MEDICAL CHAOS AND CRIME

NORMAN BARNESBY, M.D.

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PREFATORY CHAPTER

THIS book is mainly an exposure of the abuses that exist in the medical profession in this country, abuses that not only degrade the practice of medicine, but contribute not a little to the physical and moral deterioration of the American people. It would be futile to attempt to estimate the amount of human suffering caused by the ignorance, incompetence, commercialism, and criminal indifference of those who call themselves disciples of Æsculapius, but the evil may at least be pointed out and denounced, and this I have done. I presume that the result will be accounted sensational, although I have scrupulously striven to avoid any exaggeration, and have endeavored to present both sides of every question discussed.

I have dealt rather briefly with what is known to the general public as medicine proper, that is, internal medicine, while surgery, gynecology and obstetrics occupy eight chapters, and repeatedly recur in nearly every other chapter in the book. This was not my original intention, but it happened that the surgical chapters were written first, and so overran the space I had allotted to drugs. I hope that time and circumstances will permit the preparation of a supplementary volume. I should, perhaps, have made room for one more chapter showing wherein the public are at fault, but this has already furnished a text for innumerable

eulogiums of the medical profession as it exists, and so I deemed it unnecessary to attempt a dual rôle.

It would be idle to deny that in addressing these disclosures to lay readers there is the possible danger of causing one of those periodic iconoclasms which, under certain psychological conditions, might end in a popular stampede into foolish and pernicious fads. This would not only be unfortunate for the laity, but might also bring temporary hardship to an honorable minority of the profession who have continued to hold to their ideals, and deserve only the highest praise and encouragement for their patient self-sacrifice in serving a public not too intelligent or grateful.

Nevertheless, I cannot conceive of any hysterical outburst or frenzied legislation that could outweigh the good that must result from a plain recital of the monstrous abuses that have become entrenched in the profession of medicine and surgery, especially in the cities. As to the propriety of letting the public into professional secrets, I have little to say. Too many lives have already been sacrificed upon the altar of medical pretension and sham, and if I knew that this volume would result in the saving of but one human life, and on the other hand the utter demolition of the entire "ethical" edifice, I should issue the book, save that one life, and call the price a bagatelle.

I am aware that my motives will be misconstrued, my statements challenged or misrepresented, and the reform measures suggested in the final chapter subjected to the most hostile criticism. This is the unavoidable experience of the reformer, and I must brave the storm as best I may.

But I am in goodly company. Hundreds of the best

men in the profession have denounced these abuses in the most scathing terms, and thousands of honorable, albeit timid, physicians have endorsed their utterances in private. The medical journals, moreover, almost without exception and to their great credit, have become increasingly outspoken on these matters, and medical conventions are frequently given over to some phase of the ever-recurring question: How shall we purify and elevate the profession?

This, of course, is an excellent indication; indeed, were it not for such signs of awakening moral vigor, the outlook would be far from hopeful. But mere agitation in itself is not necessarily reformative, and indignant diatribes uttered in a whisper are likely to be much less effective than a strong voice that shall tell the whole truth to the whole nation. In short, the time for half-way measures and professional secretiveness has gone. The danger is urgent: clear speaking and the widest publicity are essential.

I think the late Grover Cleveland had an inkling of the real conditions which prevail when, in an address to the Medical Society of the State of New York shortly before his death, he urged the profession to abandon their outworn policy of mystery and infallibility and treat the public with more frankness and consideration. "We have come to think ourselves as worthy of confidence in the treatment of our ailments," he remarked, "and we believe that if this is accorded to us in greater measure, it would be better for the treatment and better for us. We do not claim that we should be called in consultation in all our illnesses, but would be glad to have a little more explanation of the things done for us." And again: "It should not be

considered strange if thousands among us, influenced by a sentiment just now astonishingly prevalent, should allow ourselves to be disturbed by the spectre of a medical trust in mystery, and like all who are truly affrighted should cry out for greater publicity between physician and patient."

How well-founded these vague but intuitive fears were, Mr. Cleveland probably never knew, and neither will the general laity until the searchlight of publicity has been turned into the darkest corners of this modern chamber of horrors.

"If the mighty host," says Dr. George W. Wagoner,[1] "of those who have been rushed into untimely graves by incompetent, pretending physicians could be marshalled into an army and marched in ghastly review before the astonished eyes of our indifferent legislators, what a ghost-like multitude of outraged victims there would be! one which would appal by its magnitude and horror, and excite the law-makers to a frenzy of action in the elimination of the incompetents from the ranks of those who assume to care for our health and lives."

I doubt if the author or artist lives who would dare attempt such a repulsive work of realism as Doctor Wagoner imagines, and I agree with him that it would be entirely too provocative of the mob spirit; but the main facts we do want and must have, if we are to rid society of this festering sore; and these and these only it has been my earnest endeavor to collect and present

[1] "Doctors and the Public." The President's address delivered at the general meeting of the Medical Society of the State of Pennsylvania, Philadelphia Session, September 28, 1909. Published in the *New England Medical Monthly,* December, 1909.

to those whom they may concern—the victimized public.

I offer no excuse for the copious quotations that I have given, and if certain chapters seem but compilations, it is better to have them so if the reader is thereby helped to a clearer understanding of the situation, than that any attempt should have been made at mere rhetorical effect.

I do, perhaps, owe an apology to the authorities quoted, for I am perfectly aware that I am sounding upon the housetop things that if not told in secret were certainly intended only for medical circles; but, on the other hand, I owe it to myself to add that several prominent doctors whom I took into my confidence expressed their pleasure at the prospect of a public exposure of these evils, so long as they were not directly implicated. The chapter on "medical ethics" will explain this apparent faint-heartedness, and show how a system almost mediæval in its spirit is largely responsible for their lack of initiative and for a cautiousness that only too frequently merges into rank cowardice.

While I have quoted from many of the leading authorities in the several branches of medicine, such as Doctors Osler, Jacobi, Holt, Price, Lusk, the late Doctor Senn, Doctor Eliot, President Emeritus of Harvard, and others, men of international reputation, whose utterances receive the respectful attention of the profession throughout the world, I have not hesitated to add largely from the testimony of less famous men where their investigations and opinions deserve a hearing, nor have I confined myself to doctors exclusively of one school.

The bulk of these extracts has been taken from addresses given before medical or other scientific so-

cieties, and from articles contributed to medical reviews; and here a few words of explanation are required. It will be noted that I have ignored text books as far as possible, on account of their technical language and because I have usually been able to find some monograph by the same author which gives his views in condensed and more readable form. I have, moreover, quoted largely from addresses to students and medical bodies because of the broad perspective usually found in papers of this nature, as well as the fact, if I must confess it, that here, if anywhere, we are apt to catch the author off his guard and so come to his real convictions and viewpoint.

As to the source of such addresses, most of which have been published in one or more periodicals, I have simply made use of any reputable journal that reproduced the author's paper verbatim, and have given credit accordingly; but the reader should bear in mind that the papers which I have quoted will be found in the transactions of the particular society before whom the address was delivered, and frequently in half a dozen or more medical journals as well. This, of course, will permit of a speedy verification of any passage in the slightest dispute.

It may be objected that I have exhausted the pages of contemporary literature in order to bolster up a "case" against the profession, and hence, by an unfair selection and by over-emphasis, have created a false or contorted impression of the principles and present practice of medicine. This is not so. Of the material that I have collected from periodicals, I have been able to quote from perhaps a tenth of the articles supporting one or more of the charges I have made,

and it is safe to say that I have not examined a fifth of the current medical literature of the last decade. A perusal of the appendix, furthermore, wherein will be found a few of these articles, nearly or quite in full, will show that in some cases, at least, the briefer extracts in the body of the book have understated rather than overstated the position of the author quoted.

Those whose cases are cited as examples of the abuses I have set forth are dealt with leniently, their identity being hidden under fictitious initials and in some cases under a fictitious place of residence. For I see neither reason nor justice in stirring up personal animosities by exposing a few culprits when thousands (not hundreds) of the profession are equally guilty. Nor do I wish to give sorrow to the bereaved friends of the many victims I have dragged forth, as it were, from their long sleep to serve in this very public, and necessarily spectacular, clinic.

In short, I am attacking a system, a social condition, for which we are all partly responsible,—doctors and laity, scientists and charlatans, law-makers and law-breakers. And particularly do I wish to emphasize and stigmatize the spirit of false ethics and infallibility that the medical profession alone has succeeded in preserving intact, a memorial of the myths and inhuman practices of our mediæval prototypes. What one man, I repeat, could estimate or depict the awful harvest of suffering and blood that we as a nation are reaping from our criminal apathy in allowing an organization of men as fallible as those of any other profession to acquire an irresponsible power of life and death over millions of helpless human beings?

However, while I could not present the whole of the evidence if I would, nor would I if I could, I have undertaken my difficult task with the determination to prove enough to justify this appeal to the laity. For I am persuaded that the remedy lies in a full enquiry, nation-wide in its scope, the abolition of all codes and practices inimical to society, and a complete reorganization of the system on the lines of legislative supervision or other responsible control. Thus, and thus only, can an erstwhile noble profession be purged of its corruption and the public adequately served and safeguarded.

MEDICAL CHAOS AND CRIME

CHAPTER I

THE REIGN OF "GRAFT"

"Always seek your own interests, make of a high and sacred calling a sordid business, regard your fellow-creatures as so many tools of trade, and if your heart's desire is for riches, they may be yours; but you will have bartered away the birthright of a noble heritage, traduced the physician's well-deserved title of the Friend of Man, and falsified the best traditions of an ancient and honorable Guild."—Dr. William Osler, in "Æquanimitas and Other Addresses."

One would think that those who are especially fitted by training and education to treat the sick and injured, and to relieve suffering, would have developed in them to a high degree the divine qualities of sympathy and compassion. Unfortunately our ideals and practices have undergone marked changes of late, and the medical profession has by no means escaped the mercenary blight that has fastened itself upon the nation. To be absolutely fair, I will except the rank and file who are removed from the larger cities, though urban greed and

" graft " is fast spreading to the remotest hamlet. But I fearlessly assert that the leading surgeons and practitioners of the cities are no longer the men of exalted aims and scrupulous honor that formerly ennobled our profession. A valiant minority, true disciples of Æsculapius, are employing the wonderful agents that modern science has given us to true humanitarian ends, but to the majority they have become but the instruments of self-aggrandizement.

In all our great business centres the main idea in nearly every trade and profession is to make money—big money—not after the honest and leisurely manner of our fathers, but in the frantic, get-rich-quick fashion of the Twentieth Century. It is in the air, this mad desire for unearned riches, and its baneful influence is already sapping the vitality of the nation. Even now the handwriting is on the wall, though unnoticed and unread by the frenzied mob who are struggling to reach the goal of wealth. I refer to the appalling increase of crime, insanity and suicide during the last decade. If our people do not pause in this wild career we shall soon—I mean we of the cities—become a race of neurasthenics and degenerates. And the members of the medico-surgical profession are no exception. It is no longer the call of the suffering that inspires them, but the call of the dollar. They who should by precept and example strive to bring the nation to its senses are themselves in the thick of the scramble. Ethics have been undermined, principles pigeon-holed, ideals suppressed or reduced to a business basis.

The average doctor, in short, hasn't time to think of the real things of life. He knows theoretically, just as every intelligent man knows, that wealth, instead of

promoting peace of mind, in nine cases out of ten undermines all happiness. The possession of ten thousand dollars leads to the desire for a hundred thousand, and a hundred thousand immediately suggests a million. Or perhaps the ownership of a store or factory creates an obsession for monopoly, and so the game must be played to the limit no matter what ideals have to be sacrificed. Thus with such over-ambitious natures, each added possession but adds to his voracity; realization brings only a new discontent, and again he sets out after a transformed and yet more elusive will-o'-the-wisp.

There is a tremendous satisfaction in life if we could only keep the fact before us, in performing well each duty that presents itself. It may be a remarkable feat (of courage or skill or cunning or what not) to make a million dollars, but there is less honest satisfaction in it than that which comes from the saving of one life. Yet so false have become our standards that many a physician, formerly honest and even altruistic, has come to look upon the relief of suffering or the saving of a life as merely incidental to the earning of a fat fee. And from honest greed, if there is such a thing, the step is but a short one to dishonorable practices and deceit. Like all who have lapsed into rank commercialism, he finds that he must employ unfair means if he would achieve the success that he craves.

What a pity that we are losing those great-hearted physicians of the old school—the Doctor McClure type as depicted by Ian Maclaren! But the spirit of the age will not tolerate them. Success, no longer a gauge of character, must be measured in dollars!

"It is not too much to say," writes Dr. C. W. Lillie (of East St. Louis),[1] "that more is expected of the doctor, and in the final accounting more will be required of him, because of his superior knowledge. It is also true that many doctors are so engrossed in money-making schemes, with fads and specialties in medicine, with fast horses, with automobiles, with women, wine and other dissipations, that patients have but slight consideration; that efforts directed toward the general betterment of mankind have but a small share of their attention."

Doctor Lillie hastens to add that he absolves the large majority of doctors from such a sweeping charge, but so do many others who write in a similar vein, and their denunciation sounds so frank and spontaneous and the added qualifications usually so stereotyped and perfunctory that one wonders if the man has not spoken only to be suppressed by the cautious physician or scientist. In some cases the former comes off victorious, but in still others the paper or address is the interesting record of an evenly matched contest between the two, honors to be decided by the tone of the final paragraph!

Such, in a measure, is the address of Dr. L. Emmett Holt, Professor of Diseases of Children in the New York College of Physicians and Surgeons (Columbia University), which he delivered before the students on September 26, 1907.[2] In the following para-

[1] From "Duties and Obligations Relating to Tuberculosis." —The *Illinois Medical Journal*, January 19, 1907.

[2] Professor Holt's paper was entitled "Medical Tendencies and Ideals," and was reproduced in the *Journal of the American Medical Association*, March 9, 1907.

graph, for instance, the professional man has the upper hand:—

"Two years ago I was in attendance with another physician on the young child of a wealthy merchant, who was seriously ill and over whom was hanging the possible necessity of a grave surgical operation. The parents were naturally very anxious. When, after one of our consultations, the surgeon had left the house, the father said, 'Do you think that man's judgment in deciding to operate would be influenced by the fee he would receive for it?' Happily, in this instance, I could say, 'Emphatically, no.' Nor do I believe there are many men in the profession of whom it would be true. But this anxious parent expressed a distrust which many others have felt. Conceive, if you can, a condition of society in which such a feeling of suspicion should be general, or worse still, when it should be justified. What technical skill can ever take the place of moral character in a physician or surgeon? High ethical standards have been maintained in the past by the great body of physicians to a remarkable degree, often in the face of great temptation. Let us hope that the ideals of the physicians of the future may be just as high."

Then the man speaks out:—

"There is one other phase of commercialism seen in our day, which may be characterized as medical graft. This man does not conceal the fact that he is in medicine for what he can get out of it. With respect to every transaction he adopts the politician's anxious query, 'Where do I come in?' His methods are well known. He visits the specialist, the surgeon, or consultant, ostensibly in behalf of his patient, and lets it be known that he expects 'the usual percentage' of the fee in case

the patient can be persuaded, intimating at the same time that if this is made satisfactory he will need consultations in the case of other patients, and has other work which he can turn over to the surgeon."

Now the professional man once more:—

"Medical grafters of this type, I am glad to say, are not numerous, but they are, I must believe from my information, increasing rather rapidly. Such a man may not be at heart dishonest. Let us try to follow his mode of reasoning. He begins by contrasting his own small fees and modest income with those currently reported of the specialist or surgeon. 'Why should I not receive a suitable commission for the business I can control? There are plenty of skilful men who are willing to divide their fee with me. The patient is well served. Who, then, can complain?'"

Whereupon the man, waxing indignant, interrupts:—

"Such a man belongs in business, not in a profession. He regards the patient as something in which he has personal or property rights, as a marketable commodity, which he is at liberty to dispose of to his own advantage."

And so on throughout the Doctor's most instructive address.

As stated above, however, I will confine myself for the moment to city practitioners and surgeons, and endeavor to show to what degree they have been affected by the reign of "graft." But the sad recital will not end with this chapter; underlying many, perhaps the major portion, of the abuses exposed in the suc-

ceeding chapters will be found this insatiable mania for unearned wealth, unearned honors, undeserved reward.

Of course, it is absurd to assume, as so many do, that ideal conditions once obtained universally in this or any other profession. Just by accident the other day, I ran across a "dissertation" by Dr. Worthington Hooker which was read before the annual meeting of the Connecticut Medical Society, May 8, 1844. Doctor Hooker's theme was "The Respect Due to the Medical Profession and the Reasons that it is Not Awarded by the Community." It is a "muck-raking" article, in its way, and contains some very plain language. On page 16, we read:—

"The science of patient-getting is often more assiduously studied than that of patient-curing. Real success is not so much desired as the mere appearance of it. Common ground is taken with the charlatan. The people are to be imbued with a great sense of the physician's skill without any reference to real merit. The object is to be attained at any rate, and whether it can be done on true or false grounds seems not to be material."

Nor are we to suppose that England or the Continent is free from these evils. It is only a few years since the death of Roose, one of the greatest charlatans who ever plied his trade; and not a few of England's best-known practitioners will go down in history as clever "grafters." But this book deals with conditions to-day, and in our own country, and references to the past and to foreign countries will be made for comparison only.

No doubt there are thousands of struggling doctors

who, if they could be prevailed upon to tell the truth, would admit the deceits and petty frauds that they practise on their patients, but would plead pecuniary embarrassment or downright poverty as an excuse. In the summer months, for instance, an ordinarily good practice often dwindles down to almost nothing, yet the rent and living expenses go on just the same. The worried doctor, with wits sharpened and conscience dulled, looks about him for relief, and then it is that the unwary patient is advised to undergo an operation or receives a long course of treatment.

"The tonsils must come out!" A familiar remark, is it not? Furthermore, it is much better to operate in June or July (if you can hold your patient) than in the winter or early spring when business is brisk. "Yes, Madam, the warm weather is the time to operate on the tonsils—wounds heal more rapidly in the summer time." Poor mothers, they are so easy to convince and so anxious to do the best for their little ones!

What a cowardly and contemptible business this is when we look into it—to deceive the loving parents and ignore the needs of the children just to relieve a depleted pocketbook! Yet it is constantly being done. Who ever hears such advice in the free clinics? There the present is always the time to operate, and sorry would be the plight of the children of the poor if only summer operations were successful. But with the private patients it pays to delay, and, furthermore, it adds to one's reputation. For paradoxical as it may seem, the patient who is faked is the patient who is grateful. The modern practitioner's chief asset, in short, is not his knowledge of medicine, but his ability to convince

people. Whether right or wrong, if he can impress his patients he may feel sure of success, but if he cannot he might as well throw up his practice.

Inability to read the patient's thoughts, moreover, makes a poor outlook, whereas a thorough and intuitive grasp of their methods of reasoning almost invariably presages success. In a word, to coincide with your patients' ideas, whether right or wrong, is highly politic, and to oppose them in nine cases out of ten means simple disaster.

A well-known physician, an acquaintance of mine, practising in New York City, whose reputation is of the best, told me recently that his great success in medicine was not due to any unusual skill or knowledge, but to the fact that he was "a damned good business man and knew when to take advantage of the other fellow's ignorance." After further investigation of my friend and his methods, I discovered that he was rated so highly simply because he could cure the ills he personally caused. For a patient to consult him and get away without having to return is almost unheard of. His first diagnosis when he finds that the patient is a drivelling hypochondriac is "stomach trouble," "gastric catarrh," "gastralgia," or some other reverberating name, which means nothing in particular, but greatly impresses the patient. His first treatment in such a case, almost without exception, is to administer to this poor creature large and repeated doses of potassium iodide in some form, with instructions to return if he feels nausea, headache, pain, or a bad taste in the mouth.

Now it happens that potassium iodide, given in large and repeated doses and taken with a small quantity

of water, causes these exact symptoms, viz., nausea, headache, pain in the stomach and a bad-tasting mouth. Consequently the dupe goes back for relief, financial and otherwise, and so the iodide is gradually reduced, while the pocketbook is being relieved of its contents. In the course of the second or third week the poor, frail, shadow of a patient wanders into the office once more. My friend now takes pity upon him by withdrawing all of the iodide, thus effecting a brilliant cure of the disease with the high-sounding name. The delighted patient, naturally, is most grateful. Having other friends afflicted with stomach trouble, he tells them of the clever doctor who has dragged him from the jaws of death. They, too, flock to the master physician, and of course are eventually "cured," the time in each case depending on the limit of patience and the extent of the bank account.

This is a case of vulgar, though highly systematized, fraud. The following, related by Dr. W. F. Manton (of Detroit)[1] illustrates the callous indifference shown to the poor:—

"A patient, pregnant about the fifth month, was brought into one of our hospitals in a moribund condition. She was young and vigorous, and, save some slight bladder irritation, had been well up till the morning of the day when convulsions set in. Dilation of the os had begun, and at the hospital evacuation of the uterus was readily accomplished. The patient did not, however, regain consciousness, and died a few hours later, in spite of the most energetic efforts to save her life. The urine of the patient had not been examined

[1] From "The Relation of the Physician to His Pregnant Patient."—The *Canadian Practitioner and Review*, December, 1906.

prior to her entrance at the hospital, and in conversation with her physician the remark was made that it still appeared necessary for the general practitioner to learn that the urine should be tested from the beginning of pregnancy, to which the doctor replied, 'Doctor, it does not pay.'

"The case is a pathetic illustration of the present status of obstetric practice. Here was a young woman of the poorer class, in robust health, whose life was sacrificed on account of her inability to adequately reimburse the physician for the time and skill which he might expend in caring for and directing her during the period of gestation. Unfortunately the case is not exceptional, nor is the physician to be held wholly blameworthy for following a course which is almost universally practised among patients in all stations of life."

The next case, related to me by Doctor H. of New York, illustrates the shameless greed too often associated with deathbed consultations. "I went into a small cigar store, the other day," remarked H., "and was roundly abused by the proprietor when he found I was a doctor. I asked him what he meant, and he told me that his wife had recently died, and that the family doctor had insisted on calling in six specialists for consultation.

"'He called those men in,' said the poor fellow, 'and all the money I had in the world was eleven hundred dollars. The first demanded three hundred dollars, and the rest of them got the balance. They were called in and paid within twenty-four hours, and at the end of that time my wife was dead and I was obliged to borrow money to bury her.'"

This seems almost incredible, but Doctor H. made

enquiries and found the man's story to be substantially correct. The family doctor, of course, had received a commission on all the fees collected, in addition to his own bill.

No less reprehensible, though more frankly brutal, was the conduct of the noted surgeon in the following case of appendicitis, which I select from scores of similar instances because of the unusually high reputation of the hero thereof:—

Mr. and Mrs. K. were a young Chicago couple just beginning to get a start in the world. Their little home was partly paid for. Only a thousand dollars was needed to clear off the mortgage, and this they had succeeded in getting together, by dint of much saving and self-denial, when the wife suddenly developed an acute attack of appendicitis. Her husband was greatly alarmed, and made enquiries as to who was the best surgeon in Chicago. He was recommended to one of the best surgeons in the country, whom we will call Doctor Y. So he rushed to the doctor's office and begged him to come at once to see his wife. Doctor Y. said he would come without delay, and the young husband hurried home to await his arrival.

Meanwhile, Doctor Y. made enquiries over the telephone as to K.'s financial condition, and soon found out about the thousand dollars in the bank. With this information, he visited and examined Mrs. K. The case was one of acute (catarrhal) appendicitis, as he had conjectured from the somewhat incoherent description of the husband. Turning to the latter, he said in his very forceful and emphatic manner:—

"This is a bad case of appendicitis; if she is not operated on at once, she will die."

The reader can imagine the consternation that ensued. Of course the husband implored the doctor to do everything possible to save his dear one's life. This was the psychological moment, as Doctor Y. well knew. So he replied, brusquely:—

"All right, Mr. K., the operation will cost one thousand dollars, and I must have the money before I begin."

Poor K. gasped. He knew that great surgeons do not ordinarily operate for mere glory or gratitude, but he had never expected anything like this. His struggle was short, however, for he loved his wife. Doctor Y. was the best surgeon in Chicago, and Mrs. K. should have his services as long as he could foot the bill. So with a sigh of regret as he thought of the home passing from them, and of the years of hard struggle to come, he agreed to the doctor's rapacious fee. Doctor Y. came again that evening with his assistants, and performed the operation, and performed it well. It was all over in less than twenty minutes, and when he left the house he carried Mr. K.'s hard-earned savings.

Doctor Y. is unquestionably a great surgeon. His skill and fame have brought him cases from all over the country, and he is a wealthy man. He did not need this thousand dollars; it meant almost less to him than a dollar meant to the poor clerk. How much manlier it would have been to have offered to take the patient to his clinic and operate on her free of charge, or else to have performed the operation at the house for a nominal fee of, say, a hundred dollars! But that would not have been "good business," and personal sacrifices, unless of a spectacular character, do not often appeal to the rich and famous.

It must have been the knowledge of such cases as this that led Dr. George F. Butler[1] (of Wilmette, Illinois) to write:—

"The 'commercialism' of treating a patient unnecessarily, of taking advantage of his misfortune to frighten him into being treated indefinitely or operated on unnecessarily for the sole purpose of extracting a little more money from him, is not 'business'—it is downright dishonesty. The physician who prostitutes his profession by frightening and then *literally* robbing the sick is a more contemptible robber than the 'footpad.'"

Similar incidents must have come to the notice of a certain New England clergyman who was recently provoked into exclaiming:—

"It is not a profession, it is a trade that the doctors ply to-day. It is not the practitioner of a profession who goes into a household and demands his fee of five hundred or a thousand dollars before he will apply his knife to the cancer, the anæsthetic to the wound. Such practices ought to be condemned from every pulpit—every rostrum in the land. The government ought to step in and prevent them."

Dr. A. Stuart M. Chisholm (of Bennington, Vermont), to whom this gentleman's ideas of administering anæsthetics afford no little amusement, regards such attacks as unwarranted and malicious, and attempts to prove by illustrious examples both from history and fiction, that because medicine has produced men of the noblest and most self-sacrificing type, the profession to-day must, of necessity, have preserved its ideals.

[1] "Commercialism in Medicine." From the *American Journal of Clinical Medicine,* March, 1910.

"The study of medicine," he informs his assembled confrères,[1] "is an entrancing subject, its practice requires an array of virtues whose mere contemplation staggers the mind. One must meet violence with gentleness, ingratitude with equanimity, insult with fortitude, slander with silence. The physician's life is a daily exemplification of the Golden Rule."

Dr. A. J. Charlton, (of Bennett, Iowa) goes Doctor Chisholm one better, in a letter to the *Journal of the American Medical* Association (April 4, 1908), in which he replied with more heat than argument to the attack of Mr. Bok, of the *Ladies' Home Journal*, upon practitioners who, through ignorance or for profit, prescribe nostrums and proprietary remedies of uncertain composition. "The medical profession," exclaims this irate Westerner, "is an institution devoted to the spiritual, mental and physical condition of the people, therefore all but holy." And in conclusion:—

"It is little wonder that the public is nonplussed as to a course of action when the leading publications of our day approach them with the gravest kind of accusations against the noblest and best of our professional men, the average physician. Happily, however, the inaccuracy of these accusations is real to any layman who may stop to think, and the horror of the unsubstantiated charge is being largely replaced by a new and everlasting confidence in the members of the profession who have so patiently and painstakingly served the people. . . ."

In reply, the editor of the *Journal of the A. M. A.*

[1] "On the Inherent Spirit of Medicine." A paper read before the Medical Association of Troy and vicinity and published in the *Albany Medical Annals,* August, 1908.

points out that unfortunately Mr. Bok's accusations are only too true. "The letter quoted above," he states, "is the only communication we have received expressing disapprobation of Mr. Bok's paper and of its publication." And he adds:—

"The time has passed when we can wrap ourselves in a cloak of professional dignity and assume an attitude of infallibility toward the public. The more intelligent of the laity have opinions on medical subjects—often bizarre, it must be admitted, but frequently well grounded—and a fair discussion of such opinions can result only in a greater measure of confidence in, and respect for, the medical profession."

Before returning to my narrative I cannot resist quoting the testimony of another Westerner, Dr. Charles W. Oviatt, of Oshkosh, Wisconsin, the President of the Western Surgical and Gynecological Association. In his address delivered before this association at St. Louis, December 30, 1907, Doctor Oviatt said:—

"The spirit of graft that has pervaded our ranks, especially here in the West, is doing much to lower the standard and undermine the morals and ethics of the profession. When fee-splitting and the paying of commissions for surgical work began to be heard of something like a decade ago, it seemed so palpably dishonest and wrong that it was believed that it would soon die out, or at least be confined to the few in whom the inherited commercial instinct was so strong that they could not get away from it. But it did not die; on the other hand, it has grown and flourished."

Here, the reader will note, there is no hedging or supplementary qualification, and scores of outspoken

practitioners and surgeons might be quoted to the same effect.[1] I prefer, however, to give further concrete cases, examples of heartlessness and "graft" which, if not of every-day occurrence, could easily be duplicated by any doctor—any *city* doctor, I suppose I must say—in the land. This, of course, will be contradicted by all who are guilty of dishonest practices, as well as by those self-deluded members of the profession, who think, like our friend of Bennett, Iowa, that loudly to deny the present tendency will by some strange process restore us to the "all but holy" state from which we have fallen.

When a young graduate in medicine hangs out his sign in a large city he must not expect, as a rule, to make his expenses for at least a year. Sometimes, however, fortune provides an early opportunity for him to distinguish himself. Such a chance befell a certain young physician in New York a number of years ago. He had been practising only a short time —that is to say, he had taken an office and displayed his sign,—when it happened, one day, that being the only doctor available he was called by a rich family to attend a young woman for some abdominal complaint. The young doctor soon found that the trouble was insignificant, but he felt that to release his hold on such a case so quickly would not be good business. Accordingly, he looked grave, and after a prolonged examination, anounced that the patient was really in a very serious condition which required immediate operation. As he was a good talker and possessed unlimited "cheek," he succeeded in winning the confidence

[1] See Appendix F, and note remarks of Dr. Channing W. Barrett in Appendix G.

of both patient and family, and soon secured their consent to an operation. He lost no time in performing it, sewed up the wound, and, after a period of after-treatment, sent in a bill for two thousand dollars. The exorbitant charge was paid without a murmur. The grateful family were made to believe that this able and prompt young surgeon had saved their dear one's life, and for such a service no price that they were able to pay was too high.

Before the patient had quite recovered, however, the shrewd surgeon discovered a complication that demanded another immediate operation. Having gained the complete confidence of the unsuspecting family by his first remarkable success, his word was now law in that household. A second operation was performed, and a second bill for two thousand dollars duly honored. Then finding the game so easy, he played it for all there was in it. It seems incredible, but he actually succeeded in inducing that poor, rich victim to undergo another abdominal operation at the same modest figure.

Whether the family became disillusioned after the third operation, or whether the young surgeon feared to tempt the devil once more, I cannot say. He went abroad almost immediately afterwards, took a special course in surgery, and returned to America well equipped, both professionally and financially. He owes his start to this one case which he handled (or rather mishandled) with such consummate effrontery.

An acquaintance of mine, a member of the New York Academy of Medicine, with whom I worked for some years, called me up on the telephone one day and asked me if I would assist him in a minor operation, a

so-called curettage (scraping of the womb). He said that he might use a little chloroform, and in case he did he wished to have me present to administer it. The patient, by the way, was the wife of an assistant cook at one of the large hotels, and they lived in a small and inexpensive apartment. On our arrival he explained to the woman that he had brought his assistant and his nurse along, for he never operated unless they were present.

The poor people were very much frightened; they seemed to think that the operation was more serious than they had been led to expect, and asked if it could not be done without the use of chloroform. The surgeon explained that it could, but that if he employed cocaine, it would cost twenty-five dollars more, as cocaine was very expensive. The poor patient decided after talking the matter over that she would prefer cocaine to the chloroform. So cocaine it was to be, but unfortunately was not, as the doctor found that he had none. Nothing daunted, however, he performed the operation without administering any anæsthetic, simply swabbing the end of the uterus with sterilized water out of a four-ounce bottle, which he had brought with him, and which was supposed to be a cocaine solution. The woman suffered considerable pain, but bore it bravely as women will.

After everything was completed the surgeon informed the husband that he would be in to see the case on the following day, but that he would like to receive his fee as soon as possible; in short if the man would pay him there and then it would be quite agreeable to him. When asked what his fee was, he said that he generally charged two hundred and fifty dol-

lars for an operation of that kind, but seeing they were people of limited means he would make it seventy-five dollars, and twenty-five for the cocaine solution which he had used. The whole thing would be one hundred dollars. The operation might have been worth seventy-five dollars, that we will not discuss, but to charge twenty-five extra for cocaine solution when he had simply swabbed the parts with sterilized water was downright rascality, and I did not hesitate to tell the gentleman so.

Mrs. J., a former patient of mine, related the following story, which I give in her own words. It exhibits a depth of brutality that few even of the most callous surgeons would, for business reasons, care to display:—

"You see, Doctor, my husband is an ice man and he works all day. I was to be scraped because I was bleeding badly every month. The doctors came to my house and gave me chloroform, and before I was out of it, they shouted in my ear and wanted their money. I did not know very much what I was doing, for I was hardly out of the chloroform, but I pointed to the dresser drawer where all our savings were kept. They took what they wanted and went away and left me alone. My husband came home and found me insensible on the floor. I had fallen off the bed and sprained my arm. My husband had to call in another doctor to attend to me, and was very angry at the first two for stealing our money and leaving me the way they did."

One wonders where such heartless wretches were educated, and if they chose a medical career with the intention of exploiting the weak and unfortunate. With all the shortcomings of our system of medical

education, surely no institution exists that deliberately inculcates a cynical indifference to suffering and distress. On the contrary, many students receive the most wholesome counsels, and not a few leave their beloved Alma Mater inspired by the highest ideals. To what, then, can we attribute their downfall, but to this all-pervading spirit of "graft," and to the unscrupulous and heartless practices of those high in the profession? Thus the doctor of standing who stoops to dishonest or questionable methods does a double wrong, one to his patient, and one, by example, to the younger practitioner, who is only too ready to conform to "modern" standards.

I cannot conclude this chapter better than by quoting from a recent article by Dr. Arthur C. Haffenger in the *North American Review*[1]:—

"There are a few men in every profession who sully the ranks to which they belong by resorting to methods that are unworthy and ignoble; but such men are held in obloquy by their confrères, and are soon estimated at their true value by the community. These men are truly commercial and devoid of either professional or personal honor. They magnify trivial ailments, or convince patients that they have ills which do not exist, in order that they may get credit for performing remarkable cures, charge large fees, and gain unmerited reputation. This is pure quackery, though done under the cloak of regular practice, and the culprits are not confined to the lesser lights of the profession, but may be found among the most fashionable practitioners in metropolitan centres. They are often specialists and, to get patients, are willing to resort to collusion with general practi-

[1] "The Medical Fee." From the *North American Review*, November, 1908.

tioners, who, envious of the large fees they think the specialist gets, openly demand, before referring a patient, a division of the consulting or operating fee. Language is not strong enough to condemn such nefarious methods, and, happily, incidents of the kind are rare."

To all of which I subscribe, except the last line—unhappily incidents of the kind are only too common.

CHAPTER II

"ETHICS" REAL AND CRIMINAL

"We understand by 'ethics' the general doctrine of the duties of life, and the prefix 'medical' would seem to have a limiting effect, and to imply the consideration and formulating of such duties only as might arise from, and be peculiar to, the relation between the medical profession and the persons about whom they are required to exercise their skill or to deliver their opinions. . . . But practitioners will remember that the whole of so-called medical ethics is covered by the edict approved equally by the Law and the Prophets and Buddhistic authority that a man should do as he would be done by." —The London *Lancet*.

THE respectable physician of to-day is known among his confrères as an ethical practitioner. This may mean a great deal and it may mean very little. The old code, now known as the "Principles of Ethics," which has the sanction of the American Medical Association as well as of many state organizations, is a document of several thousand words, divided into three sections, one on "The Duties of Physicians to their Patients," the second on "The Duties of Physicians to Each Other," and the third on "The Duties of the Profession to the Public." Like other obsolete codes, it contains many admirable provisions (which, of course, cannot be enforced, since these "principles" are only "advisory and suggestive"), much that is ambiguous and absurd, and not a few regulations that are palpably selfish, and in direct opposition to that higher morality which finds its expression in the Golden Rule. In short it is a hodge-podge of ethics, etiquette and tradition, delivered with a senile sententiousness

that has caused no end of merriment both within and without our ranks.

The editor of the *Medical Record*, getting facetious upon the subject, draws attention to "the wishy-washy style" and "ludicrous phraseology" of "this unequalled collection of Tupperian platitudes," and adds: "it is inconceivable that a body of practical men, hard-headed, and endowed, we trust, with a saving sense of humor, will write themselves down—subscribers to these Sandford-and-Mertonish moral maxims." [1]

That the code has not stemmed the rising tide of graft and commercialism, we have seen; that it frequently discourages meritorious effort, handicaps the young practitioner, brings discredit upon the most disinterested investigators and almost invariably shields the callous or incompetent doctor from publicity and consequent disgrace—these are the common charges against our accepted "principles," charges, I fear, that can only too easily be proved.

As already pointed out, the code is merely "suggestive and advisory"; hence it has come to be regarded as a dead letter by those who have sufficient influence or prestige—a dead letter, that is, so far as their own affairs are concerned, but a law to be rigidly enforced against the younger or less influential practitioner. Physicians are enjoined to preserve the most fraternal relations, yet the code, by its elasticity and ambiguity, is itself one of the greatest causes of discord. One physician, for instance, must not question

[1] *Medical Record*, January 27, 1906. The editor is here referring to the members of the Medical Society of the State of New York.

the practice of another toward a patient, no matter if a life is at stake, yet they may discredit one another among the profession upon the merest quibble of etiquette. The result is that rancor and jealousy find their outlet in trumped-up charges of "unethical procedure," and the letter of the code is applied as rigorously as if the offence were a crime of the first magnitude.

The young men, of course, are the greatest sufferers. Let a fresh arrival from college transgress one of these official rules, and no matter how promising his career may be, or how minute the transgression, the older practitioners can ruin his reputation. A more punctilious rival may be guilty of the grossest malpractice, yet, if he observe the professional proprieties as interpreted by the local society, he receives the utmost consideration from his associates. Indeed, a doctor whose record is but a succession of dismal failures, may not only stand high in professional circles but may be instrumental in causing the removal of the best practitioner in the community if the latter has been so unfortunate as to confound ethics with "medical ethics." For example, Doctor A., finding that Doctor B. has lost a patient through carelessness or stupidity, may forfeit his career if he so much as hints at the truth to the victim's family. The first offence—killing a patient—is a mere transgression of the moral law; the second violates the higher law of "medical ethics" and is unpardonable. Hence A. continues his practice, maiming and killing as he pleases, while the overzealous B. moves away to try and live down his disgrace.

A fair illustration of the dual application of the

code can be seen in the attitude of an old and a young practitioner toward publicity. A doctor of twenty years' experience may write medical articles and see that they are circulated among his patients, but should a young man attempt such a thing, the local medical society would look upon him as an advertising quack, and the stigma might cling to him for years. The older men, too, may be interviewed by the newspapers, and are at times only too glad to see themselves quoted on some new topic of medicine in the various morning papers. Some of our ablest surgeons in New York and Philadelphia have begun the practice in recent years of contributing popular articles to lay periodicals, though much to the surprise and disgust of others who have not sufficient reputation to permit of their gaining equal publicity.

An able Vienna surgeon came to this country a few years ago to teach us a lot of new things, and incidentally to make a big fee, with liberal publicity thrown in. This gentleman gave public clinics and permitted himself to be interviewed, and he was able to disregard "ethics" because of his international reputation. Had he lived up to the code either of his country or of ours, he would have performed his work quietly and departed with reserve and dignity. His visit might not have been so profitable had he done this, but he would certainly have left a better impression upon the profession.

So much for a celebrity. His methods may meet with disapproval, the profession at large may be perfectly aware that he has sought publicity, yet no voice of protest is raised. But let a lesser light transgress, even unintentionally, and we have a rare exhibition

of professional tyranny. The case of Doctor Denslow well illustrates this.

Dr. Le Grand N. Denslow is a reputable New York physician who had made an investigation, covering many years, into the cause of locomotor ataxia. He finally discovered what he believed to be a cure for this disease and was permitted to read a paper before the Academy of Medicine telling of his work and the alleged results. This the newspapers got hold of, and as Doctor Denslow had no commanding influence he was severely criticized on all sides. His efforts were held up to ridicule, and his very character was assailed, not only by his colleagues in New York, but by the influential *Journal of the American Medical Association.* Commenting upon the occurrence, the editor of *American Medicine*[1] said:—

"Intolerance, once again, arises to shame the medical profession. Dr. Le Grand Denslow, a New York physician who has been directing his studies to locomotor ataxia, recently gave a report of his investigations to his colleagues. With admirable professional spirit his work and the results he has obtained were submitted to the profession at the Academy of Medicine. Several of the better class of newspapers, following a growing custom that is being fostered in the highest circles, referred to Dr. Denslow's researches, and immediately a storm of criticism arose. Medical men who knew absolutely nothing of Dr. Denslow's work rushed into print to deny the 'possibility' of his results, to question his diagnoses, and apparently to throw all the discredit possible on his efforts. History, therefore, has repeated itself, and just because a man has dared to attack a dis-

[1] *American Medicine,* October, 1908.

ease that has been held incurable, he has had to run the gauntlet of suspicion, reproach and jealousy. This is all wrong. How much more worthy of modern progressive medicine it is to approach Dr. Denslow's work with an open mind, trusting to our scientific knowledge to appraise it at its true value, and to accept it or reject it as our judgment dictates! It is absolutely certain that time and experience will either place these ideas of Dr. Denslow's on a secure footing or consign them to oblivion. He submits well-established data confirmed by recognized authorities, for the consideration of the profession. In the meantime he courts investigation and seeks co-operation to the end that the truth shall be ascertained. Can the medical profession do any less than meet such a spirit half way?"

More than two years have elapsed since this incident, but Doctor Denslow is still *persona non grata* with many sticklers for the ancient code. Indeed plenty of less brilliant men who have technically acquired the reputation of self-advertisers have never been able to live down the disgrace. Yet when such publicity comes to men like Doctor Keen of Philadelphia, who has written many surgical articles for the lay press, or to Dr. S. Weir Mitchell, or Dr. Woods Hutchinson, does anyone imagine that the members of the Academy of Medicine or their county societies would pay any attention to it? Punishment is meted out only to those who can't resist, and very often the worst offenders are the foremost in the prosecution—or shall I say the persecution?

I am sorry for the many worthy victims of this "ethical" machine, for I believe they are often earnest and progressive men who ought to receive every en-

couragement from the less intelligent, and hence more conservative, rank and file.

Compare Doctor Denslow and his disinterested labor —even if the results are not what he anticipated—with Doctor M., whose record as an operator would have created envy in the Spanish Inquisition. Yet Doctor M. is a member of one medical society, at least, and if Doctor Denslow's name came up for membership, he would have the effrontery, I suppose, to object to his election on "ethical" grounds.

The following atrocity, committed by Doctor M., should by rights take its place in a later chapter among surgical outrages, but I wish to emphasize the ethical aspects of the case and show that whereas ethics—the common and garden variety—and crime are as far asunder as the poles, "medical ethics" and crime may be found in the closest proximity.

Doctor M. is a surgeon practising in New York. He is one of the operating surgeons of a large city hospital and had gained considerable reputation at the time the following events occurred.

He was consulted one day by an Italian woman, living in Brooklyn, who complained of a swelling in her abdomen. After going into the history of the case and examining the woman very carefully (according to his methods), Doctor M. made up his mind that his patient was right—there certainly was a "swelling" in the abdomen. The woman, he learned, had borne a child six or seven months previously, and as another pregnancy did not suggest itself he diagnosed the case as "fibroid" tumor of the uterus. The people were ordinary foreigners with very little knowledge of English and less of surgery. Whatever Doctor M.

elected to do would be right because he was the " great Professor."

Certain of his diagnosis, Doctor M. decided to operate, and chose a private hospital on —— Street for his purpose, an institution where many well-known surgeons send their patients, but where he, for good and sufficient reasons, has never been invited to send another.

Now as Doctor M. was anxious to make a great name for himself in surgery, he invited Doctor V. and Doctor X. to witness the operation, while Doctor Y. assisted and Doctor Z. gave ether. There were other onlookers, two nurses and the woman who owned the hospital.

After due preparation the case was ready for the knife, but as the patient walked into the room, clad in a single garment, all present, except the operator, were struck by the typical signs of pregnancy. The impression of pregnancy instead of fibroid tumor of the uterus was further strengthened by the appearance of the woman's breasts. The visiting doctors exchanged glances of surprise, and when anæsthesia was begun, my friend Doctor V. said to Doctor M.:

" Pardon me, Doctor, but may I ask if you have made a careful examination which will absolutely exclude the possibility of pregnancy? "

Doctor M. looked up quickly, evidently highly insulted, and replied: " I am surprised that you should dare to put such a question to me, Sir. If you were not a personal friend I would ask you to leave the room."

After such a rebuff there was nothing more to be said—the code enjoined silence. Doctor M. appar-

ently considered himself infallible. And so the operation was begun.

The self-willed surgeon made an incision and cut down to the uterus as quickly as possible. After examining it at that stage he should have suspected the true state of affairs, but he lacked surgical experience and so obstinately blundered ahead.

When the uterus was finally delivered and triumphantly handed round for examination, Doctor V., still sceptical as to its diseased condition, took up a knife and carefully bisected it. Then the hideous truth was revealed: to the dismay of Doctor M. and the apparent astonishment of his "ethical" associates, the "fibroid" proved to be a living fœtus. Doctor M., much crestfallen, took the uterus home and has it now, I understand, in a glass jar in his office. The fœtus and afterbirth, of course, were quietly destroyed.

The poor patient eventually recovered, but is still in ignorance of the monstrous blunder that was committed. For the spectators of that dastardly affair have remained silent—"ethics" prevents their saying anything. And Doctor M., confident that the truth will never be divulged, has actually been heard to boast of his successful "fibroid" operation!

Everyone in that room was a slave to "ethics," hence after the one suggestion from my friend, every mouth was sealed. Doctor Y., who assisted, told me that he knew it was a pregnant uterus as soon as he felt it, and Miss R., who owned the sanitarium, said that she knew by the condition of the woman's breasts that she was pregnant. Yet neither could argue this possibility with the opinionated surgeon, and the idea of vigorously opposing him in the interests of a human

life probably never once occurred to any of the spectators. If there had been less "ethics" and more common sense and humanity, the patient could have been sewed up and might still have gone to term and had her baby.

The same mistake was made by a surgeon in Los Angeles, but the case was more difficult to diagnose. As soon as he felt the gravid uterus he closed the abdomen up again. The woman made a rapid recovery from the operation and had her child in due time. In both cases mistakes in diagnoses were made, but one surgeon had the brains and moral courage to act the man in the emergency, while the other had not.

I do not mean to say that such revolting cases as the one I have just given are of everyday occurrence; nevertheless it is no exaggeration to say that thousands of lives are sacrificed every year on the altar of "medical ethics." No one is infallible—not even the greatest surgeon, as will be amply proved in a later chapter—yet innumerable tragedies can be laid solely to this false and inhuman idea of dignity. Of course, it is essential that a certain form of etiquette should be observed, and that proper deference should be shown to the family physician. No one questions that the practitioner or surgeon in charge of a case has his rights; all I insist on is that the patient likewise has his rights—the poor, helpless creature entering the valley of the shadow of death, trustfully relying on the skill and humanity of the doctor of his choice. Surely to ignore a hint from an associate, or even from the watchful nurse, that would aid in the battle with the grim destroyer, and particularly to do so from any consideration of prestige or reputation—such conduct,

I assert, is a brutal, damnable betrayal of a sacred trust.

One is tempted to say that to the average doctor "ethics" is in inverse ratio to manhood, but this would be hardly fair. The recognized code unquestionably serves a useful purpose; the evil lies mainly, as we have seen, in the confusion of ethics and etiquette, and in the undue prominence given to what at best can be regarded as "red tape." As a speaker in one of G. Lowes Dickenson's political dialogues says: "I don't dispute your facts; I dispute your emphasis."

Turning to Article IV of the "principles," dealing with consultations, we read:—

Section 5.—"In consultation no insincerity, rivalry, or envy should be indulged; candor, probity, and all due respect should be observed toward the physician in charge of the case."

Section 9.—"All discussions in consultation should be held as confidential. Neither by words nor by manner should any of the participants in a consultation assert or intimate that any part of the treatment pursued did not receive his assent."

Section 11.—"A physician who is called in consultation should observe the most honorable and scrupulous regard for the character and standing of the attending physician, whose conduct of the case should be justified, as far as can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence of the attending physician."

Now let us see how this works out.

Doctor So-and-so, we will say, has made a mistaken diagnosis and given wrong treatment till the precari-

ous condition of his patient arouses him to a realization of his mistake. If he is wise he will instantly consult with another physician, but if he is too headstrong to do this the family will probably demand a consultation.

If he takes the initiative and calls in an acquaintance, it is almost an absolute certainty that the latter will agree with all that he has done, since he has everything to lose and nothing to gain under the circumstances by irritating or antagonizing an associate. If a stranger is summoned, the case is somewhat different. This doctor will see the patient, talk learnedly about the malady, and then assure the distressed family that their physician has done about the right thing, though owing to a complication that has apparently just arisen he would suggest a certain modification of the treatment which he will communicate to the physician in charge. Upon leaving, if he is a stickler for "ethics," he will deliver himself somewhat as follows:

"I think, on the whole, Doctor So-and-so has done all that could be expected. I have left some minor suggestions for his consideration, but I do not think you could do better than retain his services."

And so the farce is over and the patient perhaps doomed, simply because the code values a doctor's reputation and dignity above a human life.

Of course, things do not always run thus smoothly between doctors, for the man who is influential enough to ignore "ethics" does not at all object to seeing his rival discredited. Thus he may interfere with the treatment of the case, where he has been called in consultation, simply to enhance his own reputation, and not necessarily in the interests of the patient at all.

Here, as already stated, the older practitioners are the worst offenders, and many and pitiful are the complaints of younger practitioners of "unethical" treatment at the hands of their professed superiors. Writing of this phase of the matter in the *Lancet-Clinic*,[1] Dr. Edwin J. Kohoe (of Cincinnati) says:—

"But to the case-stealing old doctor must go the palm for nabbing patients. He has the confidence of the people, and can by a significant glance, or a seemingly harmless bit of advice, purloin your case with the dexterity of the artful dodger. It is an undeniable fact that the longer a man is in practice, the greater are his opportunities for good or evil. He is regarded as the very soul of honor by his clientèle, and when such an one becomes so morally depraved as to use their confidence for the furtherance of his own selfish interests at the expense of his colleagues, it is enough to make the angels weep, and should bring upon the head of the offender the strongest condemnation of the profession."

Such cases are no doubt aggravating in the extreme, yet if the angels are permitted to gaze into our sick chambers and hospitals one cannot help thinking that they will find other matters to engage their sympathies than the distress of an over-dignified physician at the "unethical" conduct of his rival.

To sum it up, the official "principles of ethics" seem so contrived that the doctor who is possessed of any sense of honor is forced to stifle his humane impulses and at times connive at the grossest malpractice, while the "grafter" may take refuge under the code to-day, and to-morrow violate it both in letter and in spirit.

[1] "Medical Ethics."—The *Lancet-Clinic*, July 24, 1909.

The time is not far distant, however, when the expression "medical ethics" will have been swept from our vocabulary except as a term of reproach for the absurd and iniquitous code that we so long tolerated. Unless I am much mistaken the code of the future will be nothing more pretentious than a simple, common-sense manual of professional etiquette, and will be so regarded, while ethics will mean, as it always has meant to an honorable minority in the profession, *the universal application of the Golden Rule.*

CHAPTER III

EDUCATION AT THE COST OF HUMAN LIFE

"The physician, above all others, is the man whose education should be broad and complete. To him are intrusted the lives of his fellow-men, and half-baked youngsters without preliminary mental training should not be permitted to travesty so serious a profession."—*Milwaukee Sentinel.*

If you, reader, should lose a dear one—let us say an only child—and it should transpire that the young doctor in attendance blundered, in fact killed your child by his stupidity, you would in all probability upbraid him for his incompetence and then go home to nurse your sorrow. Which would put you, intellectually, very much on a par with the offending medico. He, in his ignorance, did not recognize the disease and was blinded by symptoms; you in your sorrow and indignation are equally blind to the doctor's trouble and so condemn him on the first appearance of symptoms for which he is only indirectly responsible.

That young doctor, I find, graduated just three months ago. His college is situated in a small town where there is no dispensary and but a make-believe hospital. The town physicians, many of whom have graduated from similar institutions, are its "professors." There are no laboratories, only rarely can a cadaver be secured for dissection, instruction has to be by the didactic method, and preparation for the state examinations—which is the one animating purpose of the institution—is principally effected by "machine cramming," aided by hasty excursions to the clinics of a near-by city.

"Ah," but you say, "if the state examinations are thorough the incompetents will be weeded out."

To which I would reply that the very existence of state examining boards proves a distrust of the standards of our colleges. And it is surely self-evident that where a state ignores the methods of an educational institution and makes a few hours' examination the supreme test of efficiency, the tendency on the part of the college will likewise be to wink at methods and concentrate all its energy on circumventing the restrictions imposed.

Of course, it has long been known within the profession that our whole medical system (or rather, lack of system) of education is wrong; that despite the brilliant work in many of our laboratories, despite the host of conscientious, up-to-date young doctors that our best institutions have turned out, medical education and ideals are lower in this country than in almost any part of Europe, or in our immediate neighbors, or in Japan or Australia or the Argentine Republic. On the average, our doctors know less and blunder more than the medical profession in any other civilized country, and the reason is that the medical colleges here are, on the whole, so far below the standard set by the rest of the civilized world that it shames us to make the comparison.

As I say, these facts have long been known to our medical leaders, and bitterly deplored, but the investigations of the American Medical Association which covered several years and have lately been announced, and the exhaustive work of Mr. Abraham Flexner of the Carnegie Foundation, which has recently been published as Bulletin No. 4, leave the public no further

excuse for their ignorance of, or apathy toward, the conditions that prevail.[1]

Now let us face a few stern facts.

First and last, according to Mr. Flexner, this country and Canada have produced four hundred and fifty medical schools, all practically within a century. This is probably a much greater number than have ever existed throughout the rest of the world. "Fifty of these were still-born," and since only a hundred and fifty are to-day in existence it follows that three hundred have come and gone, leaving their ghastly traditions behind them and a host of incompetent and often unscrupulous graduates to prey upon the sick and wretched, and augment the forces of ignorance and disease.

Fortunately the number is still decreasing. The American Medical Association reports that in the six years ending June 30th last, no less than forty-five went out of existence or were merged with stronger institutions; but since twenty-three were organized during this period we have a net decrease, for this country, of twenty-two. The *Carnegie Foundation Bulletin* gives the present number as 155, but this report has received such widespread publicity and has created such a storm of indignation that at least half-a-dozen have since dropped out, while it is safe to say that scores of the weaker institutions contemplate either dissolution or complete reorganization.

Some of these defunct schools, of course, were conscientiously conducted, and failed either from lack of funds or because disadvantageously situated. But the

[1] President Henry S. Pritchett's Introduction to Mr. Flexner's voluminous report is given in Appendix A, and deserves a most careful perusal.

majority were commercial ventures, pure and simple, that accepted all applicants and moved them on as quickly to make room for more. Of such was the Gate City Medical College, located in Texarkana, near the state line between Arkansas and Texas. This institution, which sent out a circular offering a Home Reading Course by mail for $25.00, upon the completion of which a "special diploma" would be granted, was investigated by the Arkansas Medical Society and mercilessly exposed in the journal of that society, August, 1907. The report, in part, was as follows:—

"A medical college organized and launched in the midst of an era of the greatest medical energy and progress the world has ever known, (a) that has practically no educational requirement for admission; (b) that is without an anatomic laboratory; (c) that does not require its students to dissect; (d) that makes false representations in its catalogues, thereby attracting many students; (e) that is without sufficient hospital advantages, thus depriving students of the best means of studying diseases clinically; (f) that gives lectures by mail for which credit is given; (g) that is conducted dually, brazenly, irregularly and unprofessionally, in a Dr. Jekyll-and-Mr. Hyde manner, should meet its just reward at the hands of the courts. The 'stigmata' of fraud were so much in evidence as to warrant the conviction that not only is Dr. Decker (the dean) guilty of unprofessional conduct meriting the unqualified condemnation of the profession, but the charter under which he is authorized to conduct his school should be summarily revoked by the Arkansas and Texas authorities, thereby putting an end to a brief but disgraceful chapter in the history of an Arkansas-Texas medical college."

The publicity given to this report, as may be imagined, finished the Texarkana correspondence scheme, and so we may feel encouraged to hope that the Carnegie Foundation report will do a like work for the whole country, weeding out the many other undesirable institutions, which, if not quite on a level with the " diploma-mills " of the past, are certainly a disgrace to a civilized country and a menace to the health and lives of the people. The night schools, for instance, of which Chicago furnishes a typical example in the Jenner Medical College, are unquestionably doomed. Mr. Flexner describes this institution, as he found it in April of last year, as follows:—

" Jenner Medical College. Organized 1892. A night school, occupying three upper floors of a business house. An independent institution.

Entrance requirement: Nominal compliance with state law. A one-year pre-medical class is operated by way of satisfying the law.

Attendance: 112.

Teaching staff: 37, of whom 28 are professors.

Resources available for maintenance: Fees, amounting to $12,880 (estimated).

Laboratory facilities: The equipment consists of a meagre outfit for chemistry, a somewhat better equipment for physiology, though no animals were to be seen, and a slight outfit for pathology and bacteriology. Anatomy is taught by lectures ' with the cadaver ' from the beginning of the year until May 15, after which there is ' dissecting until the close of the year.'

Clinical facilities: Clinical facilities are practically nil,—one or two night clinics being all that the school claims to offer. The school once had access to Grace Hospital, a private institution of 30 beds; but it has

recently been turned out for failure to pay for the privilege.

The dispensary attendance varies from two to ten, four nights weekly. No particular rooms for dispensary purposes are provided: 'patients are taken right into the rooms where the classes are.'

An out-and-out commercial enterprise. The instruction is plainly a quiz-compend drill aimed at the written examinations set by the state board of Illinois and of other states."

"If there is any city in the country," writes Dr. Murray Galt Motter (of Washington, D. C.),[1] "where a night school of medicine might find a reasonable excuse for existence, it is, perhaps, the city of Washington. The offices of the several governmental departments swarm with ambitious but underpaid clerks, many of whom work at their desks from 9 until 4:30, and many others seek to profit by the much-vaunted educational advantages of the National Capital from 4:30 until 9."

Making every concession to the advocates of such apparently useful institutions, Doctor Motter nevertheless sides against them. The following is his conclusion:—

"Whether or not it is possible thus to serve two masters, without slighting the work of one or the other, it must, in sheer justice, be said that many able and capable men have entered the profession by this route. To-day, however, when the medical curriculum cries

[1] Read at the Sixteenth Annual Convention of the National Confederation of State Medical Examining and Licensing Boards, Boston, June 4, 1906, and published in the *Journal of the American Medical Association*, May 4, 1907.

aloud for more time and for the undivided attention of its followers, it is more than doubtful whether such a combined course can be followed either with safety or with profit. Could the medical course in such a school be extended to five or six years, the last year being devoted unremittingly to clinical work and, of course, in the daytime, but little criticism could arise. Competition, however, is so keen that the medical school which could not turn out an M.D. in four years at most would have scant patronage."

Then there are the various sectarian schools, of which there are thirty-two. Some of these are good, according to the standards of the past, inasmuch as they give a moderate grounding in scientific medicine upon which they superimpose their particular dogmas. But the majority, while acknowledging the fundamental sciences, such as anatomy, physiology, bacteriology, etc., are hopelessly inefficient both in equipment and methods of instruction. Take Mr. Flexner's report of the Pulte Medical College of Cincinnati, for instance, which he visited in December of last year. This is a homœopathic institution, supposedly of the better sort. Mr. Flexner describes it as follows:—

"Pulte Medical College. Homœopathic. Established 1872. An independent institution.

Entrance requirement: A four-years high school education or its equivalent.

Attendance: 16.

Teaching staff: 36, of whom 24 are professors, 12 of other grade.

Resources available for maintenance: Fees, amounting to $1325 (estimated).

Laboratory facilities: Anything more woe-begone than the laboratories of this institution would be diffi-

cult to imagine. The dissecting-room is a dark apartment in the basement, in which (December 14) the year's dissecting had not yet begun; but the teaching of anatomy was not therefore halted. A disorderly room with a small amount of morbid material and equipment is known as the pathological and bacteriological laboratory. The chemical laboratory contains a few desks, with reagent bottles, mostly empty. There are a few old books in the faculty-room. No charts, museum, models, or other teaching accessories are to be seen.

Clinical facilities: There was formerly a hospital in the same building, but it is now closed. The school claims to hold clinics at certain private institutions, in which, however, the work is mainly surgical and the cases not free. Except by attending amphitheatre clinics at the city hospital, it is not clear that the Pulte students can regularly see any hospital medical cases at all.

There is an inexpressibly bad dispensary in the school building."

Of the eight eclectic schools only two are set down as passable. The following, which is situated in Atlanta,[1] is neither the best nor the worst:—

"Georgia College of Eclectic Medicine and Surgery. Organized 1877. An independent institution.

Entrance requirement: Nominal.

Attendance: 66.

Teaching staff: 20, of whom 14 are professors and 6 of other grade.

Resources available for maintenance: Fees, amounting to $5655 (estimated).

Laboratory facilities: The school occupies a building

[1] Date of Mr. Flexner's visit, February, 1909.

which, in respect to filthy conditions, has few equals, but no superiors, among medical schools. Its anatomy room, containing a single cadaver, is indescribably foul; its chemical 'laboratory' is composed of old tables and a few bottles, without water, drain, lockers, or reagents; the pathological and histological 'laboratory' contains a few dirty slides and three ordinary microscopes.

Clinical facilities: The school is practically without clinical facilities. The outfit in obstetrics is limited to a tattered manikin.

Nothing more disgraceful calling itself a medical school can be found anywhere."

Yet the eight osteopathic institutions are, if possible, still worse, and so rankly mercenary in character that their clinical patients, even those who are treated by the students, are invariably charged for treatment. How much suffering humanity can hope for from a science of healing, the leading text-books of which are a ledger and a bank-book, the reader may readily conjecture. Summing up the work of the osteopathic schools, Mr. Flexner says:—

"The eight osteopathic schools now enroll over 1300 students, who pay some $200,000 annually in fees. The instruction furnished for this sum is inexpensive and worthless. Not a single full-time teacher is found in any of them. The fees find their way directly into the pockets of the school owners, or into school buildings and infirmaries that are equally their property. No effort is anywhere made to utilize prosperity as a means of defining an entrance standard or developing the 'science.' Granting all that its champions claim, osteopathy is still in its incipiency. If sincere, its votaries would be engaged in critically building it up. They are doing nothing of the kind. Indeed, in none

of the sectarian schools does one observe progressive effort even along the lines of its own creed."

But the sectarian, or so-called " irregular " schools are only a fifth of the total, and so we must examine the " regular " institutions if we would know the true conditions of medical education. Here is Chattanooga Medical College, for example, as found by Mr. Flexner in January of last year:—

" Chattanooga Medical College, Chattanooga. Organized 1889. The medical department of the University of Chattanooga.

Entrance requirement: Nominal.

Attendance: 112.

Teaching staff: 25, of whom 11 are professors, 14 of other grade.

Resources available for maintenance: Fees, amounting to $4290.

Laboratory facilities: The school occupies a small building, externally attractive; the interior, dirty and disorderly, is almost bare except for a fair chemical laboratory in good condition. The dissecting-room contains two tables; the single room assigned to histology, pathology, and bacteriology contains a few old specimens, mostly unlabelled, and one oil-immersion microscope. The instructor explained that they ' study only non-pathogenic microbes; students do not handle the pathogenic.' There is nothing further in the way of laboratory outfit; no museum, books, charts, models, etc.

Clinical facilities: Amphitheatre clinics are held at the Erlanger Hospital, which averages about 50 free patients. Students may not enter the wards. Perhaps ten obstetrical cases annually are obtainable, students being ' summoned,'—just how is not clear. The students see no post-mortems, no contagious diseases, do

no blood or urine work, and do not always own their own text-books. They use quiz-compends instead.

There is no dispensary.

This is a typical example of the schools that claim to exist for the sake of the poor boy and the back country."

Summing up his impressions of this class of schools, Mr. Flexner says:—

"As a matter of fact, many of the schools mentioned in the course of this recital are probably without redeeming features of any kind. Their general squalor consorts well with their clinical poverty: the class-rooms are bare, save for chairs, a desk, and an occasional blackboard; the windows streaked with dust and soot. In wretched amphitheatres students wait in vain for 'professors,' tardy or absent, amusing the interval with ribald jest and song. The teaching is an uninstructive rehearsal of text-book or quiz-compend: one encounters surgery taught without patient, instrument, model, or drawing; recitations in obstetrics without a manikin in sight,—often without one in the building. Third and fourth year men are frequently huddled together in the same classes. At the Memphis Hospital Medical College the students of all four years attend the same classes in many of the subjects taught."

"I wish," wrote Dr. Arthur Dean Bevan[1] (of Chicago), a couple of years ago, "that every member of the American Medical Association could have made the inspection of the medical schools of this country with our committee last year and seen the farce of attempting to teach modern medicine, as it is being taught in

[1] "Medical Education in the United States; the Need of a Uniform Standard." The *Journal of the American Medical Association,* August, 1908.

many schools, without laboratories, without trained and salaried men, without dispensaries and without hospitals. Schools were found which were mere quiz classes, where students were given just enough text-book knowledge to attempt state board examinations, and where the teacher looked for his compensation in consultations sent him by his illy-qualified pupils."

As already pointed out, however, the low-grade school is passing, for the simple reason, apart from the tardy action of our legislators, that the peculiar conditions that made it possible, and sometimes even useful, to our sturdy, pioneer civilization, have long since passed away. Of course, the energy with which we accelerate its departure may make a difference of thousands of lives, and I do not want to discourage action, but the law of supply and demand seems to have anticipated us by many years. As Doctor Bevan emphasizes in the paper already quoted from:—

"The supply of physicians far exceeds the demand. From the standpoint of demand, therefore, the excuse for low standards of medical education and of medical colleges operated for profit no longer exists. Medicine, too, has changed. The known facts of medicine thirty years ago might have been taught in a two years' course of didactic lectures by a few men. To-day the known facts in medicine, which must be mastered before a student becomes a qualified practitioner, require much more time, a thorough preliminary preparation, and a thorough laboratory and hospital training."

It is pleasing to note that this reform is not all from the outside, that some of the struggling little institutions which, in spite of their meagre endowments and

scanty equipment, did really serve their day and generation, have voluntarily closed when they realized that their work was no longer of benefit to their state or community. Of such was the Nebraska College of Medicine, which closed its doors on May 19th of last year. In an open letter to the president of Nebraska Wesleyan University, with which the school was affiliated, Dr. J. F. Stevens, the dean, sets forth the reasons for dissolution in these words[1] :—

"We would respectfully call your attention to the fact that educators and physicians throughout the United States, recognizing the inferiority, on the whole, of the American medical schools, as compared with those of Europe, have determined to raise the standard of medical education to such a point that our colleges will command the respect of the world. While academic training and opportunity have grown into magnificent and commanding proportions, the professional schools, with the exception of a small minority, have remained essentially elementary or even worse. The spirit of progress has at last become supreme and on all sides may be seen the work of destruction, reorganization, and rebuilding. The American Medical Association is doing a splendid work in securing and digesting statistics, and reflecting the strengths and deficiencies of our institutions. The Carnegie Foundation, in a different manner, lends its words of wisdom, and a multitude of smaller bodies and societies, including state examining boards, are working together with hardly a discordant note, for the same purpose. Standards of entrance requirements have been raised to such a point that one full year's work in an accepted college or university is required for matriculation. Soon it will be two years,

[1] Taken from the *Journal of the American Medical Association*, June 5, 1909.

and later a bachelor's degree will, without doubt, be the *sine qua non*. Small colleges that have found it impossible to stand the strain of such requirements have been forced either to step from the field altogether, or to merge with some other school. In several states nearly, or quite, all of the small schools have been blended with the state institution. At the same time the requirement is going forth that schools shall have at their disposal a dispensary and hospitals sufficiently patronized to permit of a very wide study of disease. These requirements cannot be met in a small city. Again, with the rapid advancement in medicine has come the need of costly laboratories, under the direction of highly cultured men. Subjects, too, that once belonged to the 'mere mention' hour in the course of study, have developed into great fields with divisions and subdivisions, each demanding a special training for its comprehension and most certainly for its proper teaching. None of these requirements insisted on by educators and the medical profession generally is in excess of what it should be, and this institution is in full harmony with that view. . . . We fully realize that to maintain our standing and dignity as medical teachers, in the continuance of our college, it will be necessary to add to our working force a goodly number of trained instructors. This we cannot do, and because of this, and for the reasons easily deduced from the above discussion, it has been decided that it is best for our institution voluntarily to close its doors, in the interest of higher medical education."

Of course the colleges described as "commercial," "sectarian" and "low-grade" are, as a rule, the lesser known institutions. Much better conditions obtain in the average university or state school, and many are famous for their elaborate equipments, their well-at-

tended clinics, their exceptional hospital privileges or the strength of their teaching staff. But few, unfortunately, have reason to boast of all their departments; few, in fact, are free from some glaring defect, such as Dartmouth without a dispensary, Harvard with limited hospital facilities, Syracuse lacking in obstetrical material, Arkansas "bare of equipment," Leland Stanford Junior, in a condition of disorganization and lacking hospital advantages, Kansas without a library, and so on almost to the end of the list. Perhaps a dozen institutions have in their organization, support, equipment, hospital and dispensary relations, the attainments of their instructors, and, above all, in their ideals, and the indefinable "atmosphere" that has been created, reached a plane of efficiency where true, unhampered progress may be looked for.

I emphasize ideals, since the elementary truth is often lost sight of that mere mechanical efficiency, or overconfidence in laboratory training, or chauvinism, or the worship of authority, or the arrogance born of much pedantry—any or all of these factors may utterly destroy that elusive spirit that ennobled so many in the profession in the past, and made medicine, with all its ignorance and crudities, a positive boon to mankind.

A word as to standards. Estimating our colleges at 150, we have exactly 150 standards of education. No two schools use quite the same methods or have marked out quite the same goal. This, in the abstract, is by no means a disadvantageous condition and may always be relied on to save our institutions from the paralysis of over-systematization or the deadening effect of a saturating "scientific pedantry."

But we are a long way yet from such dangers. I am indebted to Dr. Henry Beates, Jr. (of Philadelphia)[1] for one of the most startling tables that has yet been compiled. For instance, obstetrics in one college, according to Doctor Beates' investigation, requires 460 hours for its proper teaching, while another college manages to render its students proficient in 52 hours. General surgery in one college requires 2221 hours, while another college accomplishes the same task in 78 hours. In the same colleges general medicine occupies respectively over 1900 and 78 hours. Pathology in one school requires 646 hours, in another 48. Anatomy takes 1248 hours in one college, 126 in another. Physiology varies from 750 to 56 hours, the latter in no less a school than the University of Virginia. Chemistry varies from 756 to 78 hours; bacteriology from 660 to 30 hours. Neurology varies from 327 hours down to 10; dermatology and syphilis from 447 to 10; laryngorhmology, 432 to 16 hours; genito-urinary work from 480 hours to 4; medical jurisprudence from 775 hours to none!

I had intended going at much greater length into this phase of the subject, but I think enough facts have been submitted to prove to the reader that medical education is far from what it ought to be, and that the raw product of the majority of our schools is a thoroughly dangerous element. And I think the fact has been fairly demonstrated that the public, quite as much as the student, is to blame for the unfortunate but inevitable consequences of this fatal laxity of

[1] Read at the Special Conversational Meeting of the American Academy of Medicine, Pittsburgh, January 2, 1908, and published in the Society's Bulletin for February, 1908.

standards. Let us, therefore, try to bear this in mind while we follow the student in his early career as a practitioner.

I knew a young graduate who was called suddenly to attend a child in convulsions. The little one had eaten something that did not agree with it and when the young doctor arrived he found it livid, struggling violently, and quite unconscious. He thought of all he had been told to do under such circumstances and decided to give the child a hot bath. Not finding any hot water in the house, however, he procured a boiler, and filling it with lukewarm water put it on a red hot stove to heat. Up to this point he had acted very wisely, but in his inexperience he forgot that the bottom of the vessel on a hot stove may heat much more rapidly than its contents. Fearing that his little patient might die before its bath was ready, he put the unconscious form into the boiler and there held it until the water was warm enough to suit him. By this time, of course, the child had not only had a hot bath and gotten over its convulsions, but was screaming with pain. Its little legs, back and hands, pressed against the over-heated bottom, were frightfully blistered. The excited doctor, thinking only of how to cure convulsions, was actually burning the child to death. Two days later the undertaker's wagon carried away the little body.

More comic than tragic was the attempt of an overconfident young graduate of my acquaintance to remove warts from the face of a young lady, otherwise beautiful, and a recognized belle in her social set. His method, it appears, was to cut off the warts and apply a strong solution of nitrate of silver (lunar caustic).

The young surgeon, for so he accounted himself, successfully removed the warts, but, not satisfied with touching up the roots with the nitrate of silver, he painted the surrounding skin. Unfortunately he let some of the solution run down his patient's face, which necessitated vigorous swabbing, and so before he had finished he had applied his caustic remedy to the greater part of her face and neck. It was certainly a thorough job.

Next day, however, to his surprise and mortification, he was visited by an irate father and ordered to come instantly to relieve his daughter's distress. The poor girl's face, he found, had turned black and was swollen to immense proportions. An infection had likewise set in and the poor doctor awoke to the fact that his treatment for warts was not nearly so simple as he had supposed.

All ended well, however, except that the warts came back. An experienced physician was called in consultation and proper remedies applied, and so, when the danger of a malpractice suit had passed, our young surgeon found himself minus a patient, but much richer in his knowledge of nitrate of silver.

One of the first essentials to learn about the treatment of the average gunshot wound is not to probe for the bullet. Some professors, whose diplomas date from the time of the civil war, do not know of this modern discovery. On the other hand, many students who have heard the matter mentioned have mislaid their surgical notes, and, forgetting whether they were told to probe, or not to probe, have in their youthful ardor decided on prompt action. If an X-ray apparatus were lying conveniently near, their memories might be accidentally refreshed.

I was called to an urgent case one night and found a negro who had been shot and was bleeding profusely. The young physician who was treating him was much alarmed over the copious hemorrhage, which he described to the family as "subsequent hemorrhage, following shooting," whatever that might mean. The man had been shot in the calf of the leg, and as the bullet had not "come out," my friend had been called in six or seven hours later. There was no hemorrhage when he arrived; it had started after the probing. I asked him if he thought he could have injured any of the deep vessels. He replied that he "did not think so" but "was not quite sure." He seemed puzzled as to just what had happened, and did not seem to appreciate the danger of profuse bleeding, since he had almost allowed the man to die before sending for me. I succeeded in stopping the hemorrhage and left, after warning him against the dangers of infection. But this young man's watchword was "action," and he got to poulticing the wound. His patient died two weeks later; cause assigned—pneumonia!

Dr. F. H. was an over-confident young graduate with ambitions toward surgery. Almost the first case that he attempted was that of a child with tubercular glands of the neck, which he proposed to remove, using cocaine anæsthesia. This, of course, as any practitioner would have told him, is a formidable operation, owing to the network of blood-vessels and nerves found in that region.

But anatomical structures and delicate tissues were negligible quantities to H., whose only desire was to get out the "lumps." When he made the second deep incision, however, he encountered something of a sur-

prise in the form of a miniature Niagara of blood. Thanks to his wonderful nerve and unusual good fortune, he was able to stop the hemorrhage before it was too late. Repeated injections of saline solution into the vein of the arm, and exceptionally good nursing, were instrumental in saving the little sufferer's life; but it was a long time before she recovered from the awful and unnecessary ordeal she had passed through. Seven months later her parents took her to a large city hospital where the tubercular glands were removed in approved fashion.

Such cases as these—and I could continue them indefinitely—are not necessarily examples either of insufficient college training or of culpability on the part of the student. As a matter of fact, Doctor H. comes from one of our best medical schools, and I happen to know that he was an unusually brilliant student. His education simply was not finished. He had conscientiously read his text-books, done his dissection and scanty laboratory work, taken his lectures, attended clinics, and successfully passed his examinations. He was in excellent shape—not for independent practice, but for a practical, supplementary training.

For there is no denying the fact that the young graduate begins his real education in the hospital, where he secures an interneship, or in the post-graduate schools abroad, which set him to work in the clinics and laboratories, or under an older doctor who keeps a watchful eye on his every movement. This is doing, not memorizing; gaining experience and technique, rather than cramming unintelligible formulas from quiz-compends. He is now an apprentice, applying his crude science and slowly developing his embryonic art.

But what of the host of young graduates who do not, or cannot, choose any of these paths,—the ninety per cent. or so who essay an independent practice the moment they have secured the necessary state permit? They also must acquire a practical education, and they must do it without the aid of hospitals, post-graduate schools or watchful masters. By what means and at what cost is their education completed?

To this there is but one answer; they receive their practical experiences at the expense of the community —their real education is acquired at the cost of human life. Let us glance again behind the scenes.

The young graduate, who would cheerfully operate for appendicitis or undertake a confinement case the day he has received his license, has acquired a stock of theories more or less applicable to the general practice of medicine; he has imbibed much good advice (and some bad), which he dutifully jotted down at the time, in indecipherable hieroglyphics; he has learned to take himself seriously. His ostensible mission in life is to heal the sick; but having had little or no actual training in therapeutics, and less in surgery, he naturally finds himself nonplussed by the simplest case of measles, or by a fracture of the thumb. The art of diagnosis, he discovers, is a veritable *pons asinorum*, and so he has surreptitiously to familiarize himself with a hundred diseases or ailments and a thousand conflicting symptoms, noting the results, good, bad or indifferent, of this or that remedy, and tremblingly confiding to his associates or superiors the difficulties he has encountered. All the while, perhaps for years if his preliminary education has been faulty or insufficient, he is forced to cultivate a pompous, overbearing de-

meanor, the better to hide his ignorance and cloak his oft-recurring blunders.

All of which is bad enough from the standpoint of his victims, but if his nature is not robust enough to withstand such corrupting influences, his whole character may be undermined. In short, a system, for which he is by no means responsible, forces him to practise chicanery and deceit, and when such practices are no longer necessary, his ideals have vanished. He then becomes selfish, arrogant, and unsympathetic; fond of subterfuge, and so skilled in the game of "bluff" that technical skill and knowledge appear of very secondary importance.

Having successfully educated himself as a general practitioner at the expense of the community, he next decides to acquire a "specialty" on the same easy terms, and so becomes a "self-acknowledged expert who has solved the difficult problem of giving nothing for something." This is the logical outcome of our present system—an unscrupulous, inefficient profession; a victimized public.