The Physician: Past and Present

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Professions as well as commercial undertakings should pause every so often for "stock taking." That means in medicine to analyze conditions and standards and see whether there is need for change or whether changes which have taken place are steps in the right direction.

Progress in science needs careful watching and there should be a "clearing house" in all lines of our work. Scientific medicine has in many phases changed the whole aspect of medical practice. The professional standards and conditions in the large cities are somewhat different from those in the country, owing to dense population and the development of specialism. City standards, however, are not without a very powerful influence on country practice, especially in those suburban towns which are easily within reach of the cities.

In the cities one often hears such questions and laments as these: What has become of the general practitioner? Is he extinct? Has his place been completely usurped by the specialist? And from those who do not approve of specialism: Has the Medical Profession deteriorated? Is it callous and commercial?

In answering these questions we must have clearly in mind the position occupied by the old time general practitioner.

Balzac has given us in the figure of "Le Medicin de Campagne" a superlative example of the general practitioner, a man who was comforter and healer of the sick, moral teacher and magistrate, the Guiding Genius of the community in which he lived. Monsieur Benassis is an ideal which every young practitioner may hold up before himself. It is surprising to me that "Le Medicin de Campagne" has not been included in those selections of works recommended to young physicians, together with the more philosophical, but less interesting "Religio Medici," the inspiring Essays of Sir. Wm. Osler, the fascinating biographies of Pasteur, Lord Lister, Marion Sims, Trousseau, and a host of others. Monsieur Benassis is not one of the great physicians of medical history but he typifies the lives of thousands of great men, who as physicians have died "unwept, unhonored and unsung" except by the few whose lives they have made worth living.

In order to determine why this type of physician is becoming extinct, let us examine into the causes for his coming into existence. It may be then that his disappearance will explain itself. In the first place, what were the conditions which surrounded the general practitioner a generation or so ago and in what respect have they changed? What was his training?

> We can clearly see, then why physicians of a generation ago were different from what they are today. At that time the medical profession to the wise and conscientious practitioner was truly an art and not a science. The efficiency of a physician depended on the extent of his experience, the accuracy and insight of his observations and the application of experience to practice...Preventive medicine was undiscovered territory.

In 1860 there were 37 medical schools in the United States, only 16 of which had any hospital facilities. Up to 1871, the training the in best schools consisted in two courses of lectures, or two terms of study of a maximum of 16 weeks each, and in addition to this an apprenticeship with a registered practitioner covering a period of three years. The latter was of course the most valuable part of his education and at the same time most elastic and uncertain as it depended entirely upon one man, whose inclination or whose fitness to teach might have varied from 1 to 100 percent. In 1871 the Medical Department of Harvard University

announced a radical change in its curriculum which brought its standard up to that of the continental schools. The change consisted in making didactic teaching continue throughout the greater part of three years. As announced it consisted in “lectures, clinical teaching, recitations, and practical exercises.” Dissection had previously been the only practical work carried on by the student. Laboratories in any sense of the word as now understood were nonexistent. N.S. Davis in his history of medicine in the United States writes in 1855: “There are probably thirty to forty thousand practitioners of medicine in the United States claiming to belong to the regular profession. Of those residing in the Eastern and Middle States by far the larger proportion have regularly studied three years, attended courses of lectures and obtained a diploma from some medical college.” In the South he placed the figures at less than two-thirds and in the West scarcely one-half.

Up to 1850, the highest percentage of students graduating from recognized Medical Schools, was 25 percent of the entering class. In 1872, courses in Physiology, Medical Chemistry, Pathological Anatomy and Surgery were offered at Harvard to graduates. It is evident however, from the discontinuance of this practice that there was no real need felt among physicians that they study these newly developing branches of medical science. Aside from the physician’s training there were other factors which strongly contrast with conditions of today. The more even distribution of population and physicians between city and country made competition less keen. Hospitals were few and little used except by the very poor. The people as a whole were not educated to their value as institutions for treatment of disease. They were regarded as the last resort, the final resting place, an “undiscovered country from whose bourne no traveler returns.”

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It is not to be supposed, however, that the good old general practitioner was a mediocre physician. On the contrary, according to his lights he was a better doctor than many today and a vastly better man, in spite of the tremendous gain in knowledge and in training since his time. Though his scientific knowledge must be regarded today as meager in the extreme, his experience, his keenness of observation of clinical detail and his broad humanity were unsurpassed. He studied men and women, not organs and organisms. He won a reputation for disinterested self-sacrifice and kindliness on which the faith of the community still rests. With all his belief in the pharmacopeia, he was wise enough to know that his chief weapons against disease were rarely drugs and other tangible therapeutic agents. He knew that the personal elements of sympathy, cheerfulness and encouragement, together with the common sense of good food and rest did more in contributing to the recovery of his patients than “blood-letting, purging, and packing.”

He relied on Drs. Diet, Quiet and Merryman. In the light of those facts it is not otherwise than natural that one side of his nature developed more than another. His practice was his school, in which he was continually learning. Life was his laboratory. The natural result was one of the noblest works of God, a physician whose human kindliness was his most glorious attribute, of whose passing the world may well say, “Oh, the difference to me.”

In our reminiscent lament over the passing of metamorphosis of the general practitioner there is another thing we must remember. As Lowell puts it:

“We’re curus critters. Now ain’t jes’ the minute

That ever fits us while we’re in it:

Long es t’was future, t’would be perfect bliss

Soon es it’s past, thet time’s wuth ten ‘o thus.”

The old time practitioner has not lost prestige in the passage of time.

There have been revolutionary changes in medicine and all other walks of life in the last half century. Medicine has partly conformed and followed suit and partly changed within itself, but has not separated itself widely from the current of progress. In the matter of training, which of course is secondary to the increase of knowledge, the changes have been most startling. Premedical work in science and modern languages equivalent to two collegiate years is required for entrance into the recognized schools of medicine, which follow the four years of most exacting and concentrated training in the fundamental medical sciences and in the clinical and special branches which include 10 distinct specialties. The apprenticeship with a physician has given place to one or two years’ work as a hospital interne, training which up to the present time has been optional but in several states is already required. Medical schools

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now graduate over 80 percent of their matriculants in contrast to 25 percent of their early period.

Even after this training, the men of promise are urged to spend still more years in special lines of research. The education which is demanded of the conscientious student of medicine flies in the face of every precept of hygiene and preventive medicine. He has practically no time for relaxation or healthy diversion of exercise. He runs a grueling gauntlet, and if he survives it is the survival of the fittest or more often the survival of a men who are no longer "fit." The physician demands made upon many hospital internes are a shame upon the profession. Complete brain and body fog has become known as "Home Officer's Disease."

Aside from this strenuous training, the graduate faces now-a-days a very different situation when he gets into practice. Competition is very keen. This is due to several factors: The shifting of the population and increase in urban physicians; the huge development of large municipal and charitable hospitals, which are no longer looked upon as undesirable places for treatment, and which remove from the hands of private physicians large numbers of patients. The growth of the specialties is another potent factor in changing conditions, as will be explained later. The development of surgery which the possibility of bringing immediate relief to patients suffering from the so-called surgical emergencies throws an added responsibility on the shoulders of the general practitioner who is not trained to this work. In the old days they were among the inevitably fatal conditions. Now-a-days the physician who does not recognize them and get immediate surgical assistance is "tried and found wanting." The general practitioner of today is a health officer as well as physician. Medicine is not standing still. Its rapid advanced keeps the practitioner keenly alive today, for what is good for one disease today is obsolete tomorrow.

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Fifty years ago students of medicine learned from those whose experience had been longest, now, post-graduate study has become to be a practical necessity for all the older practitioners go back and are taught by those 10 to 15 years their juniors.

Medical practice in the cities has thus overshot the mark. In the country no such exaggeration of the science of medicine has occurred. In fact, the science of medicine, regretfully, has not penetrated the country. What the city needs is more humanity and what the country needs is more science. The general public is beginning to recognize the necessity of this and the physician who devotes some of his time every year or two to post-graduate work is beginning to have more respect than the possessor of a long gray beard which no longer carries with it the confidence it once did. To be sure, post-graduate work of a certain type is not to be regarded as a modern invention and advantage. Not only are the public beginning to be desirous that all practitioners keep abreast of the times but they are becoming equally particular what type of post-graduate work their physicians undertake, and here it may be well to digress a few moments to describe the once popular method of post-graduate study no longer desirable or possible.

We all know the enthusiasm with which American physicians have always sought the European clinics of Berlin and Vienna. Hundreds of physicians have each year in the past flocked thither. They stayed varying lengths of time but generally were content with a few weeks or two or three months at the most. To the average layman such study in Europe used to cast a halo of superiority about the physician possessing it. It was a matter of common parlance to say, "Dr. So and So, yes, he has studied abroad in Vienna." In fact most physicians in this country that did serious work and who couldn't go abroad for study looked upon Berlin or Vienna as their Carcasonne. If they never went abroad, this fact remained a source of lasting regret or constant longing. Physicians often made great sacrifices in order to visit the foreign clinics.

Many of them were uncritical and easily persuaded of the tremendous advantages of this work. Some were frankly doing it just for a good time and for the advertisement which they knew such a "vacation" would bring them on their return. But I am convinced that there was an ever increasing number of physicians who went with all enthusiasm and expectation and who came back disappointed and disillusioned about foreign study. This in no way is a reflection on the medical profession in Germany for they supplied the demand of the American physician and gave him what he wanted, neither does this statement apply to those who spent a year or more in serious work in foreign clinics. But they are relatively few. They generally remained at one clinic and did not put in an appearance at the large cities. The average physician received his medical pabulum as rapidly and in as large does as he could pay for it.

Go to any lunch counter at home and you may see a similar sight. All the crudities and mannerisms for which we are caricatured are in evidence. From the method of handling table utensils to the manner of stoking food and the peculiarities of our national tastes. In Vienna you could have seen the same phenomena at the medical lunch counter. Some were there for one month and they gorge themselves eating much and digesting little. Others were there for the side shows and the beer and took only food enough to get their certificate, which the University of Vienna issued to anyone who could pay the price of a course, whether he attended or not. Generally courses were served up in German and so rapidly served that the average American lost the meat and only got the names of the courses. Sometimes they attempted to furnish English dishes and then the job was generally botched. The German language alone is an all sufficient argument against post-graduate study for the average American physician. All the teaching is didactic and this, again, condemns it from the point of view of serious work in modern medicine. The laboratory method is after all the only safe one.

In Vienna you found men taking the most indigestible mixtures. Surgeons were "brushing up" in neurology. Gynecologists were taking a little dab from the Freudian School. Many men were listening to the

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refinements of the differential diagnosis to the specialties who know almost nothing of the fundamentals. Most of the patrons of this great medical lunch counter get wildly enthusiastic, but they understand little of what they are eating and you are reasonably certain that they will have mental indigestion of the worst kind if they do not actually become seasick on the return and lost it all. What few misgivings they may have are obliterated by the general air of enthusiasm and the thought that nobody at home is any the wiser.

Physicians at large are now beginning to appreciate the laboratory method in medical education and do not cling to didactic teaching of this lunch counter variety. It is a much easier thing to eat a meal set before you than to prepare the meal for your own delicatation. But you cannot learn cooking from eating, neither can you learn medicine from hearing it taught. A reason for the discontinued popularity of European study is because the general public is educated to the fact that that kind of work and study does not mean knowledge, and a diploma in a foreign language does not now carry conviction with it.

Among the blessings which this country will receive from the Great War is the development of post-graduate teaching in this country. Already every big school in the United States has established this department and most of them recognize the need and are doing their work conscientiously and well. Post-graduate work can no longer be looked upon as a summer lark, it is work and hard work. Medicine is progressing so rapidly that busy practitioners cannot keep up with the times unless they give up practice. Medical journals are all very well but what general practitioner reads half as much as he should? In order to really add to his knowledge he must give up his practice and go to school again. If he doesn't the public is not going to think as much of him. Few people realize the extent and rapidity with which medical knowledge is being spread through the popular press and the dissatisfaction of people with a physician whom they think is behind the times. Physicians are coming into practice better and better trained. When a man completes one and one-half to two years' training in a large city hospital and starts in practice he has an immense advantage over the general practitioner who has been in practice 15 years. If he has ability, he is immediately received into a community unless it be an overcrowded city. But if he gets busy he soon begins to shirk his work. He cannot keep up to the refinements of diagnosis and practice that he was taught unless he has great ability and can sacrifice some fees to the equipment of a laboratory and hire an assistant. The public as yet are not willing to pay more for this kind of work and yet the physician cannot give it as cheaply as he used to give his services without an equipped and manned laboratory.

What compromise or plan is going to work out we do not know but it certainly is not right for a man to practice worse than he knows how. And yet there is as great a need as ever for the family physician. Human hearts do not change with the development of science. They cry out for sympathy and encouragement as they always did. How may it be supplied? Can the old time general practitioner be restored? Will he ever again hold the confidence and implicit faith of the family as he used to? He will be transformed and restored but it must be through the development of cooperation in medicine. It seems almost inevitable that the near future will develop a new kind of practice based on cooperation both on the part of the public and on the part of the profession. Several such schemes are on foot.

A statistical study of small communities would show that each one of a population ranging between 4,000 and 6,000 souls supports six to eight physicians all fairly busy and generally speaking making a fair living. Such communities pay their physicians perhaps $16,000 a year; the two busiest receiving $3,000 to $4,000 each and the others $2,000 or $3,000. Aside from physicians' fees the patient medicine business would claim easily $8,000. This means approximately $25,000 a year for sickness in a community averaging 5,000 souls. Could this money be better spent through cooperation? There is no doubt of it. Such as scheme as is put in practice at the University of California would give the people incomparably better service. If the community hired five physicians representing surgery, medicine, eye, ear, nose and throat and skin, obstetrics and pediatrics and maintained a laboratory with a man in charge to take care of X-ray work and routine diagnostic methods, they would pay no more. These men must all work together in harmony, meeting daily and maintaining a dispensary and consulting with each other about difficult points; learning to know families better than it was ever possible for the old time physician because of the gain in efficiency by division of labor; creating for the community a situation in medicine almost ideal. In larger communities perhaps two such organizations might be built up to favor healthy competition and keep the standard of practice high. The physician would be on a fixed and adequate salary. Is there any reason why he should not be on a professional salary instead of allowing him to do retail commercial work? Should he not be willing to receive a fixed sum for the use of his time?

This of course is only a skeleton of what might be done. There are many widely discussed plans for cooperative medicine on foot. The public may soon seize their opportunity and begin some such organization. Any group of individuals could do it. Neither the public nor the profession seem progressive enough to move forward with any degree of courage in these matters. But the men with vision assure us that this establishment of cooperation in medicine is only a matter of time.

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