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THE TRAINING OF THE DESIRABLE PRACTITIONER AND HIS MISSION *

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NEW YORK

To you this occasion is very significant; it marks an epoch in your life. Finally you are out of school, out of man-made schools. Only a little more cramming for the state board examinations and you are free, free from compulsory studies, free to learn afresh that which you ought to know well, and to forget that which is only a disturbing haze in your mind. But you ought to be aware that this occasion does not mark the end of all schooling. You have not arrived at the terminus; you are only at a station where the roads change. You are not celebrating the termination of your medical school days. It is your commencement day; you are passing the entrance examination into the school of life; into that particularly difficult life which the medical practitioner has to live. In that school you stand under the supervision of no other schoolmaster than yourself. You will not have to pass examinations. But remember that your markings will be made nevertheless, not only by your own conscience, if you cultivate one, but by that high court composed of your professional brethren, your patients and the public at large—a court from whose judgment there is no effective appeal. Your advanced standing is in the community at large; but so are also your failures. After years of attendance in that tutorless school of life, many who had their eyes open learned a lesson or two from the penalties they had to pay and the rewards they occasionally received. Such veterans are in a position to know the good which the knowledge of such lessons could do his junior brothers in the freshman class of the school of life. I have passed a score of years in that medical school without a dean and without medical instructors. I have my scars and my medals and, I believe, I learned a thing or two in the battles of medical life. When I was honored by the request of the authorities of your medical school to address you on your commencement day, it therefore occurred to me that a discussion of some of the unwritten rules of the school of life of the practitioner might be most appropriate for the occasion.

The title of my address reads: "The Training of the Desirable Practitioner and his Mission." You can now see that I did not intend to include under this title the discussion of the preliminary training of the practitioner, of the training which he received or ought to receive in his medical school. The character of this training is certainly a very important factor in the pro-

duction of desirable practitioners. In recent years a great deal has been written and said on this subject, and judging by the results, there is still room for more saying and writing on that important topic. But you are not concerned in this subject, or I shall hopefully rather say, you are not yet concerned in it; you are just out of the preliminary medical training, and it is not my intention to talk above your heads to others, to teachers and makers of medical schools. It is my wish to talk to you of that which you can do and ought to do, in order to become desirable practitioners. I mean to discuss the perpetual self-training of the school-made medical man. Now I wish to be understood at the outset that my remarks are not directed to that small fraction of you who are destined to become leaders in the medical profession. I hope there are such candidates among you. I am at this occasion not interested in their fate; they will take care of themselves without my advice or perhaps still better in spite of them. We are not in danger in the United States of not getting medical generals. We have leaders in medicine of world-wide renown who received their medical education in some of the lowest of the 150 medical colleges of the United States. We had such brilliant medical generals as Beaumont or Marion Sims, great names well known to your school, at a period when the medical knowledge and medical practice of the rank and file were miles behind that of the present generation. The standard of medical practice cannot be measured by the greatness of our leaders. It is the level of the general practitioner, of the rank and file, which indicates the exact position occupied by medical professions in the various sections of this vast country. Our interest, therefore, centers in the great majority of you who are going to be general practitioners, and it is my fond wish to be able to indicate to you some of the procedures which may assist you in becoming efficient and desirable practitioners.

In suggesting to you to strive to become desirable members of the medical profession, I am not going to deliver a sermon from the top of a mountain, I shall not preach such unusually high ideals which might seem to you to be unattainable. I do not deny that I wish to elevate the standard of the practitioner; but in offering an advice I shall not leave the earth. I shall discuss the solution of practical questions from a practicable point of view.

One of the important questions with which you shall soon be confronted is the proper utilization of time. It is highly probable that for two or three years you will have plenty of leisure. Use it now to the best of your ability. You will never have such an opportunity again. Use it in the first place to make yourself solid practitioners. No matter what shape your medical activities may assume in the future, you must try at the very outset of your career to acquire the fundamental knowledge

* Address delivered on Commencement Day to the Graduating Class of St. Louis University Medical School, May 31, 1912.

and skill indispensable to the success of the efficient physician.

As to the method of acquiring it, I confess to some heretical views. You hear and read frequently in addresses of leading medical scientists and clinicians that you must acquire a thorough theoretical and practical knowledge in chemistry, physiology, pathology, etc., before you can raise the claim to be an efficient physician. Assuming you have all the gifts, energy, willingness and perseverance to comply with this ideal requirement, how long will it take you to attain all this wisdom? Surely not less than fifteen or twenty years. What are you to do during this long preparation, and what shall be the fate of the patients which you are bound to acquire in the first decade after your graduation? They, too, are entitled to the treatment of an efficient practitioner. And who of those high priests who preach these sermons master all these sciences? I feel confident that there are extremely few great physicians who really master even a single one of these sister sciences, besides his own, the science of medicine proper. It is one of those sermons which exhorts you on a Sunday morning to be saints, while preacher as well as listeners are conscious that they will remain for the rest of the week simple mortals, afflicted with all the sins to which flesh is heir. The worst of it is, that by asking too much, you do not get even a little. The truth of the matter is that 95 per cent. of the work of the busiest physician can be done, and done well, by a very modest quantity of medical knowledge. But this modest quantity must be thoroughly mastered and mastered early, if you wish to become a successful, desirable physician.

The time for acquiring the mastery of it is during that interval of liberty between the termination of your medical education and the acquisition of a supporting medical practice. I am speaking in the first place, to the majority of you who are not going to have hospital appointments. To you I say: Do not lose any time. Proceed at once to acquire methodically that knowledge of the fundamental facts with which the busy practitioner has to be thoroughly familiar in most of his daily work. And let me make this confession of faith. Although you had to study a goodly number of more or less thick books, I feel certain that the indispensable knowledge which you will have to master in your immediate future could be put into a book of very modest proportions. It would be a service to younger physicians—and to some older ones, too—if busy, substantial practitioners would publish detailed tables of their daily work occurring during a week or two at the various seasons of the year. It would show how much of the practitioners' time is taken up by comparatively insignificant ailments and would also show the percentage and the character of the more serious diseases which claim the attention of the busy practitioner. The knowledge of these ailments and diseases the young beginner should have on the tip ends of his fingers. Such a list you could perhaps obtain from members of the faculty.

To me it seems that of the more serious diseases you ought to know well all about tuberculosis, the pneumonias and pleural effusions; about endocarditis and myocarditis, about gastric and duodenal ulcer, about biliary and renal colic, about appendicitis, volvulus, intussusception and incarcerated hernia; about typhoid, diphtheria, meningitis, and otitis and its possible complications; about the eruptive diseases and their complications and sequelæ; about erysipelas; about malaria, the various forms of syphilis, gonorrhea and rheumatism; about

diabetes and nephritis. Of course, this is by no means a complete list. You must know further all about alarming symptom-complexes; about gastric and intestinal perforations; about pulmonary and cerebral emboli; about pulmonary, gastric, intraperitoneal and cerebral hemorrhages; about pulmonary edema and laryngeal stenosis; about eclampsia and coma. You must acquire a thorough knowledge of how to meet various emergencies, how to stop hemorrhages, how to perform artificial respiration, and you must know the poisons and their antidotes. I do not mention here the incidents of surgery, gynecology and obstetrics, with some of which every practitioner must be well acquainted.

When I said, you must know all about these diseases and conditions, I did not mean that you ought to study up the theoretical side of it, the physiology, pathology and etiology. On the contrary, I advise against all theoretical studies until you have thoroughly mastered the indispensable practical side. Study thoroughly the symptomatology, course and treatment of the frequent diseases. Do not read your text-book from page to page. Pick out the necessary chapters. You probably have your notes and books; it is best, however, to read on the same subject in various books; you gain a deeper and more judicious knowledge of things. But be careful in your selection of text-books. We have many uncritical writers who do not possess even good judgment as to what to copy. Do not use large hand-books at the beginning; a translation of Strümpell's text-book is greatly to be recommended. I shall repeat, I advise that you acquire a thorough book-knowledge of the essential things a busy practitioner has to deal with. I believe that this knowledge, which is not very extensive, can, by diligent work, be mastered in three or four months. Do not believe that you know it now, because you passed examinations in all these things. You do not know them "for power," and you will soon forget them all. And even if you know them, by singling out the essential things and studying them well, you create in your mind a very valuable ready-working capital.

But now, after all these acquisitions, do not believe that you have already real knowledge. Book-knowledge becomes valuable only after it has been thoroughly tested in practice; it makes the testing easy and very profitable. Now the time has come for you, when you must try hard to come in contact with actual practice; this is absolutely indispensable. Try to connect yourself with some dispensary, even if it is as only the third or fourth assistant. But be on your guard. Dispensary work, with the large number of patients, the careless routine procedures, the hasty, superficial examinations and the prescribing by numbers, breeds inefficiency. But with your careful preparation and with a clear notion of that which you want to acquire, you run no danger. Try not to have too many patients, and if you can not avoid it, try to select a few patients for a more careful study; you and the patients will benefit by this. Perhaps you could take some patients home for a more careful examination; but avoid any possible suspicion that you wish to use them for any material benefit, or for advertisement; that would be the beginning of the destruction of your reputation. In these studies, learn first of all how to observe without any preconceived notions, how to elicit and collect symptoms. Try to master the art of percussion and auscultation and to identify all these symptoms with your theoretical knowledge of them. You had better not trust yourself at the

beginning as to your recognition of the nature of your observations and the correctness of your conclusions; ask your neighbor for his opinion. Do not be ashamed to ask and do not mind if it happens that your neighbor looks down on you on that account. If you continue asking, it will not take long before everybody around you will know your mettle. Incidentally, do not try to show your neighbors that you know more than they; let them find it out for themselves. For the few patients whom you are studying in particular do not employ the dispensary method of prescribing; learn how to prescribe in a specific way for the specific trouble of that particular patient.

Besides the service in a dispensary, try to attach yourself to such an out-patient service in which you could call on poor patients at their homes; in this way you will have an opportunity of studying acute diseases. Gradually you will acquire private patients of your own. Let us hope for your ultimate success that your private practice will grow slowly. An early and rapid growth of practice interferes greatly with the proper growth in efficiency of the young practitioner. In the early years of growing experience each patient must be examined slowly and thoroughly. The diagnosis should be arrived at only after a careful analysis of anamnesis and symptoms. Do not look for pathognomonic symptoms. Pathognomoncity is conducive to mental decay. Every case which requires thinking, analysis and conclusions contributes to your mental and practical training. Make notes of your cases, and at home in your library, go over your conclusions again consulting the corresponding chapters in your text-books.

During this period of growth fill up gradually the gaps of your knowledge regarding the less frequent diseases. Learn and acquire gradually a tolerable mastery of the manual execution of indispensable diagnostic and therapeutic measures, like spinal puncture and intraspinal injection, laryngeal intubation, the dexterity in the proper use of the stomach tube and the introduction of a urethral catheter. Acquire one after another a certain degree of mastery of the technic of microscopic and chemical analysis of the gastric contents, urine and feces, of the microscopic examinations of blood and of some clinical methods of bacteriology. Learn to use a blood-pressure apparatus and learn to decipher the meaning of a sphygmogram, cardiogram, phlebogram, electrocardiogram and x-ray pictures. Obtain also some knowledge and dexterity in laryngoscopy and ophthalmoscopy. When you will become a very busy practitioner, you will have most of these manipulations done by others, who may be experts in these lines. But if you have acquired some decent knowledge about these things yourself, the laboratory experts will not talk to you above your head, you will know how to reduce each statement to its proper level, and many an erroneous diagnosis will thus be avoided. It is pitiful often to listen to old leading practitioners, using terms of modern medicine, with the fundamentals of which they have neglected properly to familiarize themselves.

So far I have talked to you from a purely practical point of view. The advice which I have given is, I believe, not hard to follow, and if you are serious in your purpose and diligent in your work, you will develop within seven or eight years into a competent, trustworthy physician. But a desirable physician must be more than that, and I have a few more things to say.

In the first place, any and every practical physician ought to try to keep up some affiliations with the scientific side of medicine. Of course, he must try to see now

and then autopsies which often clear up the nature of some obscure disease. But physicians of the newer generation ought to become familiar with the idea that the changes found after death from a disease are often merely the consequence of the disease and not its cause or its nature. A disease is a functional disturbance and physicians must accustom themselves to think in functional terms. It would be of great help to them if, now and then, they would study up one chapter or another of modern physical or chemical physiology or physiologic pathology. Besides the acquisition of knowledge and the training of the mind in the practice of thinking in functional terms, such occasional occupation with purely scientific problems elevates the standard and the general tendencies of such physicians.

Moreover, you ought to be aware that the medical knowledge which you have acquired in your medical education presents only a phase in medical history. That which you consider now in medicine as conservative, safe and indispensable was once new and met with violent opposition from the leading conservative men of that time. In the face of the rapid progress medicine is making in our day, the efficient physician must make up his mind to be ready to pick up such new things which have definitely proved their right of existence. Metabolism, immunity, anaphylaxis and chemotherapy present such functional problems of which the desirable physician ought to obtain a broad understanding.

In discussing the self-training of the young practitioner I would like to say a frank word on therapeutics. Many of our leading solid clinicians think lightly of therapeutics—unless it be water or air—and a good many of our fine, well-trained pharmacologists often speak sneeringly and contemptuously of the drugging habit of the busy practitioner. But let me say this: Our great medical teachers received their training in clinics closely adjoining the autopsy-room, and won their spurs by making brilliant diagnoses of such pathologic conditions which permitted early their verification on the autopsy table. "Interesting" cases of this type, which naturally rarely benefit by drugs, and which form mostly the bulk of the work of the great clinician in his hospital activities as well as in his consultation practice, give a wrong impression of the importance of drugs in general medical practice. In the work of very busy and efficient practitioners, however, who trust drugs and know when, how and which of them to use, such classical cases as above mentioned form only a small fraction. It is instructive to know how some of these great clinicians treat their patients when they have to deal with them all alone from start to finish. In a long experience I came across prescriptions by some of our great men which were a revelation to me. I could fill a page or two with such indiscreet gossip. Polypharmacy, incompatibilities and even notorious patent nostrums were there.

As to my friends, the pharmacologists, I risk to say that it would have been better for therapeutics as well as for themselves, if they would have had in addition to their scientific training an actual training in medicine, at the bedside of patients, and not of patients in hospitals, where there are practically no responsibilities to any one in particular, but at the bedside of a private patient, whose mother or wife, with eyes red from sleeplessness and crying stares at you, watches every movement of yours and begs you for help. You will then cease to be a hypercritical philosopher. It is well enough for pure science to restrict your interests to such state-

ments only, the validity of which has been definitely proved, according to your notion of proof. In medicine there is human life and happiness at stake, and you ought to recognize the undeniable fact that some claims may be true, even if you with your methods have not yet been able to prove them. The history of the use of iron in the treatment of chlorosis ought to be a lesson. While every physician could tell you from his own knowledge that, say, Bland's pills act in these cases like a charm, great laboratory men like Bunge and Schmiedeburg denied persistently that inorganic iron can be absorbed and thus capable of supplying the iron deficiency of the anemic patient. The struggle lasted nearly a quarter of a century. The trouble with the men, trained exclusively in laboratories, is twofold. First, they do not seem to see that a medical fact, observed critically by a capable physician, deserves as much credence and consideration as a fact developed by laboratory methods, and, second, that the laboratory man offers here positive opinions in a field in which he has had no experience.

I may say here that great physicians, like Traube and Kussmaul, who were busy general practitioners before they entered on their brilliant scientific clinical careers and whose training has been more in the experimental laboratory than in the dead-house, were never infected with therapeutic nihilism, though they dwelt then in the midst of this mental epidemic.

While I thus caution you against teachings which speak contemptuously of treatment by drugs, I have to warn you against the danger of uncritically accepting statements made in favor of numerous drugs. Not only are there a great many old medical compounds which the sound practitioner will do well to eliminate from his list, but he ought to be very discriminative in accepting new drugs which are backed up by seemingly reliable laboratory or clinical authorities. Here you will be often confronted with premature, uncritical statements which do not stand verification. This, however, is still comparatively innocent. The greatest danger threatens you from much worse quarters. There are base, unscrupulous individuals and concerns abounding in this country, and apparently not few of them in your city, who select the sick and the suffering as the easiest prey for their greed. The drugs which they offer, some worthless, some dangerous, are praised beyond measure. They are after you, the young practitioner, to become their innocent tool. They spare no money to trick you into it. They employ all sorts of talents, journalistic, clinical and laboratory. They publish their own journals, which they offer you for one dollar a year or for less. They smuggle their articles into some of the five-dollar journals; their hirelings present papers in low and high medical and scientific societies. They are for science, for progress in medicine, if that is a good bait, and they are for medical liberty. They have their men in the United States Congress, and in some governmental departments. They are everywhere; and when you are not on your guard, they will get you. But a desirable physician should do more than resist passively; he should actively assist in the war which the united profession of this country is trying to wage against this great danger to the physical, moral and mental life of the nation.

In the selection of the drugs which you wish to employ, do not be influenced by the advertisements, no matter in what journal; neither by the literature which is sent to you, whether with or without samples of the drug. Select carefully the medical journals which you

are reading, and be also on your guard in the selection of the articles which you wish to read with care. By attentive frequent perusals of medical periodicals you will soon acquire a knowledge of who is who in the medical profession in this country, from whom you can and ought to learn, and whose statements you may trust. Besides the dividing line between knowledge and ignorance, there is the line which separates the decent from the indecent physician. This division is more important than the first one. Throw your indifferent brethren to the indecent ones and stick closely to the class of decent physicians. They need not be saints; every-day common decency is good enough. Be sure that they do not sell themselves, their science or their patients to the highest bidding physicians and surgeons or to drug manufacturers.

Those who are in the practice of medicine, and those whose task and duty it is to make the practice efficient, ought to become imbued with the idea that the treatment of the patient is the paramount object of the practitioner. The very fact that great stress is to be laid on treatment will assist greatly in the development of its efficiency. The enlistment of men of genius in behalf of therapeutics brought us in recent years the marvelous new facts and principles of the serum treatment and chemotherapy. The actual curative remedies are still small in number, but on the basis of these principles more may be expected. But the prevention of the fatal outcome of a grave disease is not the only aim of therapeutics. Treatment covers a variety of objects, to be attained in various ways. The patient must be made comfortable even in hopeless diseases. Self-limiting diseases must be attended in order to obviate errors of nature or of attendants, and an attempt must be made, where possible, to accelerate the recovery. All sufferings, even of only temporary nature, must be alleviated. Our old clinicians had and have too much contempt for the treatment of symptoms. Salicylates which surely relieve rheumatic pains should be given even if they do not accomplish a cure, or even if the rheumatic fever would have gotten better without salicylates—if the sufferer could have waited long enough. Of course, no treatment should be given which could diminish the patient's chances of recovery, and no such treatment should be given which increases the patient's suffering and discomfort without having reliable evidence that it increases his chance for life. It is an interesting psychologic phenomenon that some medical men who are drug nihilists would insist on giving cold baths to typhoid patients who beg to be left alone, with flimsy statistics as the only proof for the usefulness of the method. I hear that some of our confrères became milder in their requirements after they had to take a dose of their own medicine. The story repeats itself in the cold-air treatment; an ardent advocate of the method recovered from his pneumonia without its aid.

Lighter than air is psychotherapy. Do not practice it consciously; you are training yourself to be a humbug. Have a thorough knowledge of your subject which entitles you to speak with conviction; be sincere in your dealings with your patient so as to gain his confidence; have sincere sympathy with your client which ought to manifest itself without obvious demonstration; be practical in your advice, and talk to the patient and his surrounding in common-sense terms—and you will have practiced psychotherapy honestly and successfully.

During health the human being is his own guide. When he becomes sick he loses his bearings and the physician is called on to lead him through and out of

the wilderness. But the physician is and ought to be more than a guide to the patient; he ought to be his natural protector, now more than ever. In the years gone by patients, with rare exceptions, had no adversaries. With the discovery that most of the acute diseases are infectious, the recognition came to light that each patient is more or less a menace to his surrounding, and it became the painful duty of the community to look out for the protection of its healthy members. The poor patient, besides his affliction and helplessness, has now an official enemy, and the health officer is the prosecuting attorney for the community. It is, therefore, now the natural duty of the physician to be the attorney for the patient. It is certainly the duty of every enlightened physician to assist in the protection of the community against the spread of diseases. But at the same time he ought to see to it that no measures, and especially no harsh measures, should be taken against stricken patients, based only on whims and ephemeral theories of half-baked sanitarians, and that the measures should not be carried out with harshness but with charity and kindness.

A desirable practitioner ought to be aware also that the particularity of his calling requires of him a higher standard of ethics. A physician who is ethically not higher than the average man is ethically lower than the average man. I shall offer two reasons for this dictum. The activities of the ordinary man are in most cases susceptible to supervision by his fellow men. The greatest part of the activities of the practitioner, however, are not accessible to outside control. Such an office of trust requires a higher standard of morals. Then there is the fact that the physician deals with situations which very frequently have tragic elements of distress in them. In disasters humanity asks for altruism, the legal laws of selfishness are suspended, you are asked why you have saved your life in preference to that of a woman or a child, strangers to you. Now, my young friends, I do not propose to you to be a hero every day of your life. I am afraid I could not be one even on one day of my life. But it is not a sacrifice to be every day of your life a desirable practitioner; on the contrary, it is a great pleasure. I congratulate you all and wish you great success.

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THE ADDITION OF A FIFTH YEAR TO THE MEDICAL CURRICULUM*

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The remarkable advance in medical education in the last quarter century has concerned both the kind and the amount of the training demanded of the medical student. Laboratory and practical courses, in which the students, in small groups, are brought into immediate contact with the materials to be studied, and thus obtain knowledge at first hand, have largely supplanted the didactic lecture and recitation, especially in the fundamental branches. Unfortunately the introduction of similar methods—of objective teaching—in the clinical subjects has made little progress, excepting in a few schools, and the lamentable deficiency of our medical students in practical experience at the bedside, is keenly realized. How serious and deplorable is this deficiency

has been graphically set forth by Mr. Flexner, of the Carnegie Foundation, in his Report on Medical Education.

The amount of education demanded has been increased at two points—the extent of preparation exacted for admission to the medical school, and the length of time required to be spent therein. As the successive steps in advance have been taken, the decision as to where the increase should be made has not always been wise. When, for example, about fifteen years ago, a general increase was made in the curriculum from three to four annual sessions, it would have been better if, in lieu of this, the advance had been in the premedical requirement, this requirement being at that time in most schools, about two years of high-school work, rather loosely enforced. Much more would have been accomplished in the direction of elevating the standards of the medical profession had the emphasis been placed at that time on a fairly adequate preparation for medical study.

Fortunately, during the last five or six years, rapid progress has been made in this direction, and with about thirty medical colleges now exacting two years of college work for admission, with five of the state boards of medical examiners demanding the same as a prerequisite for licensure, it seems pretty certain that this will be the uniform standard of the medical schools, in the northern states at least, within the next decade. With the present conditions in most of the secondary schools, and while so large a proportion of students enter college at 21 or older, and the medical school at 24 or later, it seems unwise to contemplate any further advance in the requirements for admission to the medical schools, as a universal standard, in the near future. Nothing less than this, however, will suffice to give the student adequate preparation for the study of medicine under existing conditions. One year of college work is not enough to afford the requisite training in English, mathematics, physics, chemistry, biology and foreign languages, notwithstanding the fact that the Council on Medical Education of the American Medical Association has recommended such a curriculum of one year.

If the premedical curriculum may be regarded as satisfactorily determined for the present, the next step in advance in medical education, at once the most needed, and, under the right conditions, the most feasible, is the addition of a fifth or practical year to the present course of study, this year to consist of service as an intern in a hospital, under supervision of the faculty or, in exceptional cases, for those who look forward to a career of teaching and investigation, of advanced and research work in one or more departments of the college. This fifth year should precede the conferring of the degree.

The feeling is universal among medical educators that medical graduates are entering into practice with too meager first-hand knowledge of disease—such knowledge as can only be gained by actual experience, at the bedside under careful supervision. In the earlier years of medical education in the United States, such experience was secured by an apprenticeship with a preceptor. This, indeed, constituted the sole means of preparation of a considerable proportion of medical practitioners until well after the middle of the last century. For the remainder, the one or two sessions of medical lectures, of four or five months each, was the incidental rather than the chief part of their training. The rapid development and growing importance of the fundamental medical sciences led to a steady increase in the amount of time required of the student in the college, while the changing conditions and methods of practice made it

* Read before the meeting of the Association of American Medical Colleges, Chicago, Feb. 28, 1912.