

What goes around, comes around: John Gregory, MD, and the profession of medicine

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Each generation of physicians believes the problems they face are unique. History shows that very few situations are new to medicine. Some appear to have been around for centuries (medical institutions' "cherry-picking" of patients, third-party interference in medical care), while others have been around for millennia (competition among physicians, competition between physicians and nonphysicians). This article describes problems of medicine faced by 18th-century medicine and the solutions to those problems proposed by Dr. John Gregory in the latter part of that century. Both the problems and his solutions seem surprisingly modern.

Physicians today face numerous problems (*Table 1*). Competition among physicians is fierce, and advertisements for physicians' services are everywhere: in magazines and the Sunday paper, on television and radio, and on highway billboards. These ads seem to be primarily from ophthalmologists and plastic surgeons, but a prominent billboard reads "Call 1-800-***** for vasectomy reversal."

Physicians are fighting to maintain or increase their market share. Some of this fight is with nonphysicians who want to do what physicians do. Pharmacists want to diagnose and prescribe; nurse practitioners and physician assistants want more autonomy. Patients doctor shop for the cheapest medical care. They often spend more money on self-medication than on physician visits.

Medical institutions try to attract high-paying patients and avoid low-reimbursement patients. Third parties dictate who can be treated and how to treat them. Our health care sys-



Figure 1. Dr. John Gregory (from a 200-year-old picture in RDB's collection).

tem performs so poorly in caring for the dying and managing pain, both acute and chronic, that our medical schools are being mandated to include those topics in their curricula. Good medical care is often not accessible to the working poor and lower middle class. Physicians are in the midst of yet another malpractice crisis.

Other problems could be listed, such as unacceptably high maternal, perinatal, and child mortality rates, but most would agree on the original list.

Except for the malpractice crisis, we have named some of the problems of medicine addressed by John Gregory in the 18th century (1–3) (*Figure 1*).

Table 1. Some problems faced by US physicians today

- Advertising by physicians
- Competition from nonphysicians
- Doctor shopping and self-treatment by patients
- Institutions' "cherry-picking" of patients
- Third-party interference
- Poor management of pain and dying
- Inaccessibility of care for the working poor
- Malpractice crisis

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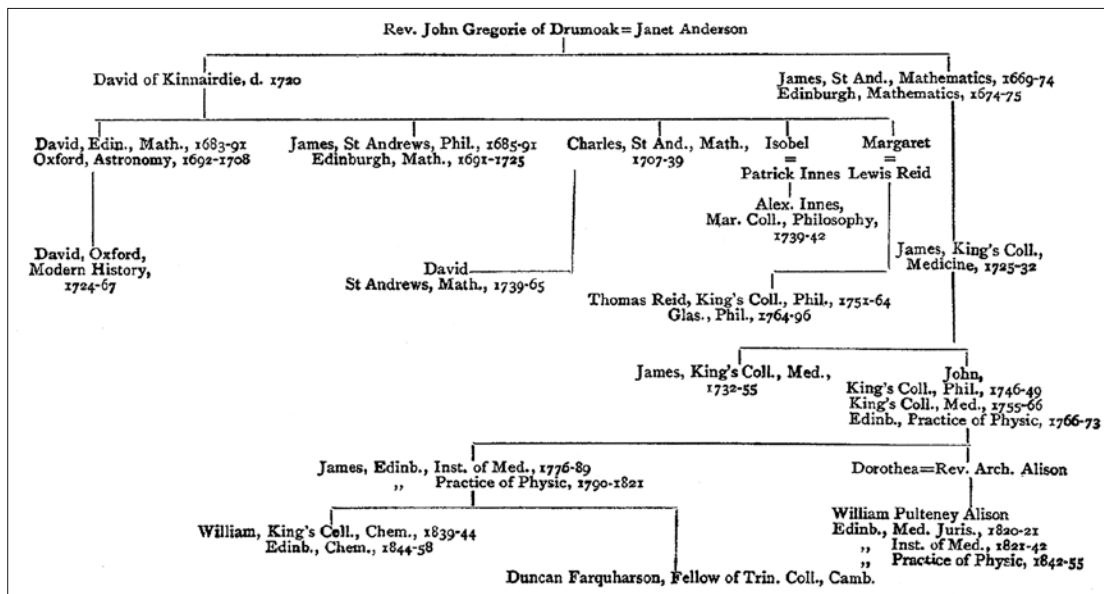


Figure 2. The Gregorie family tree. Reproduced from *The Academic Gregories* (4).

THE LIFE OF JOHN GREGORY, MD

Dr. John Gregory was born into a family known as the “Academic Gregories.” As is evident from the family tree (Figure 2) taken from a book by that title (4), the Gregories produced a number of prominent scientists and educators for two centuries. John’s brother and father were professors of medicine at King’s College, Aberdeen, and his grandfather invented the reflecting telescope. His cousin Thomas Reid was a founder of the Scottish School of Common Sense Philosophy. Many other relatives held prestigious chairs, primarily in Scottish universities.

It is likely that mathematical genius was instilled into the Gregorie family through John’s great-grandmother Janet Anderson, herself an accomplished mathematician (4). The Anderson family produced several prominent mathematicians, and Janet taught her sons herself.

John changed the spelling of the family name from “Gregorie” to “Gregory.” Prior to the 17th century, the family had used the Saxon form of the name, M’Gregor. However, that name—as well as MacGregor and Gregor—was expressly abolished by an act of the Privy Council, dated April 3, 1603, and ordered by King James VI (5). Those who did not change their names faced death. While John Gregory’s family avoided the penalties of their Highland cousins from the 1603 proscription, they did not necessarily avoid the warlike nature of the M’Gregors. This was still evident in the 19th century, when John’s son bludgeoned a fellow Edinburgh professor on the quadrangle.

John Gregory was born in Aberdeen on June 3, 1724, the youngest of three children of Anne Chalmers and James Gregory. When John was 7, his father died, and his education fell to an older stepbrother, James, who succeeded his father as professor of medicine, and to his maternal grandfather, the principal of King’s College. After completing grammar school and King’s College in Aberdeen, John studied medicine for 3 years at Edinburgh, where his professors included Alexander Monro primus, Andrew Sinclair, and John Rutherford. Gregory then spent 2 years in Leyden, during which he received an unsolicited

MD degree from King’s College (signed by his stepbrother as dean of the faculty).

Upon returning to Aberdeen, John was elected to the chair of philosophy. After 3 years of teaching mathematics, moral philosophy, and natural philosophy, he resigned to practice medicine. Soon after he married “a lady of extraordinary wit, beauty, and intellectual endowment,” Elizabeth Forbes, daughter of William, Lord Forbes. Her father apparently did not approve of the marriage and asked John, “What do you propose to keep her on?” An angry Gregory, or perhaps at this point a M’Gregor, took a lancet out of his pocket and said, “on this” (4).

In 1754 the Gregories moved to London, where Dr. Gregory had already achieved a reputation as a physician and a literary man, although, since he was as yet unpublished, it is not clear how this happened. His renown was probably a combination of the family’s reputation and his participation in elite intellectual groups in both Aberdeen and Edinburgh.

In London, John Gregory was befriended by Elizabeth Montagu, wife of a wealthy businessman and member of parliament. Mrs. Montagu was known as the “queen of the bluestocking circle,” an informal group of educated, intellectual women (including Fanny Burney, Elizabeth Carter, Sarah Fielding, and Mary Wollstonecraft), whose meetings were attended by some of the leading male intellects of England, such as Samuel Johnson, James Boswell, Horace Walpole, and Edmund Burke. All indications suggest that Gregory held his own in that distinguished company.

James Gregory died in 1755, and John was selected to succeed his brother as professor of medicine at King’s College.

In 1761, after 9 years of wedded bliss, John’s beloved wife died. Gregory wrote a touching letter about his loss to Mrs. Montagu. Several lines from that letter describe his relationship with his wife:

I have lost what the World knows not nor can know. I have lost my Friend, my Mistress, the Partner of every Joy & every Sorrow I ever felt since we were United. I was ever sensible of her Superior

Genius & Capacity. I felt this but was not hurt by it because she never seemed Conscious of it Herself. . . . I gave myself & my whole affairs entirely up to her Direction. . . . We talked of our Childrens Education & all our little matters together but I left the Execution of Every thing to her, so that for these nine years past I have lived the life of a Child in my own House, & excepting my own Profession, I gave myself trouble about Nothing (1).

Encouraged by Professor Rutherford, Gregory moved to Edinburgh in 1764 to open a practice. Two years later he succeeded Dr. Rutherford as professor of physic, an appointment opposed by the students, including the American Benjamin Rush, who favored the great William Cullen for the chair. Cullen, instead, was given the chair of the theory of medicine, a less prestigious position. After 3 years Gregory and Cullen amicably agreed to alternate lectures.

John Gregory died peacefully in his sleep in February 1773. Death was attributed to an acute gout attack. Gregory had often remarked that he expected to die prematurely from gout, which he inherited from his mother, who died suddenly while sitting at a table. He noted in his lectures on the practice of medicine that gout, in addition to causing severe pain, particularly in the foot, may also cause inflammation in the head and lungs, manifesting as a life-threatening event. Keep in mind that diagnostic labels in Gregory's day were based mostly on symptoms and not on pathophysiology (1).

Dr. Gregory was succeeded as professor of the practice of physic by Dr. Cullen, who was in turn succeeded by Gregory's son, James (1–5).

GREGORY ON THE PROFESSION OF MEDICINE

In his lectures on medical ethics (*Lectures on the Duties and Qualifications of a Physician*) and the practice of physic (*Elements of the Practice of Physic*), Gregory addressed the problems on our list. His solutions are surprisingly modern and helped establish medicine as a fiduciary profession (1, 2).

A focus on the physician-patient relationship

Gregory underscored the dichotomy of medicine as “an art the most beneficial to mankind” and as a “trade by which a considerable body of men gain their substance.” He was concerned that medicine as a trade wrongly gave preeminence to the physician's self-interest. Medicine as an art was devoted, instead, to the scientifically and clinically competent care of patients, whose interests became the physician's primary concern. He therefore gave the relationship between physician and patient the central role in the ethics of the art. In the mid-18th century, the transition to the physician-patient relationship was beginning with the advent of the infirmary for poor patients. Physicians' practices mostly comprised paying patients who summoned the physician and had the final say in the treatment regimen. Gregory taught that the physician should put the patient's best interest before his self-interest for medicine to be a true profession; this was a repeated theme in his lectures.

Physicians who pursued self-interest at the patient's expense “have an interest separate and distinct from the honour of the science.” He recognized that expanding the knowledge of medi-

Table 2. Goals of medicine developed by the Hastings Center*

- The prevention of disease and injury and promotion and maintenance of health
- The relief of pain and suffering caused by maladies
- The care and cure of those with a malady, and the care of those who cannot be cured
- The avoidance of premature death and the pursuit of a peaceful death

*From reference 6.

cine would result in increased power for the physician, particularly in the infirmary, and that patients must be protected from the power gap by establishing what we now refer to as a fiduciary relationship between physician and patient (1).

In his lectures, Gregory discussed conflicts of interest, both in the physician-patient relationship and in consultations with other physicians. He emphasized patient confidentiality, particularly with female patients, and condemned sexual abuse of patients. He said that truth-telling was often a painful duty for physicians to fulfill but was absolutely necessary, particularly with dying patients. At a time when physicians commonly abandoned dying patients to protect their reputations, he emphasized the physician's duty to care for them and to cooperate with the clergy in those cases. Physicians should dress somewhat formally, he said, but not so formally as to be pretentious or ostentatious or to frighten pediatric patients. While nostrums generally did more harm than good, the physician should not be upset if the patient consumed them. He should not sanction modes of self-treatment that were dangerous but had no title to complain if his advice were not followed.

Gregory was consistently a progressive thinker. He defined the practice of medicine as “the art of preserving health [in which he included the management and relief of pain and suffering], of prolonging life [he sometimes referred to this as ‘retardation of old age’], and of curing diseases.” Later he included the “improvement of our Nature,” or improvement of “mans Estate.” That list compares favorably to the goals of medicine developed by the Hastings Center a few years ago (*Table 2*) (6).

Personal characteristics of the physician

Influenced by the philosophy of David Hume, Gregory taught that the practice of medicine required sympathy, a capacity we all possess and that is expressed properly in the virtues of tenderness and steadiness. Tenderness is the natural, fundamental other-regardingness that moves us to enter into the suffering and distress of others appropriately—similar to our modern concept of compassion as a foundation for the profession of medicine. Steadiness assures that the response is appropriate. Gregory's discussions of steadiness called for a disciplined but engaged relationship. Influenced by three remarkable women—his great-grandmother, his wife, and Mrs. Montagu—Gregory believed the exemplars of sympathy, i.e., tenderness and steadiness, were educated, virtuous women. Thus, the first modern ethic for medicine was a feminine ethic (reinvented by Gilligan in 1982) (7).

Gregory also recommended that the physician have a certain gentleness and flexibility in order to endure the many contradictions and disappointments of lapses in patient compliance with the suggested treatment regimen. He warned that patient instructions that were too rigid or too detailed would not be strictly followed. Moreover, he believed that if the physician had too severe a manner, he would be kept in ignorance of the patient's true state. The prudent physician prescribed a regimen that, though not the best, was the best the patient would be likely to follow.

Scientific method and confidence in nature

The other part of Gregory's solution for the problems of medicine was to apply Bacon's scientific method to medical practice. This included both experiment and observation as well as diffidence, or what Gregory referred to as being open to conviction, i.e., being prepared to change your mind if the evidence required it. Modern medicine has recently reincarnated this concept and named it "evidence-based medicine." He warned that clinical research, especially in the infirmary, should be carefully tempered and that patients should never receive treatment that the physician would not have himself. He recognized that animal experimentation might improve patient care but said caution must be used when applying the results of animal experiments to humans.

His lectures on the philosophy of science and medicine had four central themes (1). First, nature is a whole; things are defined by multiple relations and interconnections with each other. Second, nature is governed by discoverable principles or laws that can be learned by Baconian science (experimental method). Third, the principles of nature are simple and few. These three themes provided the basis for his complete confidence in nature. He viewed health as an observable norm and observed that nature includes corrective responses to deviations from the norm. Medicine's task was to assist nature when her responses were too weak and to temper them when they were too strong. These themes led to the fourth: there are significant advantages of openness and of nonphysician scientists studying medicine as an interesting branch of philosophy.

Conclusion

Gregory summarized many of these themes in the concluding paragraph of "Lectures on the Duties and Qualifications of a Physician":

I hope I have advanced no opinions in these lectures that tend to lessen the dignity of a profession which has always been considered

as most honourable and important. But, I apprehend this dignity is not to be supported by a narrow, selfish, corporation-spirit; by self-importance; in a formality in dress and manners, or by an affection of mystery. The true dignity of physic is to be maintained by the superior learning and abilities of those who profess it, by the liberal manners of gentlemen; and by that openness and candour, which disdain all artifice, which invite to free inquiry, and thus boldly bid defiance to all that illiberal ridicule and abuse, to which medicine has been so much and so long exposed (1, 2).

Gregory, through his impact on Thomas Percival and Benjamin Rush, among others, was a major influence on American bioethics. His ethical writings were also translated into French, German, Italian, and Spanish and therefore influenced the subsequent history of medical ethics on the European continent, a story that has yet to be told by scholars.

Gregory developed a philosophy of medicine that is surprisingly modern. He started medicine on a path of reform from a trade (which it had been for centuries) into a profession, guided by evidence-based practice and an ethical commitment to protecting and promoting the patient's health-related interests. That we now continue to face the same problems would disturb Gregory, we think. He would spur us into action to strengthen and thus preserve medicine as a profession, by focusing on the integrity of the free choices that physicians are making in response to changes in the organization, financing, and regulation of medical practice. We should pay heed to this remarkable, prescient physician-ethicist and continue on the path Gregory set for medicine more than two centuries ago.

What goes around, comes around.

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