

Medicine for Managers

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The Evolution of General Practice

In the diaries which Samuel Pepys kept in the ten years from 1660 to 1670, he made reference to his own poor health status over one thousand times. He made reference to 'taking cold' over one hundred times, which he often attributed to forgetting to wear his wig, being inadequately dressed or standing in draughts. He linked a variety of other symptoms to having a cold including 'itching', 'tickling', 'pimples' and 'pissing pains'

Pepys makes no reference to consulting with any sort of physician or apothecary and, given some of the remedies, he might have been wise not to do so.

In some ways, the dawn of the nineteenth century and the ensuing decades marked a sort of watershed in the provision of medical services.

Before that time there were apothecaries and other 'practitioners', often peripatetic, who would peddle remedies for ailments, most of which were ineffective, many of which were dangerous and toxic, and a few of which were helpful.

> *Astrology and magic were also techniques used in the treatment of symptoms. Other practitioners were physicians, surgeons, herbalists and monks and nuns.*

Indeed, care of the sick was available and provided in Monasteries and Convents, and was in major part based on the concept of providing supportive care until the illness passed or the patient succumbed.

A variety of herbal remedies were prepared by those who professed medical skills and the derivatives of some of those remedies are still in use to this day.

Salicylic Acid, the natural substance from which Aspirin is derived, came from willow and myrtle and reported use dates back to 4000 years before Christ.

The foxglove plant, digitalis purpurea, is poisonous when consumed but the practitioner William Withering (1741-1799) noted one of his patients with heart failure was treated by a herbalist using 20 different herbs.

The patient improved. Withering tested each herbal constituent and found that foxglove digitalis made the heart beat more steadily and strongly.

Bloodletting was very popular well into the nineteenth century. It is hard to imagine the degree of damage that must have been inflicted on some poorly patients who, as if not ill

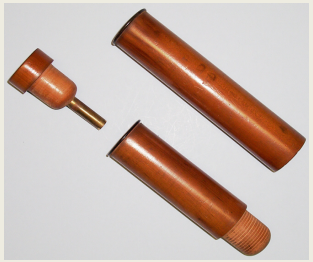
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enough, then had to deal with venesection and acute anaemia. It was often done by lay bloodletters.

Legislation to curb those who professed medical skills but who were offering only a ragbag of ineffective and sometimes hazardous remedies came in the form of the Apothecaries' Act 1815 and the Medical Act 1858.

The latter Act was enacted after a long campaign to abolish quackery and it established the General Council of Medical Education and Registration (later the GMC).

It introduced control over medical training syllabuses and established who and how examinations should be conducted. At this time the concept of 'primary care' was becoming more identifiable. The emerging general practitioner was a person who had medical training and who practised more than one branch of medicine (generally medicine, surgery, midwifery and pharmacy). Arguably many so-called practitioners before 1815 also provided multiple services, though only with unregulated education in the form of apprenticeships or 'self-training'.



During the nineteenth century the general practitioner emerged as a friend as well as a medical practitioner.



The title 'doctor' had gradually emerged in the latter part of the eighteenth century. As a result of the medical studies, the doctor had become, by the early part of the nineteenth century, better at identifying a number of significant medical problems and was able to, for example, take a pulse and recognise some illnesses by visual inspection, although of course there were very few treatments available. It was during the nineteenth century that a number of diagnostic aids resulted in the range and quality of care to increase rapidly and dramatically.

Key developments included:

1. The Stethoscope. Developed by the French physician, Rene Laënnec in 1816, the stethoscope (from the Greek words *stethos* [chest] and *scopos* [I see] was originally called "le cylindre" by him. The initial designs were of a cylindrical tube of wood approximately 31 cm long designed in three parts with a wood-screw thread and a brass fitting at the end.
For Laënnec, not only did it allow him to hear more clearly but eliminated the necessity for him to put his ear directly on the unwashed and lice-ridden chests of many of his patients.



Over the years in has undergone progressive refinements to the well-known Littman design of today.

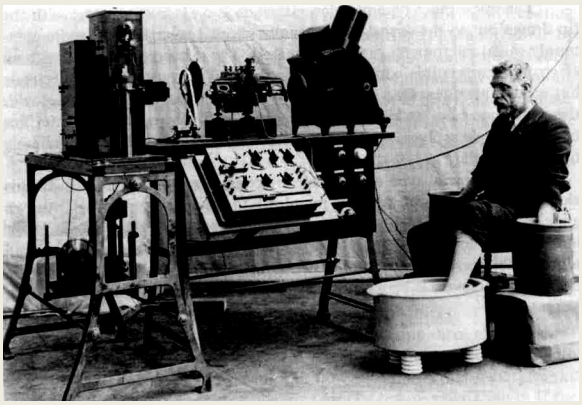


2. The Thermometer. It was the Berlin physician Ludwig Traube, who introduced the thermometer into clinical practice in around 1850. It was first used in American hospital practise in 1865 and Clifford Allbutt, Regius

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Professor of Medicine at Cambridge, introduced it in England in 1867. It provided a reliable method of measuring fever.

3. The X-ray. First recognised by the German Physicist Wilhelm Röntgen, and perfected by the English Scientist William Crookes, was first used to review the bones of a hand in 1895. The huge range of uses was quickly identified and it rapidly became a pre-eminent tool in the diagnosis of a host of medical disorders to the present day. Interestingly, by the 1950s, nearly half of American General Practitioners had an X-ray machine in their practices, but the idea was not imported into British surgeries.



4. The sphygmomanometer was first invented by the Italian physician Scipione Riva-Rocci in 1896. It was a simple concept.

A rubber bag was wrapped round the arm and was filled with air to block the circulation of blood through the brachial artery. Initially, it was only the highest pressure, when the circulation was abolished, that was measured by using a finger on a pulse in the arm, but in 1905, Russian physician, Nikolai Korotkoff added the refinement of using a stethoscope to listen to the blood flow through the artery to identify the highest pressure in the artery when flow was abolished, and the lowest pressure when flow was fully restored.

Understanding of heart and blood vessel disease rapidly expanded, though there was little in the way of treatment. Hospitals started recording the BP of patients on admission in about 1914 and they were introduced into general practices in the 1920s.

5. The electrocardiograph. It was at the very end of the nineteenth century that the Dutch physiologist, Willem Einthoven first developed a technique for showing the electrical pattern of a heart wave on a photographic plate. His device was limited in its use by the necessity of the individual being investigated to place the hands and feet in four buckets of water. It was difficult to operate. It was developed and the first ECGs as we know them were being used by the 1930s.

In the first half of the twentieth century, general practice operated as a cottage industry, with doctors generally working alone from their own homes with a room converted into a surgery. Indeed, even in 1977, I did locums for a doctor whose consulting room was converted to his dining room on a Sunday!

Consultations were usually undertaken morning and evening by the doctor and patients would come to the surgery and wait their turn to be seen. There was no waiting list to consult the doctor because everyone who attended was seen, no matter how many people there were.

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Many patients required visits and doctors, using pony and trap in the early twentieth century and later in their cars, would do up to twenty visits a day.

> *Visits included for reasons such as seeing 'ladies' for whom a trip to the surgery was 'not appropriate' or for proving incapacity.*

Many GPs would work prodigious hours, day in, day out and of course usually undertook their own out-of-hours consultations as well, often in rota with other local practices where possible.

General practice would be the subject of major change when, on July 5th 1948, the National Health Service was introduced. No longer did families need to have 'a shilling for the doctor' available at all times if someone was ill necessitating medical care.

Joseph Collings undertook a detailed study of the new National Health Service and stated, when it was completed in 1950, that the day of the horse-and-buggy doctor was gone.

> *"It is absurd to try to recapture the 19th century concept of a benign old doctor in his frock coat and silk hat sitting through the night, awaiting the pneumonia crisis or the delayed-arrival of the first born."*

He and others recognised that the rather cozy and reassuring omnipresence of the general practitioner was being killed off by two key changes; the shift in the presentation of medical care with the expansion of and move from the general practitioner to the specialist. The second key change was the shift of primary care from the patient's home to the doctor's surgery and the hospital outpatient department.

The number of home visits continued to decline steadily after the war, to the extent that many GPs these days are perceived to do no home visits at all, or the delegate such activities to the out-of-hours services which now provide a visiting service.

Other things have changed including:

- Attending the practice without an appointment has given way to the requirement to book an appointment. It may still be debated which system was better, both for the doctor and for the patient.
- Commonly not being able to see the doctor on the same day, or even in the same week as the request.
- Loss of consistency of medical care as doctors have become increasingly part-time, commonly available only four or five sessions a week.
- Increasing referral, in some cases even for increasingly basic services.

For those who are old enough to remember the doctor of the forties and fifties, even into the seventies in many cases, they may mourn the loss of the cozy, personal relationship based on knowledge acquired over years by repeatedly seeing the same patients.

On the other hand, medical has developed enormously since the 1970s. Drugs, techniques, consultant skills and really every aspect of medical care has developed and, at its best, it now provides services and treats patients that

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could not even have been dreamed of seventy years ago.

It is hard to believe that, in 1901, the age life expectancy for a man was about 45 for men and about 49 for a woman.

In 2020, the figures were roughly 79 for a man and 83 for a woman.

So a dramatic increase, in large part due to the advances of medical care, although morbidity has increased and these days, for many the last decade or two might be accompanied by 'not good' health.



The Doctor by Samuel Luke Fildes

So, a huge transformation from the Victorian Home Doctor which formed the model of medical care right through to the fifties, to the modern, highly technical, computerised, more controlled service with such a huge range of options and choices for care.



I do wonder though, with traffic the way it is, and surgeries now under such pressure, perhaps the best way to get to see the doctor might be to take a leaf out of the book of the doctor of 100 years ago.



I'll leave you with that thought!

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