THE DOCTOR'S BILL

BY

HUGH CABOT

WITH AN INTRODUCTION BY
A. LAWRENCE LOWELL

NEW YORK: MORNINGSIDE HEIGHTS
COLUMBIA UNIVERSITY PRESS
M·CM·XXXV

PUBLISHED 1935

PRINTED IN THE UNITED STATES OF AMERICA
BY QUINN & BODEN COMPANY, INC., RAHWAY, N. J.

To

THE CONSIDERABLE GROUP OF STUDENTS
OF MEDICINE WHO HAVE HONORED
ME BY THEIR CONFIDENCE

PREFACE

After more than thirty years of pretty intimate contact with medical students in various grades I am acutely aware that the undergraduate of today will have to take up his life's work in a very different environment from that in which I began. Since the beginning of the century not only have the economic and social conditions of the country changed, but science has so altered the practice of medicine that the physician entering practice today will offer a very different service and in a very different environment. My rather peripatetic habits have given me a perhaps better-than-average opportunity of seeing not only different types of students, but different types of practice, and in many parts of the country.

I find undergraduates and recent graduates very much alive to the new conditions, very eager for information, and very receptive to what one would like to call advice. I further observe that many of the physicians under forty are much puzzled, and although anxious to accommodate themselves to conditions as they are, find the adjustment difficult in view of the teaching and the opinion of their elders.

I am glad to be able to say that my former students still honor me by asking my advice, and I have been anxious to have something to offer them. I am very conscious, however, that they are the people who must "face the music" and not I. It is clear that most of the decisions which will ultimately affect their practice must be made by the younger group; but it is just possible that the generation to which I belong may help them by dint of having lived through the rapid changes which have led to the present confusion. We cannot do; but perhaps we may still be able to think. We should offer them our counsel, our judgment, and the results of our experience, but we must avoid handicapping them by our caution—which too often is but evidence of senile arteriosclerosis.

But the medical students and the younger physicians are not alone in asking, "Where do we go from here?" This is by no means a private battle, and anyone may get into it. The problems involved

obviously invite study by the economist, statistician, the social scientist, as well as by the physician. Reverberations of their discussions have reached to the thinking public and will shortly reach to the Halls of Congress. There has been an immense amount of study undertaken by the above-mentioned groups. But, inevitably, each group—since it is made up of specialists—has had a different slant on the matter and has often overlooked what was common knowledge to one of the other groups.

The economist is likely to err upon the side of simplification. He tends to try to reduce the problem to the dimension of our old friend, the economic man. He tends to be a cold, detached person, apt to overlook the fact that the people affected by his plans are liable to be human beings, some of them even patients who may not be quite up to the niceties of balanced logic and theoretical economics. He has at times overlooked the possibly serious damage which might result to the atmosphere essential to the sound practice of medicine by the introduction of economic reforms which seem to him not only simple, but obvious.

The expert in social science has been likely to approach the whole problem from the side of poverty. He has been impressed by the results of poverty, by the crushing burden of living at all, under such economic conditions, in what may well seem to him a mad world. In fact most of the legislation which has been enacted—chiefly in other countries—in the attempt to obtain a more even distribution of satisfactory medical care, has approached the problem through the gateway of the relief of poverty. I do not suggest at all that this approach is not a desirable one. In fact, could the problems of poverty be solved, many of the difficulties of more equitable distribution of medical care would by that act disappear. On the other hand, the setting up of a plan for medical care as part of a program for the relief of poverty has, at least in other countries, resulted in legislation which has required frequent and often drastic amendment to make it work at all.

The physician obviously approaches the problem in a preferred position. He, at least, is grounded in a knowledge of disease and its management. Physicians are certainly the qualified experts to whom the community must look for guidance on questions of a technical

nature. But even physicians have had considerable difficulty in seeing the whole field. They are, and must be, from the very nature of their calling intense individualists. To them Medicine still retains—thank God—some of the qualities of a religion. They take fright at the thought that profane hands may soil the Temple of their God—Service. At this point emotion is likely to come into action and understanding goes out of the door. Furthermore, they have a very real vested interest which it would not be human in them to disregard. Often enough in their opposition to change they have failed to grasp the implications of the profound economic and social changes which have been going on about them. As a result, on too many occasions they have fought a series of futile rear-guard actions which have left them still on the defensive.

Finally, there is the controlling interest of the public, who, for better or worse, cannot avoid being profoundly affected by any action which may result from the cogitations of the three groups previously mentioned. Here again point of view enters on the scene. Since we live today in a thoroughly commercialized world, it is often difficult for the average man to grasp the process of mind which lies behind the bill which he receives for medical services. He cannot see why he should have to pay more than did his friend, Jones, for what appears to him to be the same article. He cannot grasp the intricacies of the sliding scale in medical fees—and indeed he is in good company.

The task which I have set myself is to give some account of the background from which the problem of adjusting modern medical practice to the requirements of the community has emerged, to present its economic setting, to set forth the various methods which have been employed in other countries in attacking similar situations, and, if possible, to suggest the principles upon which we must rely in working out for ourselves a proper course to steer in what is, in many respects, an uncharted sea. Now it may well be that I am disqualified at the outset because I belong to an obviously interested group. In fact a good friend of mine—though a Doctor of Philosophy—has already expressed to me his opinion that no Doctor of Medicine can present the case fairly. To this I am inclined to enter the plea of *nolo contendere.*

In attempting to make reasonably understandable the various economic and financial aspects of the problem I have inevitably had recourse to factual studies, few of which are entirely contemporary. It will perhaps be suggested that different and more recent figures would warrant a very different conclusion. This I am not at all inclined to deny, but I insist that the sort of basic assumptions upon which plans for the future must be based can never rest firmly upon statistical fact. Unfortunately facts "keep no better than fish." No matter what array of statistical evidence we put forward, it will certainly be untrue in whole or in part very shortly. It is not statistical fact but tendency with which we must be concerned. We are not attempting to plan for the moment, but for the future. If we can make clear to ourselves what tendencies are indicated as probable as a result of the prolongation of lines of change which we can see foreshadowed in the more recent past, we are more likely to obtain a sound foundation than if we place too great reliance upon contemporary fact. Mere factual knowledge will not save us, for there are few conclusions so unlikely that they cannot be supported by statistical evidence. What we need is not knowledge, but wisdom, that essence extracted from fact as a result of sound thinking.

That a satisfactory working solution of the present confused situation is of the first importance will not require demonstration. It is perhaps true that the continuance of any given civilization is more importantly influenced by its ability to protect itself against the diseases and accidents to which it gives rise than by any other single factor. If we should allow the development of medical science to outstrip by any great distance our ability to supply medical care in practical measure to the great majority of the population, then we have at least weakened one of the important supports upon which civilization rests.

Equally obviously, as I think, the solution will require good-tempered, patient, and receptive discussion by several groups of experts. In their own field the physicians can supply the evidence, but they cannot be expected to supply the mature judgment in the economic, social, and financial fields, which will obviously be important and probably essential to success. Too often in the dis-

cussions which have taken place, particularly in this country and during the last ten years, these requirements have been lacking. Too often one group has become impatient with the other. Still more frequently one group has assumed its ability to deal with expert questions quite out of its own field. Since we are concerned with the offering of sound service to the whole population, it is essential that we should bring to the task the best thinkers in the various fields and that no conclusions, upon which we propose to act, should be arrived at by *ex parte* discussion.

I have decided to use, as a title for this book, *The Doctor's Bill.* This seems, on the whole, to suggest, as well as may be, what I am trying to say. It will be noted in this and kindred discussions that the problem of the "bill" is constantly recurring. We could do *so* much better if we could solve this problem of the bill, which so regularly turns up either from the doctor or on his behalf. The title may also be construed in a quasi-legal sense as indicating a bill-of-particulars in the case now coming before the bar of Public Opinion in the guise of The People vs. The Care of Their Health.

I desire here to acknowledge the stimulating assistance of Professor Ernest L. Bogart and the many helpful suggestions of Professor Douglass V. Brown, upon both of whom I inflicted the manuscript. To Dean Willard C. Rappleye I am under great obligation for help on this and many other occasions. Particularly I wish to express my profound gratitude to my secretary, Geraldine Timpayne, for her untiring energy, patience, accuracy, and complete understanding.

HUGH CABOT

ROCHESTER, MINNESOTA
MARCH 29, 1935

INTRODUCTION

Hugh Cabot has asked me to write an introduction to this book, and although as incompetent as any non-medical man must be to discuss the questions raised therein, I am very glad to do so because I have long known him and greatly admired his character and career, his courage, and his clearness in seeing the essential points in any matter to which he turns his attention.

Graduating from the Harvard Medical School in 1898, he built up a practice in his special field of genito-urinary surgery, but abandoned it in 1916 to take charge of a British surgical base hospital, which he commanded throughout the war, doing an amazing amount of work for the initial equipment of his plant. Returning three years later with his private practice in Boston evaporated, he was appointed Professor of Surgery and later Dean of the Medical School at the University of Michigan, and Chief Surgeon of the new hospital being built there. Fearless as ever, he lost this position after ten years chiefly because he strove, against the opposition of many in the profession there, to carry out in the hospital principles which he considered essential in a tax-supported institution of such a nature. Since that time he has been a member of the Mayo Clinic at Rochester, Minnesota.

Now in regard to this book, which is the product of long and discriminating observation. The advance of knowledge has thrown upon the scrap heap many processes useful in their day, but nowhere else has this been so true as in medicine and surgery. Chemical, bacterial and microscopic analysis has revolutionized diagnosis; knowledge of the secretions of the ductless and other glands, and of the functions of the blood and tissues, has brought new elements into the treatment of disease; anesthetics and antiseptics have made surgery a different art.

In his first chapter, on medical practice in 1890 and 1930, Dr. Cabot points out in a striking way the effect of such changes on the position of the physician. The period is substantially that of his own experience from medical school onward, and with characteristic fairness he portrays the loss as well as the gain in the

superseding of the former family physician, ignorant of methods since learned, but familiar with personal and hereditary peculiarities of his patients.

In the following chapters he discusses the application of modern medicine to present needs, its effect on diagnosis, on the number, training and distribution of physicians, the enormous growth and auxiliary use of hospitals, the diversity in lines of practice with the income of the several types of physicians, the total cost to the community and the ability of the public to pay. The plan is logical, and proceeds with a survey of the various methods of health insurance in Europe and their applicability here, a study of our own needs, of how some industrial concerns have tried to meet them, and, finally, of the sundry methods suggested for improving medical service throughout this country.

His estimates of the systems adopted in European nations, with their merits and defects, is sympathetic and impartial; and he is not misled, as many people are, by the utility of something in a foreign land, into thinking that because it may work well there it can be transplanted bodily to another soil with similar results. Our conditions, he feels, and hence our problems, are, *sui generis*, to be examined as such; and he discusses them with an open mind, not hesitating to criticize the medical profession for its shortcomings, its lapses into a commercial attitude and its lack of interest in the larger aspects of its potential functions. From his experience he perceives the benefits of the Mayo Clinic, to which he now belongs; and he evidently thinks that in organizations of that type lies much hope for the future. Of course, he desires universal medical service of the best grade, and recognizes that if the public wants such a service it must be ready to pay what it costs, while the profession must be redeemed from the temptation to commercialism, and must be able to earn an income reasonable in view of the length and expense of the training.

The book should be read, not only by the physicians, but also by laymen who want to know the questions confronting the treatment of individual and public health. No one need fear technical terms or obscurity; for it is not a treatise on disease, but a discussion on broad lines of its social aspects.

A. Lawrence Lowell

CONTENTS

THE DOCTOR'S BILL

I

MEDICAL PRACTICE IN 1890 AND IN 1930

A clear picture of the present relation of the practice of medicine to society will be best obtained if we can put it in its proper historical setting. The practice of medicine is no more static than any other field of endeavor, and a clear picture cannot be obtained by looking at it at any particular point in its development. It is not enough to appreciate that medical practice has changed. We must also get some notion of the rate of change as compared with that in other activities. But, before we can do this, we must note the varying rate of change in world conditions as a whole, and appreciate that progress and change have proceeded at very different rates at different periods. The situation was concisely stated by Whitehead.[1] He clearly showed that up to 1870 changes in economic and social conditions had taken place so slowly that it was a fair assumption that a man's grandchildren would live under conditions substantially similar to those under which he, himself, had lived. Since that time change has taken place so rapidly as to bring such an assumption into violent contradiction with the facts. From this, of course, flow two consequences: first, that adjustments between professional activities, such as the practice of medicine, and current social and economic conditions will have to be made much more frequently and perhaps more profoundly; and second, that any attempt to predict the future will have to be confined to a period of time much shorter than was safe at a previous period. On the other hand, it is important to appreciate that all progress in such fields is predicated upon the assumption of some accuracy of prediction over a reasonable period, and that while the periods for which prediction is safe and upon which action can be based have been severely contracted, we must nevertheless continue to make predictions and to act upon them.

The Practice of Medicine about 1890

In attempting to draw a picture of medical practice about 1890 it is important to indicate what was then the condition of medical

education and what was the extent of knowledge with which the practitioner was equipped. At that time medical education in this country was finally concluding its emergence from the apprentice system which had held sway since Colonial days. In the earlier period medical education had consisted in the taking of certain courses of lectures, which included some knowledge of the elementary principles of physics, chemistry, and biology, followed by the dogmatic, didactic presentation of the accepted doctrines of diagnosis and treatment. This was followed by an apprenticeship, either to an active practitioner or in the form of "walking the hospital," in which students attached themselves to eminent physicians having hospital opportunities and learned from them by precept and example the current medical doctrines. During the thirty years precedent to 1890 the definitely educational courses in medicine had been steadily expanded and at that time covered a period of three years. The practice of attending the same lectures for more than one year had disappeared, and a graded course had come into being, coupled with increasing use of clinical lectures and the more simple laboratory experiments. The course, however, was relatively brief as compared with the present time, and few of the students had any previous college training. Nevertheless, the course was adequate to familiarize the students with the more important settled facts in the underlying sciences, and to give them reasonable clinical experience. At the end of this course—which, curiously enough, led to a doctor's degree quite out of line with academic practice in other fields—the student commonly entered directly into general practice and slowly built up a clientele as his experience justified people in relying upon him. A moderate number of students in comfortable circumstances were able to include a course of study in Europe—generally in Germany, Austria, or France. The amount of knowledge of the sciences underlying medicine, and the amount of special knowledge in the various fields of medicine, was not up to that time so great but that it could be grasped, at least to some extent, by a single mind. Practically all the physicians were general practitioners, the only specialists being in the fields of the eye, ear, nose, and throat—and even they commonly combined their special practice with general practice. Indeed, the distinguished surgeons of that day frequently continued to see

patients in the general medical field, and specialization such as is common today was almost unknown.

Although in those days, as at the present time, effective treatment necessarily had to be based upon accurate diagnosis, the methods by which anything approaching scientific accuracy could be obtained were rather meager. Diagnosis was still largely based upon physical examination supplemented by a few instruments of precision, such as the thermometer and, to some extent, the microscope. The stethoscope was in common use, yet one would frequently see a most distinguished physician of the day discard this instrument and apply his ear directly to the patient's chest wall, though with a towel interposed. This meant, of course, that they were still relatively distrustful of the newfangled stethoscope and preferred to trust to what they could hear with their ear applied to the chest. That the intervening towel, commonly used partly for delicacy and partly for protection, seriously interfered with their interpretation of sounds need be noted only in passing.

Applied chemistry and bacteriology were of a relatively simple character. Examination of the urine was commonly confined to its appearance, reaction, presence or absence of albumin, specific gravity, and a somewhat cursory microscopic examination of the sediment. Bacteriology was still a young science not widely applied and often regarded with distrust. In a word, the practitioners of that day depended upon the use of their five senses, which were often very highly developed by practice and experience. As an example may be cited the amount of information which they gleaned from an examination of the tongue, which did in fact give them information that the medical student of today would regard with distrust and that even the experienced practitioner of the present time would be incapable of obtaining. These men were quite as skillful as, and perhaps more skillful than, their modern successors in eliciting information by observation and palpation. With them prolonged experience was a great asset, and the tendency of the time to rely upon senior practitioners rather than upon the younger men was based upon the fact that by contact with a large number of patients they had gradually developed skill in noting and weighing the importance of various clinical signs and symptoms, which at times amounted almost to