

# From the Pages of History

## Medical Fashion – A Brief Look at its Evolution

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For the last hundred years or so, the medical professionals have been identified by the distinctive attire they wear. That distinctive piece of clothing has been the White Coat. What was a physician's garb before that? Hippocrates did not prescribe any dress code. But he stated that a doctor should be 'clean in person, well-dressed, and anointed with sweet smelling unguents that are beyond suspicion'. So, in earlier times, a physician was expected to dress well. If he did so, he was likely to be compensated far more handsomely for his services than a poorly dressed one. It did not matter that his treatment more often than not hastened the demise of his patients. Medicine was not yet a science. It was full of superstitious beliefs, speculations and some untested empirical observations. Of course, there were "barber surgeons" and "witch doctors" in some societies. They were distinctively clothed. In fact, the witch doctor's attire was so egregiously designed as to scare away even the most evil of spirits (!); and it might have even scared most patients enough to stop them from complaining.



By the nineteenth century, the physicians were mostly seen in black dress, much like priests and undertakers. It was appropriate, since a visit to the physician was frequently followed by visits from the other two. The surgeons still performed surgeries without masks or gloves but with an apron (an oversized pinafore) over their regular dresses. These aprons were made out of canvas and were heavily stained with dried blood and fluids from past surgeries.

They were rarely, if ever, washed. The sight of the surgeon and his assistants walking into OT wearing those aprons must have evoked visions of hell in the minds of unanaesthetised patients about to be operated. Miraculously, the mortality was not 100 per cent and some patients came out of this ordeal alive.

Introduction of anaesthesia only emboldened these surgeons to become even more adventurous. Undistracted by screams of agony, they performed some truly gruesome surgery.



Things began to change in the later part of 19th century. The Germ Theory of disease was beginning to make an impact. The ideas of Joseph Lister and Ignaz Semmelweis about antisepsis were being gradually accepted. In 1890, William Halstead

introduced gloves. Around the same time, Paul Berger was popularising the use of masks in France. The medicine was at last becoming science and was beginning to make good on its original promise. Buoyed by the success, the medical profession was eager to symbolically reinforce the impression that its major concerns were cleanliness and purity (freedom from disease). The white coat, introduced by Canadian surgeon, George Armstrong, appeared to do just that. Thus, it, along with white gown and drapes became apparels of medical profession. But white colour in OT proved to be less than ideal. It exaggerated the blood stains and worsened the glare while operating. As green colour appeared to overcome these shortcomings, it became the colour of choice.



By the middle of 20th century, a new uniform made its appearance. It consisted of draw-string pants and loose fitting short sleeved top. This outfit, known as Scrubs, has since become the de facto dress code for most of the healthcare professionals. Although green is still the most popular colour, scrubs are available in a variety of colours, sizes and trims. The emphasis is here is on functionality, comfort and elegant simplicity and not on symbolism.

In the meantime, the venerable white coat has lost some of its whiteness. Apart from well-known “white-coat Hypertension”, its use has been conclusively linked to increased incidence of nosocomial infections (MRSA and *C. difficile*). This has led to banning of its use in certain countries (particularly in UK and in paediatric wards worldwide).

The Medical Profession has come a long way: from its humble beginnings as a purveyor of therapeutic mumbo-jumbo to a highly organised scientific discipline capable of providing leading-edge solutions to the patient’s problems. It can now survive on the strength of its capabilities. It does not require the trappings of sartorial or tinctorial symbolism.

## References

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### Hey, I Look Good in a Blurry Group Photograph!

If we are to go by the conclusions of a recent study, we should surround ourselves with people if we want to look attractive. Apparently we look better when we are in small groups than when we are alone. The study was conducted in University of California, San Diego, on 130 undergraduate students. These participants were shown photographs of individuals shot alone and in small groups and were asked to rate their attractiveness. In most cases, participants rated the individuals as more attractive when they were in groups than when they were alone. In addition, they found blurry faces more attractive. The researchers have called the former “Cheerleader Effect” and the latter, “benefit of doubt effect”. They propose that the uneven features of individual faces get averaged out when seen in a group. It seems the average faces are more attractive. So, be in a good company and insist on unfocussed photograph! The study is published in Psychological Science (2013; DOI:10.1177/0956797613497969).

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### Hold not thy breath whilst thou sleepeth!

Interrupted breathing during sleep (obstructive sleep apnoea -OSA) has long been suspected to be a risk factor for cardiovascular disease. In a new study published in American Journal of Respiratory and Critical Care Medicine, the researchers link OSA to increased risk of subclinical myocardial injury. The study was done on 1645 subjects free from heart disease and were followed up for a median period of 21.4 years. All the subjects underwent polysomnography to stratify the OSA into none, mild, moderate and severe grades. Their blood samples were also analysed for high sensitivity troponin T (hs-TnT) which is a sensitive predictor of both coronary heart disease and heart failure. During the follow-up period, 222 subjects died, 212 had coronary heart disease and 122 developed heart failure. Analysis of the results revealed significantly elevated hs-TnT in subjects with OSA and its levels correlated with severity of OSA. The authors suggest that monitoring hs-TnT in individuals with OSA may have a prognostic value and may help predict the occurrence of a cardiovascular event. (<http://www.atsjournals.org/doi/abs/10.1164/rccm.201309-1572OC#.UmoTfFzIVCo>)

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