready surgery, useless poly-pharmacy, and much time spent in the saddle. The eighteenth century, in spite of being notorious for quacks and charlatans, saw the impetus for better medical training transferred first to Scotland and then to the developing London medical schools.

Finally, on the eve of the industrial revolution came the dawn of scientific education under the influence of Priestley in a Lancashire Dissenter's college, from whence, temporarily leaving our older universities in the background, it was to spread to the whole of the Western world, bringing scientific medicine in its wake. Notable names there had already been in British medicine—Harvey, Willis, Sydenham, and Hunter. How long it took for their discoveries to have any effect on practice! The provincial practitioner had, as often as not, not even attained as far as the modest but increasing standards of Society of Apothecaries, now in its second century of existence. It has been estimated that at that time there was a doctor to every thousand of the population, but they were, except for a mere handful, all general practitioners, and in spite of pockets of rural brilliance which recall the names of Jenner, Erasmus Darwin (who first saw talent in William Withering), and others, there was no move to alter their scope and status.

At the close of this century Priestley's pupil, the scholarly Percival, wrote his *Ethics* which in addition to defining practice in his day was to form the foundation of the pattern of the growing medical profession in the New World. Raised in a scholastic atmosphere, his student days spent amongst the first intellects of Edinburgh, whom Dr Johnson had been so anxious to meet on his one and only trip north of the border. An original writer on many subjects, he wrote his book on *Ethics* in his later years and described in it " the

present state of physic which is properly divided into three distinct classes ". He had been friendly with the leaders of the American Colonies and yet was seemingly unaware of the gathering wind of change in his own country, but drew a picture which condemned the apothecary, however prosperous his " shop ", to be the attendant of the lower classes only, more on account of his poor general education and his social status, than because of any difference in his effectiveness as a doctor. But the rising demand for science, kept up by the growing industries in the north and midlands, was touching the doctors too, and even the humblest provincial doctor was soon to have an opportunity to attend meetings where he could catch a glimpse of new horizons in medicine and make him wish for better training and proper recognition. Even a skilled observer and expert botanist like Withering, having done all his original work on the effects of the fox-glove without even a stethoscope, was glad to make contact with the new scientists and industrialists at the meetings of the brilliant Lunar Society.

" battles long ago "

The nineteenth century was taken up with repeated agitation for medical reform. New associations of general practitioners, most of them ephemeral, were continually being formed with the object, either of an independent college or bringing pressure to bear on the existing colleges to give their general practitioner members power to influence medical education, or, failing that, to lobby the government of the day to legislate on the powers and functions of the colleges, or on medical education generally, and finally to press for that legal status which the practitioner now felt was his due.

All this, although dictated by the social changes and the increased wealth of the country and fired off by the arrival of the penny post, the telegraph, and the steam railway which spread ideas and allowed the profession in the provinces to organize as never before, was mostly a move of assertiveness amongst the general run of practitioners who were becoming increasingly aware of their value to the community, sensing developments which were to relieve them at last from the feeling that they had really no effective treatment to offer in any disease; that the age-long process of driving magic out of medicine and replacing it by rationality was gaining speed.

This concept of all doctors as men of science (were they not now beginning to use the stethoscope and read of Humphrey Davy's demonstrations on electricity) led from the London medical schools to London University and from the provincial medical schools to their universities as they were founded in steady succession.

Finally, the founding of hospitals in all the growing towns, of

medical journals, libraries, and societies conditioned the supporters of Charles Hastings, in a campaign which seemed to take all the first half of the century, and which appeared most of the time to be a struggle against the colleges with their overlapping and conflicting power over licence to practice, to stir a reluctant government to the Act of 1858, defining a medical practitioner with a uniform standard of education, and giving him, at last, an unrestricted right to practise all branches of medicine.

In spite of the growing encroachment of governments into the medical field in later times this right was to hold until well into the next century.

" but we'll do more "

The twentieth century first saw the growth of specialism and special techniques in medicine and surgery and the widening of the gulf between the doctors with a hospital background and the general practitioners who owing to the growing complexities of modern medicine became no longer equally equipped to exercise their art and were increasingly isolated from the advancing frontiers of knowledge. All this too at a time when the ideas of communal medicine were being worked out. It is true that the government, though previously largely ignorant of medical affairs and reluctant to give them any priority, had already braved the fierce jealousies of our highly individualistic profession with a succession of acts on public health and vaccination. It is also true that since the publication of *Utopia* in 1516 writers with a prescience beyond their time had forecast the ultimate assumption by the state of the medical care of its citizens. The profession itself, increasingly aware of its communal responsibilities, made the first move in this direction and brought out its plan for the medical care of the nation, formulated by general practitioners who were familiar with the social structure of the country at close quarters. It was not until 1911 that Lloyd George translated it into action, inferring that doctoring was too important a thing to be left to the doctors. It took two wars and two major upheavals in the profession before they were prodded and cajoled into altering their entire status as a free and independent body, albeit, with the highest ethical discipline, into a welfare organization paid for by the state.

This was not achieved without the spectacle of the profession in turmoil. Gone, however, were the individual polemics over the Medical Act when the government witnessed the doctors, so contentious that they despaired of dealing with them, locked in an internecine struggle; this time it became a contest, the first, between a learned profession and socialism. This time, with their frustrations slightly more rationalized, the doctors organized campaigns and

although the situation was overlaid in the public eye by the question of remuneration, and the doctors themselves had difficulty in knowing, let alone expressing, what it was they were fighting for, they had a genuine feeling that in an old and civilized country there was a risk of damaging the whole body of medicine in too rapid an attempt to eradicate its defects. It was more than a mere service to be planned but the meeting point between deep rooted humanistic tradition and the scientific concepts of the day, and that in planning for the medical needs of man, Sir Thomas Browne's true Amphibium, we must remember his invisible half, and it was for that half that it was in the best interest that the general practitioner, at least, should remain a personal physician representing his needs, rather than a civil servant and mere instrument of political policy. But enthusiasm declared that it was to be done and done quickly, and powerful enthusiasm had its way.

" on such a full sea "

In the post-war troubles of the Napoleonic era England just escaped revolution, a fact attributed by some to the Evangelical movement and to Methodism. Perhaps when the history of our post-war years comes to be written, a like honour will be paid to the National Health Service and the way the doctors, their protests having secured them a minimum of independence, shouldered its obligations; for at one sweep the whole of the population was provided with a free and immediate escape from the malaise of the times. The doctor, heavily engaged as he was in the early years of the service, had no time for such uplifting thoughts.

At once the fierce spot-light of publicity began to shine, particularly on the general practitioner, embarrassing him in the unprecedented volume of work with which he had to contend. Run down in personnel and equipment, officialdom hinted that he was not really equal to his job and retreated from the old decision that his licence allowed him to practice all branches of medicine. In all his difficulties, time and motion studies were done on his work (with the not surprising judgment that the chief requirement for a good general practitioner was exceptional physical endurance) and he was stung by the report of an outsider showing to what low ebb his work had fallen in some instances. Weighed down with the many new responsibilities which advances in medicine had brought right to his doorstep and lacking many of the facilities provided for the hospital services, he rightly thought too much was being expected of him: many in fact began to think that under these conditions general practice was impossible.

Slowly the muddied stream of the medical services began to clear, hospital admissions became easier, more diagnostic facilities

were provided, the use of the free consultant service became an established pattern, and the transfer of difficult cases, especially psychiatric disorders, to special centres even if it meant losing all clinical responsibility for a patient one had been particularly interested in for a long time, was found to be a welcome relief, giving more time for the mounting volume of work which remained and time to look around and see what was to be the position of this unique system of doctoring. This system, the tradition of a personal family doctor, which was almost permanently written into the health service by the vehement insistence of the general practitioners themselves. The long and laboriously slow progress down the centuries had freed them first from superstition and humbug, then to some degree from ignorance, and now at last had cast off the shackles of commercialism to become the least commercialized medical service in the world; but criticism was being levelled against them before they had been given time to show what they could do or had been given the tools with which to do the job.

Between those who said the general practitioner was the backbone of the profession and those who said he was dying and would soon become extinct, between those who said it was a specialism in its own right and those who said it was a mere sign-post to the consultant there was a great lack of appreciation of its diversity of scope and uses. General practice as we knew it may be becoming extinct but a new one comes in its place which, by all accounts, seems to be made great use of. I would put first as the function of all general practitioners that of the chief first contact with, and integrator of, the health service for the general public: this requires a properly organized practice and increases with the experience of the practitioner. Next there is continuity. This is a real factor of importance in spite of the population being so much less static. The general practitioner still provides more continuity than any other branch of the service, and even in the case of mobile patients, well kept records maintain it. In its relation with patients on follow-up regimes after discharge from hospital it includes explanation of all "they haven't been told", but also adds an important stimulus to keeping up-to-date; for the modern powerful remedies and detailed systems of treatment demand a continuing awareness of their action, management, and complications, without which all the original good intentions can be lost and the number of iatrogenic diseases increased.

Special techniques in general practice usually follow on previous special experience but are also dependent on repeated handling of the same type of case and on special facilities being available. These are not so common as they were but are still a feature of certain practices further away from consultant-staffed hospitals.

Lastly, there are those skills in which the general practitioner can justly claim to be a specialist in his own right. First in his knowledge of his patient; the whole essence of being a personal physician is that he should know his patient better as a person than anyone else, even though his knowledge may have been fortified by reports on some particular aspects by someone more expert than himself. Secondly, the skill which assumes so much greater importance today, that of early diagnosis. No doubt the wealth of special investigation facilities could do the job quicker and more accurately, but someone has to first suspect a condition, and that someone is likely to be the doctor familiar with the patients usual state of health and his prevailing environment. Its importance as a special feature of great significance in general practice is not diminished by the fact that in detection drives for any complaint, mass radiography, the school medical service, and the factory doctor secure a few bags. Here the increase of open diagnostic facilities for the general practitioner will shorten the time lag which he sometimes suffers. Thirdly, and perhaps least advertised, the unceasing, rapid, and competent control of acute infections which formerly left such a toll of damage to life, lung, and limb.

To give expression to these definite and diverse factors in general practice there arose, like a phoenix from the ashes of the old regime, the College of General Practitioners, not like the contemplated "third" college of the Medical Act of 1858 as a threat to the authority of the Royal Colleges, but this time with their willing assistance, so that some of their leaders came down from Mount Olympus and put their shoulders to the wheel. The founders of this college were like Sir Robert Shirley " whose singular praise it was that he did the best things in the worst times and hoped them in the most calamitous ", for at a difficult time they put forward a purely academic body, outside medical politics, whose sole aim is to set a standard of general practice which the well informed and well educated patient of today has a right to expect, to organize the kind of continuing education that the general practitioner needs and to provide a forum from which the least articulate branch of the service can proclaim what its particular contribution to the total medical care of the population really is.

" leaving thine outgrown shell "

The writer, who first grappled with general practice in a sea-port town thirty years ago, where diphtheria was endemic, tuberculosis among young people rife, and midwifery in poor homes a triad of layers of newspaper, pulling on roller towels, and chloroform, has reason to be grateful to the many factors which have given it a fairer face today; but the real renaissance is yet to come. The future

of this unique system of personal doctoring is on trial; in some countries it has been abolished, in some it still flourishes expensively under the old system but is increasingly feeling the impact of the concentration of technical skills in the big hospitals which threaten its scope. The *vis a tergo* is provided by the patient in the affluent society, who full of fears heightened by continual health information, has the incentive and the right to expect nothing but the best in the way of treatment. Happily this is offset a little by their appreciation of the doctor's obvious difficulties, for even with extreme dedication to his work there is a limit to the number of really effective hours he can put in in a day, and also there has been a change in the attitude of fixation on one particular doctor, even in psychological disorders. They all accept being handed from general practitioners to hospital and back, and from one clinic to another, with a touching faith in a close liaison between all branches of the profession.

Meanwhile, world opinion waits impatiently—too impatiently—in the wings to pass judgment on the new production; but the first few scenes have been but poorly rehearsed and the players will gain assurance if they can have but a little longer run. They have it in them to show that it is not the producer but they themselves who will determine the success of the performance.

Once more the future of our general practice will depend, not on regulations, but on what the doctors make of it themselves. This typical British compromise, this perpetuation of an element of pre-scientific culture into the technological world, this incorporation of a personal service within nationalized medicine, must be given a fair trial under the new conditions before the verdict of the critics should be listened to.

Where there is specialist service in its own right, the knowledge of the patient, the early diagnosis, the treatment of acute infections, in fact all the front line activities which enhance the effect of the consultant services, it should receive unquestioning recognition. Where there is good management of practice combined with experience, continuity, good record keeping, education of patients, and careful integration with hospitals and other branches of the service and with other doctors, in fact all the basic terms of our contract, there should be help. Where special skills and techniques are threatened with extinction by lack of scope and facilities, the trend should be reversed; in the urban areas by re-integrating all the young doctors with the hospitals and in country districts, where they mostly survive, by amplification of diagnostic services and the provision of other special facilities and equipment.

The special general practice teaching centres set a standard in all this which is copied in certain group practices, so that some of them

equal the clinics of hospitals in efficiency. Personal doctoring, although made more interesting and more effective by continuing medical education and maintaining special skills, is still a matter of temperament and can even flourish in health centres as it did in lock-up surgeries.

The future of man is still expected to lie in γνωθι δεχυτον and to quote Lord Adrian, the secrets of the human mind are just as likely to reveal themselves in the doctor's surgery as in the laboratory. Technique will steadily invade general practice but as all inter-human relationships will never be explained entirely in biochemical terms there will always remain so much of mystique in the personal service. Perhaps this will yet be found the most acceptable pattern of general medical services for civilized man " creeping ant-like from his mysterious past to his uncertain future, clutching his tiny store of knowledge ".

THE BRITISH MEDICAL ASSOCIATION

The Brackenbury Prize

The Council of The British Medical Association is prepared to consider the award of *The Brackenbury Prize* in the year 1963. The prize, of approximately £100 in value, will be awarded at the discretion of the Council for the best contribution on *British Medicine: Its influence overseas in the past and problems for the future.* Any member of the Association is eligible to compete. A high order of excellence will be required and regard will be paid to literary form as well as to the practical importance of the contributions. No report or study that has previously been published in the medical press or elsewhere will be considered eligible for the prize.

Each entry, which must be typewritten or printed in the English language, should be unsigned, but accompanied by a note of the candidate's name and address. It is suggested that entries should be of the order of 10,000 words.

Preliminary notice of entry for this prize is required. The closing date for entries is 31 December 1962. Entry forms and further particulars may be obtained from:

The Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1.