

RES MEDICA

Journal of the Royal Medical Society



North American Kaleidoscope

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Abstract

I have called these brief remarks a kaleidoscope because inevitably the impressions left after a brief three months spent travelling, visiting and lecturing from New York to San Francisco and from Vancouver to Boston are those of an ever changing, ever fascinating pattern of personalities and scenery, hospitals and research institutions. I can but discuss a few aspects of general rather than of particular interest. Undoubtedly, for those of us fortunate enough to have been allowed to travel thus widely, the impact of the different environment is such that, in retrospect, much of it seems unreal. The American culture, the whole fascinating mechanism of living, is so indescribably different from anything that we have at home, that to experience it for even a few months is to broaden one's outlook and widen one's own horizon to an extent which previously one would have thought unnecessary. It is in the very nature of us all that we have a self-conceit that we are already broadminded, well travelled and appreciative of other cultures than our own. Nobody's medical or social education is complete until he has at least sampled American and Canadian life, and a generalisation such as this is not as platitudinous as it sounds.

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ISSN: 2051-7580 (Online) ISSN: 0482-3206 (Print)

Res Medica is published by the Royal Medical Society, 5/5 Bristo Square, Edinburgh, EH8 9AL

Res Medica, Winter 1957, 1(1): 32-35

[doi:10.2218/resmedica.v1i1.289](https://doi.org/10.2218/resmedica.v1i1.289)

NORTH AMERICAN KALEIDOSCOPE

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I HAVE CALLED these brief remarks a kaleidoscope because inevitably the impressions left after a brief three months spent travelling, visiting and lecturing from New York to San Francisco and from Vancouver to Boston are those of an ever changing, ever fascinating pattern of personalities and scenery, hospitals and research institutions. I can but discuss a few aspects of general rather than of particular interest. Undoubtedly, for those of us fortunate enough to have been allowed to travel thus widely, the impact of the different environment is such that, in retrospect, much of it seems unreal. The American culture, the whole fascinating mechanism of living, is so indescribably different from anything that we have at home, that to experience it for even a few months is to broaden one's outlook and widen one's own horizon to an extent which previously one would have thought unnecessary. It is in the very nature of us all that we have a self-conceit that we are already broad-minded, well travelled and appreciative of other cultures than our own. Nobody's medical or social education is complete until he has at least sampled American and Canadian life, and a generalisation such as this is not as platitudinous as it sounds.

Ideally, a period of a year spent working as an integral part of a unit in a university or a medical school is the method by which most benefit is derived. Thereby three months of travelling can be combined with nine months of work and progress, a period during which new techniques can be learnt and new disciplines assimilated. Thereafter the return home is made with a refreshed and revitalised outlook. To remain for too long in any environment without the catalytic effect of outside contacts, may make the best of us become narrow-minded and occasionally parochially prejudiced in our actions and thoughts.

My own recent peregrinations had a double origin—the Court of the University of Edinburgh kindly gave me leave of absence in order that I might accept a travelling lectureship to the four Western Canadian University Medical Schools and also to various other universities. These visits were combined with studies, on behalf of the South East of Scotland Regional Hospital Board, at a number of centres where various techniques were being used for the application of radioactive iodine to the problems of the diagnosis and treatment of thyroid disorders. Both purposes were achieved by a programme which included short visits to many universities and centres, and more prolonged periods of about ten days at each of several units in New York, Baltimore, Cleveland, Rochester (Minnesota) and Boston.

How can one give a brief vignette of an all-embracing journey? Any transatlantic voyage, even in a January gale which made the world's fastest liner a day late, is an experience, although it is perhaps significant that after the voyage I arranged to fly home three months later. In New York, after an initial contretemps with a taxi driver who thought

that any liner passenger was fair game and likely to be amenable to crookery (but who on this occasion found that he had made a mistake) I spent ten days visiting various hospitals and sightseeing. Here also for the first time I heard the haunting melodies from the score of "My Fair Lady," melodies which follow one in every private home throughout the Continent, melodies which we here can still only enjoy from privately imported records. Its impact here on its arrival at Drury Lane in April will be fabulous.

But a recitation of a timetable is not my purpose. Most stimulating was the contact with, and teaching of medical students. This was my privilege in Baltimore, Cleveland and Western Canada. There is little doubt that the older and more mature American medical student has a theoretical knowledge and a background of relevant physiological and biochemical experience often more profound than his contemporary here. But he is often less at home at the bedside, less able to elicit physical signs and frequently more liable to reach bizarre diagnoses than is his British counterpart. He does this because he is at least aware of conditions of which our students have never heard. This, in itself, is most creditable provided he retains his sense of proportion. Nevertheless, the manner of case presentations by students at conferences and seminars in Baltimore and Boston, Cleveland and Saskatoon was often of a very high standard.

Any visitor is inevitably impressed by the physical facilities and amenities of many American and Canadian hospitals. The provision of so much that makes professional working and teaching conditions pleasant for the doctor poses the question of whether the standard of "patient-care," as it might be called, is equally high. As might be expected, most patients are able to benefit by all the resources of medical science, albeit that this may be expensive. Some of the hospitals for the indigent poor are, unfortunately, more stark and barren than many of our more backward hospitals, but in contrast, the institutions of the Veterans' Administration are superb. In some places the medical care of the patients was not as comprehensive and complete as is usually the case in comparable hospitals here. The reasons were many: sometimes the exigencies of the patient's financial circumstances prevented his having access to facilities which would be provided as a matter of course in this country; occasionally the numerous consultations and investigations advised led to a befogging of the primary issue, the cure or relief of the patient's symptoms. This might result in unnecessary use of medical resources, with the financial burden being carried by the patient; occasionally the superfluity of specialist opinion resulted in no single individual being able to make decisions, which to an outsider appeared obvious and straightforward.

This leads me to discuss what all British visitors are asked: the results and experience of nearly ten years of the British National Health Service. All Americans, medical and lay, are intensely interested in our N.H.S. The medical profession, unfortunately, tends to be irrationally prejudiced and holds innumerable misconceptions regarding conditions of work, the directive power of the Government with regard to care of patients and prescription of drugs, and the cost, to the individual, of the service. Unfortunately, the American Medical Association has about the most powerful imaginable "lobby" in Congress and wields an immense influence upon the Press. As a result both the profession and the lay public are given biased, and often inaccurate, information about the National Health Service. I met, and lived with, very many non-medical

families. It was most humbling to realise that, although in some respects our profession is less respected in this country than it was fifty years ago, the medical profession in the U.S.A. has, by the workings of its public relations, and by its financial policy in Eastern large cities in particular, forfeited much more in terms of good will.

One heard a lot about, and was constantly assured, that the Health Insurance Schemes, such as Blue Cross and Blue Shield, covered all necessary medical expenses. Such schemes, however, are never comprehensive, medical fees for attendance outside hospital are not included, and many procedures and drugs are specifically excluded from the terms of the insurance. There is no reciprocity between many of the schemes in different States, and usually there is a time limit beyond which benefit cannot be obtained. Despite all the insurance schemes, a severe, and particularly, a prolonged illness can and does bankrupt many American families; moreover, the high level of fees demanded for straightforward medical and dental care is often so high that they may represent an inordinate proportion of a slim family budget. It should be remembered that even in the free, expanding and bountiful American economy not all citizens have high incomes in terms of purchasing power.

I was fortunate to be able to visit the four medical schools in the Western Canadian Provinces at Vancouver, Edmonton, Saskatoon, and Winnipeg. Each had its own atmosphere, its own administrative problems and its own particular method of dealing with that perennial and international problem of the relationship between a university teaching centre and the rest of the medical profession in the city. This, in an atmosphere where the number of patients seen determines the incomes of individual or institution, is often not an easy relationship. The main teaching hospital in Vancouver is an "open" hospital, in the sense that most practitioners in the area can admit their patients to the institution for treatment by themselves. A service of house physicians and house surgeons is not general throughout the hospital, and thus many of the patients may have no intermediary between the referring physician and the nursing staff. Such an atmosphere is not always conducive to the best standards of teaching and of medical care. The university authorities there are fully aware of this and are anxious to proceed with the development of a university hospital, in the superb peninsular site occupied by the university campus itself. Saskatoon, wherein is the medical school of the University of Saskatchewan, has had a preclinical medical school for many years, but only on the recent completion of the new University Hospital, has clinical teaching been undertaken. This hospital, built of granite by masons from Aberdeen, is rapidly expanding its departments and attracting a staff from Eastern Canada, the United States and the United Kingdom. To it is already flowing an increasing stream of patients from all parts of the province. In such institutions the vitality of Canada and of Canadian medicine is obvious. Saskatoon is led by staff members who are determined to make it succeed and to turn it into one of the leading North American medical centres.

But so much else could also be described. I have a vivid recollection of a visit to the Government Hospital at Edmonton for Eskimos and for Red Indians from the whole of Northern Canada. I saw there tuberculosis-ridden Eskimo women tattooed on face, hands and knees. The charts above the cots of the Indian babies were always intriguing—they showed names as diverse as William Arthur Foot-in-Hell and Johnny Cut-throat (an especially cherubic-looking infant). The most certain sign

of a full-blooded Red Indian is that he should be called Donald MacDonald or Pierre Dumas—for respect and admiration for the original Scots and French trappers led to the adoption of their names by many families. It cannot, however, be denied that much Scots and French blood flows in the Indians and Eskimos of today.

American hospitality is always described as prodigious. Only in its experience does one realise its extent. Many prolonged talks and discussions into the small hours of the morning were among the most valuable results of the trip. The fantastic distances covered and the variable scenery all make an indelible impression. To leave Minneapolis in a February blizzard with four feet of snow, and to arrive a few hours later in San Francisco and find the spring flowers over and camelias in bloom by the bedroom window was a soul warming experience, quite apart from the thrill of the westward flight across the prairies, the Rockies, the Sierra Nevada range and the descent over the lush Californian valleys, the first sight of green after thousands of miles of snow and browned terrain. A few days later I travelled by train through Jasper National Park from Vancouver to Edmonton, a majestic and magnificent route for which no superlatives can exaggerate the scenery. Travelling yet further East, I visited the expanding Alberta oil fields, passed over the extensive Canadian prairies and saw the vast areas of virgin territory in North Ontario.

Arrival back at the eastern seaboard, via Toronto and Niagara, meant that once again one could read one of the few objective and balanced newspapers, the *New York Times*. There is no "national press" in the sense that we know it, in the United States. The majority of newspapers throughout the country are local and primarily concerned with local and area news. They give about as much space to happenings in Washington as do our newspapers to the political climate of Paris, and their references to Europe and the United Kingdom are about as extensive as the coverage by the *Scotsman* of the affairs of the Boy Scouts in Fiji. Many Americans, especially those in the professions, realise this and the weekly edition of the *Manchester Guardian* is widely read in many households as it gives such a fair and balanced survey of the world scene. The only comparable American cover is the Sunday edition of the *New York Times* which, with its numerous supplements and its *Review of the Week*, is excellent in all respects.

I returned home with thankfulness that I lived in an atmosphere most aspects of which I could at least understand even if I could not always altogether approve, for one always wishes to emulate at home the best that one sees abroad. Inevitably, a traveller wishes to be able to return at some future date to the United States and to Canada in order to renew friendships, widen contacts and, where possible, learn where they can teach, as well as teach where they can learn.



No Comment

From a dissertation "Of Purgatives" . . . Thos. Livingstone. 1751.

" . . . upon searching into a good many books I have found them so much divided in their opinions, that if I should enter into the debate I would but lose myself in a multiplicity of different doctrines."