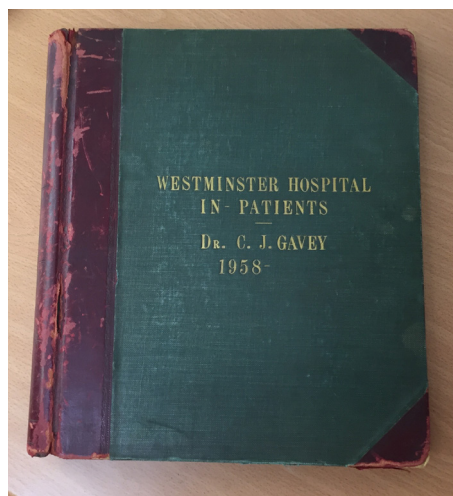


A peek into medical practice half a century ago

The discovery of an old admissions log of intensive care unit patients in Chelsea and Westminster Hospital was like inheriting a little piece of medical history. The green hardback book (Figure 1), complete with yellowed pages and crumbling binding, contained handwritten entries of 2164 patients admitted to the intensive care unit between 1958 and 1964. Each entry included the patient's name, age, hospital number, the date of admission and discharge from the unit, and the reason for admission (Figure 2). Flipping through the pages gave the authors a flavour for medicine as it was practiced all those years ago. This article highlights the key differences that they noted.

Figure 1. Admissions log from the intensive care unit at Chelsea and Westminster Hospital, 1958–64.



Dr Noel Young is Clinical Research Fellow in the Magill Department of Anaesthesia, Intensive Care Medicine and Pain Management, Chelsea and Westminster Hospital, London SW10 9NH

Dr Marcela P Vizcaychipi is Consultant in Anaesthesia and Intensive Care in the Magill Department of Anaesthesia, Intensive Care Medicine and Pain Management, Chelsea and Westminster Hospital, London

Correspondence to: Dr N Young (noel.young@gmail.com)

Prevalent conditions

Much like today, cardiovascular and respiratory problems such as heart failure, pneumonia, myocardial infarction, emphysema and bronchitis were the predominant reason for intensive care unit admission in the 1950s. However, these familiar conditions were punctuated with some more unusual ones, such as coal gas poisoning, taeniasis and brucellosis arthropathy. Overdoses were seen too, although they mainly involved barbiturates and not the common culprits seen today like paracetamol and tricyclic antidepressants. There was also a noticeable lack of obesity and diabetes, and an abundance of rheumatic heart disease.

Language

Next to stand out was the use of old terminology. For example atrial fibrillation was often termed auricular fibrillation, radiotherapy was replaced with deep X-ray therapy or high voltage X-ray therapy. If a patient died, they were respectfully labelled with 'demise' next to their entry (Figure 2).

Cerebrovascular accidents were sometimes referred to as cerebrovascular arteriosclerosis and uterine bleeding as metropathia. They also preferred Latin, as shown by the patients having a 'paracentesis abdominis' and the patient who had tuberculosis of the 'right corpus'.

Diagnostics and therapeutics

Further examination revealed old investigation and treatment methods. There was a mention of telecobalt therapy, an old form of external beam radiotherapy developed after World War II. Now its main use is in the treatment of cancers in developing countries, owing to its low cost and ease of maintenance (Kumar et al, 2011). The gonococcal complement fixation test, developed in 1906, was used to establish a gonococcal cause of arthritis by detecting anti-gonococcal antibodies in blood and synovial fluid (Ratnatunga, 1971). The Vineberg operation, introduced in the early 1940s, involved implanting the left internal mammary artery into ventricular myocardium to revascularize cardiac tissue

Figure 2. Detail from the admissions log from the intensive care unit at Chelsea and Westminster Hospital, 1958–64.

Name	Age	Hosp. No.	Admitted	Discharged	Diagnosis
36	60	17312	6.11.58	15.12.58	Acute myocardial infarction
37	31	X5820	10.10.58	17.12.58	Chorea C.U. rheumatica
38	53	R10823	8.11.58	18.12.58	Chorea C.U. rheumatica
39	65	Q 6600	14.11.58	20.12.58	Brucellosis
40	31	X7588	1.11.58	20.12.58	Brucellosis
41	54	X7884	16.11.58	21.12.58	Brucellosis
42	42	16674	24.10.58	6.1.59	Brucellosis
43	62	X2857	26.11.58	1.12.58	Brucellosis
44	50	X3194	1.12.58	17.1.59	Brucellosis
45	61	X8744	25.11.58	11.1.59	Brucellosis
46	43	X7970	26.10.58	15.11.58	Brucellosis
47	45	O 1416	24.11.58	27.11.58	Brucellosis
48	66	47858	24.10.58	1.1.59	Brucellosis
49	55	Q1064	18.11.58	4.12.58	Brucellosis
50	60	X07042	18.11.58	19.11.58	Brucellosis
51	53	X7438	25.11.58	26.1.59	Brucellosis

and relieve ischaemia (Katrapati and George, 2008). It was used to treat angina until the advent of coronary artery bypass grafting in the 1960s.

Hypertension management

Some entries reflected different attitudes in the management of certain diseases. For instance, a condition that patients were frequently admitted with was benign essential hypertension. This was because hypertension was not routinely treated in the community, allowing the disease to progress and cause complications. The reasons for this lack of blood pressure control were two-fold. First, before the Framingham Heart Study showed the correlation between high blood pressure and adverse events such as strokes and heart attacks (Kannel et al, 1969), there was still much debate regarding the benefits of treating hypertension. Skeptics felt that hypertension was a natural part of aging, and if asymptomatic, patients with a systolic blood pressure of less than 200 mmHg should not be treated (Moser, 2006).

Second, there was a dearth of suitable oral antihypertensive agents, with thiazides

only available from 1958 followed by beta-blockers in the 1960s. This explained the use of more aggressive therapies that were noted in the admission book, such as intravenous guanethidine therapy and the Smithwick sympathectomy. It was fascinating to see how these simple entries represented a very different era where clinicians did not have the understanding of disease processes that are taken for granted now.

Conclusions

Looking through these records demonstrated several differences in the practice of medicine 50 years ago from that of today. These included prevalent conditions, medical terminology, investigations, treatment, and attitudes towards disease processes. There was one factor that clearly had not changed since those times, however – doctors' messy handwriting. **BJHM**

Conflict of interest: none.

Kannel WB, Schwartz MJ, McNamara PM (1969) Blood pressure and risk of coronary heart disease: the Framingham study. *Dis Chest* **56**: 43–52
 Katrapati P, George JC (2008) Vineberg Operation: a review of the birth and impact of this surgical technique. *Ann Thorac Surg* **86**: 1713–16 (doi: 10.1016/j.athoracsur.2008.05.072)

KEY POINTS

- Examining an old admissions log from a London intensive care unit revealed that 50 years ago, doctors were treating diseases that would rarely be seen in a modern urban hospital setting.
- Our predecessors used early forms of treatment that would later evolve into modern-day techniques like radiotherapy and coronary artery bypass grafting.
- Hypertension was a frequent reason for admission to intensive care, as the benefits of maintaining good blood pressure control in the community were not fully elucidated.

Kumar A, Sharma SD, Arya AK, Gupta S, Shrotriya D (2011) Effect of low-density heterogeneities in telecobalt therapy and validation of dose calculation algorithm of a treatment planning system. *J Med Phys* **36**: 198–204 (doi: 10.4103/0971-6203.89967)
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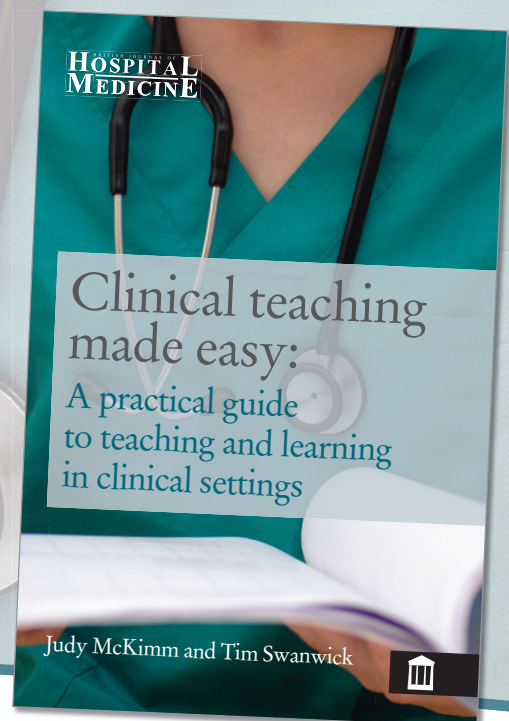
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Judy McKimm, MBA BA (Hons) Cert Ed FHEA FAcadMed was Director of Undergraduate Medicine at Imperial College London until 2004.

Tim Swanwick, MA MBBS DRCO G DCH FRCGP MA (Ed) FAcadMed is currently Director of Professional Development in the London Deanery.

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