

Essay Reviews

The Market for Medicine

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Anne Digby, *Making a medical living: doctors and patients in the English market for medicine, 1720–1911*, Cambridge Studies in Population, Economy and Society in Past Times, Cambridge University Press, 1994, pp. xix, 348, Illus., £40.00, \$64.95 (0-521-34526-X).

An applicant for admission to a medical school who was asked why he wanted to be a doctor, replied: "It's an interesting job and the money's good". Tired of applicants who said they "felt it was a vocation", "wanted to help people" or "do good", the committee instantly accepted him, for he was a realist. Doctors in Britain may grumble that they are overworked or hate the new market-oriented National Health Service, but it is still an interesting and well paid occupation. Moreover, today doctors in Britain are equally well paid whether their patients are poor or wealthy, and there has been a great levelling out of medical incomes. Although there are some consultants who make very large incomes through the merit award system combined with private practice, on the whole the differential between general practitioners' incomes and consultants' is small, and certainly much smaller than it used to be. How does this compare with the past?

Anne Digby has shown elsewhere that the introduction of National Health Insurance in 1911 led to a marked change in general practice by providing a higher and above all a secure level of income. Here, in this marvellously thorough and lucid work that is an outstanding contribution to the history of the medical profession, she goes back in time to explore the economic aspects of medical practice from 1720 to 1911.

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A study based on a detailed analysis of incomes and expenses may sound like dry stuff, but do not imagine for a moment that this is the case here. Perhaps the greatest virtue of the book is the demonstration of the interdependence of social and economic history. Through an economic approach we learn what doctors thought of themselves, their ambitions, their station in life, their triumphs and their miseries, and also what patients thought about them. The work is based on an extensive and highly original use of a wide range of primary sources such as advertisements for practices and partnerships: and also for jobs as that downtrodden medical dogsbody, the assistant in general practice: "The assistant as medical workhorse could look forward at this point only to dealing with cases of ordinary midwifery, seeing members of clubs, or attending to poor-law patients. And, like prime candidates for the boxing ring, applicants were advised to include details of weight, age, height" (p. 129).

The evidence is analysed and presented with an enviable clarity and narrative skill, enlightened with a delightfully light touch such as the quotation above as well as cartoons and jokes from *Punch*, poking fun at the doctors and their mercenary ways, such as a satirical itemized medical bill for £2.3.9d., published in *Punch* in 1844 (p. 49).

What comes out clearly are the striking differences between general practitioners and consultant physicians and surgeons. After a sort of a golden age in the eighteenth century the surgeon-apothecary, renamed as the general practitioner in the nineteenth, found it increasingly difficult to make even a modest

living. If he bought a practice or partnership, the chances of being cheated by false accounts was high. But the real trouble was over-production in a free market. There were too many GPs competing with each other, with irregular practitioners, and increasingly through the second half of the nineteenth century with the literally hundreds of thousands of patients who went straight to the (free) out-patient departments of the voluntary hospitals, a factor incidentally which, to my mind, played a large part in establishing the peculiarly British principle of referral. General practitioners who made a successful medical living were those who acquired a middle-class practice, or managed to obtain as many outside appointments as possible, such as poor-law doctor, or factory doctor, but many of these were miserably paid, and as the century progressed they tended to be concentrated in the hands of a few.

For consultant physicians and surgeons (like barristers today) the main problem was getting established. Initially, consultants were often poorer than GPs. "Getting business" was often a matter of being introduced to the rich by an established physician, or a matter of sheer luck. One physician, recalling his early days, claimed, "I had numbered twelve months almost without feeling a pulse or receiving a fee". He believed he would have done better: "had I but been content with the humble sphere of GP", but a lucky break in the form of a street accident led to practice in a titled household and further introductions (p. 173). Even the admirable John Greene Crosse of Norwich, who eventually earned "a place in the sun", had a very slow start although the well-established Dr Rigby took him under his wing. But his practice took off when he obtained that almost invariable guarantee of success, an appointment as an honorary (physician or surgeon) at a voluntary hospital. As a result, by the age of 46 he was swamped with work. In 1836 he wrote that "5 times within ten days I have seen a patient 33 miles off and each day attended to an extensive practice in and about Norwich" (p. 116). The extraordinary distances travelled by

practitioners in search of work is one of the revealing themes in this book. In part this was due to the gratifying tendency for the rich to call in a succession of consultants when one of the family fell ill. One patient, or rather one illness, could be a nice little earner for as many as half a dozen physicians or surgeons.

In his first seven years as a surgeon the famous James Paget earned an average annual income of £23, but then his income steadily increased to a level of £10,000 p.a., roughly twenty times the income of a successful GP, while Astley Cooper earned between £15,000 and £21,000 p.a. (p. 138), roughly equivalent to between £750,000 and £1,500,000 p.a. today. Henry Thompson's annual income as a surgeon was at first around £130 to £160 p.a., but a Jacksonian prize for a book on strictures launched him on a career which reached the dizzy heights of £8,000 for nine months of each year, allowing him three months holiday; and when he died he left a fortune of £226,000 from surgical practice (p. 139). In the nineteenth century the disparity between different branches of the profession and different stages of a career was truly staggering.

What did the public think of all this? In the early nineteenth century Rowlandson's cartoon showed a fat, verbose, mercenary, deceitful and ineffective physician (p. 88). At the end of the century this had been replaced by Luke Fildes' famous 1891 painting *The Doctor* (disgracefully reproduced here, incidentally, by the publishers on p. 313). *The Doctor* may appear excessively sentimental today, but London doctors queued up to sit as the model (none was accepted), it was a sensation when first exhibited at the Royal Academy, and more prints of it were sold than of any Academy painting before or since. To choose two such illustrations as representative of their times is, of course, a gross over-simplification, but it does support the view which appears at the end of the book, that "The practitioner's perception was increasingly that medicine was not a branch of commerce but a reputable profession dedicated to healing" (p. 312). On the whole that was also the view of the public. The GP

may have been poor and shabby but he had become that much-loved figure, the family doctor. The physician was no longer lampooned as a mercenary buffoon, because he had become a powerful symbol of medical

science. While the poor doctor was still very poor and the rich very rich, the profession as a whole had risen in status and public esteem by the end of the nineteenth century.

Medicine and Empire

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Mark Harrison, *Public health in British India: Anglo-Indian preventive medicine, 1859–1914*, Cambridge History of Medicine, Cambridge University Press, 1994, pp. xviii, 324, illus., £45.00 (hardback 0-521-44127-7), £19.95 (paperback 0-521-46688-1).

The history of public health is emerging as a major concern of contemporary historians of medicine. Of course, we had decades ago histories of public health in the United Kingdom, the home of the nineteenth-century sanitary idea. These were usually reliable accounts of legislative and administrative developments but were not very sensitive to the social, political, economic and cultural context of public health history. Then, there appeared George Rosen's classic, *A history of public health* (1958). It was certainly sensitive to context, but it stood for a long time in splendid isolation. Recently, we have seen established a European Network for the History of Public Health, with the promise of regular conferences and plentiful publications and, no doubt, the emergence of a European perspective on the history of public health transcending national boundaries yet alive to the variety of national experiences. We also have the very useful comparative history, *The history of public health and the modern state* (1994) edited by Dorothy Porter. Countries

historically on the periphery of the European public health movement, whether "new" countries of European settlement like the United States and Australia or countries of ancient, non-European culture briefly under European control or influence like India or China, have been much less well served by historians. A national history of public health in the United States, John Duffy's *The sanitarians*, appeared only in 1990. A national history of public health in Australia has yet to be written. Kerrie Macpherson promoted study of China by exploring the origins of public health in Shanghai in *A wilderness of marshes* (1987). The work of Radhika Ramasubban on "imperial health" and that of David Arnold on epidemic disease have opened up inquiry into the history of Indian public health. Now, the history of public health in British India up to 1914 has been documented and critically assessed by Mark Harrison. His study is both a contribution to the history of medicine and health in India itself and to the history of "imperial medicine". As a contribution to the former, it can stand in its own right. But knowledge of the British period is also important to an informed understanding of post-independence health policy, as Roger Jeffery observed in a recent study of the politics of health in modern India. Those critical of imperial rule have long claimed that

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