

GUY'S HOSPITAL

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Near the Thames River and Waterloo Station in the Southward section of London, Guy's Hospital remains one of England's venerable institutions of medicine. It was built in the early 1700s and dedicated just a few months after the death of its benefactor, Thomas Guy. The neighborhood, now run down and noisy, is an old and historical one and was well known in the centuries past to many of the greats of the literary world. William Shakespeare lived and wrote many of his plays there. The George Inn, around the corner from Guy's, still dispenses stout and serves a good and simple fare to the tradesmen and medical students in a setting that carries one back into the 11th century. Nearby also is the Little Dorrit Inn, a Dickens hang out, and the street side room of John Keats, a former medical student at Guy's, is still in use and memorialized by a small plaque next to its entrance door.

There is a large, new building in the hospital complex, and another is in the process of being built. But the entrance courtyard, the colonnades and most of the old buildings and classrooms remain intact. There are mazes of corridors and circular stairwells. At a lower level in one of the old main buildings is a three- or four-room museum completely filled with anatomical dissections and pathology specimens all modeled of wax, and all in color so perfect as to be indistinguishable from real. The entire museum is the work of one man (a colonial from New England) who came to the hospital at the age of 16 and spent his life working there. When he died almost 100 years ago, he took with him the secret of his wax coloring technique.

Tradition, of course, is everywhere and is one of the problems to be dealt with in the practice of medicine at such an institution. Our friend, John Tomkinson, who heads the gynecological and obstetrical division, was the first "non-Guy's man" appointed to the staff since the hospital opened its doors (there is only one other even now). Innovating new policy is a monumental undertaking as the attitude of "Things are not done this way at Guy's" prevails. After much discussion it was decided that the traditional Guy's floor plan could not be improved on, and so the new obstetrical floor is laid out in the identical L-shaped design of two open wards, each with twenty-four beds and the nursing station at the angle. The supervising nursing Sister retained her traditional office where she serves tea to the visiting staff. According to Tomkinson the patients prefer the camaraderie of the open ward arrangement and the NHS footing the bill. They also prefer to remain for the traditional ten days of postpartum care.

Thomas Guy, who began as a printer's apprentice and ended as a member of Parliament, made his fortune printing and selling Bibles. At his death in 1724, he left the

hospital an endowment of 219,499 pounds. Beneath the front entrance, in a dim and dungeon-like cellar chapel, the remains of Thomas Guy rest peacefully in his wooden casket. Even though he is non-Guy, John Tomkinson often visits the chapel for a moment of quiet contemplation. He says it gives one a great sense of continuity and identification.

Apparently in anticipation of the reappearance of Medicare as a political issue, a new group called The United Senior Citizens (U.S.A.), Inc. has been organized in Florida (and with a Fifth Avenue, New York, office address). In contrast to the administration's hastily organized Senior Citizens Councils prior to the big push last year for Medicare and King-Anderson, the new club, which disclaims affiliation "with any organization, medical, dental, political, or other," is against government-sponsored medical care, especially by way of Social Security.

A booklet circularized by this new group of senior citizens has as its main theme that the government's proposal for Medicare, financed through Social Security, is a political move, which attempts to legalize the extraction of a huge sum of money from the solvent workers of this country, to pay the medical bills of an entirely different group. The booklet argues that no matter how altruistic sounding the motives, the taking of money at the point of a gun, (or in the case of the government, on the threat of a penalty for tax evasion) can be classed in no other term except "stealing." The United Senior Citizens feel that the man who robs a grocery store to feed his starving family is still guilty of a crime in the eyes of the law, and that stealing is just as reprehensible a crime when it is done by a government as it is when done by a private individual.

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Yet the planners and bleeding hearts who anguish in public over the sad state of medicine, the shortage of doctors, and the high cost of care have a solution. Eliminate private practice, encourage pre-payment group medicine, expand Medicare, diffuse the know how by establishing regional centers, satellite centers, neighborhood clinics give something called "comprehensive care" to all through a wonderfully nebulous "medical team approach." All of these measures to serve now as thinly disguised steps toward a great Utopia in the form of Socialized Medicine cradle to grave.

And when it is finally achieved, what then? Medical care will have become completely impersonal. Patients will complain to the neighborhood corpsman and call him "Doc" and the high cost of medical care will double automatically every ten years.