

## A ledger stamped 'G. P.'

G. STOUT, MB, FRCS, FRCGP  
General Practitioner, Middlesbrough

**SUMMARY.** The practice statistics from a doctor's account ledger, initialled 'G. P.' are analysed to see if they fit the career of Dr George Pilkington, between 1879 and 1884.

### Introduction

A HEAVY old-fashioned leatherbound ledger, with the initials 'G. P.' stamped on its front cover, was handed in to the Cleveland County Archivist's office by the Clerk to the Parish Council of Yarm in the 1970s. The ledger records a doctor's practice over two short periods in the 1880s. The initials 'G. P.' seem unlikely to mean general practitioner, although that title was in use in the nineteenth century. At that time, there was a doctor in practice locally called George Pilkington. So the ledger has been studied and the known facts on Pilkington's career compared to determine if the initials 'G. P.' could be those of George Pilkington.

The first half of the ledger concerned general practice in the area around Yarm, and ran from November 1879 until May 1881. The rest of the ledger entries concerned a practice based four miles distant at Stockton—from June 1882 until February 1884. Yarm is now a smaller town than Stockton, higher up the river Tees. In the seventeenth century, the days of sail, it was an active port, thriving on imports and exports of agricultural and mining produce from south Durham and north Yorkshire.

At Yarm, there were three categories of entry: those of visits, marked 'VIS' or 'ITER'; those entered 'MED'; and miscellaneous services. The entry VIS in the ledger meant a nearby visit, while ITER denoted a journey of over one mile, customarily charged according to its distance. The nature of the miscellaneous services is stated, but there is no abbreviation to suggest the location of any such service. While 'accouchement' would take place in the home, bandaging or vaccination could have been undertaken at home or at surgery. (As their number is not large, this analysis has assumed miscellaneous services to have taken place at the surgery.)

The notable omission in his abbreviations is any contraction indicative of surgery attendance at Yarm.

© *Journal of the Royal College of General Practitioners*, 1984, 34, 223-225.

Superficially the contraction MED implies the dispensing of a prescription. Most doctors had a small surgery dispensary—some employing a dispenser during surgery hours to make up standard mixtures, pills or ointments. The habit of sending patients to a pharmacist was uncommon—mostly confined to physicians. Patients attending the surgery might have been charged for 'medicines only', without a specific charge for 'advice'—almost an echo of the pre-1815 Apothecaries Act situation. Does the abbreviation MED imply dispensing only, or does it cover that missing service in these accounts—a service crucial to general practice—the surgery consultation?

At Stockton, his work pattern underwent a radical change, in that 92 per cent of his recorded services were for visits. He also showed the time of late requests for visits. A new abbreviation appeared in a few cases: 'CONS', charged at the same rate as MED. This contraction would seem to mean a surgery consultation. The increase in his visits at Stockton may be interpreted as a failure on his part to attract patients to his surgery.

### Analysis of the ledger

**List size.** Table 1 shows the number of patients attended by G.P. at Yarm and Stockton. At Yarm, he attended a total of 203 separate patients. At Stockton, there were 337 separate patients. Thirty-six of the patients attended at Stockton had been in his Yarm practice.

**Services per patient.** These are also shown in Table 1. At Yarm in 1880, his consulting rate per patient per annum was 3.7 and his visiting rate was 4.5 which gives

---

**Table 1.** Numbers of patients, consultations and visits at the two practices between the years 1879 and 1884.

---

Period		Patients	Consultations	Visits
<i>Yarm</i>				
Nov-Dec	1879	12	25	41
Jan-Dec	1880	149	549	676
Jan-May	1881	96	277	456
<i>Stockton</i>				
June-Dec	1882	181	78	929
Jan-Dec	1883	175	79	879
Jan-Feb	1884	46	13	141

---

a total of eight services per patient per annum. The rate of consultations to visits (A/V ratio) is 1:1.2.

He attended 14 confinements in 1880 and 13 in 1881. At Stockton his visiting rate in 1882 was 8.7 and his total services were 9.5 per patient per annum. His visiting rate represented 92.3 per cent of his workload. His A/V ratio was 1:12.4. In 1883 his visiting rate was 5.02 and his total services were 5.4 per patient per annum. His A/V ratio was 1:11.1. (There was a decline in his workload after the summer.) He attended 10 'accouchements' in 1882, and 15 in 1883.

**Fees.** At Yarm VIS or ITER were charged at the rate of 3s, 3s 6d or 4s. His charges for MED varied from 1s to 1s 6d. His charges at Stockton were higher: an ordinary visit cost 3s 6d and a late visit 5s. At Yarm or Stockton, confinements were charged at 15s or 1 guinea (21s). The application of forceps or the administration of chloroform cost 2 guineas. Miscellaneous services cost the following: bandaging, 3s or 5s; setting fractures, 10s 6d; vaccinations, 2s 6d or 3s 6d.

From Yarm in 1879 G.P. issued accounts for £9 and received £2. In 1880 he billed for £242 and received £52. In 1881 he billed for £156 and received £81 that year, with further receipts in 1882 of £51. Thus he sent out accounts for £407 (between November 1879 and May 1881) for his Yarm practice and received a return of £186. At Stockton his first bills after moving there in June 1882, were sent out in December. In 1882 he billed for £170, in 1883 for £343 and in 1884 for £31. He received £8 in 1883 and £119 in 1884. Thus for accounts of £544 his income was a meagre £127.

His attendance on a joiner's family at Yarm can be cited as an example of his practice. In October 1881 he paid six visits and gave medicine once. His account for 1 guinea was paid in August 1882. Between June 1882 and February 1883, when he was based at Stockton, he paid 26 visits, vaccinated a baby at the address and gave one consultation with Dr Thomas R. Pearson from Thornaby. His bill for £8 19s shows no evidence of having been paid.

### The ledger accounts

How accurate are these deductions from the ledger? The entries for items of service are meticulously recorded, but G.P.'s recording of amounts received looks much less careful. Some accounts are marked 'contra account', often without any amount entered. Apart from a few examinations of patients for assurance companies, there are no ledger entries to suggest any remunerative part-time appointment. It was customary for professional men to hand over their account books with uncollected debts to a collector. An agreement would be made on the percentage to be levied upon the successful recovery of bad debts. In the second, or 'Stockton' period, accounts are marked 'BAD', 'BAD DEBT'—'gone away' or 'left town' (for example, to Sunderland or even to America). Half a dozen accounts in 1884 were

marked 'C. COURT' with the amount awarded, to be paid monthly; but there is no record of any sums received.

There are entries in 1884 in a different hand, using pencil or indelible pencil, signed 'W.A.J.' and later 'W.A. Johnson'—sometimes showing monies received. Then there are 40 accounts marked in indelible pencil 'B.L.' or 'B. Ledger' and, in the same hand, 'transferred to 1885 ledger' is written across one account. The suggestion is of some attempt at collection in 1884. Was W. A. Johnson the name of a collector?

How did G.P.'s fees compare with those of his contemporaries? In 1904, in Cumberland, Dr J. Walker Wood<sup>1</sup> charged 1s 6d for a visit, while a night visit cost 2s. In 1912, Dr J. Falconer<sup>2</sup> of Middlesbrough charged 2s for a surgery consultation and 2s 6d for a home visit, including medicine, while a night visit between 8 p.m. and 8 a.m. was charged at 4s. In a country locum in 1930 Dr J. Hynes<sup>3</sup> was charging 2s 6d for a consultation, with 6d extra for medicine and 3s 6d for a visit. Midwifery fees at a works club in South Bank, Middlesbrough in 1902<sup>4</sup> were 10s 6d for a booked case, and 15s if not booked. Dr Walker Wood in Cumberland charged 1 guinea in 1904 with 2 guineas for forceps or chloroform. The 1905 British Medical Association's Contact Report quoted midwifery charges as ranging from 10s 6d to 15s. By 1930, these fees had doubled. Thus G.P.'s charges in the 1880s seem high.

### Practice area

Between 1879 and 1881, half G.P.'s visits were in Yarm, one quarter to the nearby villages of Worsall, Picton, Preston and Kirklevington. Yet he undertook journeys to single addresses as far afield as Darlington (nine miles), south Stockton or Thornaby (five miles), Middlesbrough or Great Ayton (nine miles).

From 1882 to 1884, G.P. confined his visiting area around Stockton to Thornaby, Yarm and their neighbouring villages, but occasionally he still made long trips to Hartlepool (12 miles) Middlesbrough (four-and-a-half miles) and even one trip over the moors to Lealholm nearly at Whitby (approximately 25 miles away).

While the time for a consultation in the surgery may not have varied much from the last century to this one, the time taken for a home visit or home confinement must differ greatly. Travel by horse and trap would be time-consuming.

G.P. worked diligently to try and build up his practice but was competing with established and older doctors in Stockton and Yarm, doctors such as Christopher Young, in practice in Yarm between 1865 and 1893. A visit necessarily takes three or four times longer than that for a surgery consultation, but G.P.'s high visiting rate at Stockton could not always be recovered by any higher charges.

## George Pilkington's career

How do the facts of George Pilkington's career match the above data? Born in Manchester in 1854,<sup>6</sup> he studied at Guy's Hospital where in 1879, he proceeded MRCS England, and also took the LRCP from Edinburgh.<sup>7</sup> He must have been married as a student as his elder daughter, Amelia, was five years old in 1881 when he was in practice at the High Street, Yarm. His wife, Amelia Ann, was born at Middlesbrough; his elder daughter, Amelia, was born at Forrest Hill, Kent; and the baby, Bessy, was born at Yarm.<sup>6</sup>

In January 1881 G.P. applied for the post of house surgeon at nearby North Oremesby Hospital, Middlesbrough.<sup>8</sup> Three candidates were shortlisted: George Pilkington, William Knott of Middlesbrough and William B. Dester of White House, Hartlepool. William Knott was voted into the post, to start a 50-year career in Middlesbrough.

George Pilkington was at Stockton in the directories of 1883<sup>9</sup> and 1885, showing posts as Medical Examiner for Recruits and Acting Surgeon to the First North Yorks Artillery Volunteers, Honorary Surgeon to the Fire Brigade, medical referee to the Gresham and Star Assurance companies, member of the British Medical Association and the South Durham and Cleveland Medical Society. These posts were hardly remunerative. (His refereeship to the assurance companies brought him six clients at Yarm and seven at Stockton, yet only one fee was received). He had failed to secure any rewarding part-time post, so vital in the early and lean years of income of a nineteenth century industrial practice. His elaborate directory entry in 1883 suggests a window-dressing exercise.

Annual directories show changes of address but there is a lag period between any move and its appearance in the next directory. Thus George is shown to be in Stockton in 1885 but by 1887 he is 'travelling', showing a postal address at Guy's Hospital. He was still travelling in 1888. In 1891 his address was 5 St Peter's Place, Fleetwood, but no details are given. His address in 1891-92 is uncommunicated. In 1894 he moved to Redcar, where his widow's address in 1895 was 43 Newcomen Terrace, an area of boarding house accommodation in local directories of that period. George Pilkington died aged 41 years on 14 August 1895 at Halifax Infirmary from lobar pneumonia.<sup>10</sup>

George Pilkington's moves after leaving Stockton suggest locum duties. He had failed to establish a practice in two attempts on Teeside. Had he priced his services too high? Was he in poor health? Perhaps some reader will be able to fill out the unanswered queries.

## References and notes

1. Sydney MA. Looking Back. *Br Med J* 1982; **284**: 1680.
2. Middlesbrough Insurance Committee Minutes (1912)—held by Cleveland Family Practitioner Committee.
3. Hynes J. *MIMS Magazine* 15th May 1981; 70-73.

4. Middlesbrough and District Medical Society Minutes 26th March 1902 (held by Author).
5. An investigation into the economic conditions of contract medical practice in the United Kingdom: Report by the Medico-Political Committee of the B.M.A. Supplement to *British Medical Journal*: 22nd July 1905 pp. 1-96.
6. *Census for Yarm: 1881* (Microfilm held by Cleveland County Archivist).
7. *Medical Directory* (1880).
8. North Ormesby Hospital, Middlesbrough Council Minute Book 1882 (held by Author).
9. *The Medical Directory* (1883 and 1885). London: J & A Churchill.
10. Death Certificate. General Register Office, St Catherine's House, London.

## Address for correspondence

Dr G. Stout, 378 Linthorpe Road, Middlesbrough, Cleveland TS5 6HA.

## The life expectancy of nonsmoking men and women

The pronounced difference in life expectancy between men and women in the United States and other industrialized countries has been attributed to a variety of causes, among them, differential rates of cigarette smoking. A study was undertaken to eliminate the confounding factors of imprecision in the taking of smoking histories and exaggeration of early traumatic deaths in life expectancy calculations.

Survey data were collected on the lifetime smoking habits of adults in Erie County, Pennsylvania as of 1972-74. In the survey interviews, careful distinctions were made between respondents who had formerly smoked and respondents who had never smoked. The survey data were combined with data collected from surviving relatives about the smoking habits of people who had died in Erie County during the years 1972-74. After deaths attributable to traumatic causes (accidents, suicides, and homicides) were removed, life tables were calculated for male and female nonsmokers over age 30. The resulting life expectancy figures for nonsmoking men and women of parallel age were virtually identical. Thus, differential rates of cigarette smoking are apparently the overwhelming cause for the male-female longevity difference. Actuarial tables should be divided by smoking behaviour to reflect this finding. The results of the study suggest that the present longevity difference between men and women will disappear.

Source: Miller GH, Gerstein DR. The life expectancy of nonsmoking men and women. *Pub Health Rep* 1983; **98**: 343-347.