

TOWARDS STATE-CONTROLLED
MEDICINE

Acknowledgments are gratefully made to Dr Douglas Guthrie's recently published *History of Medicine* (Nelson & Co.).

POOOR people do not differ from rich people in this natural characteristic, that they both like to have individual medical attention and realise that the best way to obtain this is to pay a reasonable fee to the doctor of their choice. Nevertheless one meets many people of all classes who make, sometimes grudgingly, the admission that they think a State Medical Service would be a good thing.

There are several causes of this discrepancy. In the first place, it is by no means confined to medical matters. More than ever since the Second War, some commodities are badly distributed and many of us have got into the way of thinking that nationalisation, or control by the State, offers a satisfactory solution. This is a trend of the times, and statistical statements have got us into the habit of supposing a 'trend' to be something inevitable. For instance, this was the defeatist talk some years ago of many doctors who were by temperament, by training and by reasoned conviction opposed to State Medicine as a bad thing for the people: they summed up wearily by saying that it was all a trend of the times and there was no resisting it. Another attitude, less easy to dispose of, was, and is, to point to the many defects in our present medical services and to suggest that State control at least offers a remedy, no other being available.

It is clear that all arguments in favour of State control of our medical service rest primarily on the defects of the present system. To understand these one must know a little of the evolution of medicine in this country over the past two centuries. This period measures the Golden Age of science. In the two centuries that preceded, neither the violent passions of the Reformation nor what a medico may be permitted to call the mental indigestion of the Renaissance had been conducive to that tranquillity of order that is the historical background of real progress. In its personnel, too, science had suffered severely from the Black Death and the plagues. We know that Italian surgeons in the 13th century operated successfully, even inside the peritoneum, with inhalation anaesthesia and dressings that were probably nearly sterile because they were dry. But pandemic waves of plague decimated the practising doctors, as well as the best of the clergy, and put the clock back.

In the relative security of the 18th century the medical clock moved on again. Harvey is credited with discovering the circulation of the blood, though readers of Rabelais, of nearly a hundred years before, must recognise how near the University of Lyons had come to it. Newton laid the foundation of the new physical science, and study of the body as a mechanism gained a new impulse from his conception of matter. It was high time. In the beginning of the century, as Professor Trevelyan notes, the death-rate exceeded the birth-rate, and he attributes the subsequent great amelioration in the public ill-health to improved medical service. Methods of treatment tended to become more rational and commonsense. Obsession with witchcraft, that had darkened Puritan times, was over. The great Sydenham had restored methods of observation and reasoning that had been lost with all the lost securities, and set a new standard for his pupils and successors. The Gregorys, Pringle, and the Hunters are among the famous names of the new tradition, with Jenner at the end of the century. The control of smallpox alone led to a marked fall in infant mortality and the general death-rate.

The conquest of the seas brought new remedies like quinine and Peru bark, both owed, it is said, to Jesuit missionaries. Opium came into common use. Blood-letting was now used with more circumspection: iron was prescribed for anaemia. Application of acids and alkalis was taught by the new chemists. Digitalis, that supreme helper of the heart, *per se*, was discovered. The uses of mercury, always a two-edged tool, were better understood. Though there was as yet no official standardisation of strength and dosage of remedies, there were recognised methods of preparation, some of which read like misplaced passages from Mrs Beaton. Medicine had moved far from the times when the medieval monk heated his oil in a crucible such time as he chanted the psalm *Quare fremuerunt gentes*.

Accurate instruments of measurement and of examination, the graduated glass, the hand lens, the compound microscope, the pulse watch, the clinical thermometer, brought their quota from other sciences. Laennec invented the stethoscope, which is to this day inseparable in the popular mind from the ritual of doctoring: perhaps (though Chesterton missed this one in his famous defence of punning) the mental association between 'sounding' and warranting a person sound has something to do with this. Only the modern skiagram has displaced it at last, though the best clinicians have always practised, and taught, greater reliance on the other senses, of vision and touch. As the century closed, the physician was beginning to be a scientific man, though he did wear a top hat and long coat and carry, when he could afford it, a gold-headed cane. It would

be about this time that his dignity was saved from the necessity of *tasting* the urine for sugar, long known as the cause of *diabetes mellitus*: though the more fastidious had usually delegated this duty to their pupil-apprentice, chemists now made possible the more pleasant procedure of *testing* it.

It should be noted that in those days the physician was an individualist; he based his diagnosis on observation and experience, and his remedies on his often empirical knowledge. Observation was sharpened, and personality counted for much. It must also be admitted that a good bedside manner covered a multitude of clinical sins: the public of today have nothing on the eighteenth or any other century here. With regard to the social aspect of medical practice, the doctor fitted into the set-up enshrined in the lines of the hymn:

‘The rich man in his castle
The poor man at his gate’.

Those were the days of the squirearchy, and we may read about it and its doctors in Jane Austen and even Trollope. Then, industry, basis of our world-wide cloth trade, was dispersed all over the countryside. But the great Industrial Revolution was ‘on’ and by the end of the century masses of the people were being herded together in the new towns and the overgrown old ones, creating the problem of the slums that the Established Churches, organised as they were on the principle of ‘a gentleman in every parish’, failed to cope with.

How Methodism and the non-conformist sects generally found their opportunity among the newly-created proletariat scarcely interests us here except to note that almost exactly the same thing was happening in the medical world. The demand for doctoring that arose out of the appalling conditions of housing and sanitation, not to mention starvation, so well described by Mr A. C. Bryant in *The English Saga*, drew to the slums a supply of doctors. This is the period of the founding of most of our town hospitals and out-door dispensaries, the first great charitable institutions of their kind since the bygone days of the big monasteries. The same humanitarian movement that produced Bentham, Wilberforce, and Howard sent surgeons like Pott and the Hunters, physicians like Fothergill (of whom the Society of Friends may well be proud) and obstetricians like Smellie, into the slums round St Bartholomew’s and St George’s. Though they have been said to ‘climb on the backs of the poor into the pockets of the rich’, the poor, God’s people, benefited, as population curves show. These famous men multiplied their corporal works of mercy a hundredfold by their teaching. According to Dr Guthrie’s *History of Medicine*, Smellie trained 900 doctors in ten years and attended 1150 cases of labour, no mean feat if most of them were like the present writer’s and came off during the night.

Friendly and Sickness Benefit Societies began to arise and multiply; these represent the Wesleyanism of medical history, and realism can only applaud their efforts. The nineteenth century opened with a swarm of doctors and apothecaries, some of them no doubt of the Bob Sawyer breed, practising, as the phrase goes, 'for gain' in the towns, especially the industrial towns. Some regulation of their activities was needed: anybody could call himself a doctor. Also the growing stock of vaunted remedies in that most difficult of all experiments, the restoring of a human body to health, called for action. The Medical Registration Act was passed in 1858 and the first British Pharmacopoeia was issued in 1864. These measures ushered in a hey-day of prescribing and dispensing that captured the popular imagination to an extent that the newly-qualified medical of today can scarcely realise. In a hurried survey there is no space to do it justice, except by comparison with earlier centuries when playing a Tarantelle was supposed to cure a spider's bite and the Reverend Hildegard, Abbess of Bingen, treated leprosy with unicorn's liver—one wonders how she solved the problem of supply.

The new diagnoses were symptomatological rather than profoundly physiological, and the remedies followed suit. But they were effective in their way, and perhaps the modern physician has cause to envy those simple days and simple ways, for the people and their nutrition were not yet so far separated from the healthy life of the country as to have developed that megalopolitan diathesis that is baffling many modern clinicians. When the new chemists discovered the coal-tar analgesics, of which the honoured and honourable 'aspirin' is a good example, and manufacturers produced various compressed tablets of ascertainable purity, a tremendous step had been taken to relieve the minor as well as many of the major ills of which human flesh is said to be an heritor. I have read somewhere that 1,000 million aspirin tablets are consumed annually in this country alone. I do not know. But the remedy has solved many a problem that poppy and mandragora and the drowsy syrups served only to accentuate.

To sum up, the public learned to have faith in a medical prescription. Health was seen as something provided by doctors. It became what the economists of the time would have called a commodity. Both doctors and remedies were now reasonably good, and were beginning to be so well 'standardised' that it is easy to see how social reformers were misled. They were, and many of them are still, inclined to lose sight of the individual factor that is of paramount importance in the medical art. They saw, as Lloyd George saw, medicine only as another commodity that was often denied the poor because they had no money to pay for it. They noted, too, in many quarters, a low standard both of clinical work and of dispensing of

medicines, a feature of the slums that has had justice done it by the doctor-novelist A. J. Cronin. With that almost childish faith in regulations that marks so much modern effort, they believed they could abolish these abuses. The charitable as well as the sentimental of all classes clamoured for some organisation of doctoring on a State-aided basis. The insurance societies, some of them large corporations with an axe to grind, welcomed some form of compulsion in the matter. Employers of labour, appalled at the increasing loss to industry from sickness, backed the scheme, and National Health Insurance came into being.

It would be captious to minimise from the doctrinaire viewpoint of Individualism the great benefits that came to the masses in the industrial centres. Even in rural districts where the doctor was becoming less and less subsidised (as the jargon goes) by the land-owning and other wealthy classes, the medical services of the nation gained a great deal and stood to gain still more.

Of the cramping of the National Health Insurance scheme by vexatious regulations, by a low scale of remuneration that forced a rising doctor to take on more patients than he could deal with properly, and by unimaginative control of prescribing by a staff of clerks whose main concern was costing, little need be said here. The last fateful chapter is perhaps still to be written. If the bureaucratic mind had it in view to discredit the Panel system and pave the way to State Socialism in medicine, it could scarcely have played its cards better. A system that had many great and good features inherent in its conception has suffered almost no evolution in thirty years except in the direction of the growing numbers who are persuaded or compelled to take part in it. Any incidental improvement in medical practice within its framework has been due to the individual doctors themselves, and most of them have paid for it by a shortened expectation of life. It is ironical that one of the arguments for a new system distasteful to the doctors is based on the alleged defects that they themselves have worked so hard and so loyally to compensate and abolish in the old one.

The worst that can be said about the Panel system is that it has perpetuated a tradition of pill-and-bottle medicine against which the common sense of the people is already in revolt. Employing methods of mass production in the profession that should be the most individualistic, it has driven many disillusioned people into the arms of charlatans. It has also contributed to the rise of the enormous and lucrative peddling of patent medicines. For, in so far as it has been guided at all, the system has been guided by bureaucrats. In this matter, as in most, the departmental type of mind thinks in masses of figures that are, by the nature of things, years old when they come

up for analysis and as a basis for future policy. This has tended to freeze into an already obsolete mould not only the general level of practice but also by indirect pressure much academic work and a proportion of research as well. Two examples may be given, the present prescribing of cod liver oil and liver extracts, and the *impasse* that is facing the treatment of the peptic ulcer.

Against the uneven distribution of hospitals and of practising doctors through the country, which constitutes one of the defects of the present medical lay-out, and is one of the most quoted arguments for State regimentation of doctors and hospitals, a good deal can be said. It is, however, an outstanding fact that in the country places, where a working man has to travel, say, four miles to his doctor's surgery and is too decent to send for him unless he is really ill (for so I have found the rural wage-earner from Herefordshire to Inverness), the health of the public does not suffer much, if at all. It has probably little to do with doctors (if we except that pioneering body, the Chester Panel Committee) that rural districts do show a better record of health than urban. On the contrary, it can be argued with a wonderful deal of fact (and even figures) to support it, that increased availability of 'cheap and nasty' medicine in the towns has been concomitant with an actual increase in the incidence of minor maladies. If the connection is causal, two causes may be suggested, one, the encouragement of neuroses, that waste-paper basket of conditions that Dr Halliday stated to amount to one-third of industrial illness; and, two, the throwing of emphasis on doctoring rather than on sound dietetics, good cooking and intelligent use of traditional domestic remedies. Other factors are involved, to my mind of supreme importance, but they lie outside the scope of this article.

Mr Louis Mumford says that he who enters the realm of social speculation must abandon everything but hope. One hopes that some day the labourer will be counted worthy of his hire; this will result in the doctor's getting his hire too. For the present, our truly great medical schools continue to teach that the patient is an individual, not a disease, and that the temptation to treat symptoms must be resisted, however strongly the necessity for earning a living presses on the practitioner. There are many signs that the ideal of positive health is coming into its own. If this is so, the desperate disease of Industrialism, though it may require temporarily the desperate remedy of a State Medical Service, is among evil things that will pass.

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