

den of parental obligation, is creating problems which in their final issue concern the future of the race. As effects of the withdrawal of female life into industry, mention may be made of the weakening of the home instincts, a love of independence, and a growing taste for pleasure and excitement, so that if marriage is entered upon, there is a growing unwillingness to accept the duties and responsibilities of motherhood."

During the past thirty years the greatest decline in birth rate among leading countries was in England, which declined 25%. Russia had the least decline, 1%. Between these extremes come Austria, Denmark and Switzerland with 12%, Italy and Finland with 13%, Sweden with 14%, Norway with 16%, Germany with 18%, Holland with 19%, and Belgium and France with 21%. For comparison, the decline in Boston for the past twenty years is 8%. As to increase in population since the Battle of Waterloo, Oliver makes the statement that France has increased one third, Great Britain and Ireland have doubled in numbers, Germany has quadrupled and Finland has increased three times. Italy stands at one-half more and Austria one and one-half. The fluctuations of numbers of inhabitants in Italy are given with Fricks as an authority. In 220 B.C. the population numbered twenty-two million, by 2 A.D. it was less than half this figure and decreased to five millions two centuries later. At the beginning of the second Punic war there were 270,000 citizens fit to bear arms, and at the time of Augustus, there was doubt whether 45,000 men could be raised. This reduction took place during a long period of peace, and is an example of a nation which has attained a high position in civilization, and then thrown aside those implements which have enabled her to gain this position.

"A nation's worth," writes Dr. Oliver, "like a nation's hope, rests not necessarily on one class of society, but upon the members of all classes who are thrifty, who are leading normal lives and who are discharging simple duties to the family and to the state."

In this connection it is interesting to note the statements of Professor Walter F. Willcox of Cornell, in the March number of the *Journal of Heredity*. In regard to the decline of both the death and birth rate, he believes that the death rate can and it must be controlled by the education of the people. He does not regard this decline of births, however, as an unmixed evil, for he states that had the birth rate not diminished, the population of Europe would now, but for the war, be increasing faster than the wealth or food supply could maintain it. The unfortunate aspect of the situation is that those strains best qualified to perpetuate themselves, such as college graduates and native American stock, are classes which contribute most to the

declining rate. As a striking example of the present rate of declination of births, he calculates, using the ratio of children to women of child-bearing age, that, should conditions remain precisely the same, in a century and a half there would be no children born. He does not presume, of course, that conditions will remain the same, but makes the statement as an argument for proper consideration of a significant trend of civilization.

Correspondence.

HOSPITAL AND GENERAL PRACTITIONER.

Mr. Editor:—

One has heard of late statements *ad nauseam* as to the desirability of group-clinics, as to the preëminence of modern hospital methods, and the utter fatuity of the practitioner. Not unnaturally the practitioner has "come back" in rebuttal. But the statements in rebuttal have been protests as to the method of presentation; and as to that only. It is not really important whether photographs of the disputant's family life accompany the article or not; the question is, at the long end of it all, whether he is right or wrong.

My quarrel is with the alleged facts that have been so gayly assumed as premises. It has been asserted (and loudly) that hospitals do work far better than the general practitioner can do. Case for case in the whole community, this may be true. I doubt it a bit, but hope I am wrong, as I try to be proud of my own hospital service. But if this is true, why is it true? Is it because of laboratory facilities, as we are so often told by a man who only recently characterized all urine analyses as useless or needless? Probably not.

Probably if it is true that the hospitals (the public ones) do better work, it is because they make a sincere and rather successful effort to pick the best men in the community for their staff positions. These men work along, year after year, recognizing that the house officer in training is not half so good an assistant as his hospital predecessor (now the surgeon's private assistant); recognizing that Dr. X could, and would, take far better bismuth plates in his own x-ray plant, and that the plates would be filed—not lost; recognizing that nurses in training are not so good as they will be after they are trained; knowing that the externe etherizes in a way that would not "get by" outside, but realizing that these folk must learn, while the "Visiting" does the best he can under the handicap.

They do this work partly because of tradition and a vague sense of public duty; partly because of the constant intimate contact with their peers, which so much makes for sanity and balance; partly because the vast experience gained in what we may call the loose wholesale business of a hospital is a great help toward a perspective, hardly to be gained by the more careful and detailed work of a private practice, which must, in the nature of things, be relatively small in these years in which a man's maximum hospital work is done.

After this period, he goes on as with any other fixed habit. If the hospitals turn out better work it is because they have the best men; not because the hospital system is ideal.

Just now a nation-wide investigation of hospitals (with standardization in view) is imminent. This is not because the country's hospitals are too good! In this community we have had a chance for a few years to rate efficiency with regard to the treatment of

accidents. Do the big hospitals show up in the lead? I trow not; very much not!

Best of all are the "company hospitals" of the big industrial plants. Worst of all is the untrained practitioner; poorly equipped because of poor pay. So far as I can get the facts, most of the reasonably successful practitioners show up about level with the good hospitals in results.

Let us not forget that the "G. P." has an x-ray man who does better work in the office afternoons than at the hospital of a morning; that he can always get interested advice from a medical or surgical colleague, or a nerve sharp, or a skin specialist, or what not, at any time, even for the patient who cannot pay a cent, and that this colleague will do better work on a case so referred than he does (however good his intentions) on a routine case pushed into the routine of his clinic.

One cannot quite organize any professional service; least of all that service of medicine which has from time immemorial been personal, altruistic and interested.

The doctor must be paid; he spends like another; wants as much money, but after all you cannot quite buy a doctor! His best work is where his heart is, and pay has little to do with it.

I am afraid that as time goes on, there is danger that medical care of the citizen is going to become a function of the State, but there is some comfort in the fact that we of this generation are not likely to live to see this development interfere seriously with our own work in the profession we have grown up in.

One other point, and I am done.

In this social or sociological scheming for the uprooting of medical practice, much has been made of the successful experiments of certain universities in the care of their students. Does it not occur instantly to any thinking man, that what can be done—has been done—at certain Western universities, namely, care at \$5.00 (or whatever it may tot up) for the year, is absolutely valueless in arguing as to the medical care of a mixed community? Not only are the students at the age of maximum vigor, maximum interest in active affairs, minimum morbidity, but they are a picked class as well; the very best of our population. More than this, they are exempt from want, exempt from the strain and risk of industry, and exempt (or nearly so) from the great load of alcoholism and social vice. What can one argue from such a community as to what can be done in one of our big cities?

If we are to plan for the "socialization" of our profession, is it not time for us to look to men who can think in broad terms; who are fit to be leaders in a broad consideration—not of theories but of conditions, as they are; who can plan for the future, not for Utopia?

Changes in medical practice are sure to come; probably rather rapidly. Should we not plan to meet them by consideration of facts, as they are, not as they might be?

Very truly yours,

FREDERIC J. COTTON, M.D.

Boston, August 9, 1916.

P. S.: By the way, there may be some of your readers who mistake all this recent stuff for original thinking.

They should be disillusioned and referred to the long prologue of "The Doctor's Dilemma" by a wonderfully whimsical, clever, witty and mainly wise Irishman, named Shaw, who writes wonderful English to express rare sense and rarer nonsense. Perhaps he is right; perhaps (as I think "mine own self") half right; but Bernard Shaw did the only real thinking involved in this medico-sociological problem.

This relation of thought to headlines seems not unusual.

F. J. C.

BETTER DOCTORING FOR LESS MONEY.

Boston, Mass., Aug. 14, 1916.

Mr. Editor: I have been interested in the discussion in your columns of "Better Doctoring for Less Money," and have, therefore, read with care that contribution. I am reminded of the homely saying of one of our native philosophers: "It's better not to know so much than it is to know so many things that ain't so."

It must be a matter of regret that the writer of the article in question chose to express his opinion in such an infelicitous manner. Here and there is a suggestion of irony, to be sure, as in "the state of things which I have described—I believe without exaggeration." But whether it be satire or something else, it is to be taken seriously and it is a fair question to ask what the author is trying to say.

It is unfortunate that attention has been so diverted by the misrepresentation on the part of the author, perhaps *gaucherie* is a more accurate term, that his main point, as I see it, seems to have been missed by some of the critics.

The writer believes, as I understand him, that cooperation among physicians, by the group system, in connection with hospitals, will solve the problem of bringing to all who are sick the best medical art of today at a cost which any can pay. Stated thus concisely, it is easy to see that not all can have the best, and the problem is not the same in rural as in the urban communities.

There is some such problem before the medical profession today. Its solution is not yet clear. Perhaps the group system, in reality widely spread at present, may be of some assistance if it is more formally and extensively applied, and linked with hospitals. That this alone will suffice is questionable.

Now many other problems are touched upon in the original article and in the rejoinders. It would take too much of your time for me to specify all the errors, inaccuracies and misrepresentations. Scarcely a paragraph is above criticism. The comparison of students, picked young men and women, with the clientele of a general practitioner is illuminating. I am inclined to think that at a university clinic there would be little material for the departments of obstetrics, gynecology, pediatrics and genito-urinary diseases, for example, which constitute an important part of the interests of the man in general practice. Then, too, the diseases of the "degenerative" type, common after fifty, one would hardly expect to see. Is it true, I wonder, that at the University of California suspected early disease is real, at Harvard imaginary?

In the closing section, on the financial temptations of doctors in private practice, the author has demeaned himself unworthily. His arraignment of the medical profession is unjust. Is it not more nearly true to say that it is one of the glories of the medical profession that physicians spend their lives in preventing disease and curing the sick, trying to accomplish that which, if successful, would take away their livelihood?

But my object in writing is to call attention to the fact that we seem to be forgetting ourselves. Why this acrimony of discussion? The specialist is not a recent development. Before the times of the Egyptian this acrimony of discussion? The specialist is not a recent development. Before the times of the Egyptian of Medicine, there were specialists among some nations, and probably there will be specialists for some time to come. I am inclined to think the general practitioner will fortunately always be with us, not however, because he is poor. It will be a sorry day when society is so organized that there is no longer a place for such a man as the Doctor of the Old School.

We sometimes think of the specialist as one who charges special, that is high prices, not one who, having special knowledge and skill, renders special service in the art of medicine. It is the specialist on whom chiefly falls the burden of advancing knowledge