Around Europe

Hunterian Pilgrimage

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In June 1760, when he was 32 years of age, the health of the great John Hunter was so seriously affected by overwork that he was advised "to take a complete rest, to go abroad (and) to occupy his mind with less exacting pursuits."¹ After a short period of inactivity away from his brother William's dissecting room at Covent Garden John joined the Army in October 1760. In March 1761 he set sail with a British expeditionary force for Belle Ile, off the coast of Brittany, where he spent the next 15 months.

In 1762, near the end of the Seven Years War, Spain and her allies invaded northern Portugal. Prussia and England, having captured Belle Ile, went to the aid of Portugal. Initially some 7,000 British troops, under the command of Sir John Campbell, began landing in Lisbon in May 1762. Further troops followed and John Hunter reached Lisbon in the hospital ship *Betty* in July. During the ensuing five months he was responsible for establishing field hospitals at a number of places, firstly, along the line of the Tagus and, eventually up to Portalegre near the Spanish frontier.

Front of Jesuit College, Santarem—John Hunter's hospital in 1762.

The details of Hunter's travels and activities are accurately recorded in his letters and other publications. Between the more hectic periods of activity he put his spells of enforced leisure to very good use, both in Belle Ile and in Portugal. Notable among his scientific works dating from that period are his observations on lizards, on the hearing of fishes, and on the rocks of the Alentejo plateau.

Symbolic Journey

Appropriately enough, therefore, at the end of April this year a party from the Hunterian Society made a pilgrimage in the steps of John Hunter. This was achieved with the generous help and collaboration of Professor João dos Santos in Lisbon and of his many kind friends and colleagues. The first three days in Lisbon were spent in sightseeing and in an exchange of medical papers, several of which were germane to Hunter's own work. Society members were royally entertained at a number of notable functions. For members of a society named after so famous a Scot it was perhaps fitting that they should spend their first evening at the fine Benfica stadium watching the Scotland v. Portugal soccer match, which, sad to say, Scotland lost 2:0.

After visiting Lisbon the Society members spent two days on a pilgrimage in the footsteps of John Hunter. Following the Tagus their peregrinations took them to Santarem (see Fig.), Tancos, Barquinha, and Costançia. Hunter had established field hospitals in each of these towns, evacuating the sick and wounded partly down the river and partly across country to the coast and thence south to Lisbon by sea. The town of Costançia appears in Hunter's letters as Punhete, a name which was later changed at the suggestion of a Portuguese queen because of its similarity to the Portuguese word for masturbation.

John Hunter spent about three months in the cold winter of 1762-3 at the charming hill town of Portalegre, where the Hunterian Society was recently warmly received and entertained by the municipality, with folk songs and dancing, together with an official reception and dinner. There too historical papers on Hunter were given by Professor J. Caria Mendes, of Lisbon, and by Miss Jessie Dobson, curator of the Hunterian Museum of the Royal College of Surgeons of England. The pilgrimage was completed on the following day with visits to the beautiful towns of Evora and Estremoz on the return journey to Lisbon.

Profound Observations

The Hunterian Society's symbolic journey was important in emphasizing a vital turning point in John Hunter's life when he returned to England in April 1763 after almost three years in the Army. Firstly, as Miss Dobson has stressed, it gave John his first chance to stand on his own feet away from his brother William's influence. That influence, though friendly and benevolent in the early stages, could well have thwarted and delayed John's full independent development. Secondly, his first-hand experience of medicine and surgery in war was to be of immense value in his subsequent teaching and practice. Thirdly, in Belle Ile, as in Portugal, Hunter made the most impressive study of the flora and fauna. There he began his collection of plants and fossils, eventually to number almost 4,000, which were to play such an important part in the assembly of his stupendous museum of 13,682 specimens.

It was in the Alentejo plateau of Portugal that John Hunter

made some unique and profound geological observations, though with his characteristic care and caution his treatise on that subject was not written until 1792, the last year of his life. The story of that treatise and its even more delayed publication is an intriguing one. While encamped on that plateau east of Lisbon Hunter fell to speculating about the manner in which the rock and gravel formations there had come about. In expounding his theory of terrestrial age he correctly opined that the plateau had once been covered by the sea and that the rock formations would have taken "many thousand centuries" to come about. But at that time most folk still accepted the dogma of James Ussher, sixteenth-century archbishop of Ireland, who

had roundly declared that the precise moment of creation was 3 October 4004 B.C., at nine o'clock in the morning.

The Royal Society, anxious to avoid religious controversy over Hunter's seeming heresy, tried to persuade him to substitute "years" for "centuries" in his estimate of "many thousand centuries," and this he very properly refused. And so John Hunter's geological treatise, which alone could have made him famous, was doomed to remain unpublished until 65 years later, when it was found among his papers by William Clift.

Reference

¹ Dobson, Jessie, *John Hunter*. Livingstone, Edinburgh, 1969.

Vocational Training in General Practice

V—Livingston

FROM A SPECIAL CORRESPONDENT

The vocational training scheme at Livingston is fashioned largely, but not rigidly, by the special pattern of health care which is being tried out in this Scottish new town. The experiment in planned integrated health care has been in progress for about six years, the vocational scheme for only two and a half years. As in most other areas the vocational course is for three years, so there have been no graduates from the course, which takes one entrant every six months. Of the eight general practitioners in Livingston, five are based on a large purpose-built premise and three on a converted house. All the list sizes are restricted at present to 1,500 N.H.S. patients. This is to allow them to do five sessions a week in Bangour District Hospital. A wartime E.M.S. institution about five miles from Livingston, due to be replaced in the mid-70s by a hospital in the new town itself.

Principals looking after 3,000 patients or more may think that this list limit should give the Livingston general practitioners ample time for their trainees. However, the object of the Livingston scheme is to allow the family doctors to devote half of their time to hospital practice, and it was apparent from talking to them that these hospital commitments keep them busy. Indeed, on occasions they find it rather a strain to fulfil their dual roles effectively. This is of more than passing interest, not just because of the implications locally for the Livingston concept, but because of the national trend to involve general practitioners more and more in the work of hospitals. Each general practitioner appointed to Livingston has training and experience in a specialty—ideally up to registrar standard. When working in the hospital in this specialty which may be, say, paediatrics, or geriatric medicine he is a member of the consultant's team, with duties varying according to the specialty.

Distinctive Style

The distinctive style of Livingston's health system is imprinted on the vocational training scheme. Apart from a year in general practice the trainee (who is employed as a supernumerary registrar by the South-Eastern Regional Hospital Board) has six months in general medicine at Bangour General Hospital, one year in the specialty he intends to continue with, and an elective six months. This pattern is not fixed and the Principal

Medical Adviser to the Health Service Joint Advisory Committee for the Livingston Area, who organizes the course and advises the trainees, emphasizes that flexibility is the objective. As far as possible he tries to meet the varying training needs of each entrant. So far the vacancies have been filled on an informal basis by his contacting likely candidates. As a result most of them have been well motivated towards general practice, and not surprisingly have been Scots graduates.

Though the trainees are not obliged to enter practice in Livingston, nor indeed are they guaranteed a place there, the orientation of the course is clearly towards that end. Furthermore, the numbers passing through, assuming that all complete the course—and so far one has dropped out and another has defected to specialist training—equate roughly with the expected medical requirements of Livingston, about two family doctors a year, as the town grows to its eventual size of 100,000 in 2000. Originally if a trainee had done no general practice before joining the scheme (and several have) he was required to do a further year in general practice—though not necessarily in Livingston—at the end of the formal three-year course before he could be considered as a principal in the new town. Experience led to this requirement being dropped in July 1970.

Overspill Community

The general practice part of the course covers the full range of clinical work, though Livingston's population structure means that at present there are ample paediatric but relatively few geriatric patients. The inevitable problems of an overspill community drawn mainly from long-established industrial areas mean that the doctors meet a variety of medicosocial problems at first hand. However, a shortage of local authority social workers has restricted the amount of support that they have been able to give to the general practitioners, and this has hindered training. The trainee also spends some time with the local health authority, and has some training in developmental paediatrics, mental handicap, and health education. As in other centres, the trainee assumes practice responsibility gradually, and is usually not on call at night for the first two months. Surgeries are small and selected—usually by the receptionist—with the workload gradually built up over the year. The trainee I