BRITISH MEDICAL JOURNAL

LONDON SATURDAY MARCH 25 1950

THE GRANNY RACKET

BY

HENEAGE OGILVIE, K.B.E., M.D., M.Ch., F.R.C.S.

Surgeon to Guy's Hospital

If we look at the world of to-day and to-morrow with the complete detachment of a visitor from another planet we cannot fail to see that reorganization is proceeding everywhere, not only in the State, but in big business, in big industry, that it is necessary simply to deal with new pressures from the flanks and new discovery in front. Where change is most rapid and most radical there it is the most necessary that its progress shall be helped and its direction guided for the common good—in other words, that it must be directed scientifically. Science is no longer the concern of scientists alone; for the welfare, even the survival, of any State depends upon the proper use of scientific research. The road of scientific advance is marked by milestones on which are inscribed the names of men of genius; but the man of genius can do no more than find the key that fits the lock of a new door. To turn that key, to push open that door, to explore the passages to which it leads and find which of them are profitable, and to unlock further doors as they are encountered, he needs help. He needs thousands of workers to get details settled and millions of money to provide the apparatus for mass research, and only very wealthy bodies can provide that help. The really vital question is not whether the State takes part in the future development of a medical service, but, if and when it does so, what part it will take.

A Unique Opportunity

This question confronts the American medical profession to-day. The more courageous among them realize that now, while the sun of prosperity still shines, they have a unique opportunity to plan a health service along lines of their own choosing, to work with their Government as partners rather than as servants, to extend their research on national lines to unimagined goals. Others, like Gallio, care for none of these things, but shut their eyes to the facts around them. Such men find Harold Stassen's articles in the *Reader's Digest*, which many of us have read with amusement, meat and drink. "Never, Never, Never," in January, is a study of the British health service based on interviews with discontented doctors and a few slightly inaccurate figures. "Granny is Gone," in the February number, tells the story of the old lady who died of pneumonia because she could not be found a bed under the National Health Service. Both articles pay little more than lip service to veracity, but they encourage the American reader to thank God he is not as other men are, and to turn over again and go to sleep. (Matthew, vii. 3.)

The facts are these. The large American hospitals which are not State-owned or limited to paying-patients are "in the red." They are facing a loss that increases every year, and they are increasingly worried over it. The poor American is worse off than Granny, for he gets very little unless he pays for it. He cannot get a nurse to look after

him at home, as Granny could have done at the Government's expense. He has never had those necessities that have always been available to the poorest in Britain, even before 1948—unlimited blood transfusion and unlimited chemotherapy.

It is claimed that 50% of Americans are covered against the cost of sickness by insurance. This may be true to-day, but a year ago the number covered was more like 5%. Even to-day the number who are adequately covered is negligible. By adequate cover is meant cover for all risks for all time. A fit man can insure against the cost of his first illness or his first operation for a reasonable sum. Once he has been in hospital he can reinsure only at a considerably enhanced premium, or with the more probable risks excluded. When he is really ill he is uninsurable. It is claimed also that those who are so insured can get the best that American medicine has to offer: unfortunately they may easily get the worst.

American research leads the world to-day. The best American hospitals and the best American physicians and surgeons are very good indeed. They give service second to none in the world. But there are also a number of doubtful clinics hungry for customers, and a host of untrained specialists and fake consultants hovering on the outskirts and ready to prey on any sick man who strays from the fold. Many men who would not pass any scrutiny as specialists have admitting rights to the best hospitals. It is only necessary to read books like *Petticoat Surgeon*, and others that have been sent by their publishers for review, to get a glimpse of the chicanery and commercial dealing to which the sick American may fall a prey if he is unlucky. The number of common bile ducts divided in America every year by incompetent surgeons exceeds those so injured in Britain by a significant margin.

Medicine and the State

Of all branches of science, medicine concerns the State most closely, for it affects the health, happiness, and working efficiency of every one of the human units that make the State. It is to the State's own interest to see that every man who has some idea or method that promises to advance medicine is given every facility to develop his invention and to apply it for the good of his fellows. It is equally to the advantage of the State to ensure that every citizen, however poor, shall find available to him the best treatment that modern medicine can offer. All men would agree on the truth of these two propositions; it is in the application of them that disagreement is not merely possible but inevitable. Nowhere is help more needed than in medicine; nowhere is control more disastrous.

Fifty years ago medicine was a bedside science. Investigation was limited to clinical methods, diagnosis was largely empirical, and treatment took the form of shotgun

prescriptions couched in Latin. The use of quinine in malaria, of colchicum in gout, and of digitalis in heart disease were about the only examples of specific therapy. Fifty years ago surgery was conducted on wooden tables by men in shirt-sleeves working with a few simple tools and relying on antiseptics for safety. To-day we do not rest until we have an exact diagnosis, and we depend on a host of accessory methods—radiological, electro-optical, bacteriological, and biochemical—to reach that exactitude: having made our diagnosis, we rely on single drugs, usually produced by a long chain of synthesis from some simple ancestor, and chosen to produce some exact effect on the body or its invaders. To-day a surgical operation requires surroundings and instruments of great complexity, and the services of specialists in many branches collaborating from the time when it is planned till many weeks after it is over.

The high standards demanded by modern medicine and surgery can be reached only in a hospital, and, as more diseases become amenable to treatment and more people come to know what medicine can offer, the number of hospital beds needed for any unit of population increases. Hospitals are growing in numbers, in size, and still more in the complexity of the departments grouped within them and in the cost of their construction and maintenance. The time when wealthy philanthropists were able to found and maintain institutions is past. The time when doctors or patients could afford the very costly drugs that may be needed for the treatment of a case is equally behind us. The support of hospitals and the maintenance of research must in future fall upon the largest kind of corporate body, either professional or State.

What alternatives are there? Insurance? We have to admit that insurance, with all its past successes, appeals to the business rather than to the charitable instincts of a nation, and, while men are willing to share the cost of providing against a probable risk with others of the same profession, trade, factory, or income group, they are not as eager to finance those outside the group, such as the destitute and the aged, or to insure against risks that are not their immediate concern, such as the exploration of the radioactive substances or research into the causes of cancer. Here in fact only a body of the widest purview will be ready to take action on a scale sufficiently bold.

Such a body, either professional or State, must have great resources and great powers—above all, a great organization. And all such organizations have those defects which we describe as bureaucratic. If the State finds the money it tends to interfere in the spending; at the least, it wants to be assured by its own experts that it is getting value for money. But it is apt to set its own definitions on value and on what is an expert. A State expert is almost a contradiction in terms. An expert is one who has studied some branch of knowledge with single-minded concentration. A medical expert is one who has, by his contribution to medicine, risen to a position of authority among his fellows. A State medical expert, prepared to advise a Government department on medical matters, is apt to be drawn from one of three categories, all equally dangerous. He is a Civil Servant who has risen by ability in a health department till he has acquired all the patter of a scientist and could pass in most company as a doctor; or he is a doctor who has spent his whole life in a Government service, working office hours, and insulated from the delights and despondencies, the triumphs and the disappointments of practice; or he is an eloquent opportunist, who finds in the position of Government spokesman an

eminence that his profession has never accorded him. The first two look on a medical service as a matter of administration and accountancy; the third is ready to turn on the tap of his oratory at the behest of any political master.

Difficult Problems

The matter of State aid concerns every kind of problem, and its dangers are apparent even to those who insist most strongly on its necessity. It is very much to the fore in Britain, where the State owns every kind of communication, including the postal telegraph and broadcasting systems, every kind of transport, the mines, and many of the major industries. In each case we are facing the great difficulty of combining State help with efficient management and progressive policy, of seeing that control shall not on the one hand be at the mercy of the changing politics of the moment, and on the other fall into the hands of a permanent bureaucratic clique. Many methods of organization are under trial, and they are all undergoing modification, and we hope improvement. The American medical profession has the unique advantage of being able to study these human experiments in progress, if they will study them, without suffering the pangs of the laboratory animal, of being able to learn what is good and what should be avoided.

What is good in our system is apparent—that the expense of medical care, education, and research will in the future be provided from public funds. What is unsatisfactory is equally apparent—the waste of money on unnecessary transport, on expensive apparatus that is not wanted and not cared for, on the administrative hordes that have settled on the body of British medicine and are costing more than the care of the sick. What is bad is as yet feared rather than apparent, and, given wisdom and a willingness to amend abuses as they appear on the part of successive Ministers, it may never happen. The disaster that is greatly to be feared in any State medical service is the loss of freedom—freedom for the doctor to follow truth where it leads him, freedom for the patient to seek help where he has confidence. For the preservation of this freedom two things are essential: first, that all purely professional matters concerning medical education, the staffing of hospitals, and methods of treatment shall be decided on the advice of professional bodies chosen not by the Ministry but by the profession themselves; and, secondly, that private practice must continue.

An Indefinable Quality

One of the most unfortunate things about the inception of a medical service is that it imposes a rigid and artificial system of grading. Grading is inevitable in medicine, but just as in boxing or lawn tennis a man's grading is that which he makes for himself, so in medicine a doctor's grading is the position he attains in the eyes of his fellows and his patients. Academic training, degrees, honours, appointments, publications, all these things count, but they count little beside that indefinable quality a man's real worth. We all know, on the one hand, multi-lettered men who are no more use to a patient than a dog-doctor; and, on the other, men with poor qualifications and training who have slowly won their way by their character and the quality of their work to leading positions. Where a State department picks its experts on the results of an interview or on the advice of a select committee it nearly always picks the wrong men. The danger of official interference in matters of treatment needs only to be stated to be apparent. The orthodoxy of to-day is the heterodoxy

of yesterday, and may be the discarded fallacy of to-morrow. Methods, like men, must establish their own grading.

Above all things it is important that the relation of confidence between the doctor and his patient should not be disturbed. The patient should look on his doctor as an individual whom he has chosen to help his own individual needs, as a man of power who can invoke State assistance and command State resources, never as an official at the end of an office string. For this relationship to be maintained it is essential that private practice should be encouraged rather than driven into the hands of the small group of charlatans who would still exist to prey on the stragglers of a society in which all reputable doctors were perforce full-time employees of the State. In matters of decisive concern to the individual—his health, his house, his legal affairs, his money—it is essential that each man should be free, if he so desires, to seek advice from an expert of acknowledged position and integrity, chosen by himself. Only when such a body of experts is available, as a standard for comparison and as a Court of Appeal in doubt or difficulty, can a Government service be wholly efficient or command complete confidence. It is clearly in the interests of a State medical service that the men who work within it, and the men whose wisdom or whose contributions to science have earned them a position in which they are sought as second opinions, should be the same.

At the Cross-roads

American medicine is at the cross-roads, and American doctors would be wise to face that fact. They can see, if they will look, other nations proceeding along, or being dragged along, some of the many paths that lead from the crossing. They are still free to choose their own. They can pick the good and reject the bad from other systems if they will study them, and from these pickings they have to-day an unparalleled opportunity, one that will never come again, to produce their own system and make it work. They can then go to their Government and say, "Here is a plan that we, the doctors of America, have devised and tested. We claim that it will keep our scientific research in the forefront of world progress, that it will allow every man who enters medicine to find that work to which he is most suited by inclination and ability, and that it will enable every citizen of our great country to get the treatment that his disability demands. We can prove that the cost of this system to the country is less than that of the National Health Service in Great Britain, that the benefits it confers are greater, and that it is more readily adaptable to changing needs. We ask you to take it over as a going concern. We will run it for you."

The organization of medical services must come, all over the world, and the best people to initiate and develop such a public service are the doctors themselves. They alone have a clear and consistent grasp of the true relation of those services to the people, which is essentially that of servant and master—meaning that the true centre of interest and action is not in the authority but in the patient. And that patient is not a number in an office, but a unique person, a living soul. It is because doctors, and especially that most responsible of doctors the general practitioner, can never forget that all-important fact, so easily mislaid in offices and ignored by Governments, that I hope the American profession itself will take the first steps in its own development on a modern nation-wide scale. Will it do this? Not if it goes on worrying over Granny.

NEW ORIENTATIONS IN EPILEPSY*

BY

DENIS WILLIAMS, M.D., D.Sc., F.R.C.P.

*Neurologist, St. George's Hospital; Assistant Physician,
National Hospital, Queen Square*

Epilepsy has always aroused the interest of physicians, and it continues to do so probably because of our ignorance of the mechanisms responsible for its maintenance. There are other reasons for the present interest in this disorder. First, its manifestations are dramatic and its origins are certainly obscure—it is arresting and has always been mysterious. Secondly, it presents a social and economic problem of some size, for its incidence is surprisingly high. Statistical studies in America, Switzerland, and Holland (Ledeboer, 1949) suggest that at least 1 in 200 people in each of these countries suffers from epilepsy in one form or another. If the figure for the British Isles is similar, there must be 200,000 subjects of epilepsy in our midst, and rough estimations have ranged from 100,000 upwards. Lennox (1947a) has estimated that there are about 10,000,000 epileptics in the world, although no more than about 300,000 receive treatment. Thirdly, as Hughlings Jackson's work showed, the disturbances of function occurring in the epileptic fit have helped towards the understanding of the localization and integration of cerebral activity. Lastly, in the past 15 years the electroencephalogram (E.E.G.) has shown more of what is taking place in the cerebral cortex during epileptic fits and between them. It has shown differences between epileptics and normals, and it has revealed new facts about the causal lesions. In doing this it has not only given us an instrument through which we can see more, but it has provided a sharp stimulus to the work and interest in epilepsy. Observations made with the E.E.G. have confirmed many of the deductions of Jackson and Gowers, but they have also given us new knowledge and so have modified our view of the clinical state of epilepsy. It may be profitable, therefore, to take stock, and to consider what reorientations have been brought about by these recent advances in knowledge.

The electroencephalograph itself is an impressive piece of apparatus; the electroencephalograms are tangible and convincing; the jargon which surrounds the subject, derived as it is from general physics, electronics, and physiology, creates an atmosphere in which the clinical worker feels bewildered and ignorantly respectful. He feels that this is something beyond the range of his education and experience, and he has not quite realized that most of the advances it has made possible have been in clinical knowledge; for the physiology of the E.E.G. is almost unknown, and the records, the result of activity in millions of cells, cannot yet be interpreted through the medium of axonal activity. The electroencephalographic changes found in epilepsy had to be related to careful clinical observation, and most of the interpretations of the E.E.G. made so far have been clinical.

But there are other reasons, mainly clinical, for a changed approach to epilepsy. One is the discovery of new anti-convulsants, such as the hydantoins, which are effective in one form of epilepsy and not in another, and so call for a differentiation of types. Another is the advance of neurological surgery, which requires detailed knowledge of the lesion causing epilepsy. Penfield's work has been largely responsible for this particular advance. A further reason

*An Open Lecture delivered in Edinburgh University on October 25, 1949.