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IS MEDICINE DRIFTING INTO LAY CONTROL?

By REXWALD BROWN *

A DOCTOR OF MEDICINE in active practice in a well-known city takes a rather energetic interest in the progressive development of his municipality. Anent his efforts the editorial columns of a prominent local newspaper assailed him in this wise: "When Doctor Blank received the degree of M. D. these cabalistic initials meant that he was learned in medicine and not that he was learned in municipalities. The diploma when issued meant that he was fitted to practice medicine and not that he was fitted for the management of municipalities."

This editorial point of view is expressive of the general concept of the lay mind toward the participation of the medical profession in affairs other than those of the healing art. All too frequently are heard the statements that physicians do not possess the requisite knowledge in extra medical matters either to have an opinion on or take part in the general movements of concern to society at large. A corollary to this largely accepted conviction is the belief that a physician who concerns himself in any direct way with activities outside his professional fold cannot be a good physician in whose judgment and skill faith can be held.

This lay attitude indicative of some people's contempt of or indifference to medicine's deep relationship to all the structure of civilization should concern our profession to a degree apparently not fully appreciated. It is harrowing to read a paragraph in the report of a senior student to his department head, William J. Kerr, Professor of Medicine at the University of California. (CALIFORNIA AND WESTERN MEDICINE). Kerr is trying the experiment in medical education of apprenticing senior students to well-known practitioners in the state for a period of a month—a return to the preceptor influence. The student reported, among many impressions, the following: "An old druggist in the town said that after years of experience in this country and in Europe with doctors that they have the narrowest minds . . . of any profession. He is probably correct."

It would be easy to laugh off these incidents as purely local in character. They deserve attention, however, because they are straws being blown by the wind. Is the place of scientific medicine in the body politic as secure as we have thought? Have we assumed to the full our great responsibilities or are we becoming slack in thought and careless of our positions as guides in civilization? Are the aims and ideals of our profession being smothered by the commercialism of the age?

EVIDENCES OF LAY CONTROL

Into the fabric of society are being woven new patterns of profound import. The world seethes with startling thoughts, impulses and reconstructive purposes in the spheres of religion, politics, economics, morals, education, and sociology. Wider knowledge, to which scientific medicine has made contribution, is the dynamic force in social reconstruction.

As we survey the movements in progress, a disquieting feature becomes more and more evident which should concern the medical profession as to its gravity. William E. Musgrave in an article of compelling interest in the issue of May 22 of the Journal of the A. M. A., "Is Universal Life Insurance Coming?" senses strongly the danger which insidiously begins to menace the ranks of organized scientific medicine. This menace is the lay control of medical activities.

There is a very considerable evidence in affirmation of this growing conviction. Musgrave tells us how the spread of life, health, and accident insurance is engulfing large numbers of medical men as

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employees of the great insurance corporations. They become salaried men, subordinated to the positions of technicians and subjected to the policies of the companies.

The movements in the socializing of medicine, as projected or actually in operation, as compulsory health insurance or state medicine, serve to show the partial dominance of the lay mind and that of the politician in the affairs of medicine which embraces the science of public health. Departments of sanitation are frequently subject to political control and manipulation.

A vast work in educational hygiene and school health supervision is conducted by boards of education in this country. Associated with them are scores of voluntary organizations promoting health instruction, influencing standards and practices, creating public opinion, supplying funds for research and demonstrations, and assisting in the enactment of local and national hygienic legislation. In general this work is under the control and supervision of lay boards associated very loosely or not at all with scientific medicine.

Hospitals, in many ways the seats of the science and art of medicine, are largely managed and directed, their policies outlined, by lay boards formed of citizens whose social, religious or business standings are pre-eminent, or of politicians elected to positions of control. The few books written on hospital management assume without question that the policies of a hospital should be vested in boards of lay directors.

In the field of medical education the influence of great universities and of large financial foundations, their respective boards of trustees being very largely of lay personnel, becomes increasingly more pronounced. By promise and by inference of financial help they seek to regulate the placement of medical schools, the adoption of curriculums, and control the selection of and compensation of the teaching professors.

And in another sphere the man of medicine appears to be largely an adjunct or almost entirely disregarded. This is the sphere of social uplift or service. Its votaries number up into the thousands of lay people, and in organizations galore they further propaganda whose purpose is to make the world better. They expound and urge action upon, with a zeal which should be better directed, views on subjects such as heredity, birth control, and eugenics which medical men and biologists say are yet in the infancy of study and experiment.

In the portrayal of these outlined facts there is no intent to belittle the efforts being made by sincere and earnest lay men and women toward a healthier and happier world in which to live. But a note which insistently obtrudes itself throughout all these activities is disparagement of the capacities of physicians as thinkers, doers, administrators, and leaders outside the confines of actual medical practice, the personal relationship of physician to the sick patient.

Singular it is that doctors of medicine with backgrounds of general education and specific learning acquired over years of study not necessary in most vocations and callings have not the intelligence of storekeepers, financiers, real estate dealers, manufacturers, plumbers, and other lay persons to grasp the principles underlying human endeavor and the knowledge to help formulate the laws conserving the general good of society.

This lay attitude should deeply concern us as physicians. It is one of the factors which calls forth the utterance of the editor of the Indiana State Medical Journal that within a few years organized medicine will be fighting for its very existence. The time has come for us to take stock of our affairs that we may determine the direction of our future. Why are we deemed impractical, babes in the woods in general affairs, incompetents in the understanding of social and political movements and useful only as technicians in the healing art?

THE WALL OF ALOOFNESS

The answer is that we have permitted ourselves to be walled off from society at large. It might better be said that we have walled ourselves off. And our isolation has been accomplished so effectively that even many who are sick do not try to look over the walls to see what scientific medicine has to offer for alleviation or cure, but seek relief from cultists and charlatans who bark their wonders (?) about the streets.

Scientific medicine has not expressed itself in a way to compel attention. It lives in an atmosphere of reserve, partial detachment from the rest of mankind. All reasons for the development of this atmosphere in which we live becomes concentrated in one reason, a code of behavior, which antedates the Christian era. The Hippocratic oath or code as a guide for medical men has become traditional, white with the age of centuries. The principles of ethics of the American Medical Association bear the imprint of this ancient standard.

But this "credo" of the profession, called by Gompertz "a monument of the highest rank in the history of civilization," when carefully studied is seen to be a moral guide in the relationships between student and teacher physician and between the physician and his patients. And in these relations the "credo" is and should be as binding today as it was in the days of the best in Greek civilization. The Golden Rule is the essence of the code.

Though nothing is said in the Oath of Hippocrates about the deportment of physicians in the movements for betterment and enlarged happiness in civilization, the medical mind has become imbued, over a period of centuries, with the conviction that aloofness from matters other than those of personal service to the sick is fundamental to the spirit of the code. How much a feeling has grown no one knows. It exists as do unwarranted traditions in other spheres of thought. And traditional beliefs are all too often strong deterrants to progress.

Traditional aloofness has become a despot and has made medical men slaves, fearful of the master and fearful of the opinions of the fellow-slaves. Any form of public expression by a physician on matters of medical or general concern, even in the interests of society, is considered by most professional

confrères a breach of the professional code. It is looked upon as a form of personal advertising.

Is this deadening attitude of mind in consonance with our Principles of Medical Ethics? One who carefully reads the context as a whole cannot find therein any sentence which tends to set medical men aside from the general concerns of existence. In truth the very opposite pertains. The first statement in the principles is, "A profession has for its prime object the service it can render to humanity." In the chapter entitled The Duties of the Profession to the Public it is stated that "Physicians as good citizens, and because their professional training specially qualifies them to render this service, should give advice concerning the public health of the community. They should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity." The concluding statement in the principles is, "These principles are primarily for the good of the public and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community."

Only loyalty to our profession withholds our recognition that public opinion toward us is far from endorsement of us and our methods. Scientific medicine must face the fact, however, that the public has lost confidence in us measurably, not alone as regards our inadequacy in health leadership, but even as competent in the management of disease. The responsibility for this condition rests squarely on the shoulders of medical men.

ORGANIZED MEDICINE LOSING CASTE

Common sense compels us to admit something is wrong within the structure of organized scientific medicine. We are losing caste, failing to register the worth of our ever mounting knowledge, muffing our opportunities for higher service, and we are in danger of becoming pawns instead of guides in progress. Medical men should be filled with shame that we are unable to acquaint the public with the values our profession can contribute to a growing civilization. Instead we bow our heads to organizations of lay people, as The American Association for Medical Progress, who pitying our poor endeavors, yet believing in us, attempt to do educational work for and in support of us.

Dr. Wendell C. Phillips, president of the American Medical Association, in his recent presidential address, published in the journal of the American Medical Association, April 24, challenges the public to make use of the brains resident in the body of the medical profession. The challenge should be to the medical profession to make use, of its own volition, of the brains it possesses so that the public may hearken to and act upon the words of organized medicine.

Granted that shackles binding our efforts must be removed, what is the method of procedure; what is the way of larger influence? Organized medicine itself must open the gates. That we are concerned about the damaging criticisms hurled at us is shown by two reactions in our profession. One is the growing desire to give the public information. This is being done somewhat by the American Medical Association and by a few state societies through publications for lay reading. The other reaction is a demand for changes in the amount and character of the technical courses in the medical schools. There are arguments and papers about entrance requirements, some physicians insisting that medicine's difficulties would be solved by lowered standards of preliminary education; while others say such action would make the position of medicine even less happy than it now is.

THE WAY TO STRENGTH

Medicine's way to a position of strength in the minds of the people involves a change more profound than informative broadcasting or alterations in the character of pre and actual technical studies. The change must be that of nursing into compelling expression a voice now very weak, which carries, however, the truest note in scientific medicine's structure of service. The highest ideal of medicine is the promotion of individual, community, and national health.

The teaching of the science of medicine needs drastic revision so that a new tide of thought may sweep through the classrooms of the medical schools. In addition to studies in the science and art of medical practice, new course must be given inculcating students with knowledge of their high responsibilities as law givers to the people and as teachers of health. Graduates of today tell that during their years of study little or nothing is given them of the history of medicine through the centuries, of the relationship of medicine to life at large, of the forces ever tending to destroy scientific medicine, of the prejudices and ignorance of an indifferent public, of social spheres where the knowledge of the medical man could be useful, and of the worth of medicine in helping to advance civilization. And the subject of medical ethics which looms up so prominently after graduation is given only cursory consideration in most schools. In discussions of medical problems, young physician graduates of outstanding medical colleges have been heard to say that their introduction to ethics consisted of their being handed the Principles of Ethics at or about the time of their graduation.

Medical education in and out of college needs the attention of the members of organized scientific medicine. The errors of the past, the stupidities of our insularity, our failures to impress humankind of our values to them in all the spheres of life call us to an accounting with ourselves. We, the medical profession, must survey, must reinspect our positions in the light of present-day thought, which is throwing aside the hindrances to progress imposed by precedent, custom, and tradition. Where is scientific medicine heading, what is its concern with the vital problems of today, is its knowledge becoming humanized, and is it bearing aloft the emblems of leadership?

We medical men have become rather set in our ways. Consider our weekly, monthly or annual medical gatherings. There are hundreds of them—county, special, state, and national medical society meetings. And what is the general order of proce-

dure in all of them? Over 90 per cent of the time is devoted to the reading and discussion of scientific papers and presentation of clinical material.

The worth of an adequate number of such meetings is not decried. They are fundamental to the continuous diffusion among us of the discoveries and experiences in the fields of research and clinical medicine. The point is that our increasing familiarity with special fields of knowledge is blinding us to our relationships to life as a whole or is preventing us giving due consideration to our responsibilities in general affairs.

There must be an awakening to new purposes, new duties and expanded activities if organized scientific medicine is to be other than a competitor for the management of the sick with the pseudo-scientific and the ignorant and fanatical cultists. We must shatter our attitude of reserve and come out into the open as forceful advocates of the great aim of scientific medicine—the promotion of health.

Health is fundamental to achievement in all spheres of human activity. Scientific medicine should work continuously not only to seek out the laws of health, but also to make these laws operative in a progressive civilization. Scientific medicine, the facts of which are demonstrable and verifiable by observation, experiment and test, needs no defense, but the disciples of medicine who know the facts must learn that it is incumbent upon them to inspire confidence in themselves as expositors of the knowledge.

Through the avenues of the local, state, and national medical societies must scientific medicine enter the arena of larger human service. Our attack must be first upon the paralyzing routine of our meetings and upon a complaisant acceptance that our learning is for the elect only. Let us have a new order of procedure—half of each meeting or whole meetings at frequent intervals to be devoted to consideration of the matters immediately related to medical practice as to their effect upon our profession and upon society at large.

AN OUTSTANDING EXAMPLE OF MEDICAL LEADERSHIP

In these meetings we must face the problems which we now ignore and which the public tries to solve with more or less contemptuous disregard of medicine's counsel and guidance. Physicians must develop powers of leadership along all medical fronts. The wider biologic knowledge possessed by physicians as a class enables them better than others to formulate the policies which pertain to municipal and national health and sanitation, to educational hygiene, to medical economics, to hospital management, to social service, to medical education, and to the propagation of a virile race.

The policies formulated, medical men through intensive, associative effort must be the powers which introduce and influence acceptance of the policies in the life of the world. Is there any reason why we cannot be initiators, administrators and executives in our own fields as business men, financiers, engineers and others are in theirs?

To say that we cannot is to forget that in the science of medicine there looms forth a figure of unparalleled administrative genius, Dr. W. G. Gorgas, whose life should ever stimulate us to the continued insistence that the public should adopt those scientific measures which create health. Doctor Gorgas, an executive and compelling force in the domain of medicine was the man who made it possible to build the Panama Canal. And until he became acclaimed the world over for his tremendous achievement he was assailed and derided, and his work was interfered with by the lay control in charge of the general administrative business and engineering conduct of the building of the canal. Noted lay executives and big men of affairs called him a stupid doctor with nonsensical ideas. Yet business acumen and engineering skill would have failed entirely in putting through the canal without the underlying medical knowledge made effective by a capable medical administrator.

THE RESPONSIBILITY OF SCIENTIFIC MEDICINE

Organized scientific medicine must make itself a dynamic force, respected and honored as basic to all progress. This is medicine's greatest responsibility. Medical men must take the offensive and convince humankind of the wealth of resources in medical science. The worth of the profession should be so splendidly revealed by the labors of physicians that great warmth of respect and support will always be conceded by the public. The place of medical science in the esteem and confidence of the lay mind should be so high that philanthropists would never hesitate to assist financially in the efforts made by the profession to better living conditions and alleviate suffering.

Medical men should make it obligatory upon themselves to render strict business accountings for the management of public service institutions and other trusts, but the policies directing the expenditures should not be dictated from without the circle of medicine. The rules governing clinical practice, medical research and the management of medicine's activities should emanate from within the profession and not from the lay public, whose efforts are so often dictated by business experience.

Scientific medicine is a profession whose evolution began as Osler has said in that wonderful Grecian era when Hippocrates lived and received his inspirations from the spirit of the times which asked of all measures, "Do they make life a better thing?" Business asks, "Do these measures produce a profit or make expenditures and income balance?"

A cloak of mystery has far too long been wrapped about the science of medicine. The disciples must tear it aside. The public must be taught that physicians are not in league with occult forces, that medical knowledge, like all other scientific knowledge, is subject to the laws of verifiable fact, that medical knowledge is not divisible into sects, and that no knowledge is of more worth than that which conduces to self-preservation and the continuance of the race. The studies essential for acquiring such knowledge, the ways of incorporating such knowl-

edge into the fabric of civilization and the methods most valuable in acquainting the public with fundamental medical truths are pre-eminently the affairs of organized scientific medicine and not those of the lay public.

OBSTETRICAL ANESTHESIA

WITH SPECIAL REFERENCE TO THE SO-CALLED SYNERGISTIC ANESTHESIA OF GWATHMEY

By CHARLES HAROLD LEWIS *

DISCUSSION *by Charles B. Cortright, Berkeley; Reginald F. Grant, San Francisco; T. Henshaw Kelly, San Francisco.*

THE purpose of this paper is to mention briefly the various means that have been used for alleviation of the suffering of obstetrical patients during delivery, to discuss the various methods which are in use, and to point out those methods which are the best suited for general practice.

Ether, because of its slow action and the amount required to produce analgesia, as well as its tendency to nauseate the patient and disturb the uterine contractions, is not a very successful means to be used in normal obstetrics unless its use is limited to the last part of the second stage. Where a more or less prolonged anesthetic is required, as in a forceps extraction or some other obstetrical operation, certainly ether is the anesthetic of choice, chiefly because it affords a much greater margin of safety than do other anesthetics. Hence, in general practice, especially where sufficient and competent help is not available, ether will probably continue to be used for an obstetrical anesthetic.

Chloroform seems to be used less and less for obstetrical anesthesia, although I agree with Williams when he says, "It is well known that the dangers distinctive of chloroform are markedly reduced before time of labor and further, generally speaking, chloroform is preferable in normal labor for by its use obstetrical anesthesia can be rapidly and safely produced. I believe it is practically devoid of danger when properly administered and should be used whenever there is time for its use unless the patient has conscientious objections to its employment." In a word, then, chloroform is preferable in normal deliveries for the reason that it is quicker in action, less disagreeable to the patient and comparatively as safe as ether when used at the proper time and in the proper amounts.

"Twilight Sleep." Since Gauss and Krönig (1907) reported 1000 cases in which patients were administered the so-called "Dämmerschlaf," there has been more or less discussion as to the merits and demerits of this method of relieving the pains of childbirth. At the present time this method is used very little in the continental clinics and even where it originated it is only used for those patients who request it. Members of the staff at Freiburg told me in 1924 that only one-fourth of the women entering the clinic asked to have twilight sleep. It is scarcely used at all in England and has fallen quite largely into disrepute among American obstetricians, due to the fact that labor is likely to be prolonged, interference by forceps is more frequently necessary and fetal mortality has been higher. However, in Freiburg they maintained that by the use of Narcophen in the place of morphine and by using only one dose of this drug during the treatment the fetal mortality had been reduced so that it is no greater with this method than with any other. While this is commendable yet it is apparent that this method requires more time than is ordinarily possible for the busy general practitioner to devote to his obstetrical patient. For these reasons the use of twilight sleep is practically barred from general practice. One employing this method should unquestionably devote a good deal of time to the development of technique, should hospitalize his patients and should have trained attendants to observe the mother and especially to control and report the fetal heart rate.

Lumbar Anesthesia is mentioned only to be condemned. The results are said not to be uniform; the anesthetic effects are sometimes transient; headache and nausea often follow. The most serious objection lies in the fact that eight deaths were reported out of 1708 cases in which this method was used.

Hypnotism. A few deliveries under hypnotism have been reported but obviously it is a method not to be used in general practice for very few general practitioners can possibly assume the rôle of hypnotist, and furthermore the patient must be a very susceptible subject and one who has already been hypnotized on previous occasions.

Nitrous Oxide and Oxygen is one of the very best methods of producing obstetrical analgesia and anesthesia. On account of its cost the majority of patients can only afford to have it used during the second stage of labor. For some patients who can afford it "gas" may be used during a part of the first stage as well as during the second. In normal cases in a hospital this form of analgesia is certainly a most excellent one. For several years I carried a McKesson portable machine in the back of my car and allowed the nurse, the husband, the relative, or even the patient herself, to administer the gas during the second stage of labor. Such a plan is often a financial loss, however, for if a patient is unable to afford hospital care, she is not likely to be able to afford adequate compensation for the time and expense required for nitrous oxide analgesia.

The method of administering it is to begin just as the patient feels the contraction coming on, giving pure nitrous oxide or a mixture containing from 1 to 5 per cent of oxygen or air. The patient is instructed to take three or four deep inhalations of the gas in rapid succession and then after the last inhalation to hold the breath and bear down with as much strength as possible. Using this method the suffering in the second stage is considerably diminished. The patient is able to work better and more quietly

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