



WHAT'S IN A NAME? FROM CASUALTY TO EMERGENCY MEDICINE

Prof Gautam G Bodiwala CBE DL

DSc(HON), MS, FRCS, FRCP, FRCEM, FIFEM,
Past World President, International Federation for Emergency Medicine
Past Pro Chancellor of De Montfort University
Previously Head of A&E Department. Leicester Royal Infirmary

Shakespeare once said 'What's in a name? That which we call rose by any other name would smell as sweet'

Emergency care has been practiced round the world for more than 2000 years. In India, Charak, (3rd century BC) described in Charak Sanhita, incision and drainage of an abscess, treatment of fractures and wound management. In ancient Greece, Hippocrates recommended clinical observation and careful recording of signs. In 50 BC Achilles described bandaging.

In Ancient Rome, Galen in 129 AD, published extensive description of anatomy. In China, Ming Dynasty (14-17 Century) came up with acupuncture. From Charak to the current state of Emergency Medicine tells us that thousand mile journey of Emergency Medicine began with simple steps.

Ashley Montague of Chicago Sun Times said 'HISTORY OF ART CAN BE MORE DRAMATIC THAN THAT OF MEDICINE FOR THERE IS HARDLY AN ASPECT OF LIFE AND SOCIETY UPON WHICH IT DOES NOT TOUCH'. It is more relevant to the specialty of Emergency Medicine than any other branch of medicine.

In the UK, 500 years ago practice of medicine was carried out by Physicians, surgeons, apothecaries and quacks. Physicians were learned men, well read in Latin and science, listened to symptoms but rarely examined patients. Surgeons were craftsmen, practiced primitive form of surgery that they shared with barbers, who not only shaved but offered a range of minor surgery too. Apothecaries prepared and sold drugs prescribed by physicians and Quacks had no qualifications but treated largest number of patients.

The first academic organisation, COLLEGE OF THE FACULTY OF MEDICINE was established in 1518 by Henry VIII, this became the Royal College of Physicians later on.

In **ROMAN LAW**, a College is a CORPORATION FOUNDED TO REGULATE AND ADMINISTER MEDICAL PRACTICE whilst a Faculty is FOR TEACHING AND CONFERRING DEGREES

In 1540 HENRY VIII passed a charter for 'Barber and Surgeons Company'. As the time went on, the company failed but both the professions agreed that surgeons would not cut hair and barbers won't cut flesh.

In France, the first gunshot wound was treated by a Paris surgeon called Ambroise Pare' (1517-90). He used ligature to stop bleeding

in a wound.

In England the first 'EMERGENCY MEDICINE' example was established when Charles II (1630-85) fell backwards sustaining head injury, He had convulsions and was unconscious. Some 14 physicians attended. They bled a pint of blood from his vein, incised his shoulder and sucked out 8 oz. of blood. As this was not enough, he was given emetics and purgatives followed by enema. Plaster of burgundy and pigeon dung were applied to his feet. Melon seeds, flowers of lime & lily of valley, nutmeg, quinine and cloves were also given. In spite of these efforts, his condition worsened, so attending physicians gave him 40 drops of extract of human skull for convulsions. A mixture of pearl and ammonia was poured down his throat. This was unsuccessful and eventually he was pronounced dead.

In 1745, a Company of Surgeons was established, which later on became College of Surgeons and then Royal College of Surgeons of England in 1748. This was followed by the Royal College of Surgeons of Edinburgh in 1793.

JOHN HUNTER, the renowned surgeon, arrested in a meeting at the Royal College of Surgeons in London. He was surrounded by medical colleagues. They could only stand and watch.

This was the state of 'Emergency Medicine' then.

The College of Surgeons was followed by the establishment of the Society of Apothecaries. Apothecaries visited patients but were not allowed to prescribe so they went to physicians who listened to symptoms and prescribed medicine. Eventually APOTHECARIES ACT of 1815 allowed them to examine patients. They were the first General Practitioners. The Royal College of General Practitioners was established in 1950.

In Europe, many Colleges appeared in the 16th Century. Longest of them to survive was College of Physicians in Paris, later to be closed down by Napoleon in 1801.

In the UK, first Casualty Department opened in 1869 at St Bartholomew's Hospital. The great British Journal, Lancet first described that this department had two divisions, a surgical and a medical one. It also described problems of old days that large number of patients was seen by inexperienced doctors.

In the TWENTIETH CENTURY, development of increase number of disciplines and subspecialties took place. In 1932 KINGS HOSPITAL FUND recommended that Casualty departments should stop treating trivia's, and they should be staffed by resident doctors

NATIONAL HEALTH SERVICE was established in 1948.

The Platt Committee was established in 1962 by the British Medical Association under the chairmanship of Sir Harry Platt 'TO INVESTIGATE ARRANGEMENTS IN HOSPITALS FOR RECEPTION AND TREATMENT OF ACCIDENT PATIENTS'.

The committee found that very little went to casualty in the form of acute medicine. It further reported that standard of casualty departments was poor and morale was low. Its important recommendation was that Casualty Departments should be renamed 'Accident and Emergency Departments'. It also reported in its observations that Accident (and Emergency) Surgery cannot provide satisfactory career.

The Senior Medical Officers working in Casualty Departments were so incensed with the committee's certain recommendations that they established the Casualty Surgeons Association on 12th October 1967 with an objective 'To promote for the public, high standards in Science and art of Casualty Medicine and Surgery'.

This was the Birth of a new specialty of (Accident and) Emergency Medicine in 1967, pioneered in the UK. Establishment of Casualty Surgeons Association was followed by creation of the American College of Emergency Physicians in 1968, Canadian Association for Emergency Physicians in 1978 and Australasian College of Emergency Medicine in 1983.

The following chronology shows the journey from Casualty to Emergency Medicine in the UK.

(I have been very fortunate to have been involved at every stage)

- 1967 Casualty Surgeons Association (CSA)
- 1972 First 'experimental' consultants appointed
- 1975 SAC in Accident and Emergency Medicine
- 1977 First Senior Registrar appointed
- 1983 FRCSEd (A&E) started
- 1986 First International Conference on Emergency Medicine, London
- 1990 First Professorial Appointment
- 1990 CSA became British Association for Accident and Emergency Medicine (BAEM)
- 1991 International Federation for Emergency Medicine established

- 1993 Faculty of Accident and Emergency Medicine created and created its own Fellowship Examination.
- 2005 Name of the specialty formally changed to 'Emergency Medicine'
- 2006 Faculty of Accident and Emergency Medicine became College of Emergency Medicine (CEM)
- 2006 Merger Board established to create a merged College of CEM and BAEM
- 2008 Royal Charter was granted by Her Majesty the Queen to the College
- 2015 The 'Royal' appellation was given and it became the Royal College of Emergency Medicine.

Whilst in the UK, we started the specialty as Casualty Medicine and Surgery which was later on converted to Accident and Emergency Medicine, USA, Australasia and Canada named this new specialty in their countries as Emergency Medicine which we in the UK accepted later on. The name 'Emergency Medicine' gives, identity, dignity, creates right public image and describes its function.

The first International Conference on Emergency Medicine was held in London in 1986 hosted by the Casualty Surgeons Association. In 1988 I proposed at the second international Conference that an international organisation for Emergency Medicine should be created. The International Federation for Emergency Medicine was established in 1991. It was established with a goal 'To offer advice and guidance to emergency medicine practitioners worldwide in the formation of national association and training and certification programmes'. For the first time, Emergency Medicine was defined by the Federation which was internationally accepted. It said that the 'Emergency Medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age group with a full spectrum of episodic undifferentiated physical and behavioural disorders; it further encompasses an understanding of development of prehospital and in hospital emergency medical systems and the skills necessary for this development'.

I said in the Inaugural Eponymous George Podgorny Lecture of the International Conference on Emergency Medicine, (Boston, USA, 2002) that '21st Century will be the century for Emergency Care and Emergency Medicine'. It is proving to be the case now. I believe that Art and Culture are mirrors of a society. Emergency Medicine mirrors the quality of healthcare provided to the society by a country.

(This article is based on the inaugural lecture given by the author as President of Leicester Medical Society).

