

Revisiting vinyl

By Dana Cook Grossman

A pale green linoleum floor. Or maybe it was gray. Two rows of chairs—perhaps 10 or 12 in all—whose well-worn vinyl upholstery was a sort of olive green. I think. Oh, it must have been; this was the 1950s, after all. A couple of end tables spilling over with old issues of *Time* and the *Saturday Evening Post*.

I can't recall if there was anything on the walls; I always so looked forward to reading those *Saturday Evening Posts* that I may never have looked up. I do have a clear picture in my mind of the dark woodwork, however. And of the way the whole room was bathed in a subdued light that filtered through the half-closed venetian blinds (the old, wide kind, of course).

That's how I recall the waiting room of my family's doctor when I was growing up in a small town in northwestern Connecticut. Dr. Simonds's office was right above the drugstore. There was a separate entrance at the back of the building, from which you went straight up a narrow, creaking wooden stairway.

You didn't make an appointment to see Dr. Simonds. He just had office hours at a few set times. If you needed to see him, you simply went in and waited, along with everyone else in town who needed a shot or had a sore throat that wouldn't go away. And you sat there, perusing those old magazines, until your turn came. The wait was rarely more than 20 or 30 minutes—unless, of course, he had to rush off to the hospital to deliver a baby or handle some other emergency. On the occasions when that happened, everyone who was waiting merely went home and came back the next day.

Dr. Simonds had no partners, no receptionist, no nurse. When he finished with one patient, he'd come to the door of the waiting room and say, "Next." If you were next, you followed him through a small office—past his big rolltop desk and a bookcase filled with tomes in dark bindings—and into a small exam room, where you hopped up onto a white-enameled exam table. While you were on that exam table, you had his undivided attention, for however long you needed it. Or at least that's the impression he left you with.

After whatever you'd come in about had been dealt with, you'd put back on any clothing you'd had to remove, while he removed himself to his

rolltop desk to make a notation about the visit in your chart and in a big ledger. Then he'd let you out the back way and head for the door to the waiting room to summon whoever was "Next."

Of course I didn't have anything to do with paying his bills, since I was a kid. However, I have no doubt but that that process was as simple and streamlined as everything else in the practice.

No, no—I'm not a medical Luddite. I wouldn't begin to advocate going back to the health care of the 1950s. What's been learned since then about human physiology would surely astound Dr. Simonds. As would today's diagnostic and surgical capabilities and the additions to the pharmaceutical armamentarium. (I also don't mind the fact that those hard, cold exam tables have given way to ones with nice, comfy padding.)

But there are some facets of practice in the '50s that don't sound so bad. For example, just think of the empty dumpsters there'd be all across the land if we could dispense with the paperwork that now attends every prescription, every appointment. And though few people had medical insurance in the '50s, the cost of care back then wasn't the crushing burden on the whole economy that it is today.

The cover feature in this issue is about a small-town practice during the years when the paperwork and the costs were proliferating. Sound like a dull, dry read? I can assure you it isn't—turn to page 30 and see for yourself. And, as it happens, there are also two letters in this issue (see pages 26 and 27) about a local doctor—one who mentored numerous DMS students over the years—who epitomized the practice style of yesteryear.

It may be possible, though, to ameliorate the complexity and the cost of today's system and reclaim the best of yesteryear's simplicity. An article on page 14 in this issue describes Dartmouth's leadership in the effort to reform the health-care payment system. And an essay in our Spring issue (see dartmed.dartmouth.edu/spring07/html/grand_rounds.php) explained a concept called "micropractice" that is essentially an updating of the way that Dr. Simonds worked.

Oh, and maybe we could also reclaim those olive-green vinyl chairs. I mean, hey, they'd be totally chic and retro now, wouldn't they? ■

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