

BURSTEIN (M.J.)

IDEALITY OF MEDICAL SCIENCE.

THE

Evil Events of the Profession,

AND AN AVAILABLE

Device for its Reformation.

BY

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FROM

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To the Editor:

Dear Sir:-

Valuable comments and critical discussions of the enclosed pamphlet have appeared Intelly in Medical and other Journals. The idea being worthy of discussion, I heartily request you to give your opinion upon the subject in your paper. I further ask of you that if any critical review of it should appear in your Journal, I would be greatly pleased to receive a copy of the number containing it.

Yours sincerely,

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IDEALITY OF MEDICAL SCIENCE.

We are now at the end of the nineteenth century. The people have already convinced themselves that the medical profession is not the same thing that it was a few centuries ago. They now know that the great art of medicine is founded on indutiable facts, and that it serves as a basis for all other scientific studies. The study of physiology has cleared up all the cloudy theories in medicine, philosophy, and other branches of science that have been hypocritically assumed, previous to its experimental development. We must bear in mind, however, that though the advancement of medical science is considerably due to our intellectual powers, its progress is mainly dependent upon the "practice of the profession itself." The physician is compelled to observe his cases carefully; to make memoranda of the good or bad results of a particular mode of treatment; to read medical works to profit by the wisdom of the past, and to observe closely so as to discover new methods, and new agents to fight a particular disease. By his profession he is obliged to support himself and his family, therefore he must endeavor to diagnose his cases cor-



rectly, and devise the most successful treatment.

Whilst a great deal of devoted and unselfish time, research and investigation is given by medical men to the development of the Medical Science, how little attention and consideration the general public gives to the physician himself! It wants the best fruits, and yet gives no heed nor care to the trees and the garden. Medical Science is the fruit of our intelligence, it is a branch of our intelligence; but the condition of the trees in the garden, where we are to cultivate good fruits, never comes into the mind of the medical world. Each and every tree must struggle, for itself, otherwise it will be thrown out of the garden. I think it is about time that physicians should begin to see where they stand, what work they are to do on earth, and whether they are able to accomplish this great work. Again, is it not now time to see that the great work of the physician should not be an outcome of his struggles in life, but of purely moral and scientific origin. We demand of him the development of Science; to study medicine; to read journals; to join medical societies; to pore over countless articles; to go to hospitals: to see operation; to buy books; to buy periodicals; to buy surgical instruments; to examine his patients thoroughly; to make a correct diagnosis; to be careful in obstetrical work; to write prescriptions carefully;

to consult his books in all cases of importance; to keep his office hours strictly; to attend to his patients regularly; to be ready for any emergency; to go promptly at night, when called; to be charitable; to not sue for non-payment of his fees; to keep accounts; to support his family; to dress himself as a "doctor;" to not keep away from society.

This is too much, entirely too much, for the poor physician. He must be rich, he must be educated, he must have seventy-two hours' time to accomplish a day's work, and even then, it would be almost impossible for him to fulfill all these requirements. Now, what are the remedies to overcome these difficulties? In the first place he should be furnished with a salary, and his time of occupation should be regulated; and secondly, we should methodize the general study of medicine. Let us take the first problem, how to regulate the physician's income and his vacation. A proposition was recently made by a medical journal, that it would be a good plan if the physician, instead of taking his fee for each visit, should let people come under his care for a sum of \$20 yearly per family, and, according to the journal, the average income for every physician of the United States would be about \$3,500. The plan is theoretically a good one, but it could never be carried out, and it would lead to still worse results than with our

present "Fee System." We know that a physician must pay for his bread and butter, as well as any other man; must pay rent, pay for clothes, support a family, etc.; so the less popular "M. D.," not being able to get in as many families as would pay for all his necessities, would have to take in families for a much less amount, as is done now in some localities of New York City, where physicians undertake to treat whole families for the sum of \$2 to \$2.50 per annum, or practise under the old "Fee System." Moreover, it would seem quite impossible to make people pay the doctor a certain sum of money in advance for future medical advice. Then again, would it be possible for the poor workingman, whose wages do not exceed \$7 or \$8 a week, having to support a family of six or eight, to pay the doctor the sum of \$20 in advance? I think that he would rather wait until some one of his family should get sick, and, after having convinced himself of the danger that threatens the patient, call in a doctor, or, as it happens very often, wait until "God shall help him." On the other hand, would it be equitable that a rich merchant, whose income is about \$10,000 a year, should be attended by a physician for a like sum, namely, for \$20 per annum? We thus see that the proposed plan means ruin to the doctor, and could never be carried out by the community. But, in my opinion, there is a method by

means of which the regulation of the income of the physician could be accomplished, thus abolishing the present "Fee System." It could be easily executed, and would enter into operation in a very short time provided it should be approved by both physician and people.

Let the doctors of each and every State form an "Order," with a grand medical board (or call it State Medical Board, if you like). This board should have its subordinate or county societies; which, again should subdivide into districts. Each district should have a certain number of physicians, according to the density of the population. A physician should have a certain number of patients under his care, or he may be appointed by the Grand Medical Board to a fixed number of families living in his district. Physicians may be subdivided into three classes, according to their standing in the profession; regular attending, visiting, and consulting. By this procedure, if in some cases a few physicians are wanted, as for an operation or consultation, a certain number of physicians could be procured. In this way only would we be able to give the poor man a chance to call in a doctor when needed, before he has reached a hopeless stage.

Now, as regards the financial bearing of the question. It would, as already said, be difficult or impossible to induce people to

pay in advance a fixed sum of money for future medical advice. But a suggestion would be the following; Let the Doctor be an officer of health, as a policeman is an officer to keep order in town, let him be a "sanitary teacher." Every such sanitary officer, or teacher, or adviser, should, according to the amount of work he does, be paid by the Government of the State a certain salary. Say, we have in a city 2,000 physicians, let the average for everyone be \$3,500, making \$7,000,000 a year which is, certainly, a great deal less than the same number of physicians earn annually by the present "Fee System." The money should be distributed by the Grand Medical Board, as teachers are paid by the Board of Education. The people may be taxed, either according to their income, or each and every one alike.

Having laid out the "Modus Operandi," let us see the results of our proposed plan.

1. People would not have to spend so much money for medical advice as they do at present; the small sum that the Government would disburse would scarcely be appreciated by them.

2. Quackery would be entirely extinguished by these proceedings. The patient goes to the quack for advice, because he gets "the advice together with the medicine," while it would require much more money to consult a physician; and no one can deny

that the "self-made doctor" is guilty of murder, when the patient, no longer depending upon his "spiritualistic" medicines fails to be cured by the regular practitioner, whose "treatment has probably begun too late."

3. This would also put an end to the use of patent medicines. A person being a chronic invalid, whose disease may be of such a character that he might be benefited by regular treatment, resorts rather to some "Sarsaparilla," or "Liver Pills," or "Great Blood Purifier" of some ignorant quack, while the disease is continually running its course, until the "Great Health Restorer" sends him to his eternal rest. By taking these medicines he "avoids the expense of a doctor," and "it is exactly prepared for his illness." But if, at any time during his protracted disease, a regular physician could be had free of charge, certainly, he would rather seek the latter's advice than "help himself" by being purged to death from some sort of a "Non-Mercurial Liver Pill." The abolishment of the "Fee System" is all that is necessary to save his life.

4. The physician would not have to hope for better times; he would not try to gain the patient's sympathy mainly for the purpose of taking him away from his brother physician, but, getting his regular salary, he would be glad to be occupied in his professional work.

5. Sanitation would be brought to a most amazing state of improvement. Nowadays a doctor, being called to a patient, never takes the trouble to see the condition of the premises, it is not his business, for there are others whose duty it is to inspect the sanitary conditions of the house; although this may be the real factor of the disease. The contagious diseases, not having the soil for their development would, in all probability, become less severe in character, and we would never let them spread as they do at present. Sometimes a physician, being requested to attend a case of a contagious disease, "may run the risk" of not reporting it to the Health Department, because, if he do so, he will surely lose his patient—his bread and butter. There is no doubt that he is not encouraged to find out the cause of the disease, to see whether there is sewer gas in the house, or contaminated water, or bad plumbing. In case he should report the condition of such premises, his patient would be obliged to go to expense and trouble to fulfill the requirements of the law. The result is that an epidemic breaks out, and many lives are lost. Again, is it possible for the Health Department to employ so many inspectors as would be necessary to look after the private affairs of each and every physician? Moreover, if such a patient dies, the cause of his death is never known to the public, and consequently the laws of the Board of Health

are entirely useless. The physician may write in his certificate of death anything he chooses: instead of diphtheria—pneumonia; of scarlet fever—heart failure; of small-pox—peritonitis. Who is to prevent him? He will not report the disease, for the patient might be taken out of the city, or the latter might be in a place of business, which would be shut up by the "Health Department," so he either would lose the patient himself, or he might lose future practice among his patient's friends.

6. Will the physician be more honest in his professional services than he is at present, or not? A physician, nowadays, being called to a serious case of a complicated character, so that he is not able to make a fair diagnosis of the disease, and, consequently, lay out the exact treatment, will prescribe medicine and direct the patient to do this or that, although his orders might even prove injurious to the patient. Why does the doctor do so? Is he an immoral man? No, he does so because: firstly, he gets his fee—he wants to live: secondly, the people are too poor to procure a consulting physician; and thirdly, he is afraid to propose a consultation, for the family might engage another doctor, who "does not need any consultations." But if two or three physicians could be had in the same district for a particular case, ignorance would never gain the advantage over intelligence.

7. What will become of the medical science? There will be more real progress in medicine, the advancement more rapid and the result will be an incalculable gain to humanity. We know that the young physician beginning his professional career, finds great difficulty in making a living. What incentive has he to devote his time and abilities in researches that will be for the good of mankind? It seldom happens that physicians meeting one another, talk about the science; we hear only the usual inquiries about "good or bad times." But, if they should have more opportunity of coming into contact with each other, if a greater intimacy should exist among them; certainly, they would take greater interest in the advancement of the science, and would care for the progress of the profession at large. There would be an incentive and time to read medical works, to attend medical and surgical meetings, etc., and all these would be mainly due to the fact that the physician would not have to suffer physically and morally for his slice of bread and butter.

Having laid out the mode of reformation in regard to the regulation of the practice of the profession and its results, let us take now the second problem: How to methodize the general study of medicine? As our aim is to cultivate a *good sanitary and medical adviser*, who should be provided with a salary, and do good to the community, it is

worth while mentioning the conditions and problems of our medical schools, and of the authorities that create the future "Counselors of Health." If we will look into the system of the study of medicine in our American colleges, we will find that it is more practical than in any of the European universities. But is a physician not supposed to be a man of high education? Is it not very important for a doctor to have a preliminary education before he enters into this great study, which is founded on physical and chemical observations, constituting the greater portion of our knowledge? Is it not necessary for a physician, who is to make a correct diagnosis, prognosis and treatment of a disease, to be a man of understanding, reason and high education? Is there any profession in the world that needs so much skill in fulfilling its requirements as that of the profession of medicine? Any other professional man, after getting his problem, is able to take time for reasoning it out; a lawyer, having a case before him, may consult his books; a clergyman may, before delivering his sermon, read it over hundreds of times; but a physician must have everything in his head; he must be prepared for any emergency that he may happen to be called upon to treat! For *such a man* something more is necessary than a couple of years' study in a medical school! How many men are graduating from our colleges

who can not even write a prescription correctly for the want of the knowledge of Latin; or give the quantities of the constituents correctly, for the lack of the knowledge of chemistry. They are only a burden to the community. Again, is it proper that the popularity of a college should depend on the size of the graduating class? Would it not be better to have the medical colleges under the control of the Government; to have fewer colleges, "one system in medicine," competent instructors, that the student should be a graduate of a scientific institution, and then confer the degree of M. D. only upon those who are worthy? Is it not necessary for every physician to have a good hospital experience before he is to be allowed to enter into private practice?

To sum up, I believe that the regulation of the physician's income and time, along with a reformed system of study, would give a grand and noble impulse to the progress of medical science, and then, only then, would the people regard the doctor with respect and honor, while he, being worthy of affection, would fully deserve the divine title of "Counselor of Health."

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