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WHAT IS GOING ON IN THE WORLD

THE medical brethren suffer from the Depression like the rest of us, and perhaps to a more painful degree, for doctors' bills, as everyone knows, are always the last to be paid. But in addition they now entertain a viper that is all their own, to wit, the final report of the Committee on the Costs of Medical Care. The essence of that report is that medical care has now got too expensive to be paid for by the vast majority of Americans, and that something must be done to relieve them of the burden. Naturally enough, considering the times in which we live, that something appears to consist, in the last analysis, of throwing the burden on the taxpayer. In other words, it consists in converting the doctors, or at all events most of them, into public functionaries. It is this that they fear and object to. They want to remain free agents, as they are now (or believe they are), and they give public notice that they will resist to

the last ditch any effort to turn them into anything else.

The Committee on the Costs of Medical Care, I observe sadly, has been mistaken by some of the newspapers for one of the innumerable Hoover commissions, of unhappy memory, but as a matter of fact it was organized on May 17, 1927, more than two years before the late Wonder Boy entered the White House, and its actual operations go back to the first months of 1928. Who appointed it I do not know. The *Journal* of the American Medical Association, the trade journal of the resurrection men, hints that the Hon. Edward A. Filene, LL.D., the Boston seer, probably had a hand in the matter, but that seems to be only a guess. All that history can really tell us is that the committee appeared suddenly in 1927, that the Hon. Ray Lyman Wilbur, M.D., Sc.D., LL.D., turned out to be its chairman, that the Hon. Harry H. Moore, Ph.D., a for-

ward-looking man, was appointed its "director of study", and that it was composed in the end of fourteen doctors and two dentists in active practise, six public health officers and professors of public health, eleven representatives of institutions and special interests (the nurses, the druggists, the insurance companies, and so on—but not, somewhat curiously, either the Christian Scientists or the morticians), six experts in law, economics, sociology and other such mysteries, and nine members of the general public, including the celebrated Matthew Woll, vice-president of the American Federation of Labor, and deputies from Wall Street and Delta Psi.



The committee went to work promptly, and began to issue bulletins so early as November, 1929. Since then it has published twenty-eight of them, some brief but others running to hundreds of pages, at a total cost, according to the *Journal* of "almost a million dollars". Rather oddly, the taxpayer has not been asked to meet its bills. Instead, the money has been furnished by a consortium of philanthropic foundations, including the Carnegie Corporation, the Milbank Memorial Fund, the Rockefeller Foundation, and the Social Science Research Council—but not, I note, the Commonwealth Fund, which disclaims the whole enterprise, and somewhat tartly.

The final report, which bears the imprint of the University of Chicago Press, is signed by all the representatives of the public, and by all save one each of the members of the public health, special interests and social science groups—but by only seven of the fourteen practising physicians and surgeons, and by neither of the two dentists. Thus, though the signers include such eminent medical men as Dr.

Lewellys F. Barker, Osler's successor as professor of medicine at the Johns Hopkins, and Dr. J. Shelton Horsley, the Richmond surgeon, the profession in general is arrayed against the report, and all the direct representatives of the American Medical Association on the committee, including its secretary, refused to sign.

A prayerful study of the document convinces me that the gentlemen of medicine are rather more scared than hurt. After all, the report does not actually propose to convert them into public functionaries instantly and *en masse*, and so make them, at one stroke, the slaves of gangs of politicians, or, still worse, of boards of public-spirited busy-bodies; all it does is to hint that this may come in the more or less remote future. Its immediate recommendations are a good deal less revolutionary and inflammatory. It proposes, first, that the doctors of the country, who have tended, of late, to organize themselves into groups of specialists, now organize themselves into larger groups embracing all ranks, from the most exalted regional surgeons and experts in the right auricle to the lowliest inspectors of tongues, including also dentists, nurses, pharmacists, masseurs, dietitians, and (I gather inferentially) embalmers. Secondly, it proposes "the extension of all basic public health services—whether provided by governmental or non-governmental agencies—so that they will be available to the entire population according to its needs." Thirdly, it advocates putting the costs of medical care "upon a group payment basis, through the use of insurance, through the use of taxation, or through the use of both these methods."

It is the first and the third of these recommendations that are giving the doctors the most concern, but it seems to me that the second is the one that really

offers the most serious menace to their professional security and dignity, for it offers encouragement without limit to a competition that has already done them great damage, and might very easily ruin them altogether.

The health departments of the land, so far, have not got away with so much public money as the public schools, nor indeed with half so much, but they are certainly getting away with larger and larger sums every year. A generation ago their activity was pretty well confined to compiling vital statistics, to safeguarding water and food supplies, and to maintaining quarantines against contagious diseases, but of late they have gone in for doctoring and nursing on a truly colossal scale, and when the supply of customers runs out they actually send out catchpolls to track them down. If the free dispensaries be counted in as part of their service—and the committee itself apparently so counts them—then the health departments have gobbled at least a half of the work that private doctors were doing thirty or forty years ago.



What this competition means to thousands of hard-working and competent medical men was made very vivid to me some time ago by the experience of an old friend. He was a doctor in a poor neighborhood in a large American city, and for almost three decades he had rendered good and faithful service to a large body of satisfied patients. He was no Osler, of course, but he took his profession seriously, kept up his studies, and was a pretty good all-round doctor. For years he made a comfortable living—delivering babies, lancing boils, looking at tongues, prescribing castor oil, and carrying out all the other procedures of a mod-

est general practitioner. During the great influenza epidemic of 1919 he handled 200 cases, signed death certificates for only six patients, and was scarcely out of his clothes for a month. He was, in his neighborhood, a man of eminence, and he was not unknown outside it.

But then the health department of his town began to go into the medicine business, and in a few years his practise was as good as ruined. Half a dozen free dispensaries of one sort or another were opened in his bailiwick, and nurses on the city payroll began to rove the streets in municipal Fords, seeking prospects. One of his chief sources of income, in his palmy days, had been his obstetrical practise. He delivered babies at \$20 a head, and took in enough at the business to pay his rent. But now the city nurses began pouncing on his patients at the first sign of divine retribution, and by the time those patients came to term they were installed luxuriously in some tax-supported maternity hospital, and having the time of their lives. My friend, of course, could not remonstrate with them, but it was at least ethical for him to make some discreet inquiries. "The nurse told me," he was commonly informed, "that I could get a professor to help me—and it wouldn't cost a cent."

In a few years the practise of this laborious and worthy man was ruined, and he fell into grave difficulties. All of his more thrifty patients left him; there remained only a few dead beats to whom rooking the doctor was half the fun of being ill, and a rather larger body of insolvent morons who avoided the dispensaries in fear that the medical students supposed to lurk there would slaughter them to get their bones. Presently my friend became ill himself, and what remained of his once comfortable income ceased altogether. His

colleagues, including some distinguished specialists, attended him gladly and without charge, for such is the fraternal custom of the craft, but the incidental expenses of his illness were heavy, and after it had gone on for a couple of years his reserves were almost exhausted. When he died at last he left next to nothing. This was the net reward of a quarter of a century of hard and useful work. This was the natural fruit of state medicine, urged by fanatics and paid for by fools.

In so far as the first and third recommendations of the committee contemplate a further extension of that malignant folly, they deserve all the damnation that the embattled doctors have been heaping upon them, but I think it is only fair to add that there are some reservations accompanying them that take a good deal of the poison out of them. One is the reservation that, in a community of any size, there ought to be, not one large group of physicians and surgeons, dentists and nurses, pharmacists and morticians, but a series of groups, and that something resembling free competition between them ought to be maintained. The other is the reservation that the whole scheme ought to be tried out on a voluntary basis, and for a considerable time, before any move is made to saddle its costs upon the public.

In this last reservation, alas, there is no sign of any tenderness toward the taxpayer: he is to be allowed to escape, it appears, only until the details of the group scheme have been worked out to a sufficiency of decimals, and it is in smooth running-order. But all the same, he is indubitably given that humane time of grace, and while it lasts he will have some chance to put up a defense and maybe to fight his way to security. A few years ago his prospects under the circumstances would have been dismal indeed, for the

tide was roaring against him and the public-school pedagogues were showing all other varieties of uplifters how easy it was to take him. But since then he has begun to protest and revolt—to such an extent, indeed, that even the pedagogues are being chased away from the trough. Thus the advocates of free medicine for all have brought their goods to what seems to be a falling market, and by the time they close with their victim and try to get his signature on the dotted line, he may be ready to soak them in the *kishkes* and make off unscathed. No one, back in the Golden Age of prehensile altruism, would have regarded such a miracle as possible, but in these iconoclastic days it is actually coming to pass.



The doctors, in their combat with the visionaries of the committee, are handicapped by the fact that they are themselves largely responsible for the situation which gives its soarings whatever plausibility they may have. On the one hand they have not offered sufficient resistance to the evil tendency, so apparent since the turn of the century, to make medical care more and more expensive, and especially hospital care. And on the other hand they have given far too much encouragement to the baleful proliferation of free service. If now, with a Depression in full swing, those costs begin to be prohibitive to larger and larger numbers of patients, and they go flocking to the dispensaries for the treatment that they can't afford to pay for, it is certainly not surprising to find the professional do-gooders, who are always eager for more power, reaching out eagerly for the whole business, and proposing to reduce the doctors to the estate and dignity of hirelings working for them, and at their direction.

I do not believe that the doctors, taking one with another, have profited to any considerable extent by the vast increase in the cost of medical care. The average income among them is probably not much more today than it was twenty years ago: if it has grown at all, then it is only to the extent that other professional incomes have grown. The general practitioner, indeed, is probably worse off today than he was then. Nor has most of the excess gone to the specialists. It has gone to the hospitals, and they have got it, not in the character of institutions for the care and cure of the sick, but in the character of luxurious hotels for the entertainment and flattery of the sick.



Their luxuriousness is naturally most visible in the gaudy quarters and elaborate attendance provided for the rich, but it runs all the way down the line to the wards and dispensaries, and the cost of lodging a free patient has increased at almost the same rate as the cost of lodging a pay patient. In most hospitals of any pretensions caring for the former now actually costs more *per diem* than the average American hotel gets for a room, a bath and three meals. But this luxury, great as it is, is not enough for the patient who has to give any thought to his social dignity. He must buy more if he would keep up with the Joneses—and not infrequently that keeping up with the Joneses precipitates him into such a financial disaster that he is the rest of his life recovering from it.

A substantial part of the increased cost, of course, is due to improvements in the art of medicine. Not a few of them call for expensive apparatus, and all of them call for kinds of skill that cannot be had for nothing. It is obviously far more costly

to make a series of *x*-ray plates and cardiograms of the heart than it used to be to do the whole job with a stethoscope, or even with the naked ear, as was the custom when I was young. A Wassermann may not cost as much as a permanent wave, but it at least costs more than no Wassermann. And it is plainly more expensive to cut out a gangrenous appendix and nurse the patient back to health than it used to be to give him a dose of Glauber's salts and send for a clergyman.

But all of these costs are very easily exaggerated. They run, at most, to a great deal less than the costs of mere comfort and convenience. A large part of them, even in the case of pay patients, are performed by persons who are notoriously underpaid—for example, hospital internes and student nurses—and all of them may be obtained by any reasonably prudent person at very moderate rates. What runs up the bill is the elaborate attention and entertainment that commonly go with them. Theoretically, it should be cheaper to treat a patient in a hospital than in his home, but actually, as everyone knows, it is immensely more expensive. He is housed in a building that commonly represents an investment of millions, he is boarded and lodged as comfortably as in a first-rate hotel, and in addition he is looked after day and night, in his special capacity of invalid, by a staff of persons who, however little they are paid in cash, must still be housed, fed and somehow clothed.

It all runs to a formidable sum, even for a light illness. People will not go to a hospital that has the name of being run parsimoniously; they prefer the gilded hell which offers all the latest luxuries, from sunbaths on the roof to bedside radios. They like to think that they have had the whole works; it somehow caresses their

amour propre, and gives them a standing with the neighbors. Years ago, patients emerging from surgery used to devote their talk mainly to their sensations on going under the ether: now what they talk about is the cost of the adventure. And even those who pay nothing, I am informed, get pleasure out of the thought that the bigwigs who looked after them, if paid at all, would have been paid a lot.

What is to be done about this I do not know, and neither, apparently, does the Committee on the Costs of Medical Care. The scheme it proposes would not really diminish those costs; it would simply tend to load them, in the long run, upon the taxpayer, and so encourage their infinite increase. The doctors themselves, realizing the gravity of the situation, have attempted to meet it in various American cities by setting up hospitals, or parts of hospitals, for patients of the so-called middle class—that is, for patients who are able to meet a reasonable expense when they are ill, and do not want to accept charity, but are yet too poor to maintain themselves for months on the scale of a bootlegger at Palm Beach. The trans-Atlantic steamship companies showed the way here when they began to operate one-cabin boats—comfortable enough for any rational person, and yet much less expensive than the fashionable liners.

But the middle-class hospitals have been anything but roaring successes, save maybe in a few places. The very fact that they are relatively cheap seems to be the chief objection to them; the normal American, when he is sick, is eager for the best attention that he can get, and the general habit of mind of the country, apparently surviving the Depression, makes him believe that the best is necessarily the most expensive. So he goes in for a swell room and special nurses, and the quarters that

were established to save him from bankruptcy are occupied by patients who ought to be in the wards. His doctor, I daresay, tries often enough to dissuade him, for the money that he wastes will usually have to come out of the doctor's pocket, but persuading him is not easy. Indeed, it will probably take a few more years of the Depression to convince him that he is living, in sickness even more than in health, a good deal beyond his means, and that he will continue in difficulties until he goes back to the simpler life of his fathers.

The report of the committee makes much of the lack of hospital facilities in the more remote parts of the *Hinterwald*, and indeed of the lack of any decent medical care at all. Of the 3072 counties in the United States only 1765 have hospitals, and probably a quarter or a third of these are no more than crude dressing-stations. In the more backward States there are considerable areas in which no competent medical man is in practise; the people, when they are sick, have to travel many miles for treatment. Naturally enough, such isolated and usually benighted persons are easy prey for quacks, which swarm in every rural section of the United States. And it is in the country towns, too, that nine-tenths of the patent medicines consumed in the country every year—about half a billion dollars worth—find a market.

All this, of course, is unfortunate, but that anything can be done about it is very doubtful. The committee is somewhat vague on the subject: it hints that the States ought to provide medical service where it is lacking, but does not go into much detail. A few unusually enlightened rural communities have induced doctors to settle in them by offering guaranteed incomes to competent men, but it must be

plain that such communities are too intelligent to be numerous. The rest, I dare say, must go on trusting to patent medicines and the chiropractors until God Himself sends them relief. Certainly, it can't be easy to tempt a medical man of any dignity to live in an American country town, with its complete lack of civilized contacts, even if the bait be economic security. Moreover, that security can never be really secure so long as the Methodist *shaman* survives.



In this direction the doctors have let themselves be hustled and run amuck by the public health brethren. The public health business tends more and more to fall into the hands of professional uplifters, and they spend a great deal more time discussing what ought to be done than what can be done. Their chief postulate seems to be that it is the bounden duty of the state to take care of every citizen who can't or won't take care of himself, and they are always eager to pour out the taxpayer's money to that end. But there is really no such duty. The really helpless and friendless sick, of course, must be cared for, if only to keep them from shocking the well by lying in the gutters, but the public responsibility does not go half so far beyond that simple business as uplifters appear to think.

Nor as a good many otherwise sensible doctors have apparently come to think. They have, in their charity, allowed themselves to be imposed upon in a gross and shameless manner. They begin by giving free treatment to persons whose inability to pay for it is only too obvious, but bit by bit they find themselves facing larger and larger hordes of dead-heads, until in the end, at least in certain fields, there are precious few pay customers left. The pub-

lic schools, now in process of rational liquidation at last, have led in this movement, but the public health uplifters have followed hard upon their heels. The dubious doctrine that what ought to be done must be done has been converted into the even more dubious doctrine that what ought to be done must be done free, and as a result great multitudes of Americans, hitherto willing enough to pay their way, have been converted into mendicants, and a large part of the burden of their mendicancy has been thrown upon the medical profession.

There is, as a matter of fact, no plausible reason for arguing, as uplifters always do, that the privilege of first-rate medical care is a right that every free-born American acquires at birth, regardless of his merits or his means. It is nothing of the sort. Charity is not a franchise; it is only a favor, and it is a favor properly offered to the really helpless, and to no one else. It may impose upon the benefactor something that he chooses to regard as a duty, but it certainly gives no vested right to the beneficiary. In this region, as in others, sentimentality is a potent weapon in the hands of uplifters. They are adepts at convincing their betters that what they think ought to be done is ordained by God, and cannot be evaded without a grave breach of decency. But though they know how to win customers for that idea, it remains nonsense all the same.

Thus the doctors are beset by uplifters on the one side, as they are beset by quacks on the other, and it is no wonder that they begin to be concerned about the future of their trade. The report of the Committee on the Costs of Medical Care has shaken them mainly because it seems to show that the uplift is beginning to invade their own house. But the truth is that it has been there for a long while,

and with their own innocent connivance. If they were converted into public job-holders tomorrow, as the committee proposes, they would scarcely be much worse off than they are in many an American community today, with free dispensaries taking half of their patrons away from them, and luxurious hospital-hotels bankrupting the rest, and so leaving nothing for their own fees.



Just how they are to get out of these difficulties I do not know. My gift for constructive criticism is indeed somewhat meagre. But two or three devices to the desired end are so obvious that even one who tears down without building up may discern them. One of them is to undertake a more bilious scrutiny of applicants for free service, and of agencies which seek to provide it. The doctors have let the public health and public schools schemers run away with them. They should have resisted this movement vigorously, as the lawyers in like case would have certainly resisted it, but in only too many American communities they have helped it on, thus acquiescing idiotically in their own destruction.

In particular, the magic words, preventive medicine, have upset them, and led them into transparent follies. The first duty of a doctor, in prevention as in cure, is to his own patients, and not to a vague and miscellaneous mass of people who ought to be other doctors' patients. The limits of prevention are fixed by Nature, and within the limits of private practise they are plain enough, but when a medical man succumbs to uplifters and begins to rove the wide pastures of Utopia he sometimes loses all contact with fact, and begins to talk as foolishly as the uplifters themselves. If all the health departments

ran as wild as the public schools were lately running, and every crazy scheme to abolish death were in full operation, people would still continue to die. The postponement of that event can never be achieved so effectively by public functionaries as by private practitioners. The man who can really manage it, in so far as it is possible at all, is the family doctor, and he will succeed in proportion as he devotes himself to his actual patients, and lets the rest of humanity take care of itself.

Both the report of the Committee on the Costs of Medical Care and the caveats of those members who dissent from it lay great stress upon the importance of this family doctor. He has been forced into the background of late by the specialist, and even more by the encroachments of state medicine. The committee proposes to save him by attaching him to a hospital and making a sort of minor bureaucrat of him. But this, manifestly, would not help him. On the contrary, it would widen still further the breach which now opens between him and his patients, and make him still more the satellite of the specialists. The way to restore his old importance is to restore his old functions, and that is certainly not going to be done by transferring even more of his patients to hospitals.

What is needed, I suppose, is a revival of the home care of the sick. In some part, of course, it must be impossible, for there are not a few medical situations in which, considering modern methods of treatment, home care would be almost equivalent to no care at all. But the number of such situations is probably considerably smaller than most laymen have come to think. A competent doctor is still capable of taking care of the overwhelming majority of his patients without lodging them in an

expensive hotel, and if he had well-trained midwives and practical nurses to help him he could probably look after many more.

In this department, as both the majority and minority of the committee say, there has been bad planning. The hospitals have trained so many nurses that there is now an enormous over-supply of them, but they have been trained for hospital work, and are far less useful elsewhere than they ought to be. If there were a large body of nurses especially instructed in the care of patients at home there would be less tendency to seek hospital care for every trivial sore throat or sore thumb, the cost of illness would be very materially reduced, and there would be more money left for the doctor's bill.



In all this, I may seem to be venturing to tell the medical granddams how to suck eggs. If so, I apologize most humbly. My excuse is that the report which now disturbs them is addressed, not to the profession only, but to the general public, and that its recommendations, if carried out, would make every American his brother's keeper with a vengeance. That they lie within the range of practical politics I doubt seriously; the movement, indeed, has begun to turn in the other direction, and I hope to see the day when health departments are restored to their proper business of dealing with *general* menaces to the peoples' health, and free medical service is restricted to the actually indigent. (I begin to be so optimistic, indeed, that I even look for the day when the public schools will be confined to teaching the three r's to the children of the poor, and all their present costly soarings will be only a dream dimly remembered.)

But though the doctors thus seem to run no hazard of being converted into robots operated by politicians, as they might be if the committee's recommendations were put into thoroughgoing execution, they still face a very unpleasant professional situation, and it is no wonder that they discuss it in some alarm. Their remedy, as I have ventured to hint, is probably in their own hands. If, on the one side, they will unite in a genuine effort to throw off the uplifters who now victimize them, and on the other side try to rid their customers of the grotesque idea that being ill is a romantic business, and an excuse for the indulgence of levantine luxury and the waste of a great deal of money, most of it not in hand—if they will proceed realistically in both of those directions they may conceivably throw off some of the difficulties which now beset them.

I confess that it always irritates me to hear medical men denounced as prehensile, as is often done, not only by quacks, but also by persons who should know better. They are actually, with very few exceptions, fellows of a vast and innocent sentimentality. The great majority, indeed, might be described with perfect accuracy as easy marks. The men of no other profession are so facily operated on by specialists in other peoples' duties. They walk into the arms of every new uplifter who happens down the road. My hope is that the report of the Committee on the Costs of Medical Care, with its bald proposals to reduce them to a kind of peonage, will at last awaken them to the fact that they also owe some duties to themselves, and that, with everything else equal, the more they regard those duties the better they will be able to serve their actual patients.

H. L. M.

PARADISE

BY JAMES M. CAIN

I SHALL attempt, in this piece, an appraisal of the civilization of Southern California, but it occurs to me that before I begin I had better give you some idea what the place looks like. If you are like myself before I came here, you have formed, from Sunkist ads, newsreels, movie magazines, railroad folders, and so on, a somewhat false picture of it, and you will have to get rid of this before you can understand what I am trying to say.

Wash out, then, the "land of sunshine, fruit, and flowers": all these are here, but not with the lush, verdant fragrance that you have probably imagined. A celebrated movie comedian is credited with the remark that "the flowers don't smell and the women do," but in my observation nothing smells. Wash out the girl with the red cheeks peeping coyly from behind a spray of orange leaves. The girl is here, but the dry air has taken the red out of her cheeks; the orange trees are here, but they don't look that way: the whole picture has too much pep, life, and moisture in it.

Wash out the palm trees, half visible beyond the tap dancing platform. Palm trees are here, but they are all phonies, planted by people bemused with the notion of a sub-tropical climate, and they are so out of harmony with their surroundings that they hardly arrest your notice. Wash out the movie palazzos, so impressive in the photographs. They are here too, at any rate in a place called Beverly Hills, not far from Hollywood; but they are like

the palm trees, so implausible in their surroundings that they take on the lifelessness of movie sets. Above all, wash out the cool green that seems to be the main feature of all illustrations got out by railroads. Wash that out and keep it out.

When you have got this far, you can begin quite starkly with a desert. As to what this desert looked like before it was touched by man you can get an idea by following it across the Mexican border into Lower California, where man is feeble and touches no more than he has to. On one side you can put an ocean, a placid, oily-looking ocean that laps the sand with no sign of life on it except an occasional seal squirming through the swells, and almost no color. On the other side, some hundreds of miles inland, put some mountains. Between ocean and mountains, put some high hills that look as if they were spilled out carelessly with a gigantic sugar scoop, and between the hills, wide, flat valleys. Have both hills and valleys a gray, sunbaked tan; put a few tufts of dry grass on the hills and occasional clumps of stunted trees in the valleys, but see that the naked earth shows through everything that grows on it.

You are now ready for the handiwork of man. I suggest that you put it in with water-color, for if it blurs here and there, and lacks a very clear outline, that will be so much the better. The hills you can leave just as they were. In the valleys, in addition to the stunted clumps you already