

A Doctor's Advice to His Critics

ANONYMOUS

I AM a doctor, a regular M.D., a practitioner of medicine. My net income is about three thousand dollars a year. I manage somehow to read a little, including a few magazines occasionally. In them I note many more or less violent assaults on the medical profession and much indignation about its clumsy bungling, inadequacy, and general swinishness. These things never bother an actual doctor at all; he is used to that; he just goes on and takes it as a part of the day's work. But it might be interesting to a layman to hear a suggestion or so from the other side.

Take the editor of THE FORUM, for instance, obviously and surely a high class man. He says that the practice of medicine is supposed to be a science. Well, if it is, that is news to me: I never heard that before. He states this simply and easily as he would an axiom, and yet he is utterly wrong in his first and fundamental premise. The practice of medicine is not a science, never has been, and I doubt if it ever will be. Man will have to push the unknown clear off the map and make vicious inroads into the unknowable before this can be.

At its best, the practice of medicine is an art, though it presupposes certain kinds of knowledge, just as an architect must know his mathematics. A surgeon knitting his brow over what to do after he is in an abdomen is not primarily a scientist; he needs far more than that. Many are the times that I have sat by the bed of a patient, after I had got all the data I could, and had *feelings* about him — feelings as to the nature of his illness, the probable outcome, and the best course to take in treatment. And I act on this, though for the life of me I could not tell you just why. This is not science; by no flight of the imagination could it be reduced to a formula or an equation. The variable factors are infinite. Please remember that medicine,

more than anything else in the world, deals with the ills and maladjustments of human beings, and the human being is the most staggeringly complicated and incredibly intricate piece of machinery that the Lord God Almighty has ever concocted.

Now this feeling — call it instinct or intuition or what not — is, I believe, nothing more than accumulated experience, the details of which have sunk into the unconscious and there undergone some arranging and crystallizing so as to color and affect the conscious work. Surely this must be the case with the ordinary man, but I sometimes think that maybe in a man like Pasteur it might have been not quite so passive but more dynamic and directional. He had a sort of genius for moving about in a country where neither he nor any other man had had any experience. He could map out the lay of the land even when it was so foggy he could not see. Anyway, the lives of men like him may lend a little color to the idea that there are valid ways of getting what we call knowledge without invoking the scientific method. I cannot say, of course; maybe he was just extraordinarily lucky. At any rate that is not science as I understand it. But it is what we have to use.

NO MAN'S LAND

THE NEXT misconception is a shocking ignorance of the *limitations* of medicine — in the present state of human knowledge and in the present state of the economic and social order. You see there are two horns to this bull, and we will take the left one first. You ask of us the impossible and get irritated when we cannot deliver, but you apparently never look about you. Don't doctors get sick and suffer and die just like anybody else? Don't their own parents and brothers and sweethearts and

wives and their own little children die just like yours? As a matter of cold statistics doctors die a little earlier than most men. Don't we all have our share of trouble about the same, and don't we all go down the chute to death, king and commoner alike, just about the same? Why don't we change all this? Aren't we doctors? Answer: we cannot; we don't know how.

My own mother has been sick ever since I could remember, and I am thirty-nine years old. My father has high blood pressure. I myself suffer from migraine (sick headache). Only people who have it know what an affliction it can be. Some months ago I was laid out with a stone in the ureter and suffered the torture of the Inquisition for a week while it was passing, and I may have another at any time. I have had appendicitis, influenza, mastoiditis, rheumatism, tonsillitis, bad teeth, malaria, mal-united fractures, and a few other things. Why do I stand for all this nonsense? Why don't I cuss out the medical profession and all its so-called science and so-called art and everything else that goes with it? Because I know what are the boundaries of their knowledge and of their skill, and I know that they are doing the best they can.

There are so many things in medicine which are very vaguely or imperfectly understood, and even in cases that are fairly or quite clear the treatment may be very unsatisfactory or even non-existent. Nobody understands the real cause of cancer, chronic nephritis, arteriosclerosis, hypertension, myocardial degeneration, and other such captains of the men of death. The thing we call resistance to tuberculosis is more or less a mere word. Nobody has any adequate proof or generally accepted opinion of the cause of poliomyelitis, rheumatic fever, influenza, measles, chicken pox, or common colds. With few exceptions the whole range of endocrine disturbances is in very unsatisfactory condition. The same applies to nervous and mental diseases; such a common thing as dementia praecox, for instance, is at present virtually beyond therapeutic attack. And so it goes; I could fill the whole page with an enumeration of conditions before which we are either ignorant or helpless or both.

THE ADVANCE OF SCIENCE

FROM THIS you may conclude that medicine is in a medieval condition. But you

are wrong again. As a matter of fact, medicine is making astounding progress, and I would hesitate to set any limit to what may ultimately be accomplished, and I base this statement not on mere hope but on the actual record of solid achievement in the past. Indeed the barrage is lifting so fast that the trudging infantry actually cannot keep up with it. My great-great grandfather was a doctor of a sort but he never went to a medical school. He "read" medicine, and in addition to his doctoring he was also a blacksmith and wheelwright; he bled people and pulled teeth. My great grandfather was a doctor and graduated from a Class A school in 1821. He bled and he blistered and he puked and he purged — and this was about his armamentarium. He prepared his own crude drugs. He carried his catheters in the sweat-band of his high hat. He didn't even have ether or chloroform.

My grandfather was a doctor and graduated from a Class A school in 1857. Bacteria were unknown; pus in a wound was considered laudable. His appendicitis patients died of "cramp colic" and "locked bowels." He didn't even know that tuberculosis was communicable. He did not have a hypodermic syringe nor a fever thermometer. Operations were mostly amputations. The insane were shamefully treated and almost regarded as bewitched.

My father was a doctor and graduated from a Class A school in 1884. Diphtheria was rampant and deadly, and so was typhoid fever. He didn't have diphtheria antitoxin nor typhoid vaccines; nor serum for meningitis or tetanus or poliomyelitis or pneumonia; nor thyroid extract nor adrenalin nor pituitrin. Blood transfusion was unknown. Lumbar puncture had never been done. He didn't even have an X-ray. Radium had not been discovered. He did not have salvarsan or local anaesthetics. He could not even take a blood pressure. Laboratory work was mostly boiling urine for albumen, and blood chemistry was unheard of. Pathological and clinical microscopy were just beginning. Surgery was still a more or less heroic and hazardous business and even then was limited to very few operations. He didn't even know that yellow fever was transmitted by mosquitoes, and he had never heard of hookworms.

I am a doctor and graduated from a Class A school in 1920. I did not even have insulin for

diabetes, nor liver extract for pernicious anaemia, nor scarlet fever serum, nor erysipelas serum, nor the malarial treatment for paresis, nor tincture of iodine for exophthalmic goiter, nor ephedrine, nor para-thormone, nor female sex hormone, nor cortin. I had never heard of tularaemia nor undulant fever in this country. I can only mention a few things at random; a mere enumeration of them would take a page. Insulin and liver extract, for instance, are both veritable epics in man's struggle against disease. The public, fed on mass production, wants an epic a week at least.

PATIENTS WHO WON'T BE CURED

I SAID above that even if the doctors knew the exact diagnosis and the proper treatment they might still be helpless. This is the precise condition that doctors have to contend with all the time. Every day and every day my hands are tied and I am reduced to impotence by things over which I have no control. In the first place, the doctor cannot make the patient do anything. He advises operation, say; the patient refuses. What can he do? Answer; nothing. When the patient dies, however, he has "lost" the patient; he was a bum doctor. Patients will not follow a prescribed diet; they will not even take their medicines; they will not come regularly for their treatments; not infrequently they pay no attention whatever to any advice given them; they will not quit work and go to bed; they will not leave home and go to the hospital; they will not allow tests; they object to adequate examination; they resent questioning; they lie in giving histories; they are impatient and fussy and stupid and ignorant and non-coöperative. Not all patients; no, of course not. But such a large percentage that many bright and honest doctors simply cannot endure the farce and quit the whole business in disgust. There are a lot of Martin Arrowsmiths in this country.

But that is only the beginning of the trouble. Granting that the patient is a perfect patient, can he pay for proper care and treatment? In a shocking proportion of cases the answer is: no, he cannot. The simple fact is that as medicine has become better and more extensive in diagnosis and treatment it has become more expensive. As it enlists more appliances and better facilities, more people and better people, the cost increases. This has gone on till it

has become unbearable to people of small or even moderate means — if they want the best that can be had. My great-grandfather's patient with an acute appendix probably stayed at home and got a purgative and a mustard plaster and such simple remedies, which cost him little or nothing — except his life. My patient is taken to a hospital and operated on and nursed and restored to health — for perhaps two hundred dollars. In one case he pays his life; in the other he pays two hundred dollars. Which is better? But suppose he does not have two hundred dollars or even two dollars. What is he to do? God only knows; I don't. I have sweat blood over that question many a time and I still do not know the answer, but I suspect it and will give it to you later.

The hospital to which he goes costs money. It was built by union labor at so much per hour. Its furnishings cost money. Electric companies do not give away X-ray machines; they sell them for cash money. Pharmaceutical houses do not give away medicines; they sell them for cash money. Lights, heat, gas, laundry, phones cost money. The cook works there for exactly the same reason a cook works in a hotel — for money. So do the maids, fireman, elevator man, janitor, stenographer, telephone operator, bookkeeper, and all the rest. For every loaf of bread or can of beans that goes in there the grocer demands cash money. Then there is insurance, upkeep, taxes — what not. The graduate nurse who cares for him has spent three years working for nothing before she got her license. She has rent and other expenses to pay; she has to buy food and clothes. She may soothe the fevered brow and all that sort of rot, but she cannot live on that. She has to have cash money to pay her bills. And so it goes. About the only thing the hospital gets for nothing is the flowers sent there after somebody's funeral. It is a simple matter of book-keeping. Where is this money coming from if not from the patients?

It is outrageous that a sick man should be turned away from a hospital simply because he has no money. But is there anything unique in this? Aren't hungry people turned away from restaurants? Aren't ragged people turned away from clothing stores? Aren't shelterless people turned away from hotels? Aren't foot-sore and weary people turned away from bus stations? It is outrageous that I should refuse to treat

some people and only half-treat others, but what else can I do? The average ordinary doctor can no more furnish and provide modern and adequate care for his patients than a railroad engineer can provide the locomotive that he drives.

I doubt if a Harvard Medical School graduate put out in the backwoods could actually use 10% of his knowledge. A great hullabaloo has been raised about the disappearance of doctors from isolated and country districts. Nothing whatever can be done about it. What does this mean?

It means that this whole thing is *not* a medical problem; it is a *social* and *economic* problem. The solution will come through some form of state medicine. This word is anathema, of course, to all right-thinking doctors; it is the red flag at which every Medical Society is supposed to lower its head, hoist its tail, and charge. But there isn't much steam in the charge; it is mostly a gesture, a futile one at that. There was once a king named Canute who did the same thing to the incoming tide. For better or for worse, it is coming and coming fast. Most doctors would probably be far better off on a decent salary anyway; and fifty years from now I believe that a majority of them will be on a salary. There will always be private doctors and private hospitals, of course, for people who want them, just as there are private schools and private tutors for certain children. But most children go to the public schools; and most poor sick people in the future will go to public hospitals supported by taxation.

PATIENTS WHO WON'T PAY

SANDWICHED in between this class that cannot pay and the next one is a large sector consisting of those who can but will not pay. They want to be carried into a doctor's office moribund and on a stretcher and walk out five minutes later completely well and ten years younger. For this miracle they want to pay two dollars, preferably fifty cents. They are the great horde that wants something for nothing and generally winds up by getting nothing for something. For in medicine as in most everything else it is generally true that, barring the two extremes — the richest patients and the poorest patients — one just about gets what he pays for. To "look at the tongue and feel the pulse and give 'em a piece of paper" brings

about one or two dollars, and it is often worth about one or two cents, or less.

People of this class want something quick and easy. To go to bed and stay there for months to cure tuberculosis is entirely too much trouble; they want to take a pill twice a day for a week and cure it. The type is familiar in all walks of life, but seems to be most numerous in medicine. I merely mention these idiots in passing, but the layman has not the remotest idea of how much trouble a doctor actually has with them. The liars, deadbeats, and swindlers form another class that I want to avoid, even here.

Then there is the countless legion — God help us and give us strength! — of those who think they are sick but are not. Here we have the hysterical, neurotics, psychotics, neurasthenics, psychasthenics, neuropsychotics, morons, defectives, delinquents, misfits, failures, tender-minded, psychopathic personalities, introverts, nuts, and all such whose make-up, outlook, and general nervous systems seem not adapted to this life. The number is undoubtedly increasing fast as civilization becomes more complex and exacting, and the seriousness of the problem increases even faster. It is a fact not known to most people that the number of hospital beds in the United States devoted to nervous and mental cases (which in most cases means frank insanity) is greater than that of all other hospital beds put together. And this is a mere drop in the bucket compared to the millions of slight or borderline cases who are on the outside, at large, going about their business in some fashion or other. Many of these people are highly intelligent — in spots. Their most notable deficiency is that the dictum of Socrates — "know thyself" — was omitted from their schooling; and there is a curious irony, too, in the fact that they are precisely the people who study themselves and think about themselves almost to the exclusion of everything else. It is among this class that one finds the severest and bitterest critics of the medical profession.

Suppose you tell Mrs. Jones' neighbor exactly what is wrong with her; she merely gets insulted, walks out of the office to some other doctor who "understands her case" and is "not a damned fool."

This whole problem has been heroically attacked by the psychiatrists, but the going is

slow and tortuous and difficult. The cold fact is that the medical profession has not as yet discovered or devised any satisfactory treatment for this sort of thing, though our understanding of the etiology is becoming much clearer. It involves new concepts of mental mechanisms, of the patient as a whole being, of the total integrated personality, of the unity of mind and body, and many others that are full of hope and promise. Have a heart and give us time. A mere three hundred years ago we did not even know that the blood circulated.

DO DOCTORS GIVE GOOD SERVICE?

NOW SUPPOSE the patient has plenty of money, is a perfect patient, and is not neurotic. Does he get good service? The answer is: in general, yes. But why "in general"? Because doctors, on the whole, are not particularly different from other men of their social and economic level. There is nothing special in his training that changes his make-up; if he is a cad before he studies medicine, he is generally a cad after he studies it. Furthermore, no matter how honest, they make mistakes, lots of mistakes. I've made my share; they sometimes come back to me — in the still watches, when I'm supposed to be asleep. So do engineers. So do soldiers. So do merchants. So do bankers. What about the veteran financiers who supported Anaconda Copper at 117 (quoted to-day at 9)? It is a merely human quality.

It is more or less accidental that your banker is not your doctor and your doctor your banker, or even your chauffeur or your plumber. One of the best doctors I ever saw was a plasterer and a lather for some years before he decided to study medicine. Perhaps the greatest brain surgeon in this country to-day was formerly a railroad mechanic and his father a locomotive engineer. There is no presiding destiny that picks certain men to be doctors; it is largely a question of suggestion and opportunity and the necessary finances.

Some of the scurviest and most ignorant jackasses I ever saw and some of the damndest swine I ever met were doctors in active practice. There is nothing surprising or unexpected in this. I hold no brief for doctors; I believe that I can look at them rather calmly. And I can say this: that on the whole they are an honest, competent, and resourceful set of men at their trades, and that most of the difficulty

comes from expecting too much of them. It is preposterous to think that 150,000 men more or less selected at random should be scientists and artists. They are not. The average doctor is a trailer, a camp-follower, a nonentity, who contributes nothing to medical science but merely tries, according to his lights and opportunities, to apply what other men have found out. This latter work is done by a numerically negligible percentage of the profession; indeed many of them are not even in the profession. Pasteur was not a doctor at all. Is the average telephone lineman a Steinmetz, or the average power-house attendant an Edison? The outlook of the average ordinary doctor is no more akin to that of Dr. William Welch or William Osler or William Halsted — scientifically, ethically, spiritually — than the physical outlook of a lowly catfish paddling around in a mudhole is akin to that of a bald eagle soaring in the empyrean. Personally, I'm one of the catfish, and I can testify that the hole is crowded.

But even the close contact and the muddy water does not blind me to the virtues of my companions. On the whole they are not a bad set of men. I know of no men who work harder to put themselves out of business. The medical profession has waged relentless war to prevent disease and improve the public health. Be it noted, in passing, that in this they have fought almost single-handed and have put such measures into effect *against the determined and even violent resistance* of the very public they were trying to help. If you do not believe this then go read the history of the struggle for compulsory vaccination, the segregation of communicable diseases, the sanitary disposal of sewage and waste, and a hundred other such things. Many of these efforts have required blood-and-iron laws backed by the military. Witness the recent outbreak in Ohio against the tuberculin testing of cattle. Just do not expect too much of them; their general level of intelligence is perhaps no greater than yours.

WHY THEY STUDY MEDICINE

THERE IS, finally, one other reason why the service is good only "in general" and that is the fact that doctors are under the necessity of making a living for themselves and their families. This is a trite enough observation, but, believe it or not, it is quite often ignored by the critics. You see we are still impaled on that

bull's right horn — the social and economic order. Medicine is so old and has been swathed in so much hocus-pocus (aided and fostered by the profession itself) that only a man who has cut his eye teeth can see through the bosh to the truth at the heart of the thing.

One familiar delusion is to the effect that doctors are animated by an old saying, to wit, "the relief of suffering humanity shall be thine only aim." This is a piece of poppycock that is not true and never was true. The cold fact is that most doctors practice medicine for precisely and exactly the same reason that lawyers practice law, or editors edit, or plumbers plumb, or laborers labor — namely, to make a living. If they get some pleasure out of it and do some good, then so much the better, but that is not the prime purpose.

I hate to destroy such nice delusions, but I believe that the truth is better and that more progress can be made by adhering to it. In all my experience I do not recall one single doctor who cared anything special about suffering humanity, certainly not enough to work himself up into a lather about it. He had enough troubles of his own; indeed all too often he had been so bedeviled and imposed on and swindled by this same poor dear humanity that he hated it.

It may be deplorable, but it is a fact that this thing we call civilization, or this present state of human affairs, is just simply not organized along the lines of brotherly love. For all the boloney to the contrary, it is founded largely on the ethics of the jungle, and it is the persistence of this jungle ethics in a highly complicated and interdependent society that has finally plunged us into the morass in which we are now stuck. Doctors are merely in the same milieu that everybody else is. We are all tarred out of the same bucket — the critics no less than the rest. Doctors find out, as all men do, that they get what they take. This leads to dishonesty, sharp practice, swinishness. I can only report that doctors as a rule are as honest as circumstances will allow them to be. I do not care to speak further than that for them.

But I can speak for myself. Here at least I will pass no buck; I will evade no issue. It all boils down to this: a man catapulted into this life and given time to get oriented and look about a bit can do one of two things — he can take it or leave it. I prefer to take it. Very well, then, what do I find? I find that this is a

hard and a harsh world. I find that my living depends entirely on my own efforts. I find that I could sweat out my life in honest and conscientious medical service to the public for nothing save a bare existence and finally come to sixty-five or seventy a broken and penniless man. I find that in exchange for this they would, if I had enough political pull, give me a cot in a poorhouse, some rags, enough food to keep me alive, and the menial job of scrubbing the floors.

Now I prefer not to stand in breadlines nor to sleep in flophouses. I must, therefore, get money in some way or other and endeavor to keep it. It has been amply demonstrated that this latter task is perhaps even harder than the first; I have no assurance that what I have now will be with me next year or even next week. The method I have chosen by which to do this is practicing medicine. I went through high school; I spent five years in a university, four years in a medical school, two years as a hospital interne — fifteen years in all. I not only made little or nothing during this time but I spent a great deal; in fact, all I had ever been able to make at other times. In addition to that I put a lien in the form of debts on what I was to make after I finally went to work. Now that I am at work, I will get that needed money absolutely honestly if I can. If I cannot, then I will get it dishonestly. There, then, you have it — in cold type and with no evasion. If this is being a thug, then I am a thug. And that is that. If you are interested to know what has been my experience, I will say that the word honesty in medicine is a very *elastic* term. But I am in style, to say the least, for this is rugged individualism — now officially inscribed on the banners of the Republic.

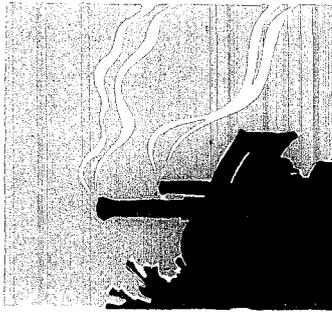
There are in medicine, as in war, two viewpoints. The professional strategist, the man who hears the sound of battle from afar, the armchair general — he may tell you that war is scientific, perhaps even romantic. The actual soldier in the front line trenches — he will tell you that it is hell. I believe this latter man, for all his limited vision, is perhaps a better judge of what war is actually like. And so, in all kindness, I will say to our critics that if you will study the actual doctor you will probably get a more realistic and more accurate slant on the thing that you are interested in, and thus give your efforts a far greater effectiveness.

“We Need a War”

“It Would Restore Prosperity”

by JAY FRANKLIN

AS THE depression droned on into 1932, as the number of the unemployed teetered between five and eight millions — depending on whether you were a Republican or a Democrat — and as farm prices stagnated at half of the pre-war level, it became obvious that only a good foreign war could prevent serious disturbances in the United States. A huge federal deficit had led to brutal and confiscatory taxation; the farmers, the veterans, the bankers, the railroads, and the jobless were all clamoring for government aid; and by the spring of 1932 it was apparent that national credit could not permanently withstand the double strain of political demands for cash and of an unbalanced budget.



The outbreak of hostilities between Brazil and Russia in the latter part of June came, therefore, as a great relief to everybody's nerves. Men who were experienced in business and politics recalled the hopeful surge which had lifted steel and wheat prices the previous autumn, when there had been a threat of Soviet-Japanese hostilities, took heart, and went long on the market. Both belligerent countries promptly took measures to prohibit the export of foodstuffs, which led to a vertical rise in the price of wheat, overnight, from 60 to 90 cents a bushel. Moreover, with the world's two great producers of manganese engaged in armed conflict, steel prices advanced sharply, while the common stock of the U. S. Steel Corporation rose from around \$40 to over \$60 a share and Bethlehem Steel doubled its market value in a single frenzied session of the New York Stock Exchange. Prices for lumber also rose, and there was a general air of optimism as it became apparent that the Argentine wheat

supply would be needed to feed the Brazilian armies, while Russian foodstuffs would no longer compete with ours in the European market.

Hence it was, perhaps, that the American Government did not make very vigorous efforts to compose hostilities, although it naturally invoked the Kellogg Pact. Pro-Brazilian sentiment ran very strong in the press, and banking circles soon came to the conclusion that, if the war lasted long enough, the American interests which extended commercial credits to the two belligerents could secure a mortgage on the economic resources of the Brazilian Republic and the Soviet Union.

It was not, however, until August that the first big Brazilian loan — for a quarter of a billion dollars (less commission and expenses) — was floated in the United States by a banking syndicate. The proceeds of this loan — which was promptly oversubscribed — were used to purchase supplies and ammunition for the Brazilian expeditionary force which was to effect a landing on Russia's Asiatic coast north of Vladivostok and dig in for the winter.

As a result of this and subsequent Brazilian loans and credits, the factories and steel mills at Bethlehem and Pittsburgh, Gary and Detroit began working overtime with full shifts. Prices of everything, food especially, rose considerably, for the European countries were compelled to obtain their requirements from the United States. In as much as wages, except in the munitions industry, remained stationary, there was some grumbling and a good deal of distress among the working classes.

However, the revival of business was unmistakable, and when the Brazilian Army, con-