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THE PRACTITIONER, THE PROFESSION AND THE MEDICAL ORGANIZATION *

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THE IOWA STATE MEDICAL SOCIETY

The Iowa State Medical Society has reason to congratulate itself on the spirit of good fellowship that has characterized its meetings in the past. I do not believe that there is another medical society in the United States in which the members are less influenced by selfish motives than the society to which you and I have the honor to owe allegiance. In the Iowa State Medical Society, fellow members, we do not know the meaning of the word "politics." We have no factions, no cliques, no ins, and no outs. What is best for the society is the one question ever at issue. So long as this happy state of affairs continues — and I believe that it will continue always — the Iowa State Medical Society is sure to make rapid progress in the fulfilment of its mission.

It has sometimes been said that it is difficult to secure a place on the program of the annual session. Nothing can be further from the truth. I assure you that the program committee and the various chairmen are anxiously looking for the very best men to read papers. If the best men are not secured, it is because they are not known. If any member wishes to read a paper before the society, let him on several occasions discuss the papers of others. If he do this well, he is a marked man, and from that time on it will be impossible for him to keep off the program. It is to be regretted that the scientific program cannot be published at least two months before the meeting, to give ample opportunity for every member to prepare himself thoroughly on several of the subjects that are coming up for discussion. Desirable as this should be, it is not easy to accomplish.

THE HOUSE OF DELEGATES

To confide the business of the society to a small body of men known as the House of Delegates is a wise provision of the plan of reorganization. It is sometimes said that the society is not really a democratic body — that its affairs are managed by a relatively small number of men. There is a little truth in this statement, and it will continue to be true until county societies elect delegates that will attend the session, and that will attend all the meetings of the House of Delegates. Sometimes, at the meeting of the third morning of the session, there is a bare quorum present, and of those present many are in attendance as delegates for the first time. Naturally those that know what should be done,

and how to do it, are very apt to point the way. To make the business end of this society truly democratic, to give every county a voice in the business affairs of the society, send as delegates members that will attend the meetings, that will familiarize themselves with the needs and the working methods of the society, and having found such members return them year after year. To be a delegate means work and honor. The member that considers only the honor and shuns the work will never make a good delegate.

I believe it would be a very good plan for all county societies to hold the annual meeting for the election of officers during December. The delegates selected would thus have ample opportunity to familiarize themselves with the needs of the society. The names could be sent to the secretary of the state society early enough so that a correct list of delegates can be printed in an early issue of the *Journal*. There can scarcely be any objection to this plan, and there is certainly much in its favor.

I cannot, however, refrain from making one little suggestion. I believe that the annual session of the state society should be featured in the April number of the *Journal*, and that everything pertaining to that annual session should, so far as possible, be front-page matter.

COUNTY SOCIETIES

The county society occupies a high place in the factors that make for individual and collective progress. In fact, I firmly believe that the work of a county society is a correct index of the professional attainments of its members, and of the character of the service rendered the public. A dead county society is not fulfilling its mission. In order to improve, to keep abreast of the times, medical men must frequently meet in convention, to discuss medical topics. No statement needs less corroboration than this, so evident is its truth. These meetings reciprocally stimulate. It is so often said that physicians should join medical societies and do society work to improve the medical profession. I feel very much like saying that physicians should join societies and do society work to improve themselves. Let the motive be selfish, let it be self-improvement, because whatever improves the individual improves the entire profession, and the quality of the service rendered the public, and hence makes for the public good. I am almost ready to confess that I attend medical societies for selfish motives. I always hear something that sets me thinking, that stimulates me to better effort, that makes me try to be a better doctor. I do not attend meetings with the thought of improving the profession. I am not so conceited as to imagine that my presence is essential to the common good. To inhibit new ideas, to receive inspiration, to enjoy the fellowship of my coworkers — these are my motives.

* President's Address at the Sixty-First Annual Session of the Iowa State Medical Society, Burlington, May 8-10, 1912.

The county society is most important because its meetings are held frequently, and because it gives practically every member an opportunity to take an active part. If the members regularly attend the meetings of the county society, read papers as often as the program committee will permit, and always prepare themselves to discuss the papers presented by others, the meetings are sure to be profitable, not only to the individual, but to the entire professional body. The program committee of the county society should always invite case-reports, carefully prepared and accompanied by a brief review of the up-to-date literature on the subject. Simply to report a case without such careful study is not very profitable either to the member making the report or to the society. The best way to stimulate interest in medical society work is to have interesting and frequent meetings. It is much easier to prepare a program a month or two months in advance, and if the subjects be announced at least one month in advance every member will have an opportunity to prepare himself to take an active part in the discussions. Every member is interested in the meeting in which he takes an active part. He feels that it was a good meeting, just as the old lady insisted that the prayer-meeting was a most excellent one, because she led in prayer. In this state there are several county societies that will serve as models, notably in Ottumwa, Fort Dodge and Lisbon. These societies arrange their meetings months in advance. A little group of men at Lisbon, Linn County, has met every two weeks for the past two years, sometimes with but three (all the doctors in the town) in attendance, sometimes with quite a number of doctors from neighboring towns. The meetings have always been interesting, and they have resulted in much benefit to those that took part. The work of the medical men of the little town of Lisbon may well serve as an example of patient, persistent and successful county society effort. A county society which meets but once or twice a year, or which mails its program one or two days before the meeting, is valueless so far as benefiting members is concerned.

The ideal method of conducting society meetings is that adopted by the Wapello County Society. In this county the program for the entire year is prepared and printed at the beginning of the year, and issued in a neat little pamphlet. I should urge every county secretary in Iowa to write Dr. J. F. Herriek, of Ottumwa (Wapello County), for pointers on county society work. There can be a very good county society wherever four or five doctors can get together once or twice a month. I am not very enthusiastic over members that simply pay their dues but never attend the meetings. I consider them dead, lying high and dry on the bank, and far from the busy stream. Their annual dues are accepted, but they do not stimulate their fellows and are not stimulated by them; they neither give nor receive; they are ciphers in the society and society work. I wish to say here that a county secretary who fails to send a written invitation to each member of the society, immediately after his election, asking when it will be convenient for that member to make his annual scientific contribution to the society, and who further fails to mail the program at least one month before the meeting, is inefficient and incompetent and ought to receive the treatment that the food-fakers planned for Dr. Wiley. The program should be mailed a few days before the meeting, but each program should, in smaller type and less conspicuous display, carry the program of the following month. It is better still to have each program

announce the papers to be read the two following months. It stimulates the writer of a paper to have it known that he is under observation; it makes him feel that something is expected of him. This plan gives others ample opportunity to prepare their discussions. I again call attention to the Ottumwa (Wapello County) plan, which is best of all.

It has been said that there are too many district societies—that they detract from the county society and from the state society. I do not share this opinion. I believe that the men who attend the district societies are the most regular in attendance and the best workers in the county society, and most active in the state society. I am most firm in my conviction, however, that membership in the state society should be a necessary qualification for membership in every medical society. I do not believe in the so-called "free-lance" societies. The more good societies the better. Let a doctor get the medical society habit and he is always in attendance at his county, district, state, national and special societies; but of these the county society is most important, because it does or should meet at least once each month.

MEDICAL DEFENSE

For some years the state medical society has defended its members when wrongfully sued for alleged malpractice, and this phase of society work has been taken up in twenty-two other states. It is often said that malpractice suits are secretly encouraged by unprincipled competitors, or by so-called experts for a fee. That this is sometimes true cannot be denied, but I fear that sometimes these suits are due to an uncompromising attitude on the part of the doctor in the presentation of his bill for services. It must not be forgotten that, no matter how just the claim for services rendered, even a successfully defended suit for malpractice is a very expensive procedure in time, money and reputation, and that its cost will more than offset the fee involved. There is no such thing as getting glory out of a suit for malpractice. The doctor, even if the case be taken from the jury, is sure to be blamed by a certain number of people in the community. It involves an unpleasant, distasteful notoriety. Good advice is, do not resort to the courts to collect a fee, if by so doing a malpractice suit may result, unless your management of the case will stand the severest criticism. Do not indirectly invite a suit for malpractice simply to vindicate your position. The medicolegal committee was called on to defend a \$15,000 suit; the patient offered to pay \$60 and the physician insisted on \$75, and here they stuck. This suit cost the society several times the amount of the original bill, and was finally dropped, the physician collecting his fee in full. But I do not believe that he is the gainer by the transaction.

To prevent suits, whenever the case is such that the result at the best may not be satisfactory to the patient, secure early and efficient consultation. If there is a possibility, however remote, that the case may be the cause of trouble in the future, secure still more early and efficient consultation; do not wait until the patient requests you to seek additional advice; suggest consultation yourself even before beginning treatment. All fractures should be seen by a second physician—at best within call—all of them should be x-rayed before and after setting, and on discharge. In all fracture cases, the patient should receive specific instructions; nothing should be left to chance. If the patient be asked to report at a certain time, let the record show whether or

not he did so. There must be fewer malpractice suits, or the society will have to raise its dues very materially.

The medicolegal committee has never concerned itself with the defense of any member unless said member was unjustly sued, but I think I may say that, in some instances, a little more discretion on the part of the physician, or a consultation, would have avoided the trouble entirely. Do not forget that a successfully defended suit for malpractice is expensive in time, worry and reputation. It is far better to go a long way around to avoid one.

HOSPITALS

Hospitals are increasing in number and should be most important aids in securing the best treatment for many conditions. But too often they are but very poorly equipped for the work undertaken. Too often the visitor is shown a magnificent operating-room, while the all but mythical laboratory is located only with difficulty. X-ray work is poorly done, bedside notes are but poorly kept, the instruction to nurses is not systematic or serious, and the pathologist and the bacteriologist are honorary gentlemen, rarely on duty, who make occasional examinations and who, forsooth, do their work in a private office instead of in a well-equipped hospital laboratory. A well-equipped hospital laboratory is absolutely necessary; without it a hospital may be a boarding-house for the sick, but it does not make for progress. Every case entering a hospital must be most carefully studied, before and after operation, ante and post mortem. In the words of Murphy "Let the record show what was done." I consider a careful and complete record most important. This record must contain the clinical diagnosis, the operative findings, the pathologic diagnosis, and a careful bedside record. Such records kept permanently in the hospital and subject to inspection would make for better and more honest work. In many hospitals there is absolutely no systematic attempt at improvement; the hospital board is either too soundly asleep or too actively engaged in intramural hostilities to think of the scientific side of hospital work. Nothing so effectually paralyzes a hospital as a somnolent hospital board, and sleeping-sickness in a hospital board is incurable. In surgical work, too often it is cut and cover; the mistakes are not honest mistakes, such as competent painstaking men make, and which make for progress. Too often hospitals are tainted with the same spirit of commercialism that is so often seen in medical ranks. Too often they are so anxious to fill their beds that they do not inquire into the character and efficiency of the physician who would treat a patient in the house. No policy can be more short-sighted. The reputation and the success of the hospital depends on the character of the work done, and only such physicians should be permitted to work within the walls of a hospital as are able to add to the reputation and standing of the hospital. I believe that there should be a junior and a senior staff, the members of the junior staff to be under supervision until they have demonstrated their fitness to assume critical responsibility. Every legal, honest practitioner should be given the opportunity to demonstrate his ability, but if after reasonable opportunity it becomes evident that he is morally and professionally unqualified, the senior staff should have the authority to deny him further admission to the hospital. I consider this all-important. A man known to be dishonest, or of a judgment so warped that he does a gastrectomy as an operation of choice, or who does a hysterectomy on a young woman and proudly exhibits the "specimen," a submucous fibroid

which in no manner necessitated a sacrifice of the uterus, or who commits a criminal act inside or outside of the hospital, should be forever barred. I am pleased to report that there are some hospitals in Iowa that bar men like the above. Would there were more!

The operation-room should be open to members of the staff at all times, and all operations should be bulletined. Of course, every attendant witnessing the operation of another is bound by the most rigid obligation to preserve professional secrecy, the same as if the patient were his own. In this way the limited number of operations in a small hospital could be seen by all, and the sum-total of the experience of each member of the staff would be very considerable. On the one hand, camera obscura methods should not obtain in a hospital; on the other hand, professional secrecy must remain inviolate. Interesting cases of all kinds should be studied for the benefit of both patient and staff.

I believe, further, that the day is past when medical men can be both attending physicians and attending surgeons. They should be attending physicians or attending surgeons. So long as practitioners of medicine attempt to cover the entire field, so long will work be poorly done. No man can be a physician and a surgeon.

Let us get over the idea that the surgeon has the larger brain with deeper convolutions. It is true his successes and his failures are more in evidence, but the correct management of an anemic, ill-nourished child, the correct management of a summer diarrhea, the correct management of a case of pneumonia are tasks which even the best should feel proud to have done well; and the man who manages these cases well, who by training and nature is fitted to do them well, is not fitted to do surgery; and, equally, the man who with a few movements of the knife is in the habit of accomplishing much, is not fitted for the patient, persevering work of the internist, although he must be a good diagnostician. I believe that the movement to standardize all hospitals should be encouraged by all means possible. Minnesota has taken the lead, and a nation-wide movement is being considered by the Council on Medical Education of the American Medical Association. I believe that the hospitals of Iowa will welcome this movement. A hospital is a public utility; the public is vitally interested, and has a right to know that it is well managed. All hospitals should be placed under searching and rigid state or national supervision. Standard hospitals would be available as clinical schools for the instruction of fifth-year students. What an immense impetus to better endeavor! The public would soon recognize the difference between a standard hospital and one that is not standard, patients would seek the former and avoid the latter. Let us have well-managed standardized hospitals, where team work is done, where specialists are developed, where only high-grade men are admitted, and where the incompetent and the dishonest are barred. Let hospitals become each a medical school where there are equal privileges for all honest, earnest, reasonably competent men. But, I repeat it, to work in a hospital must be considered a privilege, a badge of honor, and the unworthy should not enter. Who shall decide the question of fitness? If the work of a man will not bear the light of day, if his work is not open to inspection by his colleagues, if the record—an honest record—does not show what he has done, let him be barred.

I wish to make a plea for a trained resident pathologist, roentgenologist, and anesthetist in hospitals. It

is becoming the correct thing to have the anesthetic given by trained women. Such a woman, resident in the hospital, could give anesthetics, act as pathologist, do x-ray work, etc. There is ample work about a hospital of very moderate size to keep such a trained woman quite busy, to the great advantage of every member of the staff. A pathologic report in every case would stimulate to better effort and make for better doctors.

COMMERCIALISM IN MEDICINE

This word, "commercialism," has a harsh and rasping sound, but it will not down, although its discussion usually makes for progress, as the crab progresses. Books have been written on it; there have been biting magazine articles without number (notably by Arno Dosch, Ex-President Reed of the American Medical Association, both in *Pearson's*) many articles in medical journals, and numberless addresses by medical men before medical bodies. The remedy for existing conditions has been sought in publicity: dire laws to control it have been threatened, unless the medical profession eradicated the evil: "Purify yourself from within or you will be purified from without, and to your sorrow." The result has been more and more commercialism, until the public thoroughly distrusts the medical profession, a distrust on which arrogant quackery has fattened as never before. What good does it do to talk about these things? But the subject will not down, until the medical profession mends its ways, and public confidence is restored, too much has been said and written to "put on the lid" now. I shall not enumerate the various symptoms of this disease, commercialism, as manifested in the body professional. This is a commercial age, and it is little wonder that the medical profession has not escaped. In truth, to have escaped infection entirely would mean that medical men and women are made up of much sterner and purer stuff than other men and women. "Put money enough in thy purse" is the almost universal slogan.

In defense of commercialism in medicine, it has been said that medicine is a business, and business methods should prevail. A business man has something to sell, and he sells to all that he can induce to buy, his only concern being the ability of the would-be purchaser to pay, and his own profit on the transaction. It is not for him to inquire whether the would-be purchaser needs the article offered, or whether its acquisition will add to his happiness or comfort. Imagine a physician or a surgeon influenced by the same considerations, "ability to pay and the profit on the transaction." How often have you that are not tradesmen, members of this society—how often have you refused to sell your commodity in spite of the fact that the consumer had a good financial rating, and the profits of the transaction were within your grasp? How often have you refused to give unnecessary medicine? How often have you declined to do unnecessary operations? How often have you sought your reward not in "honesty is the best policy" but in the feeling that you were doing right, regardless of the most profitable policy? No, we are not tradesmen; the practice of medicine is not a business except to the charlatan and the quack. What sort of business man would unceasingly labor to destroy his market and curtail his sales, as does the physician who tries to prevent disease and the spread of infection? But I fear that there may be physicians who are tradesmen—who barter, who sell their wares to all that are willing to buy—to whom a patient is only a possible source of so much

profit, as much as "the traffic will bear." I do not believe that any such are attending members of this society. The relation between physician and patient is not that of buyer and seller; it is unique, unlike that of anything else on earth. As was recently said in an address to medical men, "You are the prosecuting attorney; you are the counsel for the defense; you are the judge, you are the jury; and you are sometimes the executioner." And I shall add: "You conduct your case behind closed doors, in camera obscura, with no witness but your own sense of right and wrong." And this profession of ours is a business, subject to business methods (!) I tell you it is a vocation calling for the highest ideals and for the most unselfish standards of honesty and purity of purpose. No, we are not tradesmen, you and I. But if it be true "that those that preach the Gospel shall live by the Gospel," it must be fitting that those that practice medicine should live by their labors. Business methods in making collections do not make our profession a business; and here a business spirit, a tempered business spirit, should prevail.

COMMERCIAL MEDICAL SCHOOLS

But the struggle for existence goes relentlessly on, and the spirit of commercialism is the result of an inexorable law. As the struggle for a livelihood becomes more intense, men are less concerned about methods, provided the desired end be obtained. No fact is better known in the business world than that competition may be so acute as to be ruinous to the competitor, and give a very inferior article to the consumer. Worse still, the material rewards may be so meager that the better class of young men will not be attracted to the profession. What can be done to remedy this evil? Before a remedy can be suggested for this condition, something must be known of its source—of the factors which brought it about, and which give it root. Back of all and responsible for all is a condition from which there is no immediate escape. There are too many medical schools—too many commercial medical schools—and consequently too many doctors, and especially too many that are graduates of commercial schools. The remedy that suggests itself, first of all, is to lessen the number of medical schools, and to eliminate all of the commercial schools. There is no other possible solution. Yellow fever was throttled by destroying the breeding-places of the mosquito by screening the rain-water, oiling the ponds, and draining the swamp-land. In like manner must the breeding-places of the incompetent doctors be sought out and made impossible. All the commercial medical schools must go; all the struggling medical schools must go; medical schools harboring commercial teachers must purge their faculties or forfeit the support of the profession. Commercial teachers in medical faculties are doing and have done more to commercialize the profession—and I use commercialize in the worst possible sense—than all other factors combined. With these men prostituting their positions for the most selfish of ends, improvement is impossible. The struggling and honest school may deserve sympathy and the *coup de grâce* should be given it as considerately as possible, but it must be *coup de grâce*. If for any reason a school does not promise the best results, it must go. Let the good and the poor schools be advertised for just what they are; let prospective students know which schools are good and which are bad. Students must learn more about work in medical colleges. They must learn that it is an easy matter to keep them busy in

almost any kind of a medical school—to keep them “hustling,” that they may have no time to compare notes. Naturally, the ambitious, industrious student feels that his time is profitably spent if he is busy. He is not a judge of the quality and food value of the viands set before him; he often gets very little wheat in much chaff, so that he is kept very busy getting enough protein to keep growing; his stomach is taxed to the utmost, but the food value of the repast is very low; his real advance is but a fraction of what it should be in the four or five years of his course. If the best schools be selected—and this would be done if the best schools were known to those entering—much would be done to solve the problems now confronting us. Physicians should advise young men to select only the better schools—should help them select the better schools.

MEDICAL EXAMINING BOARDS

The state board of medical examiners, a national board, or a board for a group of states, must insist on more rigid examinations of schools and of applicants for license. It may be necessary to improve the quality of the board. In fact, I think it is most advisable to do this by asking the state medical society to suggest two or three names for each vacancy on the board, the governor to make the final selection. There should be no bar to reappointment on the board, because really good men are very few. Boards must carefully acquaint themselves with the work actually done in medical schools. Let them carefully inspect the schools, actually know whether that old worthless gynecologic clinic is still given, whether that “favorite pastime of former medical students” the omnibus, spectacular, surgical clinic, worthless except for diagnostic purposes, is still in vogue, or whether individual painstaking instruction is being given to small groups of students. Let the state board know that clinical material is ample and that selected cases may be available for demonstration when needed. When the candidate reports that he has attended five cases of confinement, let the board know whether the five cases sufficed for 100 students seated on benches, or whether each student individually attended five cases; let the board know whether one hour by the teacher means one hour for 100 students taken collectively, or whether it means one hour for a small group of five students. The board must take nothing for granted; let it actually and seriously investigate, and know that candidates have had serious, individual, not omnibus training. Two years in college as an entrance requirement may mean something or it may be a blind; the actual work in the medical course is more important than the entrance requirements.

PRACTICAL EXAMINATIONS

Let the board give a practical as well as a theoretical examination. The present examinations are not a test. A man may answer ten questions on almost any subject, with the aid of quiz-masters or quiz-manuals, and still be utterly incompetent to practice medicine, wofully ignorant of medicine. It is a very poor school indeed that cannot prepare its graduates to pass examinations as at present conducted. It is said that years ago a certain medical school in the South, with a one-year course, had more men in the Army and Navy than any other half-dozen medical schools. The graduates were prepared to pass examinations. That school is now a four-year school, but I question whether its recent graduates are better able to answer questions than were the graduates of years ago, although they are infinitely

better prepared to practice medicine—ininitely better doctors. The work of the state board will be very easy in those states which have no medical schools within their border. In such states both the theoretical and the practical examinations can be made very severe, the number of physicians gradually lessened, and the service to the public immensely benefited. Such a state should be especially fortunate; it should have the best medical service, other states bearing the heavy cost of educating its medical men. There would be no local interests to consider.

In states which have within their border weak and struggling medical schools, the profession has confronting it an unusually difficult problem, since the examinations are sure to be tempered to meet the ability of the home school. Deplorable indeed is the condition in a state in which there are many commercial schools of the lowest type and in which the state board is controlled wholly or in part by these schools. This condition seems to exist in one great commonwealth, and it is a satisfaction to know that the Iowa State Board and other state boards have established a quarantine against that state; it was time. The odor was smelling to heaven, and it will take a generation to remove the blight.

With fewer and better schools, better examinations, with at least one year of hospital training, there will be fewer and better doctors, and the medical profession will attract better men. This much attained, professional fees must be equalized. Who will maintain that the correct management of a case of pneumonia, typhoid fever, or summer complaint in a child requires less skill and thought than an ordinary laparotomy? Is the fee adequate for the services in these cases? Fees for the trying house-to-house service, be it in the country or in the city, are too low. Do you wonder that so many medical men are attracted by the larger fees of the operator? The well-trained, experienced surgeon who makes careful diagnoses, who is competent to meet emergencies, who does every operation in the best possible manner, who is conscientious and God-fearing, who declines to do unnecessary operations, who does enough but not too much—that man earns his fee whatever it may be. We are attracted by the things that seem easy; we neglect the things really difficult, as the correct diagnosis, and the correct management of daily internal cases. And why? It is the fee that is attractive. With fewer and better doctors, with fees proportional to the skill and the judgment and the responsibility involved, conditions will be immensely improved.

Can anything else be done to improve conditions? That question has been answered many times—by Ex-President Reed of the American Medical Association, by Ex-President Lord of the Western Surgical Association, by President Murphy of the American Medical Association, and by many others; the remedy is included in the single word “publicity.” Let the people know that at least 25 per cent. of the men practicing medicine are graduates of commercial schools, and entirely incompetent to assume responsibility of any kind, be it teething baby or a case of roundworms. There are men who are equally incompetent, although graduates of schools considered good at the time of their graduation. I refer to the men who have not visited medical centers during the past ten or fifteen years, who do not read journals, and whose diagnoses and operations beggar description.

The “amateur surgeon” has been flayed without mercy, and he deserves all he is getting, but he is not

so much to blame as the school which failed to impress him with the sacredness of his obligations, and the state examining board that gave him his diploma and his license to assume every responsibility. The word "amateur" does not consider the age of the surgeon, or the years of his practice. The man who does not often feel that his knowledge of surgery is very incomplete and who does not persistently seek the truth, the man who does not make every effort to reach a reasonably correct diagnosis in every case is an amateur, and should be so heralded to the public. The man who attempts the management of a difficult surgical case—and all laparotomies are difficult—without a reasonable experience as assistant, is dangerous, and should be so heralded to the public. The specialist who does not have a sufficiently broad knowledge of medicine to estimate symptoms with a fair degree of correctness, and who uses a microscope of a power so high that he sees only a very limited field, is an amateur, and should be so heralded to the public. The man who does not use his microscope to make or confirm diagnoses whenever possible is an amateur and will always remain an amateur surgeon. I have several young friends who do not subscribe for *THE JOURNAL* of the American Medical Association, and I am afraid they will always remain amateurs. The man who does not often think that his work is far from perfect, who is not a severe critic of himself and his methods, and who considers himself as good as the best—is an amateur. I believe that the really competent and able man sometimes, often, experiences the feeling ascribed by Osler to the mystic in his "Alabama Student." "They see the travail of their souls and are not satisfied, and in the bitterness of the thought that they are not better than their fathers are ready with Elijah to lie down and die." Not a comforting sentiment, but it comes with force to the men that are striving for better things: the amateur never has this feeling. Good internists are as scarce as good surgeons; they should command just as good fees, and internal cases are often more difficult; although a fatality does not rest as heavily on the shoulders of the internist, yet the responsibility is the same. The man of any age who loses a pneumonia or typhoid patient without consultation is just as reprehensible as the man who loses a patient in what should have been a simple and safe surgical operation.

The demand for better service is just as urgent in medicine as in surgery. I believe that the honest, conscientious, painstaking doctor will soon come into his own, be he internist or surgeon.

The remedy for commercialism is fewer and better medical schools, with the immediate and complete elimination of commercial teachers from all schools, a fifth hospital year, fewer and better doctors, less drugging and more teaching, equalization of fees, and publicity. Let Arno Dosch, Lord, Murphy, Reed and others continue their agitation until the public is taught to "stop, look, and listen." If the medical profession will not purify itself from within, let it be purified from without.

THE PUBLIC AND THE PHYSICIAN

I have said that the public pretty thoroughly distrusts the physician and not without reason. The loud and continuous hammering the profession is receiving because of its commercial tendencies and because of the large percentage of entirely incompetent men within its ranks in a measure explains this distrust. Only a few

days ago one of the foremost scientists in the country said to me, "What benefit can come from a consultation? Doctors always support each other; the patient is no wiser. Consultations are merely a matter of form." This statement was made by an educated observing man. Does it indicate that he has a great confidence in the integrity of the profession? Is there any basis for his suspicions?

I often think that the number of quacks in a community is a measure of the manner in which the profession has met its obligations. I recently asked a well-known practitioner whether he gave his patients sensible advice, whether he instructed them in medical matters. "Sensible advice—instruction—no. They want treatment, and I treat them." This sentiment put into practice is sure to work to the advantage of quacks and quackery. An intelligent community, intelligent in medical matters, is not a good field for quacks. Every physician should become the teacher of his patients. The public must be educated, and doctors must be the teachers, at the bedside, in the consulting-room, always telling the truth about medical matters. If every doctor would do something in this line, if only a little, the sum-total would be a stunning blow for dishonest and illegal practitioners.

Says Benjamin Moore, in "The Dawn of the Health Age" along these lines, "The medical profession sadly requires to have some dignity put back into it, by being made a truly teaching profession. Medicine must be given sometimes, but at the same time if doctors could see their way to give one-tenth the present amount of drugging and ten times the present amount of teaching, it would be better for both the world at large and the self-respect of the medical profession." Less drugging and more teaching is a slogan by which to win.

THE STATE EXAMINATIONS

The medical profession has no quarrel with any real or so-called school of medicine; it favors and recognizes no special school but welcomes to its ranks every educated physician, and wishes a full measure of success to every man that practices the healing art. But the medical profession and this society stand for equal tests for all in the basic principles of medicine. No treatment according to any school is possible unless a diagnosis be made, without which the grossest and even criminal errors are unavoidable. On this point there can be no question. Hence the state examination must include all the subjects usually taught in a medical school, except therapeutics and materia medica, which may well be left to the schools. There should be no examination in "practice" but a searching examination in "internal and nervous diseases." The examination must include the causes, the pathology, and the symptoms of all internal diseases, and all the so-called fundamental branches, all of them, that a diagnosis may be possible. It is no concern of the state board of medical examiners whether an applicant be a so-called regular, homeopath, eclectic, or what not, so long as he is well trained in pathology, pathogenesis, etc. Clean, competent, honest stimulating competition is welcomed. Let us hope that the time is not far distant when a national board of examiners will take charge of all examination, and issue all licenses to practice medicine. Perhaps a board representing a group of states would be more practical, as suggested by Mr. Hallett of the Royal College of Surgeons, at the recent conference in Chicago.

DR. WILEY AND THE OWEN BILL

You all remember the unworthy effort to force this faithful public servant from his important position. Feeling that by so doing I should reflect the sentiment of this society, I sent a message to President Taft that the 2,000 members of the Iowa State Medical Society endorse and believe in Dr. Wiley because of the great work he has done and is doing. A very courteous reply came from the White House, but of course under the signature of the President's secretary. But Dr. Wiley has resigned. I have so much confidence in his judgment that I feel that he is working for better things, that he sees better and bigger things in the not far distant future, a national Bureau of Health. About this just a word. I need not dwell on the urgent need for such a bureau, or on the work done by the League for Medical Freedom to prevent its organization; but "who," says Earl Mayo, "are the chief opponents of the establishment of a national Bureau of Health and who oppose all supervision in health and medical matters, state or national?" "What other interest," says Mayo, in referring to the patent medicine interest, "has the ability, even if it had the disposition, to raise hundreds of thousands of dollars for a continuous campaign against the proposed national Bureau of Health, all in the guise of medical freedom?" "Freedom," says Mayo, "to poison, to debauch and to slay, and such opposition should bring to Senator Owen the support of every decent citizen." Much has already been done to voice the sentiment of the profession and of the people on these matters, but much remains to be done. A direct and forceful appeal must be made to the broad-minded men that represent the state of Iowa at Washington. I should suggest not only that the House of Delegates send a suitable message to Senators Owen, Cummins and Kenyon, but also that every member of this society communicate with his respective representatives in Washington, asking for early and favorable action on the Owen bill, known as Calendar Bill 561. These letters must be written at once. In addition, every member should induce as many influential citizens as possible to write similar letters. The Owen bill would become a law very soon if the members of the medical profession were half as busy as the National League for Medical Freedom. We must not be caught napping; we are responsible for the attitude of Iowa in this matter and now is the time for action.

The Owen bill has recently been reported favorably by the Senate Committee; this is reason not only for encouragement, but also for additional effort. Everybody must get busy and boost. Write letters to the Iowa senators and representatives—many letters, and at once.

A CRYING NEED AND AN OPPORTUNITY

We owe much to Rochester and much to the leading surgeons of Chicago and other great cities. They have thought of us, and prepared for us an annual congress of surgeons, and other like entertainment. We can go to a large city at any time and see noted men at surgical work—always technic, until we forget everything else. What we need most of all and what we want is not operations, not technic, but pathology and diagnoses, medicine and medical clinics. We need and we want careful clinical methods, we want diagnostic methods, we want to refresh and rejuvenate ourselves by again seeing and hearing Pepper, Charcot, Nothnagle, Gerhard, Bramwell, Gowers, Krafft-Ebing and Dejerine. We must be brought to a higher estimation of things medical. We

want to get acquainted with the internists and neurologists, with Billings, Sippy and Dock; with Patrick, Church and Hecht. We want to see these giants in action, we want to observe and study their methods. These are the men that can stand on the bridge, that have it in their power to stay the surgical onslaught, and to entice younger men and older men, too, back into medicine. Let Chicago arrange a medical clinic for senior students and doctors, three or four hours each week-day; let the time and the place be widely heralded in different hospitals, on different days; let the keynote be diagnosis and clinical methods. These clinics would soon be as well known as are the surgical clinics, and they would soon become veritable medical meccas. A surgical congress makes for more surgeons, and I hope that it makes for better surgeons, that it stimulates serious study of surgical problems, and that it makes for better diagnosticians and better surgical pathologists. But it is an omnibus, spectacular, opera-glass affair. I sometimes fear that it fosters the idea that surgery is easy and profitable.

In addition to the daily clinics already mentioned, a medical congress conducted much as the surgical congress is conducted would stimulate the often waning spirits of the internists, and every general practitioner is an internist. Such a congress would divide honors with the surgical congress, or perhaps rank higher as a factor making for progress, and do more good. I would not have this an idle appeal; many, many times have I longed for medical clinics. There are more than enough internists in Chicago and other large cities to accomplish wonders in this direction without undue hardship to anyone.

The surgeons are doing all the shouting, while the internists bewail the lack of appreciation for their work. The remedy is easy. We need diagnostic methods; we must improve ourselves; we must again be taught how to examine patients, how to read and estimate correctly. These must be clinics that set men thinking—that inspire correct methods; the benefits will be immense. Will our appeal be heard by the men that have it in their power to teach us better methods and higher ideals? I hope so. We appeal to the metropolitan internists to inaugurate a series of medical clinics and a medical congress. They will be successful. Many of you know how attractive the clinics of Nothnagle, Charcot, Mendel, Krafft-Ebing, and the others mentioned were to medical men. Chicago and St. Louis can duplicate these clinics. Will they heed the call?

THE MEN OF THE HOUR

In closing, I should say that the need and the hope of the profession is young men, earnest, well-trained young men, men of high ideals, but in this work of ours there is but one test for age. The man who reads, who studies, who does not let a day pass without an effort to make himself a better doctor, who attends his county and state societies, who frequently visits medical centers, who prepares papers for his county and other societies—that man is a young man, and in him lies the hope of the profession. The man who isolates himself from his coworkers, who works alone, who feels that attendance at medical meetings is time wasted, and that nothing is to be learned at medical centers—he is an old man regardless of the date of his birth. The man that is ready to write a paper when invited to do so is a young man. Recently I spent a day with one of the leading surgeons of our sister state to the eastward. Casually, he said that he had in mind twelve subjects on which

he wished to read papers. His papers are much sought and always good. That man will never grow old. What an example he should be to some of our old men that graduated during the first ten years of the present century, who are too busy to prepare papers, or who do not regard an invitation to read a paper as a precious compliment, calling for their best effort! I know a large number of men who began to age the day they graduated, who have grown older and older ever since, and who are now bent and decrepit in medicine, although they have not yet reached the age of 40. I know men of 65 or 70 years who are active workers, with most receptive minds, and these men are still young, and we love them for their youth. The need of the hour is men who love medicine for its own sake, who are enthusiastic, tireless students, clean men, honest men, men that are brave enough to say "I do not understand your case," men who strive to make a diagnosis rather than blindly prescribe, men who are painstaking, progressive, receptive, sympathetic, big-hearted, warm-blooded men; God-fearing men, men who never forget that all their training, all their effort has for its object only the best interests of the patient to which every other consideration is secondary. These are the young men so sorely needed; they will never grow old; and "men" all through this paper includes men and women. The grandest young man in Iowa to-day—we all love him—is Edward Hornibrook, of Cherokee.

I wish to say that I believe that there are hundreds and hundreds of men practicing in Iowa, the larger percentage of them country doctors, who in a progressive spirit and in devotion to duty excel their city confrères. There are in Iowa to-day hundreds and hundreds of country doctors who are fully competent and who merit the sympathy and warm affection so freely given to that "good old country doctor."

My faith in the future of the profession is unbounded; the future is bright with promise. We shall weather all our storms; commercialism will disappear; the public will be more intelligent and responsive; hospitals will bar their doors to the unworthy; the commercial schools will be throttled; and the material rewards will be sufficient to attract the very best men. The profession will continue worthy of its great inheritance, of the inheritance left it by Lister, McDowell, Laennec, Jenner, Hunter, Harvey, Koch, Pasteur and Ross, a few of the immortals that grace our guild. It will be a better and a purer profession, a fit profession for your son and for mine.

Serotherapy in Itching Skin Diseases.—Linser does not attempt to explain its mechanism, but he states that there can be no doubt of its efficiency. He injects 10 or 20 c.c. of serum from a healthy person and has found it effectual in arresting the tendency to general pruritus in the elderly, also in impetigo, urticaria and allied dermatoses in children and in eczema. In the latter affection it is supplemented by the usual measures, but in the pruritus of the elderly nothing else is needed in some cases, the pruritus ceasing entirely after a few injections of the serum. He usually makes three or five injections on successive days and then waits to observe the effect. Some patients had up to sixty injections on consecutive days with no by-effects. It is indispensable, he has found, to have the serum from a person of the same sex and the same condition as to presence or absence of pregnancy. There can be no question of anaphylaxis, as the serum is not from an alien source, and he urges a trial of the measure in all rebellious cases. Linser is professor of internal medicine at the University of Tübingen, and his article on the subject is published *Dermatologische Wochenschrift*, March 30, 1912.

CONTRIBUTION TO THE SURGERY OF BONES, JOINTS AND TENDONS

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(Concluded from page 1431)

EXTRA-ARTICULAR LESIONS PRODUCING DEFORMITIES OF JOINTS

The extra-articular lesions which are operative in producing deformities of joints are (a) shortening of tendons through contraction of muscles; (b) paralysis of counteracting groups of muscles; (c) cicatricial fixation or shortening of the capsule, and (d) cicatricial contraction of the skin and fascia. These are caused (1) through burns, sloughs, trauma, and so forth, and (2) by periarticular abscesses, such as a psoas abscess in the hip, popliteal abscess, and so forth.

Muscular contraction from trauma is most commonly the sequence of too tight bandaging. This is particularly noticeable in the lesion described in the literature as Volkmann's contracture, Volkmann's paralysis, ischemic paralysis and ischemic muscular atrophy with paralysis. I shall not go into the literature of this subject now, as that would require too much space, but it will be considered fully in a monograph to be published later. None of these names, however, expresses the real pathologic condition, which is a traumatic myositis, the result of pressure produced by a circular bandage or splint applied too firmly against the muscles of the arm or forearm. Following such pressure there is an immediate myositis with absorption and subsequent contraction. All of the damage is done practically inside of the first seventy-two hours. The contraction shows itself in from four to six weeks, and assumes a fixed condition within ten to twelve weeks. It then remains stationary except for the additional deformity which is produced by the growth of bone without a growth of muscle. This makes it appear as though the muscles were continuing to contract, which is not my view of the case.

There is no paralysis of the motor nerves from the ischemia, except when a splint presses against a nerve, the median, axillary or ulnar. If one examines these patients carefully at the end of six or eight weeks, one finds that all of the muscles respond to voluntary impulses; that the motion in them is limited by the fact that a greater or lesser portion of the belly of the muscle has been destroyed by the myositis and is now a firm cicatricial mass, often readily recognizable by a depression in the forearm or over the biceps or triceps.

When a bandage is applied too tightly around the knee, the external popliteal nerve is readily compressed as it passes over the outer surface of the fibula just below the head. This results not in a contraction, as it does everywhere else in the body, but in a paralysis and elongation of the muscle which in the lower extremity is recognized as a drop-foot. It is a common sequence of a prolonged Buck's extension or a plaster cast applied firmly around the knee, or of compression in splints. It results in a paralysis of all the extensor group of muscles on the anterior surface of the leg, and later a contraction of the calf muscles follows, giving the patient a talipes equinus. The drop-foot so commonly present after fractures of the leg and thigh is a dressing sequence and not an injury sequence.

Occasionally in traumas to the arm, forearm, thigh and leg, the muscle bellies are cut through to the bone