CHAPTER XII

THE GYNECOLOGICAL PERVERT

It seems almost a platitude to say that the elemental instincts and passions of the primitive man are constantly manifesting themselves to-day, even in men of culture and high mentality, and that one of the most deplorable of our inherited traits is the tendency to kill, injure or destroy. In many of us this destructive tendency is largely latent, or has been suppressed by other traits less savage and ignoble; but in some it has been allowed to develop to such a degree that the character becomes essentially brutal, and then we recognize a degenerate or moral pervert.

Perhaps the commonest expression of these prehuman proclivities is the infliction of pain, injury or mutilation upon other living beings, animal or human. This is forcibly illustrated by our delight in war, either in actual participation or in reading of the exploits of others. Of course, in warfare the sacrifice of life is partially justified on the higher ground of national welfare or honor; nevertheless, a psychological analysis of any army will show less fervor of patriotism than this inherent, primitive lust for blood and mastery. This is further exemplified in the history of slavery; and everyone is familiar with the atrocious barbarities that until recently marked the conduct of our educational, charitable and penal institutions. Indeed, even to-day, under the noonday glare of this Twentieth Century, there is altogether too much heartlessness and brutality on the part of those in authority in our prisons, asylums, hospitals and so-called "homes," toward the helpless inmates whom we profess to love and succor. And in the domain of medicine and surgery, particularly the latter,

as has been shown in preceding chapters, there has grown up a spirit of cruelty and heartless indifference to human suffering that makes one wonder if we are yet a civilized people. This, of course, is the one logical point of attack upon animal vivisection.

But selfish cruelty and indifference to the needs and sufferings of others is not necessarily degeneracy—in fact, it is more often a sign of faulty education and brutal or narrow environment than of anything fundamentally inhuman or prehuman in those who exhibit this trait. But there is another and more subtle cruelty which is often hidden under a pleasing exterior and must be attributed to heredity rather than to education or environment. This also manifests itself in the injury or mutilation of living beings, particularly the human form, and where such a tendency exists in a man of intelligence and apparent refinement, we are confronted with the lowest and most dangerous type in society—the pervert.

Such creatures display a psychopathic condition almost unthinkable to normal and healthy minds, and I would shrink from discussing this unpleasant subject were it not that perversion plays a part in surgery, and especially gynecology, never before suspected, finding therein a license and security possible in no other legalized profession or occupation.

The reader is no doubt aware of the investigations that have been made in this field by the great alienists, Krafft-Ebing, Havelock Ellis, Forel, Lombroso, and others. These eminent men of science have torn the veil from certain diseased states of the human mind, particularly in the matters of sex. Though their work as pioneers in a hitherto uncharted region is necessarily faulty and, at

times, contradictory, it has unquestionably led to the foundation of a great science.

Of course, long before these painstaking observations were recorded, most men who had any knowledge of the world were aware of the existence of such perverted tendencies in exceptional cases; but the majority of respectable women knew nothing whatever about these things. Now, while it is not recommended that women—or even men—should read the scientific books dealing with sexual perversion, it is necessary for their protection that they should know of its existence and of the danger to which they are exposed if their medical adviser should be one of this depraved class.

Sexual perversion in surgery—I am not aware that the attention of the scientific world has been called to this lamentable phase of degeneracy, but it is time that the facts were known not only within the profession but by the public at large.

All have seen gruesome reports in the newspapers of cases of rape where the ravisher has afterwards mutilated his victim's body, sometimes exercising the most fiendish ingenuity in his maniacal fury. In the South, particularly, criminal records teem with such cases, and it is not too much to state that certain criminal perverts of this description, notably negroes, would satisfy their lust even though they saw waiting for them just across the body of the victim the stake and fire. Only recently in Berlin a number of little girls were found thus outraged in one day. A slightly different aspect of this perversion is where the criminal satisfies his lust by mutilating the female animals on a stock-farm.

Although many of these revolting acts are traceable

to creatures of the lowest type, it is undeniable that instances of extreme perversion are often found among men of supposed culture and refinement, which simply means that the intellect has become a servant to lust, devising new and subtler forms of sex gratification. At heart he is the same, a savage degenerate, whom a wise society would no more permit at large than a dangerous lunatic or a leper.

Now let us suppose the case of a young man, intellectual, talented, and perhaps with great aptitude in surgery, but nevertheless at heart a sexual pervert. He begins practice, and soon acquires a reputation as a skilful surgeon. But he feels, stirring within him, sadistic tendencies which he cannot or will not repress. He looks about him for a means of gratification that will be well within the law, and his search is soon rewarded. He becomes a gynecologist, a specialist in the diseases of the female pelvis. Soon he has gained the confidence of a host of feeble-minded or ignorant women, some of whom are ill, many of whom are simply hypochondriacs—and on one and all of whom he has absolute license to operate just as much or as little as he chooses.

He begins, of course, by using the curette. It is a simple procedure, from his standpoint, to lacerate the inner membrane of the uterus, and though often of great and lasting harm to the victim, the curettage is long his favorite operation. But soon he looks longingly at the abdominal cavity. McDowell, the father of American surgery, performed successful ovariotomies without the aid of anæsthesia or our modern knowledge of asepsis. Why cannot he start in on an ovariotomy? The great surgeon under whom he studied perhaps taught that most young women would be better off without the con-

stant menace of motherhood and had invariably removed the ovaries of those who came under his knife. And so, with this damnable sophistry on his tongue, he becomes proficient at unsexing his women patients who come to him with their petty troubles, and is never so happy as when cutting out ovaries. Except when a uterus can be removed. That is an even greater gratification. A clean sweep of the pelvic organs—a mutilated, unsexed woman—what a tribute to his skill as a surgeon!

At last, in the satisfaction of a great reputation, he casts a proud glance backward at his long list of sterilized women. What a benefactor he has been! It is a strange coincidence, though, and sometimes he wonders at it, that a large percentage of his "successes" have become emaciated invalids or hopeless, nervous wrecks within five years of the beneficent operation. But this, of course, is a mere coincidence and must be so regarded.

A most significant fact in connection with ovariotomy is the indifference displayed by reckless operators when the ovaries of elderly women are in question. I have seen men remove perfectly normal ovaries from young women, and carefully put back in the abdomen diseased ovaries of women who have passed the change of life. How explain such inconsistency except on the hypothesis herein advanced of sexual perversion on the part of the operators?

A peculiar variant of this procedure is seen, I am told, in the operative technique of Doctor X. of Chicago. This man is conceded to be a skilful surgeon and an "expert gynecologist." When operating for any reason, on young women, he often cuts off the two labia minora (the small folds or lips lying just within the labia majora). Why does he do this? When asked for

his reason for so remarkable an act his reply is rather vague, and at best unconvincing. At the present writing other gynecologists do not seem to have discovered the peculiar advantages of this manœuvre, though doubtless he already has obscure imitators. Priority must therefore be granted to Doctor X., and whatever his reasons, personal or professional, for such mutilation, it must remain, for the present at least, his own exclusive method.

Does the gynecologist of this type understand his own case? Possibly he does, but it is more likely he is self-deceived. Could he once honestly try to analyze his motives he might come to a realization of the shameful truth, but this seems the very last process of which his mind is capable. When these gentlemen are questioned as to the ultimate effect of the removal of the ovaries, they will usually reply that those operated on are better than women left as nature made them. When referred to the increasing number of women who have become neurasthenics after unsexing, they reply that this is not true. Of course, it would be expecting a degree of heroism incompatible with the frailty of human nature to expect even a reputable gynecologist to admit that a large percentage of his patients have become mental or physical wrecks, so he would plead ignorance of such results or lie. He usually lies, blandly, convincingly.

The reader has already made the acquaintance of Doctor K.,[1] but I fear that I did him a slight injustice. I referred to his methods as not quite modern, entirely ignoring his record in gynecology. Here, at least, he is thoroughly up-to-date, as the following case will well illustrate:

[1] Chapter VI.

Miss L. M., a beautiful young woman and a social favorite, consulted Doctor K. on account of abdominal pain which occurred during her menstrual periods. She was engaged to be married to an estimable young man, and had every reason to look forward to a happy future and a home blessed with children. But she had reckoned without her medical adviser, who, when he had duly questioned her—probably with a preconceived theory—shook his head and gravely announced that she had severe ovarian disease which demanded immediate operation. Now what was the poor girl to do? Here was the supposedly learned opinion of an authorized physician and surgeon. In these days of widespread knowledge it is regarded as a sign of ignorance to question the opinions of those presumably authorities in their special branch of art or science. Miss M. and her mother were educated, sensible people, and therefore were willing to be guided by the advice of this wise and skilled doctor. So the unfortunate young woman bravely consented to an operation, and trustingly placed herself in his hands.

Doctor K. opened the abdomen by a large incision, but to his surprise found nothing that could account for the symptoms except the mere presence of the ovaries. To be sure these did not seem diseased, but then they were *ovaries*, which to his distorted mind suggested only the abnormal or pathological. Nevertheless, he paused. Perhaps he remembered, while there was still time, the patient's splendid womanhood, her approaching marriage and the sacred privilege of maternity. However that may be, Doctor K. was a gynecologist first and a man afterwards. The obvious thing to do, reasoned the gynecologist, was to remove while he might these offending and—potentially at least—dangerous organs. So

with sickening thoroughness he cut out every trace of both normal ovaries, and then, as an afterthought, removed a perfectly normal appendix.

The patient recovered from the actual operation in a surprising manner. Indeed, the period of rest and careful diet during convalescence brought about a temporary improvement in her general condition. Moreover, she was never fully informed of her unsexing, although Doctor K. dutifully told her husband of it after the marriage.

In a short time, however, this poor victim of the gynecological mania began to pay the penalty that outraged Nature imposes, and within two years she had become a confirmed neurasthenic. By the third year she was suffering from frequent hysterical attacks, and at last accounts her condition was getting still worse. There is little comfort and less hope for husband and wife in that dreary and childless home.

In contrast to this lamentable tragedy—for I know not what else to call it—let me give the case of Miss A. F., who, at twenty years of age, also about to be married, developed symptoms similar to those of Miss M. Now it happened that Miss F.'s mother and sister had both been operated on by a specialist for so-called diseased ovaries, and when she consulted him it was a foregone conclusion what the answer would be. Her fears were realized; the doctor diagnosed her trouble as diseased ovaries, and advised immediate operation.

But Miss F.'s fiancé and her brother-in-law, who were fortunately informed of the proposed operation, got together and decided that another specialist should be consulted before anything further was done. After going over the matter thoroughly with the second doctor, it

was agreed that the operation might be performed under these conditions: that the removed ovaries should be given to the patient's family after the operation to be taken to an accredited pathologist, unknown to the operator, for examination. If the report showed that the surgeon's diagnosis was correct he should receive his large fee, but if he were wrong and the ovaries proved to be healthy he was to expect nothing—except, possibly, a lawsuit. Upon hearing these conditions the family surgeon was highly offended and flatly refused to operate.

The young woman's trouble soon disappeared and shortly afterwards she was married. She is now the mother of two healthy children, and for several years has not had one day's illness.

It will doubtless be urged by my medical critics that the danger of operating on a snap-diagnosis has long been recognized, and that instead of making a clean sweep of the pelvic organs, up-to-date gynecologists have become much more cautious and conservative. "No longer," we are told, "do the surgeons who report the most radical operations on the female generative organs receive the greatest recognition." For which, if true, let us be devoutly thankful!

Reviewing the practice of gynecology for the last two decades, Dr. George H. Mallett (of New York) says:[1]—

"When in most cases it was found that the tubes and ovaries were diseased, or were thought to be, then came immediate laparotomies, performed during the acute stage of the disease, and followed by a ruthless sacrifice

[1] "The Operative Treatment of Pelvic Infection."—The *American Journal of Obstetrics*, August, 1909.

of organs and a high rate of mortality. A considerable number of these patients, suffering from suppurative diseases, who survived the removal of their appendages, still were not relieved until the whole uterus was also removed. The rule was then formulated that when the tubes and ovaries were removed, the 'emasculated' uterus should also be taken out. This rule is observed by many operators to-day. Then the pendulum swung the other way and so-called conservative surgery took the place of radicalism, and while many tubes and ovaries were saved, others were allowed to remain in such a diseased condition that a subsequent operation was required for their removal."

Dr. J. Thomas Kelly (of Washington, D. C.) also takes the modern system to task for ultra-conservatism, although he admits the horrible stage of recklessness that formerly prevailed. "Some years back," he writes,[1] "after the advent of gynecology as a specialty, and when men wholly untrained in the pathology of the female sexual organs removed those organs for symptoms frequently neurasthenic, one might see in almost any hospital numbers of normal organs sacrificed. . . . So rabid were gynecologists to do surgery that there was nearly a wholesale wiping out of gynecological therapeutics."

Nevertheless, he contends, "while this is true now with some surgeons who do pelvic work without the proper training, the general aim among gynecologists is to endeavor to save all healthy organs or parts of organs." And the remainder of his paper is taken up with the disastrous results of this over-caution and conservatism.

[1] "How Far is the So-called Conservative Pelvic Surgery Conservative?"—The *American Journal of Obstetrics*, July, 1909.

This position may, in Doctor Kelly's city, be well taken, but I am sure in the country at large the tide has by no means so noticeably turned that we can deem American women safe in the hands of the average gynecologist. And the reasons are apparent. Conservatism in surgery takes more time, more judgment and frequently more skill than the slash-away methods so commonly resorted to. Foolish women, moreover, partly through ignorance of the dangers to which they are subjecting themselves and partly through selfishness, urge, if they are being operated on, the complete removal of the ovaries as a safeguard against further trouble, and the possible dangers of motherhood. And lastly—and I make this statement advisedly—while gynecology or surgery as a science may show every indication of progress, in its application by the polluted hand of the pervert there is just as certain a retrogression. Temporize, apply massage and other palliative measures, make gently explorative operations, try at all costs to preserve the sacred functions of wifehood and motherhood—are these likely to be the methods of the hardened brute who through greed or pure perversion has unsexed hundreds of healthy women? If the reader could see as I have seen the methods employed by degenerates of this type and could observe their facial expression when the fountain-head of motherhood has been reached and the vicious strokes are given that doom the unconscious patient to a life of disappointment and suffering —if American wives and maidens, I say, could once witness such a shameful and disgusting sight, there would be an end once for all of this revolting phase of gynecology.

I shall never forget the case of a New York lady who

came to my office one day complaining of pains in the calves of her legs and in the thighs and pelvis. She was a woman of perhaps too much wealth and leisure, yet it did not take me long to dismiss the thought that she might be a hypochondriac. On the other hand, I was unable to find any serious disorder in either the abdominal or pelvic region to account for the mysterious yet persistent pain. Finally I forced myself to the conclusion that hers must be a case for a specialist, and knowing my friend Doctor E. to be both honest and skilful I sent the case to him. But Doctor E. was no more successful than I was, and beyond assuring her that there was no uterine or ovarian trouble he did little to afford relief.

The impatient husband now took his wife to another gynecologist, demanding a proper diagnosis and a swift and permanent cure. So the obliging doctor did as he was ordered, discovered a grave pathological condition in the pelvic region, decided that it arose from diseased ovaries, and had no difficulty in securing their consent to an ovariotomy. Incidentally, he collected a fee of two thousand dollars.

In about a year I saw the husband again. His wife, he informed me, had undergone a long convalescence and had undoubtedly benefited both by the rest and careful dieting and by the relief of mind caused by the assurance of this great gynecologist that her trouble was over for all time. But since getting about again, to their surprise and vexation, she began to notice a return of the same mysterious pain—in the calves of her legs, the thighs and the pelvic region. And so I was asked once more to undertake the case.

I consented, and requested the gentleman to bring his

wife to my office, secretly determining to spare no pains to unravel this mystery that had baffled two such well-known specialists. And when the lady came, even before she sat down, the whole trouble was as clear as daylight. She was suffering from flatfoot—the arches of both feet being affected—and to this and this only was due the widely distributed pain. An order for two Whitman braces proved all that was necessary to remove every vestige of the trouble, but I shall never forgive myself that I did not discover all this a year earlier. Had I done so, I should have saved her from the greatest blight that can fall on a woman's life.

I am aware, as I stated at the outset, that many of the exposures made in these pages, and perhaps this chapter in particular, may lead to a certain amount of harm, inasmuch as it may dissuade the timid sufferer from consulting a doctor at all, or from going in time to render a cure possible. If such an interpretation has been put upon my vigorous protests against the prostitution of a noble and most necessary profession, I am truly sorry. Scathing as I would make my denunciation of the unspeakable fiends who gratify their depraved instincts under the cloak of a respected and legitimate calling, I would not be understood as for one instant minimizing the work of the conscientious gynecologist. Owing to the widespread and lamentable abuses outlined in the preceding chapter, the specialist in the pelvic diseases of women has come to occupy an increasingly important place in medicine and surgery, and to an honorable minority is due much constructive and educational work toward the amelioration of the abnormal sex conditions that we have come to associate with modern womanhood.

Indeed, I heartily agree with Dr. Channing W. Bar-

rett of Chicago that the general operator is seriously in error in thinking that he can evade this highly specialized branch of surgery and successfully perform the most delicate operations that pertain to it. I do not agree with Doctor Barrett in calling the exclusion of gynecology as a specialty from many of our hospitals "*the* crime of gynecology,"[1] since I wish to appropriate the term for the lamentable conditions herein outlined, but it is unquestionably a matter of no little importance and calls for immediate reform. There is no question, moreover, that in real cases of ovarian or uterine disorders delay in consulting a reputable physician may lead to the gravest consequences and be clearly responsible for many drastic operations that must ultimately be resorted to.

There is much to be said on this subject in which all advanced practitioners and surgeons are more or less agreed, but I have simply touched on it to prevent, if possible, a misunderstanding of my position in regard to the practice of medicine by incompetent and unscrupulous men. I would advise every woman who has any serious irregularity to consult a physician, but I would at the same time warn her of the tremendous importance of choosing one who is at once honest and up-to-date, a doctor—if she can find him—whose knowledge has not run away with his common sense and whose ambition or lust to operate has not destroyed his manhood. If this chapter serves to protect one woman from the toils of the mercenary or perverted "expert," it will not have been written in vain.

It must be admitted that many conscientious author-

[1] Doctor Barrett contributed a noteworthy article under this heading to the *American Journal of Obstetrics* for May, 1909.

ities deny that any particular disorder or danger results from this unsexing, and contend that the patient has "simply lost her power of reproduction." What a wealth of hidden irony in that word *simply!* The consensus of expert opinion, however, is opposed to this, and all advances in neurotherapy tend to prove that her entire life and character has been changed. The former position is well set forth by Dr. Emil Novak (of Baltimore), who concludes his paper on "The Hormone Theory and the Female Generative Organs"[1] with the following generalizations:—

"The time has passed when healthy ovaries were ruthlessly sacrificed to cure dysmenorrhœa, obscure pelvic pains, etc. It is true, of course, that the saner and more conservative methods of the modern gynecologist were literally forced upon him by a realization of the futility of the irrational and mutilating measures of former days, as well as by the awakening of the surgical world to the fact that it is only rarely in accordance with the principles of true surgery to remove tissue that is not the seat of disease, especially when such tissue can be shown to possess a definite and useful function. A restraining influence of no little importance has therefore been imposed upon us by the knowledge that the ovary, in addition to its well-known function of ovulation, plays another more subtle rôle in the processes of the woman's body. At the same time, it is only fair to present the other side of the picture also. Such experimental work as I have described, as well as innumerable clinical observations, have shown that however important the hormones of the female generative organs

[1] Read before the Baltimore City Medical Society, February 19, 1909, and published in *Surgery, Gynecology and Obstetrics,* September, 1909.

may be, they are not by any means indispensable to life, or even usually to comparative comfort, and hence, from this standpoint there would seem to be no physiological basis for such ultra-conservative operative measures as some would advise. While it is impossible to generalize concerning a question which is essentially an individual one, as regards both surgeon and patient, it would seem that radical conservatism, as it has been called, is scarcely less commendable than that unreasoning radicalism, pure and simple, which will not brook the restraint that knowledge and reason would impose."

Dr. C. M. Rakestraw (of Savannah, Georgia) ably presents the other side of the subject,[1] and I only regret that I cannot quote from his article at greater length. He says in part:—

" In a series of ninety-one cases, all of which had been dismissed from the hospital as cured, Dr. Mumford, of Boston, found 33 per cent. psychic failures. Dr. Howard Kelly, in a study of a series of anatomical successes, found 37 per cent. psychic failures. With the disastrous results following the destruction of a woman's generative system in view, all manner of methods are being devised to save these organs and preserve their functional integrity. In the past the saving of life seemed to be surgery's highest aim; the greatest surgeon was he who could, with rapidity and skill, dissect among vital organs and delicate structures, carry a case along the very brink of eternity and avoid death. The individuality of his patient was sunk in the pathology of a disease, and instead of being a creature of intellect

[1] " The Prophylactic Treatment of the Psychical Results of Surgical Diseases." Read before the Georgia Medical Society, Savannah, Georgia, December 17, 1908, and published in the *American Journal of Obstetrics*, February, 1909.

and emotions, was a case of this or that disease, the woman with the tumor, the woman with a tube. It is no wonder surgeons impressed the world with the idea that their highest purpose was to cut skilfully and to make wonderful advances in anatomical and biological science. But now we are beginning to advance our biological findings to the higher functions of the human economy, we are beginning to realize that the purpose of the human frame is to house a 'Great Within.' In saving tubes and ovaries our object is something more than merely to save the sexual delights of life or the office of procreation; in saving a uterus we are attempting something more than the preservation of the menstrual function or the prevention of a premature menopause. We are saving the intellectual life, the emotional life, and are regulating the sensory nervous system so that the various gland functions will not be interfered with."

Dr. John E. Cannady (of Charleston, West Virginia), at the twenty-first annual session of the Southern Surgical and Gynecological Association[1] pointed out the advantages of waiting and giving Nature a full opportunity in cases of infected Fallopian tubes. There were numerous valuable methods of treating uterine pathology without the removal of both uterus and disease. It was seldom necessary or advisable to remove the ovaries.

Dr. George H. Mallett, in the paper from which I have already quoted, concluded with these words:—

"The patients suffering from pelvic infection are usually young women, and the loss of their ovaries and

[1] Held at St. Louis, December 15-17, 1908.

tubes is of considerable importance to them as the symptoms of artificial menopause are usually pronounced and the atrophic changes frequent; but the ultimate result in this class of cases is fortunate as compared with some that come under observation after the uterus has also been removed. In them senile atrophy occurs to such an extent that sexual intercourse is prevented or interfered with or they are rendered miserable by a senile vaginitis that resists all forms of treatment. They become mentally morbid and are unhappy in their domestic life. One of these patients will do more to prejudice the laity against surgery than all that could be written or said by mental healers or osteopaths.

"At the present time these unfortunates are not so numerous as in former years. If by yearly surgical intervention disease may be arrested and tissue and organs saved, then an important step in true conservatism has been made."

No better indication could be given of the practical agreement of the leading surgeons and gynecologists on this question, at least physiologically—for it must be admitted that there is much divergence, as yet, on its moral aspects—than the session of the American Gynecological Association from April 20th to the 22nd, 1909. The discussion of the sterilization of women related largely to the complications of Cæsarian Section, but the remarks of many of the members ranged over the entire problem and are most interesting.

In a paper entitled "Sterilization in Cæsarian Section,"[1] Dr. John Pollack (of Brooklyn, New York)

[1] This and the excerpts that follow are taken from the report of the transactions of the Society as published in the *American Journal of Obstetrics*, June, 1909.

strongly advocated the retention of one or both ovaries whenever possible. He said:—

"In the course of thirty or more sections in which the writer has participated, but two ovaries have been found diseased; each of these was a dermoid cyst which had become incarcerated in the pelvis and had acted as the obstruction to the progress of labor, which was the indication for the abnormal delivery. There is no reason why extirpation of one or both ovaries should be done in the course of hysterectomy, any more than when removing the uterus for a fibroid tumor. While there is a slight technical difficulty in leaving the ovaries when the uterus is extirpated, we well know the physical and psychical advantages to the patient by retaining the ovarian secretion."

Dr. Charles M. Green (of Boston), who read a paper entitled "The Justifiability of Sterilizing a Woman After Cæsarian Section With a View to Preventing Subsequent Pregnancies," was even more positive and emphatic. I should like to quote at considerable length from Doctor Green's contribution, but the following utterance leaves no one in doubt as to his position:—

"It is not likely to be requested that the husband be sterilized, and yet the request would be quite as reasonable as that the wife should submit to sterilization. Would it be justifiable to sterilize a woman in order that she might become a prostitute without the possibility of becoming pregnant? We know that we may not commit murder or homicide; we know that suicide is a moral and statutory offence, and that attempted suicide is punishable. If it is morally and legally wrong to destroy human life, is it not also immoral to destroy any human function? Do not some of us remember the

well-merited contempt visited upon men, who, to avoid service in the War of the Rebellion, mutilated themselves in a way to prevent acceptance by the examining surgeon? *Qui facit per alium facit per se;* and if it is culpable for one wilfully to kill or mutilate the body, it is also culpable to cause or allow the same purpose to be effected by another."

Among the many who took part in the open discussion perhaps Dr. George Gellhorn (of St. Louis) made the most apt rejoinder to the advocates of sterilization by reminding them that there was a much simpler way of sterilizing the male, viz., by vasectomy. This operation could be done in a minute or two under local anæsthesia and it did not leave a scar. There were able-bodied men present, and yet how many would be willing to have vasectomy performed? He thought we should be a little more charitable and not do unto others what we did not want done unto ourselves. He denied the right of any one physician to sterilize any woman; only for grave reasons should the operation be acceded to, and then it should only be done by consultation with one or more physicians.

And so I might quote from scores of well-known surgeons and gynecologists pointing out the dangers both physical and psychical resulting from this indiscriminate and largely unnecessary unsexing of women. That no one has charged a certain minority with actual perversion is either a reflection on the intelligence of reputable members of the profession, or is but another illustration of the strange misapplication of our code of "ethics," which would shield one of the lowest and most dangerous types of degenerate that our civilization has produced at the cost of the health and happiness of the

innocent women whom it is our duty and privilege, both as men and as physicians, to shield and protect.

If women could only be made to realize these facts; if only the laity as a class were not so hopelessly ignorant of the rudiments of anatomy and physiology, there would be fewer of these gynecological crimes. The astonishing indifference of intelligent men and women on this subject seems to depend, first, on ignorance of physiology, and secondly, on external appearances. As a woman cannot see these organs she is apt to minimize their importance.

We must bear in mind, in this connection, a point often overlooked, viz., that culpable "authorities" are frequently upheld in their statements as to permanent benefit derived from ovariotomy by their unfortunate and hopeless victims. Many of these feel keenly the loss of their womanhood, but shame closes their mouths; they would not let others know what they have become, and thus either keep silent or indorse the lie of the operator.

All physiologists know that when males and females are castrated in infancy they do not develop like normal individuals. The form of the body is neither that of man or woman, but an approximation of both. The male's voice remains high and shrill. In both the mental development is usually very defective.

Thus it is evident that the presence of these glands is of vital importance in the formation of body and mind. Such unsexed individuals are often mere repulsive wrecks of humanity.

If there is any essential difference in the practice of useless and harmful ovariotomy and criminal abortion, the perverted gynecologist is, if anything, the greater criminal. He completely sterilizes the woman and de-

prives her of the possibility of future motherhood, whereas the abortionist simply deprives her of a single child. The ovariotomist, moreover, deliberately deceives his patient as to the necessity of the operation and its remote effects, in order to gratify his avarice and perverted cravings. The abortionist does not deceive. His candor is complete and shameless. He merely panders to the selfishness and wickedness of the woman. She knows just what she wants, and she gets it. Such a transaction, in contrast with the former, seems almost respectable. Let us discard our genteel phrases and euphemisms and have a square deal all around. If abortionists are criminals, then so are many gynecologists. The statutes should be revised, and the needless removal of the ovaries or uterus, or any unnecessary mutilation of the female generative organs, should be classed along with criminal abortion as a felony, punishable by heavy fine and a term of years in prison. Thus, and thus only, can we conserve the life of the nation and discharge our sacred duty to posterity.

CHAPTER XIII

HOSPITAL ABUSES

"National health and vigor depend in a very great degree upon the arrangements made for the treatment of the sick. This is just as true of adults as of children. The interests of society to cure the ailments of the latter are . . . obvious; their right to care and healing is absolute, and the injury to society caused by neglect is serious and prompt. But the case of adults is not in principle different. A sick worker is a burden, instead of a benefit, to society at large. The labor by which he adds to the wealth and convenience of the world is suspended; he has to be doctored, physicked and maintained by the labor of others, until such time as he is able again to take his place in the social machine. It is, therefore, the interest of society to shorten as much as possible the period of incapacity of every sick man who is of any use in the world, and to restore him expeditiously to his normal position."—Sir John E. Gorst, M. P., on "Physical Deterioration in Great Britain," in the *North American Review*.

I THINK the statement can hardly be challenged that the civilization of a city or a state may be judged by the efficiency of its hospitals. These institutions are the outcome of the most generous human impulses, the desire of the strong and prosperous to care for and comfort the suffering and the needy.

It is an inspiring sight to walk through the well-kept wards of a great hospital, to see the long rows of comfortable beds with their convalescing occupants, the splendid operating rooms in which are gathered from all the world the latest instruments and apparatus for the treatment and cure of surgical conditions, and, hardly

less admirable, the well-arranged laundry and spotless kitchen. Equally impressive is the discipline of the fine corps of nurses and attendants, and the clock-like regularity which everywhere prevails. From open admiration and wonder the feeling soon changes to awe as the visitor grasps the magnitude and precision of this great system, devised and maintained, it would appear, solely for the benefit of suffering humanity.

But the reader has already had glimpses of conditions in hospitals and sanitariums [1] that were anything but

[1] Although my references to private sanitariums have been far from complimentary, I have thought it best to devote this chapter exclusively to public institutions. For no matter how ill-managed a hospital may be, it is nevertheless a *hospital* (Latin, *hospes,* a guest), whereas a private establishment is first, last and always a commercial enterprise. In brief, public hospitals should be reformed and kept at a high standard; private health-shops, under whatever name, *abolished.* Says Dr. L. Emmett Holt in the paper already quoted from in Chapter I:—

"A well-known and very successful gynecologist said to me once that he had reached the conclusion that no man could be strictly honest and conduct a private hospital. This statement, although perhaps an exaggeration, expresses an important truth. The temptation may be great. The enterprise has imposed heavy financial obligations. It has not proved the success the surgeon had anticipated. The year has been a poor one; rooms are vacant and expenses are going on. A well-to-do patient seeks his advice. An operation is not necessary, and, though at another time the surgeon would not himself have advised it, he finds it easy to do so now, and possibly justifies himself by the thought that many of his colleagues do the same. Such a step once taken, a similar decision is reached the second time with fewer misgivings, and soon the policy of doing operations with insufficient indications may become his established practice. If not an operative case, the patient may be induced to submit to prolonged but unnecessary and even useless treatment. There is subtle temptation here for every physician or surgeon whose eye is always on the almighty dollar; but it comes with increased force to one whose financial needs are great. His vision of right and wrong must be very clear and his ethical standards high not to be biased in such emergencies."

ideal, and so will be prepared to learn that in many even of our most famous institutions there is another and less attractive side to the picture. This we will now examine.

The visiting surgeons of hospitals are ordinarily men of experience and ability, a fact regarded by the prospective patient as of the utmost consideration. It also influences the philanthropist, who thinks that in contributing to the charity wards he is placing poor, helpless creatures in the hands of the most humane and skilful operators. How fortunate for the poor, and how gratifying to their sympathizers, that the humblest outcast may have as good surgical attendance as the millionaire! It almost savors of Utopia!

All of which is very well in theory, but hardly borne out in practice. For instance, I was informed by a nurse recently that a house surgeon in one of the largest New York hospitals had performed, during his first few weeks of service, no less than seventy-five major operations, and that the attending surgeons were in the habit of giving most of their work to this young man unless they got paid for it. So that any non-paying patient who enters this particular institution expecting to receive the services of one of the famous surgeons connected with it at least by name, will simply be turned over to an assistant who is allowed to operate pretty much as he likes. He may be a very fair surgeon by this time—he certainly ought to be after such experience—but he is not a master surgeon, and the patients are deceived.

If I were to go to the Post Graduate Hospital of New York, a poor man, and were placed in the surgical ward of Dr. Robert T. Morris with the understanding that he

would operate on me, I should strenuously object to being turned over to an unknown house surgeon. I should want Doctor Morris to operate on me because I know that he has skill and sound surgical judgment, and is a conscientious, conservative surgeon, whose ability and knowledge are famous the world over. I only mention Doctor Morris by way of illustration, for I do not think that men like Doctor Morris, or Doctor Wyeth, or Dr. William Mayo would break a promise made to a patient, were he rich or poor.

This nurse, whose veracity is beyond question, assured me that she had seen a number of our great surgeons sterilize their hands, go to the operating table, make the first incision, and then turn the case over to the house surgeon, telling him to get busy and finish it up, as they had to hurry away.

From my experience as a medical student in Chicago and from visits to the leading hospitals in all parts of the country I am convinced that this abuse is common to all of our great cities, and, I presume, to those of Europe as well. Particularly, I believe, is this so in the medical wards, where treatment by proxy is often the rule rather than the exception. Sir William Wilkes, the famous English physician, remarked on his retirement from the consulting staff of a London hospital that he supposed he was a " consulting physician " because no one ever consulted him. " It might be well," remarks the London correspondent of the *Therapeutic Gazette*,[1] " if the exalted rank of consulting physician carried with it some opportunities for bestowing on the hospitals the often invaluable help of long years of large experience."

[1] The *Therapeutic Gazette*, July, 1907.

It cannot be denied, of course, that charity patients are, as a rule, fortunate in having the surgical attendance of reputable house surgeons or sometimes even of internes, for these young men are graduates and are certainly possessed of some skill. Nevertheless our philanthropists have in many cases stipulated that certain endowments were given expressly to insure the best medical and surgical treatment that the hospital could provide for the poorest patient. In any case, it is inexcusable to deceive these patients and allow them to be operated on under false pretences.

There is no better way to judge a doctor's character than to study his respective methods of treatment in charity and pay cases. A modern hospital is supposed to provide charity patients with all the *essentials* in the matter of treatment that the case demands. Essentially, then, a pay patient gets no more than a charity patient. The presence or absence of many of the luxuries which pay patients are able to command is really not very important *per se*. The main thing is the treatment,—medical, dietetic, and hygienic,—and both classes of patients usually get this.

In certain places, however, we see lamentable exceptions to this rule. For instance, a well-known gynecologist of New York, who often performs the operation of hysterectomy, or complete removal of the uterus, makes his charity hospital cases sit up on the second day following the operation.

It is quite different with his pay patients. These he keeps quiet in bed for a much longer time. The operation is formidable, and the thought of permitting or requiring a poor woman to get up on the second day is sickening. The fact that the man treats the two classes

of patients so differently is a sure indication that his rule for the charity patients was not made with any reference to their welfare. Why, then, does he do this? Probably to get rid of them quickly, as they have no money, and therefore are not of any further interest to him after the operation has been performed. Or perhaps the desire to be quickly rid of the poor patients emanates from the hospital authorities, and the doctor, for reasons of his own, acts in accord with their wishes.

A similar practice goes on in a certain maternity hospital. The chief obstetrician requires the inmates to get up on the second day after confinement, if they are charity patients, but in the case of pay patients he makes them remain in bed for several weeks.

Now every doctor, and nearly every layman, knows that when a woman gets up too soon after confinement she is liable to complications that may ruin her after life. And yet this famous specialist in obstetrics and gynecology gets his confinement patients up on the second day—that is, if they are charity cases. His reasons may be similar to those of his brother specialist above referred to, or again, perhaps he has a deeper plan. He is a gynecologist and desires future material; he knows that cases treated as he has treated his charity patients are liable to surgical complications. Having been to his hospital once they are liable to come again,—hence, whether or not he entertains such a diabolical motive, he is unquestionably providing ample clinical material for the future.

Of actual brutality toward the defenceless recipients of charity—often frail women or frightened children—I wish that I could remain silent. To picture a man of high attainments as essentially a savage is not only a re-

flection on the profession at large but upon modern civilization. Yet brutes there are,—alas, only too many of them!—among doctors and surgeons, and in the charity department of a hospital they find abundant outlet for their cruel or perverted instincts.

Of course, in the treatment of minor surgical conditions at free clinics and in the hospitals, and in many surgical dressings and manœuvres, it is often impossible to avoid giving more or less pain, even when the utmost gentleness is exercised. It is safe to say, however, that in most of these cases pain can be pretty nearly eliminated by the judicious employment of cocaine, eucaine, freezing mixtures, gas or chloroform. But to make use of these things means time and expense, and that is just where the trouble comes in. The surgeon is usually in a hurry; partly because there is a room full of other charity patients waiting; perhaps because he is anxious to get back to his own private office where each of his treatments means money in his pocket. As regards the institution itself, the superintendent may be unwilling to issue sufficient quantities of these pain-killing drugs. A spirit of economy is rampant, though too often only a cloak for wholesale "grafting."

All of us understand what pain is, and none of us, who have been so unfortunate as to break an arm or a leg, but can vividly recall the visit of the family doctor and the painful experience of having a broken limb examined and set. No matter how much nerve we possess we still remember with a shudder the intense agony accompanying the treatment of the most ordinary fracture, and we wonder if the pain might not have driven us insane had the doctor been unsympathetic or rough in his methods. Of course, nowadays, if we care to have the best surgical

attendance either within or without a hospital,—and who does not?—an assistant can be called in to administer a little nitrous-oxide gas or chloroform while the bones are being put in shape again, and then we appreciate what a dollar is worth.

We may realize, therefore, with a shudder of horror, what it means to place a little child at the mercy of an unfeeling surgeon and then to withhold the trifling quantity of anæsthetic that would free it from all pain while its broken leg or shoulder is being set. The suffering, both physical and mental, that a sensitive child endures is excruciating to a degree, and the very thought of it should make our hearts ache for the unfortunate little ones whose parents are too poor to pay for the more humane treatment.

Disregard for the needless suffering of charity patients, especially children, cannot possibly be condoned or excused. In spite of the great and noble work done by the hospitals and free clinics, there is occasion for shame and indignation when we have to stand by and see helpless children with broken limbs being twisted and turned and pulled and jerked around with no one to raise a voice of protest and no law to invoke to mitigate their needless suffering.

I know of many city hospitals where this cruel practice still obtains of bone-setting without the aid of a little gas or chloroform to ease the sufferer, and the excuse in every case is the need of economy. Yet the material would cost but a few cents—probably less than the cigar that the operator lights when the clinic is over—and this paltry sum, and the callousness of the hospital authorities, are all that stand between the agonized patient and a quick, painless operation.

I once saw in a free clinic a surgeon, or rather a butcher, dissect a fatty tumor larger than a teacup out of a patient's back without giving him the benefit of any local or general anæsthesia. He explained that it "wouldn't hurt much, and anybody with a little nerve could stand it." The operation was only commenced, however, after the young man had been securely tied and plenty of assistants summoned to hold him down. The patient swore and carried on rather rudely, as he had a right to do under the circumstances, but the job was finished, and all the doctor had to say was "Why, man, you're a baby; you've got no nerve!"

Visiting a Chicago surgical clinic held in one of the college amphitheatres I saw a little girl, aged nine, brought into the clinic to have her tonsils and adenoids taken out. The mother was informed that "anæsthesia was unnecessary in simple cases of this kind."

"Now," continued the surgeon, "if you will hold the child I won't be a minute." The mother did her best to hold the terrorized girl, but it was no use, she simply couldn't. Then an assistant and nurse got hold of the child and held her while the brute put a mouth gag in her mouth to pry it open. This accomplished, he went after tonsil No. 1 and got it out, and then tonsil No. 2 was amputated, and afterwards the adenoids were gouged out. The operation completed, the little patient was released, and because she cried rather hysterically the surgeon deliberately pushed the bleeding child and her mother out into the hall with a farewell curse which was brutal in the extreme. Both were afterwards found on the college steps. The little thing's clothing was covered with blood and a kind-hearted student took her back into the building and let her wash up. The

poor mother explained that she had been afraid to go home for fear her daughter would bleed to death.

This demonstration was so brutal, however, that the disgusted class petitioned the faculty to remove the surgeon, which promptly led to his resignation.

In the same clinic I saw another surgeon, who enjoyed a wonderful reputation for his nerve, perform a circumcision on a colored man without any anæsthesia. When asked why he did not use an anæsthetic his answer was: "Oh, ——! you don't want anæsthesia for such a small operation, and, besides, he hadn't a dollar to pay for it."

This surgeon greatly prided himself on his ability to jerk out ingrowing toe-nails rapidly, and to my knowledge he never used anæsthetics with any of his charity patients.

Another case of the ill-treatment of a child occurred at a clinic which a friend of mine attended. I give the particulars as he narrated them at the time.

A little girl, twelve years old, was brought to this clinic by her mother. They were poor people, but in manner and speech they showed that they had once been in better circumstances. Several months previously the child, while playing, had run a long thick splinter deeply into the calf of her right leg. Not being able to pay a doctor, the mother extracted as much of the splinter from the wound as she was able to, though she feared that she had not got it all out. The wound healed, but a tender spot remained. This gradually worked its way down the leg, past the ankle, and finally came to a standstill under the skin of the instep of the foot. It grew so painful that a shoe could not be worn, and at last the mother became so alarmed that she conquered

her repugnance and took her daughter to the free clinic. Doctor F. was a big man with a ferocious expression on his face, and a harsh voice. When he glared at the little girl over his spectacles she trembled with terror and clung to her mother. Doctor F., however, made her climb on the table and began an examination of the foot. Of course, it must be understood that some pain is unavoidable in such examinations, even when the surgeon is gentle and considerate. But Doctor F. is not noted for gentleness or consideration, even with children, especially if they are charity patients. So he manipulated the swollen and tender instep in this way and that, and kneaded it vigorously with thumbs and knuckles. The child endured this part of the ordeal with more bravery than many a full-grown man would have done.

At last Doctor F. located a hard linear body beneath the swelling, and called for a knife. When the poor child heard this she turned white, and looked appealingly with her big brown eyes from the callous surgeon to the students who stood about the table, and in whose faces she read sympathy and pity. One of the students plucked up courage and suggested the employment of cocaine. "Too much trouble," growled the surgeon. "Anyway, what's the use—I don't need it." The student subsided into his proper place and was assigned, with two others, to hold the suffering little one on the table while the great man operated.

The vivisection began with a deep transverse incision across the instep and down almost to the bone. The child cried out and writhed in agony, but still she made a brave and pathetic effort to control herself. But when the doctor laid aside the sharp knife for a pair of dissecting forceps and began prodding between the ex-

posed and quivering tendons in search of the foreign body, the little sufferer could bear the torture no longer. For the next five minutes or so her screams were nearly continuous. Several first-year students not yet hardened to such scenes, left the room. At last the search was successful, and the foreign body was caught in the jaws of the forceps and extracted. It proved to be a piece of wood about half an inch long and somewhat thicker than a match. The rest was comparatively humane—merely the insertion and tying of two stout stitches by means of a needle—dull, it is true, but plied by a gentle hand. The student who dressed the foot spoke soothingly to the little patient, and when her sobbing had about ceased, assisted her to the street.

But hospital abuses are not confined solely to the treatment of non-paying patients and I will now invite the reader to extend his sympathy to the paying patient as well. The latter, in fact, frequently undergoes hardships that could easily be avoided by a reform of existing conditions. I refer to the red tape and "ethical" bickerings incidental to his admission. The situation is well set forth by the editor of *American Medicine*,[1] who writes:—

"The hospital problem is bound to call in the near future for serious attention on the part of thinking medical men. No one can deny that the development of medical eleemosynary institutions has been largely responsible for the progress of medical and surgical science. But coincidental with the growth of the hospital idea, grave dangers to the rank and file of the medical profession have appeared. In most communities wher-

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

ever one finds a hospital, there also will one find a small clique of medical men enjoying especial advantages and privileges by virtue of their hospital connection. Their less fortunate and influential colleagues are denied these advantages, and are proportionately handicapped in the practice of their profession. Since to send patients to such institutions is tantamount to losing their patronage nine times out of every ten, the 'outside' practitioner naturally discourages hospital treatment except as a *dernier ressort*. . . . All these things tend to defer the well-recognized benefits to be derived from hospital regimen, and it is a notable fact that hospital cases are usually advanced—not infrequently too far advanced. Therefore if hospitals have not fulfilled their most complete function in any community the reason can usually be found in rules which confer special advantages on a few medical men and rigorously deny any privileges to those outside the 'charmed circle.'

"The ideal hospital system, and one that sooner or later must be adopted, is that which offers to every medical man the opportunity of placing his patients in any hospital he or they may elect, there to treat them with all the freedom that is his as a legally qualified practitioner of medicine. . . . Hospitals will then become in reality what they were originally intended to be, institutions solely for the use and welfare of the public, and not institutions for the promotion of private gain, professional or otherwise, as under present conditions is too often the case."

When professional negotiations have been brought to a successful issue, however, and the patient has been duly admitted and operated on, one would suppose that his trials are over, and that the skilful surgeon who has just dragged him from the jaws of death will now conscientiously strive to bring about his complete recovery.

But this, unfortunately, is by no means a certainty. Many surgeons regard a hospital as an operating institution, pure and simple, and consequently lose interest in their patients once they are operated on. Hence during the more or less protracted period of recovery the patient too often finds himself neglected, and is actually encouraged to leave before his condition at all warrants such a step. Waxing indignant upon this subject, Dr. Bayard Holmes [1] (of Chicago) exclaims:—

"Modern aggressive surgery has made the hospital a hotel for the temporary care of the vivisected. All that the surgeon cares for is a room for his patient to occupy during the three or four weeks she is recovering from his incisions. She may then go home and get well or lead a life of invalidism, as it happens. To cure his patient and restore her to a life of usefulness and happiness is not the modern surgeon's conception of duty. He looks on the invalid as an encumbrance to his hospital, and all the essentials of recovery as unnecessary expense and space-consuming impediments."

There may be some exaggeration in this, as the editor of the *American Journal of Surgery* [2] vehemently asserts, but as such conditions undoubtedly *do* prevail and contribute not a little to the sum of human misery, I should not feel justified in omitting Doctor Holmes' indictment, even though, as this talented editor asserts, the statement "is very apt to be seized upon by enemies of the profession and triumphantly announced as another confession from our ranks." After all, worse things

[1] The *Journal of the American Medical Association,* March 28th, 1908.—"A Suggestive Plan for a Hospital of Five Hundred Beds."

[2] "A Surgeon's Opinion of Surgeons."—April, 1908.

could happen than a thorough investigation of the abuses referred to or set forth in this chapter.

When it comes to business methods, it is surely no secret that some of our largest hospitals are wofully mismanaged. "Graft" or incompetence, or both, are unearthed with such startling frequency that one wonders what would be the outcome of a thorough investigation, nation-wide in its scope, such as the Carnegie Foundation has made in the field of medical education. Some institutions would unquestionably issue with flying colors, but the majority, I fear, would come in for well-merited criticism.

In a certain metropolitan hospital, for instance, it was recently discovered that the orderlies, nurses and kitchen help were getting the cream off the milk, and that this had been going on for months. The poor, suffering little folks, whose very lives depended on this cream, had been fed on skim milk, which probably explained an abnormal increase in infant mortality in that particular institution. Of course, there was some brief unpleasantness, but as the press had not learned of the scandal, the hospital authorities were lenient with the culprits, and harmony and good-will were soon restored. Whether those sick babies are getting cream to-day, or have again been put on the skim-milk diet, I cannot say, and I very much doubt if the Superintendent could either.

In pleasing contrast to this deplorable laxity is the method pursued in a government institution. "Red tape" there may be in Uncle Sam's hospitals, and in some cases antiquated methods, but "graft" is almost unknown.

While serving as interne at the U. S. Marine Hospital

in Chicago, under Surgeon Henry W. Sawtelle (now retired), I had an opportunity of seeing this milk problem handled as it should be. Some of the patients had complained of getting poor milk, and within half an hour the most sweeping and systematic investigation was in progress. The head surgeon went straight to the kitchen and questioned the cook and his assistants and then, with commendable impartiality, interrogated every nurse and orderly in the place. The stewards and physicians were consulted as well; in short, every one in that hospital was invited to help solve the problem why the milk should be poor when the United States Government was paying for the best.

When the fact was established that the milk had not been tampered with in the institution, the proprietor of the dairy was promptly ordered to report at the hospital and explain why the milk he furnished to the Government under contract was not up to specifications. I shall never forget the appearance of that guilty milkman as he tremblingly admitted having watered the milk.

"My dear sir," said Doctor Sawtelle, "the United States Government pays you to deliver milk, not 'milk and.' Hereafter, if we decide that the milk is too rich, we can add our own Lake Michigan, and remember, sir, we are going to inspect every drop of milk that comes to this hospital hereafter. Any more complaints and you will hear from me in a way that will be very dear and disagreeable. That is all."

A systematic inspection was thereupon established, and daily reports on the milk and food in general were given to the surgeon in charge. During months of service in that hospital I never again heard a patient complain of poor milk.

I mentioned " red tape," but as a matter of fact a government hospital in charge of commissioned medical officers is superior, both in its methods and its discipline, to the average county or municipal institution. And the reason of this is not far to seek. There is an official head, and he is responsible to the government. On the other hand, the county or city hospital is run by a board of governors or managers, usually rich men who lack experience, and apparently care very little how things are managed. These boards generally put some incompetent man in charge and leave him pretty much to his own devices. He is often paid so small a salary that after he gets " on to the ropes " he will justify himself in making a " little on the side." The contracts for coal, food stuffs, medical supplies, etc., are made by him, and of course he knows upon which side his bread is buttered. "Graft" here and "graft" there keeps his mouth closed, and so the supplies may deteriorate until his management is an open scandal before he will consent to interfere.

Hospital " grafting " has become so universal that it is now almost considered legitimate. For, of course, the example of the " man higher up " is diligently copied by the rest. Thus the kitchen force are in the habit of helping themselves to tea, coffee, sugar and other groceries, which they carry off to their homes. The orderlies and nurses are more attracted to the medical stores, and thermometers, bandages, and minor operating instruments consequently disappear with wonderful regularity. The interne, when he has finished his apprenticeship, usually finds that he is well equipped to establish himself in practice. Silkworm gut, catgut, bandages, chloroform, ether, etc., are expensive items, and he argues that the hospital can well afford to help him out.

The physician in attendance, not to be left in the cold, usually appears at his clinics with an empty bag in which to carry off his share of loot. And so the game goes merrily on. A doctor of my acquaintance makes it a habit to go to the clinic three times a week for the sole purpose of " stocking up," as he calls it. His black surgical bag has six bottles in it, and these are filled thrice weekly with alcohol, ether, chloroform, lysol, green soap, peroxide and anything else that he especially needs. One day I ran upon him while he was filling up his bag and asked him what he was doing. He explained that as he gave his services free he thought it was only right to get all he could, so he was " stocking up," as was his habit after the clinic. His office was filled with his " legitimate graft," taken from the hospital clinic room, and he has told me many a time that he seldom has to buy any necessary office supplies.

The drug room in the average hospital, even where open looting does not prevail, is a great source of waste. Alcohol, bandages, gauze pads, medicines, etc., are handed out *ad libitum*, and there seems to be very little supervision when new supplies are being ordered. If the poor sufferers in the wards and at the clinics were the recipients of this lavishness, one would be less inclined to criticize, but here, as we have seen, is the very place in which a tardy economy is applied. Truly to him that hath shall be given and from him that hath not shall be taken even that which he hath—a right to!

It must be admitted that great injustice is often done to the attending physician in the matter of remuneration; nevertheless, since he accepts the conditions he should stick to his agreement or else resign. Furthermore, it is not the doctor who is most considerate and

generous with his services who receives the most perquisites—on the contrary, it requires but little knowledge of human nature to see that the "graft" is usually in inverse ratio to the services performed.

Such stealing as I have here instanced would be next to impossible in a government hospital. There everything must be accounted for, and if there is an unusual outlay in any department the surgeon in charge will soon find it out. The difference between the two classes of institutions is that in one we have a system based on responsibility which time has proved to be good for all concerned, whereas in the other we have a system which by its irresponsibility invites and fosters "graft." Hence to destroy the "graft" we must alter the system.

Lack of intelligent coöperation among the various members of the staff is another cause for prevailing conditions and results in many deplorable blunders, some, of course, fatal. If the chief surgeon, the house surgeon, the internes and the nurses fail to work in harmony, even though all were actuated by the highest motives, the patient necessarily suffers. Space will not permit an enumeration of the various causes of discord, but in many cases the fault lies with those in charge. The head doctor, for instance, may be a conceited, pompous fellow whose chief concern is to impress his subordinates with his superior knowledge and skill. To such a man any observation or suggestion from others would be unwelcome and irritating. Consequently those serving under him learn to refrain from mentioning circumstances that have come to their notice in the condition of a patient which ought to be taken into account in the treatment. How horrible a blunder may result

from such over-confidence we have already seen in a previous chapter, but no words of mine could depict the aggregate misery springing from this ignoble motive.

In speaking of the looting of expensive materials I have perhaps given the impression that the supplies purchased, whatever disposition is made of them, are the best procurable. This unfortunately is not the case. Whatever may be the quality of the items selected by the visiting physician and his friends, the materials reserved for the poor inmates are often of inferior quality, such as no reputable doctor or surgeon would use in private practice. In this connection let me quote again from the editorial columns of *American Medicine*[1] :—

"In the selection of surgical supplies, it would seem above all things that quality should primarily be considered. Yet it is a fact too well known to innumerable surgeons that many a hospital is purchasing its supplies with a view only to cheapness. As a consequence, surgeons in such institutions are too often forced to use suture material, dressings, anæsthetics and a hundred and one other essentials to surgical technique, that they would never think of employing in their private practice, or in the treatment of members of their own families. The excuse of *economic* necessity is always made by hospital boards when criticism is directed against inferior surgical supplies, but the fact is apparently overlooked that the exercise of this particular form of economy is simply meeting one responsibility by creating a greater. A treatise might well be written on the criminal reprehensibility of using inferior surgical dressings or sutures, and it is an outrage for any hospital to ask the members of its surgical staff to place themselves in a position so open to censure and possible injury.

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

This would be bad enough in itself, but the particular abuse under discussion comprehends much more vital dangers to helpless patients, who have no voice in the matter. Who can say to what extent unnecessary suffering, disappointment at faulty results, and even deaths following operations, have been due to the use of cheap dressings, sutures or other hospital supplies? "

If a treatise could be written on the above-mentioned abuse, what a library might be written on the haphazard methods of prescribing and filling prescriptions that obtain more or less in every hospital in the land! With all the shortcomings of hospital surgery, no one can deny that it has laid the foundations of progressive modern surgery the world over. In *materia medica*, on the other hand, the hospitals have lagged so far behind that it is a question if the term " modern " can be applied to anything relating to the pharmaceutical department.

" In the one hundred and fifty years of the practice of pharmacy in American hospitals," writes M. I. Wilbert, Ph.M., in the *Journal of the American Medical Association*,[1] " we can only point to one hospital pharmacist who idealized his position and was able to accomplish something that we of to-day may rightfully point to with pride." [2]

After a careful survey of this important but neglected field, Mr. Wilbert lays much of the blame upon what I may best term a *mechanical blight*, which makes the

[1] A paper read before the American Medical Association (Section on Pharmacology and Therapeutics) held at Atlantic City, June, 1907. Published in the *Journal of the A. M. A.*, November 16, 1907.

[2] The late Charles Rice, who was connected with the drug department of Bellevue Hospital, New York, for forty years.

average medical department a mere machine for drug giving. This also is the opinion of the *Journal of the A. M. A.* itself, which came out shortly before Mr. Wilbert's paper with an editorial entitled " Mechanical Prescribing in Hospitals and Dispensaries." [1] The editor says:—

" The best-managed hospitals have their standard tonics made up by the gallon, if not by the barrel, and prescribing in dispensaries is commonly slavishly confined to a formula book. The student soon learns that ' Formula 38 ' is good for dyspepsia, and that ' A. B. and S.' pills are the remedy for constipation. It is unfortunately true that the prevailing tendency to rely on nostrums and specifics has its origin to a large extent in the use of formularies and ready-made mixtures in clinics, dispensaries and hospitals connected with medical schools. That some of the best men in the profession exhibit this tendency is not surprising when we know that a certain college, second to none in its advocacy of high ideals in medical education, still uses in its dispensary work a formulary book that has undergone little change in twenty years and which contains some beautiful examples of polypharmacy. While such a re-

[1] The *Journal of the A. M. A.*, August 17, 1907. Dr. Oliver T. Osborne (of New Haven, Connecticut) in the discussion of Mr. Wilbert's paper, above referred to, agreed thoroughly with the speaker and added some startling facts of his own. His statement, he explained, applied not only to the New Haven Hospital, but to students in all sorts of hospitals out west, south, east and north. Everywhere he had come in contact with men who have been in hospitals and show a woful lack of knowledge of prescription writing. Junior students, he said, write better prescriptions than the seniors, and the seniors better than hospital graduates. There is a progressive deterioration as the student remains in the hospital.

liance on ready-made formulas may be a necessity of the busy doctor, it is certainly out of place in the teaching of students, where the underlying principles should always be kept in view and their intelligent application in detail carefully taught. The student, taught by the powerful example of great clinicians whom he sees daily using ready-made formulas, is in great danger of letting his lessons in pharmacology lapse into innocuous desuetude and of going into practice ready to exchange the ready-made formulas of the dispensary or the clinic for the ever ready specific of the proprietary medicine man."

The relation of the hospital to scientific medicine and to the work of the medical school has already been considered, though so inadequately that I have included in the Appendix a vigorous "Plea for Hospital Reorganization," by Dr. Graham Lusk,[1] in which this phase of the question receives the emphasis it deserves. There are, moreover, many other abuses and shortcomings that I have not even mentioned, particularly in the conduct of the medical wards of prisons, charitable homes and asylums; but these institutions, I am glad to see, are receiving considerable publicity in a number of the popular magazines. Inadequate and crowded wards, insufficient ventilation, cruel and vicious attendants recruited from reformatories that do not reform, and often direct from the slums, the lack of entertainment for convalescents, the stupid, maddening routine that so largely prevails, and, in children's hospitals or homes, that lack of personal care or affection for the babies which Doctor Ruhrah (of Baltimore) pleads for under the term "mothering"—these, among other evils, are the cause of the high death rate in our charitable institutions and of the

[1] Appendix K.

wretched physique of so many who survive. Which simply means that Society, while on the one hand fighting squalor, disease and crime, is counteracting the good results so attained by contributing a host of unfortunates to people the slums, and so supplies, deliberately and with apparent indifference, what may be regarded as one of the chief factors of our moral and physical deterioration.

Hence, like every other evil in our eleemosynary institutions, it is not only the helpless victims who suffer, but eventually the public at large. Injustice, incompetence, cruelty, dishonesty, selfishness are diseases that cannot be restricted to the hospital ward or the clinic. They may be suppressed for a time and their existence denied, but the danger is none the less real. If we deny mercy to those whom misfortune has placed in our charge, prolonging their sufferings and endangering their lives, we do but call down a worse affliction upon ourselves. The abuses that exist in our hospitals are a festering sore, not only upon the medical profession, but upon the whole community, and only the most drastic measures will prevent its malignant growth until the very soul of the nation is imperilled.

CHAPTER XIV

HOW AND WHEN SHALL THE REFORM COME ?

Had the preceding chapters of this book dealt exclusively with the abuses that have crept into the practice of medicine, had no attempt been made to ascertain the causes of the evils specified, and no suggestions been offered for their correction or removal, I should feel that my work had been essentially destructive, and that a final chapter on constructive lines could rightly be regarded as a mere after-thought, and so would but serve to emphasize the prevailing iconoclasm.

Such, however, is far from being the case. Not a page that I have written can justly be interpreted as antagonistic either to the true spirit of medicine or to that honorable minority to whom I have repeatedly referred, who have dedicated their time and talents to the service of suffering humanity. The real enemies of the profession are the "grafters," quacks and bunglers whom I have denounced, and it surely requires no keen perception to see that what is destructive to this parasitic element should prove correspondingly helpful to the cause of true progress, those ideal conditions of which our great men have dreamed and prophesied, and for which so many valiant souls have hoped and striven and died.

Let us, then, in this concluding chapter, attempt a brief *résumé* of the abuses I have outlined, and consider what immediate steps can be taken to purify and elevate the profession. There may be much disagreement both among my colleagues and the laity as to the wisdom of some particular method or enactment, but so long as I have secured *a unanimous demand for reform*, I can surely afford to submit to the most drastic criticism of the means and measures suggested.

Physicians and surgeons have become too autocratic, they are entirely too immune from criticism, their blunders and shortcomings receive altogether too little publicity; their guild savors overmuch of medievalism. Unquestionably the methods of the practising majority are deplorable, and the abuses, instead of being exceptional, are the rule.

It is, of course, impossible in a book of this size to do more than touch upon certain topics, and it is also impossible to point out all of the common, flagrant mistakes. Volumes could have been written from the data on hand showing the widespread demoralization, "grafting" and incompetence, and the unprogressive methods and ideals.

Medical "graft" will inevitably bring its own penalty. A little publicity, such as the fee-splitters of Chicago received a few years ago, will accomplish much; but wide publicity—as extensive as the evil itself—is the only permanent safeguard. While the public are often helpless in judging of a doctor's efficiency, they are showing a remarkably clear understanding regarding the proper prices for medical services, and a physician is no longer able to hoodwink his clientèle into thinking they should pay excessively. The attempt is constantly made, however. Obstetrical cases, for instance, vary in charges to an outrageous degree. I have a friend who attended a poor woman in her confinement and charged her eight dollars; the week following he attended another woman in one of the large city hotels and asked a thousand! He got the eight dollars on the instalment plan, but only four hundred of the thousand was paid, because the family had paid the same amount to a Chicago specialist two years previously. The physician was perfectly well

satisfied with the four hundred, but the letter accompanying the remittance, calling him a "grafter," irritated his sub-conscious self.

It must be admitted that this matter of fees has long been a vexing question both here and abroad; but a public opinion has slowly been forming which demands that the physician, like any other professional man, charge solely for the services that he has rendered. The moment he is allowed to levy upon wealth or to take advantage of another's misfortune, he starts upon a career of commercialism, the end whereof has been clearly set forth.

The stock-company medical schools, which are the hotbeds of commercialism as well as incompetence, should be ruthlessly abolished. This is a matter for legislation. The charters of such schools should be instantly revoked, for not only do they teach poorly and insufficiently and graduate a host who are intellectually unfit for the profession, but they unquestionably, by example alone if by nothing else, inculcate the very essence of the "graft" spirit. Says Doctor Oviatt in the paper from which I have quoted in the first chapter:—

"Another source of the graft evil is the existence of low grade, irregular and stock-company medical schools. In many of these schools the entrance requirements are not in evidence, outside of their catalogues. With no standard of character or ethics, these schools turn out men who have gained the little learning they possess in the very atmosphere of graft."

The paying of secret commissions or fee-splitting is also to be condemned, since such methods invariably lead to deception and fraud. Even if downright fraud were

absent, such practices are pure commercialism, and are quite incompatible with any proper code of professional conduct. This evil is already being denounced and combatted by all reputable medical societies.

The code of ethics, as I think has been sufficiently shown, must be radically changed. The present regulations are both degrading and dangerous, and here, I fear, legislative enactments of a very decided character are needed. The physician who prostitutes his professional trust to protect or shield a brother practitioner should unquestionably be punished. Humanitarianism must take precedence over criminal clannishness. A system of common-sense laws must replace the existing system of common senselessness.

Education at the cost of human life must cease; for though the beginner must learn, and perfection comes only with practice, it is simply criminal and must be made so, to regard and treat a patient—whether he pays or does not pay—as a mere subject for experiment. The whole system of medical training requires revision and reorganization, commencing with the preliminary education which is so important, and, too often, so conspicuously inadequate. A common-school education is not sufficient preparation in any other of the higher professions, nor is it in medicine in the rest of the civilized world; yet the requirements in this country are at present so lax that the unfit and mentally untrained are freely allowed to enter our medical colleges.

This is a deplorable condition, and the sooner it is remedied the better. Years of fundamental work ought to have been accomplished before a student should become eligible to enter a medical school. It might be advisable to suggest that the candidates for matriculation

should have a university degree. At any rate a thorough preliminary and advanced education is the only guarantee that a student is mentally fit to undertake the highly technical course that lies ahead.

A standardization of all medical schools would be beneficial. Dr. Isaac C. Gable (of New York) speaking at the Annual Meeting of the Medical Society of the State of Pennsylvania, September 23, 1907, urged "uniformity of state medical legislation," and recommended that "a fair and equitable bill, founded on uniform standards, be formulated and introduced in the legislature at its next session for the better protection of the citizens of the state. With enlarged powers through a compact medical organization will follow greatly increased possibilities for the accomplishment of good to the profession and to the state." Doctor Gable also emphasized "the evil of low standards in some of the medical colleges," and advocated "a higher and broader standardization in preliminary and medical requirements." I suppose I could quote hundreds of prominent men to the same effect.[1]

There are certainly far too many medical colleges turning out unfit material and unless the standard is uniformly raised, little can be hoped for. It would be necessary to adopt radical measures to accomplish much, and it might first be necessary to revoke the charters of the institutions unable to comply with more stringent laws. The standard of efficiency in the larger and more capable schools can be improved by lengthening the time of study to at least five years of ten months each.

The rapid advances in the science of chemistry, biol-

[1] For the recommendations of President Henry S. Pritchett of the Carnegie Foundation, see Appendix A.

ogy, bacteriology, hygiene, the many branches of surgery, and particularly, perhaps, in the newer science of preventive medicine, demand the severest mental application even of those whose preliminary training has been most thorough. Granted that the present course is altogether too broad and haphazard, and that modifications aiming at a more specialized training are imperative if the graduate of the future would preserve his sanity, it is nevertheless inconceivable that the student of modern medicine can master the work demanded of him in four years. The American graduate, in nine cases out of ten, possesses the barest smattering of general knowledge, and with such training is turned loose on an unsuspecting public to begin his life's work. Every young doctor, so equipped, has invariably had to pass through a year or more of the greatest humiliation and distress before acquiring a reasonable proficiency in his art. Dr. John A. Wyeth, speaking of this bitter period [1] in the lives of most young practitioners, gives the following graphic picture of his own experience:—

"I graduated in the spring of 1869, and I can never forget the sinking feeling that came over me when I realized how incompetent I was to undertake the care of those in the distress of sickness or accident. A week later, after arriving in my native village in Alabama, I rented a small office and attached my sign to the front door. Within two months, the tacks were withdrawn by the hand which had placed them there and the sign was stowed away in the bottom of my trunk. Two months of hopeless struggle with a Presbyterian conscience had convinced me that I was not fit to practise medicine, and

[1] Proceedings of the Nineteenth Annual Meeting of the Association of American Medical Colleges.

that nothing was left for me but to go out into the world of business to earn money enough to complete my education. I felt the absolute need of clinical experience; and a conviction, which then forced itself upon my mind, that no graduate in medicine was competent to practise until he had had, in addition to his theoretical, a clinical and laboratory training, was the controlling idea in my mind when, in later years, the opportunity offered, and it fell to my good fortune to establish in this city the New York Polyclinic Medical School and Hospital."

But the standard of our schools does not depend solely upon the character and acquirements of the students admitted. The teachers of these young men are too often ill-equipped themselves, and too poor or busy to give the time necessary to produce good results. The teaching staff, therefore, should be improved by the weeding out of all incompetents, and by paying adequate salaries to those who are well-qualified and can give the best of their time and thought to this supremely important work.

Dr. Graham Lusk, an indefatigable pioneer in this field, in his "plea for the development of leaders," urges that New York City should inaugurate a new era of efficiency by raising a $500,000 fund.

"Pay the professor of medicine," suggests Doctor Lusk, "half the income, or $10,000 a year, in return for which he shall spend half his day from 9 in the morning to 1 o'clock instructing students, making rounds in the hospital and supervising research work. He should have under him two assistants at $2,500 per annum, who should be permanent resident internes of the hospital and men who can grow to be professors of medicine. The $5,000 income remaining should be used for the ex-

penses of research at the discretion of the professor. Some time, some day, some man who has the power to raise the money and the intelligence to use it rightly will be able to confer on this community the untold blessings which would follow the establishment of the chair of medicine for the training of physicians in an atmosphere of developing research."

After a man has received his college education, his real work of fitting himself for his important duties is only learned in the hospital. A graduate should have two years of hospital training, at least, before attempting to practise. The theoretical training of college is of little importance as compared with the practical work in a hospital under the guidance and tutorship of able men. Hospital training and teaching are of paramount importance, and until a man has had such experience he is wofully lacking as a practitioner. I think our American medical educators recognize the importance of hospital training as the most necessary part of a medical student's life.

In this connection let me quote from an admirable paper by Dr. Joseph Price [1] (of Philadelphia) in which the need of more widespread hospital training and of the consequent enlargement of hospital facilities is eloquently set forth:—

"There is a tendency at present throughout this country to build more hospitals, and I predict that where we have four or more good physicians in towns of 2,000 or more inhabitants, we are going to have a hospital and ought to have one. The material in these small cities, thickly settled, in manufacturing communities, is very

[1] "The Importance of Specialties in Educational Centres." Read before the Chicago Medical Society, November 14, 1906.

abundant, and it is thrice important that we should have, at these points, well-trained men, disciplined men, who have served an apprenticeship in the educational centres, and who can do good surgical work. At present, much of the work done in a surgical way in these places is unfortunate. The mortality in the country from operations done by inexperienced men, without judgment, is great. There is but one way to correct it, and that is to compel these men to serve an apprenticeship in the educational centres. You have here in Chicago some of the most important and brilliant surgeons in the world; they are doing advanced scientific work. They are doing ideal work, but they are not doing the teaching they should. They should be paid salaries and compelled to teach. The residents in hospitals should be doubled and quadrupled, and every hospital in the land should be made a school. Public charities should be used wisely and mainly for educational purposes.

"Tait distributed all over the world good operators simply by giving them object lessons. He demonstrated beautifully that if he could make simple object lessons he could make better operators by giving them an apprenticeship. I was one of his object-lesson pupils, as well as many others, and all of us, I think, have demonstrated the value of this by putting our pupils under us to work, making them serve apprenticeships and thus making them better operators than Mr. Tait made. The advanced thinkers and leaders in the profession—men like Mayo, Oschner, Deaver and Murphy—are not apprenticing young men as they should. While they are doing the advanced thinking, teaching and operating theoretically, they are not making men do the practical work they should do.

"I know from experience and observation, that the great teachers of this country are wasting material and are not doing the teaching and imparting the knowledge

that they should. We are going to have hospitals at every cross-road where there are 2,000 or more inhabitants; we are going to have a polyclinic. The polyclinics of New York and Chicago will cease to exist except for those cities. At the cross-roads they are going to have their own polyclinics, so that it is important that we should educate and send a better class of men to the villages and to the cross-roads, men who have served an apprenticeship. I have sent them to such places in good numbers. I have sent a hundred men to their different homes who have written me a hundred letters telling me that the first one hundred patients upon whom they operated recovered. One hundred men, one hundred primary operations, and one hundred recoveries. Think of it!"

Medical schools should pay more attention to Public Health matters and sanitation. A slight knowledge of bacteriology or hygiene is, at the present day, insufficient. The growing problems of modern sanitation and public health involve a complete investigation of sociological and political conditions. It is a lamentable fact that our colleges have not taken these sciences more seriously. Great Britain and other countries are progressive in this respect, inasmuch as the subjects are taught minutely and methodically, special degrees being conferred upon those who show proficiency.

Commenting upon America's backwardness in this field, the editor of the *New York State Medical Journal* (March, 1908) says:—

"One of the great needs of our system of medical education is to train men to meet these new conditions. No college in our country has a course in hygiene and sanitation worthy of the name. Doctors are to be trained

to fill the important positions, arising on every hand, in sanitation—municipal, state and national. Preventive medicine is the thing. The need of specially equipped men is becoming urgent. The first school in this country to train men as sanitarians will mark an epoch."

Let me quote also the opinion of Dr. Charles A. L. Reed [1] (of Cincinnati) who is one of the most earnest advocates of an active, national department of health:—

"No governmental agency is entrusted with the sanitation of interstate streams and the consequent protection of the people from typhoid due to these media of communication. There are no national laboratories for the solution of the yet hidden mysteries of contagion and infection. Other specific activities, such, for instance, as a campaign against disease-carrying insects, are not provided for, while the scattered agencies that we do possess are given such an unfortunate status in our scheme of government as to compromise their educational value and practically to deprive them of moral force."

Our hospitals, with very few exceptions, are in a lamentable condition. Here and there, good work is being done; but it is in striking contrast with the general inefficiency, incompetence and carelessness.

Recently I had an opportunity of visiting the Mayos of Rochester, Minnesota, and while there only a short time I was impressed with the methods employed by these great surgeons. A patient entering St. Mary's

[1] "A National Department of Public Health." A paper read before the New York Academy of Medicine, October 29, 1908, and published in the *Journal of the American Medical Association*, November 28, 1908.

Hospital has every possible chance of recovering, for the methods in vogue at that institution are superior to any I have seen elsewhere. In the first place a competent corps of well-trained physicians is employed, each a specialist in his line, to do certain work. Before a patient is subjected to surgery, or any form of treatment, he is thoroughly examined by different medical and scientific men, to determine, if possible, his exact condition and the course to pursue. It matters not who you are, pauper or millionaire, the treatment accorded is just the same and the methods used are beyond criticism. A thorough examination is made, and a systematic history of each individual case is taken. The evidence is gone over by the individual experts in detail, and in due time, if necessary, the surgeons are consulted. Rarely do we find mistaken diagnoses in this hospital, and never do we find gross surgical blunders. I cannot say enough in praise of this remarkable institution. This Mayo system, as it may be termed, is ideal in every respect.[1]

There should be established in every public hospital, both in the hospital proper and the outdoor department, or clinic, a chair of physical diagnosis. The method of referring sick people to a clerk to be directed by him to some physician, is objectionable. Patients should be sent to the diagnosis department first, and after due time transferred to the proper department to receive treatment. To-day patients are in the habit of diagnosing their own ailments and going, as they see fit, to physician, or surgeon, or whom-

[1] In Appendix C will be found another report of St. Mary's Hospital and the work of the Mayo Brothers, for I feel that this remarkable institution and system cannot be too widely studied.

soever they think they should see. Physical diagnosis is passed over too lightly in all hospitals. The most important part of the whole work is being done, unfortunately, in a more or less routine fashion, and this science has not had its proper share of attention. Unless the examiner has a clear, concise idea of physical diagnosis, he is unable to give proper relief, and may do much more harm than good.

Each and every hospital should throw its public wards open to instructors, and should permit students, during college years, to study clinically the material on hand, in classes. While this is done in some of the large hospitals, the small ones where such practice is not in vogue are just as important, from the student's standpoint, and can be of great service and value in training our young men. Thus can Doctor Price's dream become a happy reality.

Before dismissing this subject I would urge that the burden of efficient hospital service be no longer borne entirely by philanthropists and self-sacrificing doctors, and that well-to-do patients who have heretofore, in surprisingly increasing numbers, taken advantage of the free dispensary, should not be allowed gratuitous treatment.

Another important phase of the situation is the personally conducted hospital, run for business purposes only. These establishments, known as "private hospitals," should be subjected to strict supervision, if not abolished. Such institutions tend to increase the abortion evil, inasmuch as secrecy can be maintained. They also foster incompetence and serve as a means for advertising medical and surgical practitioners whose skill, unfortunately, is invariably below the average. The

staff of nurses, as a rule, is utterly unfit to care for the sick; the equipment is poor, and the air of commercialism which surrounds such hospitals is too suggestive of charlatanry.

I shall now briefly state what, in my opinion, should be done to organize a system which will prove most effective and valuable for the public safety and welfare.

Legislation ought to be enacted to modify the scope of the physician and especially to define the scope of the surgeon. The physician should have no more right to perform general surgery (except in an emergency) than a dentist has to-day.

Medicine and surgery would thus offer two distinct careers, as they do in England and nearly every other civilized country, with pediatrics, obstetrics and various specialties coming under the former division, and surgery subdivided into that of the eye, ear, nose, throat, the brain, heart, lungs and vessels. There would also be general abdominal surgery, orthopædic surgery, and gynecology, and, of course, pediatric surgery, obstetrical surgery, etc.

In contrast to our present haphazard, irresponsible system of personal election, practitioners should then be obliged to take thorough special courses under well-qualified instructors in these various specialties, and should be prohibited by law from practising until they have had sufficient experience in hospital and laboratory work and have demonstrated that they are really well qualified.

I am aware that the question is a much debated one, yet I should like to go on record as favoring the establishment of a National Bureau of Health, having under its supervision each of the State Health authorities. The

State Health Boards should have under their guidance, supervision and jurisdiction the numerous City Health Boards of their respective states.

The National Bureau of Health would fulfil such duties and exercise such powers as the following:—

Jurisdiction over all medical education.

Regulation of medical requirements.

Examination of all graduates.

The right to issue medical or surgical licenses to those who qualify; such licenses to be acceptable in all parts of the United States and its possessions.

The power to revoke any license at any time for just cause; to formulate authoritative regulations within certain clear limits; to combine under one head the U. S. Army and Navy and Public Health Marine Hospital Service, and to coöperate generally with the state authorities in all matters pertaining to medical education, public health, hygiene and quarantine.

The State and City Health Bureaus would have their respective duties as follows:—

Jurisdiction over all health matters of the state and city; local quarantine, matters pertaining to births and deaths, experimental research work, state, city and private hospitals, and local jurisdiction over physicians' and surgeons' work.

The National Health Bureau should have a check upon the work of the individual practitioner just as the local Health Bureau has, in a measure, a record of each individual contagious disease.

It is the custom in New York City to report all contagious diseases to the Board of Health. The Health authorities have a system whereby these contagious diseases are under a certain supervision until disinfection

and disposition are complete. This system, in a modified form, could be organized so as to keep the authorities in touch with the surgical work of a community. Let Doctor A. or B. report by postal card or letter to the authorities that he performed a "Cæsarian section," or "laparotomy," or "ependicetomy." He should also be compelled to report the final disposition of the case, "Improved," "Cured," "Died." If death occurred, the cause of death.

The superintendents of all hospitals should likewise be compelled to report all operations performed at their respective institutions, and by whom, with the final disposition.

It is impossible, of course, to do more here than to sketch the barest outline of such a system, yet I am convinced that some form of statistical record will offer the only solution to many of the gravest problems presented in this volume. I must leave the subject to others to elaborate or condemn, however, and hasten through my brief programme of reform.

The field of surgery is vast and its intricacies are so manifold it seems only reasonable to suggest that post-graduate work should be taken up, and continued, at certain periods, throughout a physician's professional career.

Our post-graduate courses should consist of at least twelve months each, and should be practical rather than didactic. No practitioner should be permitted to take post-graduate courses until he has given proof by examination that he understands the principles of the subject he is about to study. His post-graduate work would then be worth something to him and would mean much to the public. His time would not be consumed

in learning fundamentals which he should have known before attempting further study.

The future of surgery depends entirely upon the men who are to do it. It is the grandest and most exacting science of the age: a science in every detail and one in which triflers have no field. Surgery should only be performed by scientific, conscientious operators whose knowledge is beyond criticism, and whose ability as physicians and diagnosticians is well recognized.

But surgery is an art, as well as a science, and many who have mastered the intricacies of the human anatomy fail to develop that skill and technique which is absolutely essential to success. Hence the rank and file should no longer be allowed to operate at their pleasure. Inexperienced physicians should have no more license to prove their incompetence at the expense of the public than a bridge-builder or a druggist or a marine engineer. And especially will this be true in the near future, judging by the astonishing advances that are being made in every branch of operative surgery.

References have already been made in Chapter X to the pioneer propaganda in this country of Doctor Moore and to Doctor Rigby's daring proposal in England to establish a Surgical Court of Enquiry. Doctor Rigby's original paper in the *Independent Review* is reproduced practically in its entirety in Appendix L, yet I feel that it is but right to emphasize one paragraph in this connection. Concluding his appeal for legislation or other responsible control, he writes:—

"Sufficient has now been said to answer my purpose; *i.e.*, to found a basis on which to establish my thesis that the present position of operating surgery has founded what is in fact a new tribunal, and one, moreover, of

great and far-reaching power with very little, if any, responsibility; and that in the interests of the people at large it is quite time this far-reaching power and lack of responsibility should be seriously inquired into, and that if it is found necessary its powers should be limited and its responsibility vastly increased by bringing each individual case operated upon, at any rate where a fatal termination ensues, under the notice and investigation of an authorized court of enquiry; either a new court of enquiry to be established for the purpose or some modification of the present Coroner's Court. In all other cases of death by violence or misadventure there is an enquiry made to determine if anybody be at fault and there is no reason why in this particular instance such an enquiry should be evaded. As before stated, if a merchant captain or a naval captain lose his ship or have it seriously damaged either with or without loss of life, or if a military officer lose a position, stores or men, an enquiry or court-martial is at once instituted and the officer in charge has to clear himself of incompetence, ignorance or want of due care in the discharge of his duties, and there is invariably an inquest on a person who dies under chloroform or any other anæsthetic. If so, there can be no reason why the operating surgeon in case of dire failure and loss of human life should not also be called upon to vindicate his conduct and capacity. If he were thus liable to be called upon he would be stimulated by a grave sense of responsibility not to enter upon or undertake any such operation in a flippant, uncertain manner, knowing that if he did so he would be required to furnish unimpeachable and incontrovertible reasons for having so undertaken it, and subjected his patients to perils of such consideration and moment as to involve the possible loss of their life."

Doctor Rigby's opponents in Great Britain vehemently contend that such courts of enquiry, whether by

coroners or other persons, into cases of death after operation would hinder the advance of surgery. No argument need be brought forth to invalidate such a contention.

The amateur anæsthetist should be considered and special attention be given immediately to anæsthesia. This important work should be set aside as an absolutely distinct course and profession, the same as nursing. The profession at large should understand it, of course, but a separate chair of anæsthetics should be established in every college and well-trained men and women only allowed to administer it, after thorough preparation. There have been altogether too many ghastly fatalities, as I think has been amply proved, chargeable solely to our failure to regulate this highly responsible branch of medicine. Moreover, even where the anæsthetist has the proper training, he is usually an ambitious embryo surgeon whose attention is too easily distracted from the patient during the operation. If it is not thought best to train men and women specially for this work, I would earnestly recommend that the anæsthetist be shielded from view of the operator when practicable. Only the experienced surgeon can possibly appreciate the importance of having the anæsthetist pay strict attention to narcosis.

I am pleased to see in an English letter to the *Journal of the American Medical Association*[1] that the question of regulating the administration of anæsthesia by law in England is receiving widespread attention both within and without the profession. The letter says in part:—

"In a previous letter an account was given of the

[1] April 30, 1910.

report of a committee appointed by the government to inquire into coroner's inquests. This committee has now issued a further report on deaths under anæsthesia. Leading anæsthetists, such as Dr. Hewitt, Dr. Buxton and Dr. Silk; eminent surgeons, such as Sir Victor Horsley, Mr. Pepper and Mr. Clinton Dent; physiologists, such as Sir Lauder Brunton and Dr. Waller; and leading dentists were examined. The perils of anæsthesia have attracted attention because of the great increase in the number of deaths under it in recent years. In 1866 the number of deaths registered as occurring in this manner was 5; in 1905 it was 155; in 1908, 235. But no absolute deductions can be drawn from these figures. As the law now stands, it is not compulsory to report a death under anæsthesia administered for a surgical purpose; all that is necessary is to assign some cause for death. A distinction has to be drawn between death from an anæsthetic and death under an anæsthetic. Under anæsthesia a person may die from the action of the anæsthetic, from surgical shock, or from hemorrhage, or from a combination of these or other causes, such as asphyxia from the tongue slipping back, or regurgitation of food. Without investigation it is impossible to say how far the anæsthetic is the cause of death. The number of operations has increased much in recent years and no statistics exist to show their relation to the number of deaths under anæsthesia. Still, when all sources of error are allowed for, there appears to be an increasing number of deaths under anæsthetics, and some of them are due to preventable causes. The committee thinks that every death under anæthesia should be reported to the coroner, who should exercise his discretion as to whether an inquest is necessary or not. As the law now stands, the administration of anæsthetics is under no regulation. Apart from criminal intent, a bonesetter, a " beauty doctor," or a quack of any kind

is as much at liberty to administer an anæsthetic as a physician. Their only disadvantage is that if an accident occurs, the fact that they are not qualified is material evidence on the question of negligence. The committee thinks that this is a serious menace to the public, and that the administration of anæsthetics should be regulated by law. It is urged that it should be made a criminal offence for any unqualified person, who is not acting under the personal supervision of a qualified physician, to administer a general anæsthetic."

A word regarding specialists. They are necessary—and every encouragement should be given the earnest worker.

Specialism has its place both in medicine and surgery, but to prostitute specialism as is now being done is absurd and lamentable. Specialists are not born, they are made. The attributes of specialism are insight, knowledge and experience, and their application to the science of practice is impossible without thorough comprehension and mastery. A reputation based merely upon the good will of the laity, has little value: it is the recognition of the profession which counts.

The registration of births and deaths demands effective legislation. Very little attention is apparently paid to this subject. Death, unfortunately, is held too cheaply, and births are regarded as commonplace, everyday occurrences of little importance. A more thorough and detailed description of births and deaths should be recorded. The following editorial from the *Medical News*[1] furnishes food for serious reflection:—

"Under the facetious but pertinent heading 'Glass Houses,' Dr. Cressy L. Wilbur, chief statistician of the

[1] "The Lack of Vital Statistics," August 1, 1908.

Bureau of the Census, comments [1] on the frequent publication of the item about vital statistics in Turkey. To the question 'What is the death rate in your country?' the Turk is made to answer, 'It is the will of Allah that all should die. Some die young and some die old.' To the question, 'What is the annual number of births?' the Turk replies, 'God alone can say—I do not know and hesitate to enquire.' Dr. Wilbur very frankly calls attention to the fact that the American can give answers that are but little, if any, more satisfactory than those given by the Turk. As to the death rate in the United States, the government has been endeavoring to find this out since 1850. The registration of deaths is dependent on the enactment and enforcement of state laws or city ordinances and only fifteen of the forty-six states have been accepted by the Bureau of the Census as having sufficiently complete registration of deaths as to be dependable. As to the births, the American does not know the exact number of births each year for his country as a whole, nor for a single state, nor even for a single city. He also 'hesitates to enquire,' and has been hesitating for over half a century to take this matter up in a business-like and effective way. That one of the most enlightened countries on earth should even be comparable with the 'unspeakable Turk' in the matter of vital statistics is, in itself, intolerable. There are signs, however, that this bad record is to be bettered, and it is well worth the attention of all who can influence legislation on the subject."

But more important than any mere record of births and deaths, is the general record of medical incompetence and irresponsibility related so ominously to both.

The medical profession itself can do much to regain its lost prestige, if it will recast the code which con-

[1] *Charities and the Commons*, July 4, 1908.

dones so many abuses, and cultivate as general and normal characteristics the high ideals and the spirit of effectiveness which distinguish its more earnest members. But such a change, at the best, can only come slowly, without the external pressure of insistent public opinion and of adequate laws. Legislation on the lines that I have indicated is essential; and the need is urgent. This is not a case of a disorganized, demoralized profession which should be allowed to work out its own salvation, at its own expense; a profession inevitably works, for good or evil, at the expense of the public; and in this instance the cost is intolerable. It is paid every day in mutilated bodies, in wrecked constitutions, in stricken and embittered lives, and in death—a ghastly national tax which an awakened civilized nation is bound, in the name of humanity, to repeal.

APPENDIX A

THE CARNEGIE FOUNDATION REPORT UPON MEDICAL EDUCATION IN THE UNITED STATES AND CANADA

The following is from the Introduction to *Carnegie Foundation Bulletin* No. 4, by President Henry S. Pritchett. This bulletin, to which repeated references have been made in the foregoing pages, has perhaps received a greater degree of publicity than any other publication dealing exclusively with a medical subject. Articles either by Mr. Flexner or based upon his work have already appeared in the *Atlantic Monthly*, the *Review of Reviews*, the *Literary Digest*, the New York *Sunday Times* and scores of other prominent periodicals. Hundreds of extracts and editorials commenting upon the report have also appeared, indicating a public tension that the medical profession have been forced to acknowledge, and the end is not yet.

Bulletin No. 4 may be had from the Carnegie Foundation, 576 Fifth Avenue, New York, upon written request, with seventeen cents enclosed for postage.

"When the work of the Foundation began five years ago the trustees found themselves intrusted with an endowment to be expended for the benefit of teachers in the colleges and universities of the United States, Canada, and Newfoundland. It required but the briefest examination to show that amongst the thousand institutions in English-speaking North America which bore the name college or university there was little unity of purpose or of standards. A large majority of all the institutions in the United States bearing the name college were really concerned with secondary education.

"Under these conditions the trustees felt themselves compelled to begin a critical study of the work of the college and the university in different parts of this wide

area, and to commend to colleges and universities the adoption of such standards as would intelligently relate the college to the secondary school and to the university. While the Foundation has carefully refrained from attempting to become a standardizing agency, its influence has been thrown in the direction of a differentiation between the secondary school and the college, and between the college and the university. It is indeed only one of a number of agencies, including the stronger colleges and universities, seeking to bring about in American education some fair conception of unity and the attainment ultimately of a system of schools intelligently related to each other and to the ambitions and needs of a democracy.

"At the beginning, the Foundation naturally turned its study to the college, as that part of our educational system most directly to be benefited by its endowment. Inevitably, however, the scrutiny of the college led to the consideration of the relations between the college or university and the professional schools which had gathered about it or were included in it. The confusion found here was quite as great as that which exists between the field of the college and that of the secondary school. Colleges and universities were discovered to have all sorts of relations to their professional schools of law, of medicine, and of theology. In some cases these relations were of the frailest texture, constituting practically only a license from the college by which a proprietary medical school or law school was enabled to live under its name. In other cases the medical school was incorporated into the college or university, but remained an *imperium in imperio*, the college assuming no responsibility for its standards or its support. In yet other cases the college or university assumed partial obligation of support, but no responsibility for the standards of the professional school, while in only a rela-

tively small number of cases was the school of law or of medicine an integral part of the university, receiving from it university standards and adequate maintenance. For the past two decades there has been a marked tendency to set up some connection between universities and detached medical schools, but under the very loose construction just referred to.

"Meanwhile the requirements of medical education have enormously increased. The fundamental sciences upon which medicine depends have been greatly extended. The laboratory has come to furnish alike to the physician and to the surgeon a new means for diagnosing and combating disease. The education of the medical practitioner under these changed conditions makes entirely different demands in respect to both preliminary and professional training.

"Under these conditions and in the face of the advancing standards of the best medical schools, it was clear that the time had come when the relation of professional education in medicine to the general system of education should be clearly defined. The first step toward such a clear understanding was to ascertain the facts concerning medical education and the medical schools themselves at the present time. In accordance, therefore, with the recommendation of the president and the executive committee, the trustees of the Carnegie Foundation at their meeting in November, 1908, authorized a study and report upon the schools of medicine and law in the United States and appropriated the money necessary for this undertaking. The present report upon medical education, prepared, under the direction of the Foundation, by Mr. Abraham Flexner, is the first result of that action.

"No effort has been spared to procure accurate and detailed information as to the facilities, resources, and methods of instruction of the medical schools. They

have not only been separately visited, but every statement made in regard to each detail has been carefully checked with the data in possession of the American Medical Association, likewise obtained by personal inspection, and with the records of the Association of American Medical Colleges, so far as its membership extends. The details as stated go forth with the sanction of at least two, and frequently more, independent observers.

" In making this study the schools of all medical sects have been included. It is clear that so long as a man is to practise medicine the public is equally concerned in his right preparation for that profession, whatever he call himself,—allopath, homœopath, eclectic, osteopath, or what not. It is equally clear that he should be grounded in the fundamental sciences upon which medicine rests, whether he practises under one name or under another.

" The attitude of the Foundation is that all colleges and universities, whether supported by taxation or by private endowment, are in truth public service corporations, and that the public is entitled to know the facts concerning their administration and development, whether those facts pertain to the financial or to the educational side. We believe, therefore, that in seeking to present an accurate and fair statement of the work and the facilities of the medical schools of this country, we are serving the best possible purpose which such an agency as the Foundation can serve; and, furthermore, that only by such publicity can the true interests of education and of the universities themselves be subserved. In such a reasonable publicity lies the hope for progress in medical education.

" The striking and significant facts which are here brought out are of enormous consequence not only to the medical practitioner, but to every citizen of the United

States and Canada; for it is a singular fact that the organization of medical education in this country has hitherto been such as not only to commercialize the process of education itself, but also to obscure in the minds of the public any discrimination between the well-trained physician and the physician who has had no adequate training whatsoever. As a rule, Americans, when they avail themselves of the services of a physician, make only the slightest inquiry as to what his previous training and preparation have been. One of the problems of the future is to educate the public itself to appreciate the fact that very seldom, under existing conditions, does a patient receive the best aid which it is possible to give him in the present state of medicine, and that this is due mainly to the fact that a vast army of men is admitted to the practice of medicine who are untrained in sciences fundamental to the profession and quite without a sufficient experience with disease. A right education of public opinion is one of the problems of future medical education.

"The significant facts revealed by this study are:—

"(1) For twenty-five years past there has been an enormous over-production of uneducated and ill-trained medical practitioners. This has been in absolute disregard of the public welfare and without any serious thought of the interests of the public. Taking the United States as a whole, physicians are four or five times as numerous in proportion to population as in older countries like Germany.

"(2) Over-production of ill-trained men is due in the main to the existence of a very large number of commercial schools, sustained in many cases by advertising methods through which a mass of unprepared youth is drawn out of industrial occupations into the study of medicine.

"(3) Until recently the conduct of a medical school

was a profitable business, for the methods of instruction were mainly didactic. As the need for laboratories has become more keenly felt, the expenses of an efficient medical school have been greatly increased. The inadequacy of many of these schools may be judged from the fact that nearly half of all our medical schools have incomes below $10,000, and these incomes determine the quality of instruction that they can and do offer.

"Colleges and universities have in large measure failed in the past twenty-five years to appreciate the great advance in education and the increased cost of teaching it along modern lines. Many universities desirous of apparent educational completeness have annexed medical schools without making themselves responsible either for the standards of the professional schools or for their support.

"(4) The existence of many of these unnecessary and inadequate medical schools has been defended by the argument that a poor medical school is justified in the interest of the poor boy. It is clear that the poor boy has no right to go into any profession for which he is not willing to obtain adequate preparation; but the facts set forth in this report make it evident that this argument is insincere, and that the excuse which has hitherto been put forward in the name of the poor boy is in reality an argument in behalf of the poor medical school.

"(5) A hospital under complete educational control is as necessary to a medical school as is a laboratory of chemistry or pathology. High grade teaching within a hospital introduces a most wholesome and beneficial influence into its routine. Trustees of hospitals, public and private, should therefore go to the limit of their authority in opening hospital wards to teaching, provided only that the universities secure sufficient funds on their side to employ as teachers men who are devoted to clinical science.

"In view of these facts, progress for the future would seem to require a very much smaller number of medical schools, better equipped and better conducted than our schools now as a rule are; and the needs of the public would equally require that we have fewer physicians graduated each year, but that these should be better educated and better trained. With this idea accepted, it necessarily follows that the medical school will, if rightly conducted, articulate not only with the university, but with the general system of education. Just what form that articulation must take will vary in the immediate future in different parts of the country. Throughout the eastern and central states the movement under which the medical school articulates with the second year of the college has already gained such impetus that it can be regarded as practically accepted. In the southern states for the present it would seem that articulation with the four-year high school would be a reasonable starting-point for the future. In time the development of secondary education in the south and the growth of the colleges will make it possible for southern medical schools to accept the two-year college basis of preparation. With reasonable prophecy the time is not far distant when, with fair respect for the interests of the public and the need for physicians, the articulation of the medical school with the university may be the same throughout the entire country. For in the future the college or the university which accepts a medical school must make itself responsible for university standards in the medical school and for adequate support for medical education. The day has gone by when any university can retain the respect of educated men, or when it can fulfil its duty to education, by retaining a low grade professional school for the sake of its own institutional completeness.

"If these fundamental principles can be made clear

to the people of the United States and of Canada, and to those who govern the colleges and the universities, we may confidently expect that the next ten years will see a very much smaller number of medical schools in this country, but a greatly increased efficiency in medical education, and that during the same period medical education will become rightly articulated with, and rightly related to, the general educational system of the whole country.

"In the suggestions which are made in this report looking toward the future development of medicine, it ought to be pointed out that no visionary or impossible achievement is contemplated. It is not expected that a Johns Hopkins Medical School can be erected immediately in cities where public support of education has hitherto been meagre. Nevertheless, it is quite true that there is a certain minimum of equipment and a minimum of educational requirement without which no attempt ought to be made to teach medicine. Hitherto not only proprietary medical schools, but colleges and universities, have paid scant attention to this fact. They have been ready to assume the responsibility of turning loose upon a helpless community men licensed to the practice of medicine without any serious thought as to whether they had received a fair training or not. To-day, under the methods pursued in modern medicine we know with certainty that a medical school cannot be conducted without a certain minimum of facilities. The institution which attempts to conduct a school below this plane is clearly injuring, not helping, civilization. In the suggestions which are made in this report as to what constitutes a reasonable minimum no visionary ideal has been pursued, but only such things have been insisted upon as in the present light of our American civilization every community has a right to demand of its medical school, if medicine is to be taught at all.

"The development which is here suggested for medical education is conditioned largely upon three factors: first, upon the creation of a public opinion which shall discriminate between the ill trained and the rightly trained physician, and which will also insist upon the enactment of such laws as will require all practitioners of medicine, whether they belong to one sect or another, to ground themselves in the fundamentals upon which medical science rests; secondly, upon the universities and their attitude toward medical standards and medical support; finally, upon the attitude of the members of the medical profession toward the standard of their own practice and upon their sense of honor with respect to their own profession.

"These last two factors are moral rather than educational. They call for an educational patriotism on the part of the institutions of learning and a medical patriotism on the part of the physician.

"By educational patriotism I mean this: a university has a mission greater than the formation of a large student body or the attainment of institutional completeness, namely, the duty of loyalty to the standards of common honesty, of intellectual sincerity, of scientific accuracy. A university with educational patriotism will not take up the work of medical education unless it can discharge its duty by it; or if, in the days of ignorance once winked at, a university became entangled in a medical school alliance, it will frankly and courageously deal with a situation which is no longer tenable. It will either demand of its medical school university ideals and give it university support, or else it will drop the effort to do what it can only do badly.

"By professional patriotism amongst medical men I mean that sort of regard for the honor of the profession and that sense of responsibility for its efficiency which will enable a member of that profession to rise above

the consideration of personal or of professional gain. As Bacon truly wrote, 'Every man owes a duty to his profession,' and in no profession is this obligation more clear than in that of the modern physician. Perhaps in no other of the great professions does one find greater discrepancies between the ideals of those who represent it. No members of the social order are more self-sacrificing than the true physicians and surgeons, and of this fine group none deserve so much of society as those who have taken upon their shoulders the burden of medical education. On the other hand, the profession has been diluted by the presence of a great number of men who have come from weak schools with low ideas both of education and of professional honor. If the medical education of our country is in the immediate future to go upon a plane of efficiency and credit, those who represent the higher ideals of the medical profession must make a stand for that form of medical education which is calculated to advance the true interests of the whole people and to better the ideals of medicine itself.

"There is raised in the discussion of this question a far-reaching economic problem to which society has as yet given little attention; that is to say, what safeguards may society and the law throw about admission to a profession like that of law or of medicine in order that a sufficient number of men may be induced to enter it and yet the unfit and the undesirable may be excluded?

"It is evident that in a society constituted as are our modern states, the interests of the social order will be served best when the number of men entering a given profession reaches and does not exceed a certain ratio. For example, in law and medicine one sees best in a small village the situation created by the over-production of inadequately trained men. In a town of two thousand people one will find in most of our states from five to eight physicians where two well trained men could do

the work efficiently and make a competent livelihood. When, however, six or eight ill trained physicians undertake to gain a living in a town which can support only two, the whole plane of professional conduct is lowered in the struggle which ensues, each man becomes intent upon his own practice, public health and sanitation are neglected, and the ideals and standards of the profession tend to demoralization.

"A similar state of affairs comes from the presence of too large a number of ill trained lawyers in a community. When six or eight men seek to gain their living from the practice of the law in a community in which, at the most, two good lawyers could do all the work, the demoralization to society becomes acute. Not only is the process of the law unduly lengthened, but the temptation is great to create business. No small proportion of the American lack of respect for the law grows out of the presence of this large number of ill trained men seeking to gain a livelihood from the business which ought in the nature of the case to support only a much smaller number. It seems clear that as nations advance in civilization, they will be driven to throw around the admission to these great professions such safeguards as will limit the number of those who enter them to some reasonable estimate of the number who are actually needed. It goes without saying that no system of standards of admission to a profession can exclude all the unfit or furnish a perfect body of practitioners, but a reasonable enforcement of such standards will at least relieve the body politic of a large part of the difficulty which comes from over-production and will safeguard the right of society to the service of trained men in the great callings which touch so closely our physical and political life.

"The object of the Foundation in undertaking studies of this character is to serve a constructive pur-

pose, not a critical one. Unless the information here brought together leads to constructive work, it will fail of its purpose. The very disappearance of many existing schools is part of the reconstructive process. Indeed, in the course of preparing the report a number of results have already come about which are of the highest interest from the constructive point of view. Several colleges, finding themselves unable to carry on a medical school upon right lines, have, frankly facing the situation, discontinued their medical departments, the result being a real gain to medical education. Elsewhere, competing medical schools which were dividing the students and the hospital facilities have united into a single school. In still other instances large sums of money have been raised to place medical education on a firmer basis.

"In the preparation of this report the Foundation has kept steadily in view the interests of two classes, which in the over-multiplication of medical schools have usually been forgotten,—first, the youths who are to study medicine and to become the future practitioners, and, secondly, the general public, which is to live and die under their ministrations.

"No one can become familiar with this situation without acquiring a hearty sympathy for the American youth, who, too often the prey of commercial advertising methods, is steered into the practice of medicine with almost no opportunity to learn the difference between an efficient medical school and a hopelessly inadequate one. A clerk who is receiving $50 a month in the country store gets an alluring brochure which paints the life of the physician as an easy road to wealth. He has no realization of the difference between medicine as a profession and medicine as a business, nor as a rule has he any adviser at hand to show him that the first requisite for the modern practitioner of medicine is a good general education. Such a boy falls an

easy victim to the commercial medical school, whether operating under the name of a university or college, or alone.

"The interests of the general public have been so generally lost sight of in this matter that the public has in large measure forgotten that it has any interests to protect. And yet in no other way does education more closely touch the individual than in the quality of medical training which the institutions of the country provide. Not only the personal well-being of each citizen, but national, state, and municipal sanitation rests upon the quality of the training which the medical graduate has received. The interest of the public is to have well trained practitioners in sufficient number for the needs of society. The source whence these practitioners are to come is of far less consequence.

"In view of this fact, the argument advanced for the retention of medical schools in places where good clinical instruction is impossible is directly against the public interest. If the argument were valid, it would mean that the sick man is better off in the hands of an incompetent home-grown practitioner than in those of one well trained in an outside school. Such an argument ought no longer to blind the eyes of intelligent men to the actual situation. Any state of the Union or any province of Canada is better off without a medical school than with one conducted in a commercial spirit and below a reasonable plane of efficiency. No state and no section of a state capable of supporting a good practitioner will suffer by following this policy. The state of Washington, which has no medical school within its borders, is doubtless supplied with as capable and well trained a body of medical practitioners as is Missouri with its eleven medical schools or Illinois with its fourteen.

"The point of view which keeps in mind the needs

and qualifications of the medical student and the interests of the great public is quite a different one from that which the institution which conducts a medical department ordinarily occupies. The questions which look largest to the institutions are: Can we add a medical school to our other departments? and if so, where can we find the students? The questions which the other point of view suggests are: Is a medical school needed? Cannot those qualified to study medicine find opportunities in existing schools? If not, are the means and facilities at hand for teaching medicine on a right basis?

"While the aim of the Foundation has throughout been constructive, its attitude toward the difficulties and problems of the situation is distinctly sympathetic. The report indeed turns the light upon conditions which, instead of being fruitful and inspiring, are in many instances commonplace, in other places bad, and in still others scandalous. It is nevertheless true that no one set of men or no one school of medicine is responsible for what still remains in the form of commercial medical education. Our hope is that this report will make plain once for all that the day of the commercial medical school has passed. It will be observed that, except for a brief historical introduction, intended to show how present conditions have come about, no account is given of the past of any institution. The situation is described as it exists to-day in the hope that out of it, quite regardless of the past, a new order may be speedily developed. There is no need now of recriminations, over what has been, or of apologies by way of defending a régime practically obsolete. Let us address ourselves resolutely to the task of reconstructing the American medical school on the lines of the highest modern ideals of efficiency and in accordance with the finest conceptions of public service."