

## ►► The Doctor and His Dollars ◄◄

"I MUST warn you to be prepared," says the doctor in an undertone to the nearest relative. "Things have taken a serious turn."

In this crisis, help is badly needed. And the most logical assistance takes the form of a qualified consultant to advise the family physician in the treatment of his patient. But here is where the ugly dragon, expense, spreads devastation in the household of average means. A financial panic results.

Lucky is the family that has a good general practitioner to guide it through these trying hours, but no one physician is all-knowing, because the field of medicine is entirely too broad. Consequently, when he feels that more expert advice is needed, the conscientious family doctor recommends that a consultant be called in. Should the illness be due to mastoid inflammation, for example, a qualified ear specialist should be asked to examine the patient with the family doctor to determine whether operation is necessary and to perform it, if required. But picture the consternation in the family if the specialist should ask a hundred dollars for his consultation and perhaps a thousand for the operation! Should the patient be wealthy, the situation causes no embarrassment. The family physician is asked to bring in the most distinguished consultants—not one, but several—and "to spare no expense."

Strange as it may seem, the penniless enjoy the same ready access to physicians of renown. They have but to apply to the free clinic, where they will at once receive careful attention from medical men of far above the average ability. Any one who is familiar with free clinics must concede the efficiency of these organizations from the standpoint of medical service to the public. They are so efficient that they enrolled 10,000,000 non-paying patients (many of whom owned automobiles and expensive radios) in one year and are rapidly making the practice of medicine the short road to the almshouse. Physicians working in the clinics receive no salary, profit or commercial advantage whatsoever for their time and gasoline. On the contrary, when the hospital drive comes around every once in so often, they are asked to contribute a modest five hundred or a thousand dollars to keep up the work of competing against their own pocketbooks. Hence, the doctors who are attracted to clinic work are only those who have an earnest interest in medicine and wish to perfect themselves in their particular specialties.

By DR. FREDERIC DAMRAU

A scribbled note and a few steps across the corridor entitle the bearer to an additional consultation. Sometimes one patient receives three or more expert consultations in a single afternoon. The result is that the physician in charge of his case is in a position to treat him more intelligently than many of his private patients.

As an enterprise of scientific philanthropy, I greatly admire the organization of the free clinics, but I am convinced that their existence on the present large scale is a gross injustice to the medical profession and a menace to the great middle classes, who are too self-respecting to take service for nothing but cannot afford *de luxe* fees. The doctor working in the free clinic, it must not be forgotten, usually has a family to support. During the few hours of work that remain after clinic and hospital periods, he must earn enough money to meet the expenses of the entire day. That is the underlying reason why the services of specialists and surgeons who contribute much of their time to hospital work are so expensive. If four out of five patients do not pay, the fifth must foot the bill for the whole five. That is why the great middle classes cannot afford the services of the most skillful consultants.

MANY of our leading consultants divide their time between the poor and the rich. The poor they serve for nothing; the rich for fees that border on high finance. The great middle class remains outside this system altogether. The person of average means must be content with a medical consultant of average calibre, even though life hangs in the balance. In this respect, he is frequently less fortunate than the pauper in the ward of a charitable hospital. It is expensive to be born and extravagant to die, but recovery from a long illness frequently spells financial ruin.

By virtue of the confidence which must be reposed in the medical adviser, the practice of medicine offers a golden opportunity to the unscrupulous and rapacious. Fortunately, the high standard of medical ethics makes examples of such rapacity unusual, considering the fact that there are 150,000 physicians in the United States. Of course, there are black sheep in medicine as in all other learned callings, but, because of the sacred obligations of the profession, they are relatively few. The surgical operation offers the best excuse for

a colossal fee. The nature of the service is so spectacular that the public have attached tremendous significance to it. As a matter of fact, a much higher degree of learning is often required to make a correct diagnosis than to remove the trouble with the knife.

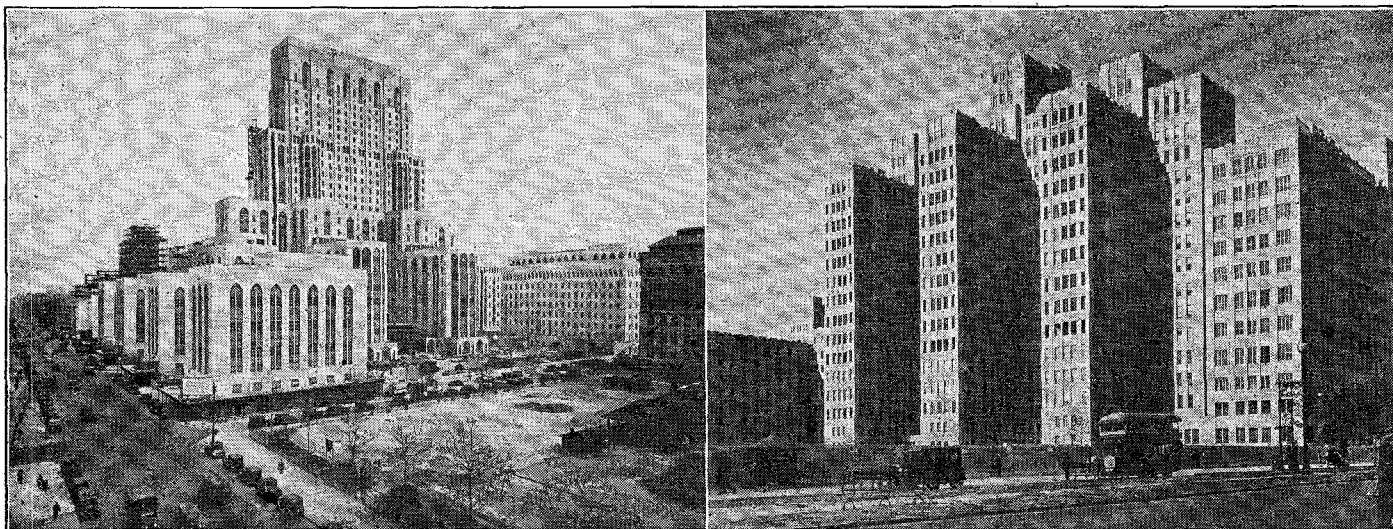
If I had mastoiditis and were allowed a choice between an eminent ear specialist and his assistant, one of whom was to make the decision for or against operation and the other to perform the operation itself, I should without hesitation say, "Let the professor decide whether the operation is necessary, and let his assistant do it, if it has to be done." But the man behind the knife occupies the limelight. He receives the credit for saving the patient's life, and also pockets the substantial check.

Two glaring examples of the greed of some surgeons—fortunately there are not many of this type—were cited by Dr. Malcolm LaSalle Harris, of Chicago, President of the American Medical Association, in an article in the *Journal of the American Medical Association*. A working girl supporting herself and her mother on thirty dollars a week was rushed to the hospital and operated upon for acute appendicitis. While she was convalescing, the surgeon presented a bill for \$1,500 for the operation. When she explained that she could not possibly pay this amount, he told her that she would not be allowed to leave the hospital until the money was produced, and it was not until the services of a lawyer were enlisted that she was able to gain her liberty.

In the second case mentioned by Dr. Harris, the surgeon approached the patient's wife immediately after the operation, saying that it was customary for him to collect his fee of \$5,000 before leaving the hospital. He omitted to tell her, however, that she was a widow, her husband having died on the table. Surgeons of his type all realize that, when the operation is unsuccessful, collection must be made immediately or not at all. When the truth was learned, the widow turned the bill over to her attorney, who asked the doctor whether he had not made a mistake. The reply was that there had indeed been a mistake, that an expense item of sixty-two dollars for dressings had been overlooked, and that the amended bill was for \$5,062!

The public itself is largely responsible for the crushing fees of some surgeons and specialists. Many people rate the doctor entirely by the fee he charges, encouraging the specialist to charge high





Ewing Galloway

## MODERN NEW YORK HOSPITALS

To the left the Cornell Medical Association on the upper east side; to the right the New York City Medical Center on Washington Heights

fees in order to maintain his standing.

Except in occasional instances, the liberally paid surgeon is not a profiteer at heart. He is the outgrowth of a standard by which doctors are judged by the fees they can "get away with," of a practice that gives all the profit to the surgeon because his work is so spectacular, and of a misdirected form of philanthropy which compels him to operate upon four patients without compensation and charge the fifth for all of them.

Excepting general practitioners, there is very little standardization with regard to medical fees. If one's appendix is to be removed, the cost will depend upon who does the operation and the doctor's estimate of the patient's bank balance, as judged from his home and apparent social standing. It has always been the custom to charge wealthy patients considerably more than persons of moderate means. In some cases the wealthy are more exacting and the greater expense is justified by the time consumed by attention to non-essential details. For example, if the doctor must accompany the patient to the hospital and perhaps stay at his bedside all night, he is certainly entitled to a considerable increase in his reward. In other instances, however, the larger fee is based solely on the fact that the patient is wealthy and can well afford it. Whether or not a higher fee should be asked of the wealthy is still a matter of dispute. The legitimacy of this procedure has been attacked on principle in the courts, and decisions have been rendered both *pro* and *con*.

To charge a larger fee simply for the reason that the patient's standard of living is high is unfair, in my opinion, and entirely wrong in principle. In the first place, physicians do not carry Dun or Bradstreet ratings with them and cannot, therefore, judge accurately of

their patients' financial standing. Many a man with a big bank account lives in a hovel, and very many persons pay a rent that their pocketbooks can ill-afford.

But there is a more fundamental reason why the doctor's fee should be more nearly standardized. Physicians are selling service, not a guaranteed result of that service. To make my point clear, let me cite an argument which I once heard from a surgeon in defense of a charge of \$5,000 for removing a rich man's appendix: "I saved his life," the doctor said, "and isn't his life worth \$5,000?"

But the error in his argument was that, although the operation may in fact have saved life, the implied contract between patient and surgeon was not to save life. The doctor simply represented himself as a skillful surgeon and undertook to exercise that skill for the benefit of his patient. He did not guarantee cure; nobody but a quack ever does. Whether the patient recovered or died, he was entitled to his fee. Therefore, his bill should not be based on the value of a human life but on the value of a particular type of medical service without regard to the outcome of the case.

THE rather general habit of some of our best surgeons and specialists in limiting their practice to a large free list of hospital and clinic patients and a small pay list of wealthy patients overlooks the great middle class. It would be a wise man indeed who could point out the solution of the problem how to make the best medical service available to persons of average means. One method, I am convinced, should not be adopted: that is, state interference and fixation of a fee schedule.

Doctors, as a whole, are not being overpaid but quite the reverse. The inroads of the free clinic and a rather

prevalent habit of not paying medical bills have made the practice of medicine a precarious existence. Any direct interference with physicians' incomes would simply compel them to give up medicine and apply themselves to other vocations, as many have already done. Whatever readjustment is made with regard to medical fees must come as a result of a mutual understanding between the profession and the public. To my mind, the greatest step in the right direction would be a voluntary reduction in the fees charged by leading surgeons and specialists but 100 per cent collection for all services they render. In other words, I believe that their income should remain the same but that it should be derived from a larger number of persons of average means.

To set an arbitrary value upon an operation, such as one hundred dollars for the removal of an appendix, would be ridiculous. For example, one would much prefer to have his appendix removed by Dr. Mayo than by a surgeon of average ability, and he should expect to pay more, too, for the reason that he is not purchasing an appendectomy as one would buy a pound of coffee but is giving a fee commensurate with the doctor's skill and reputation. Any method of standardization which attempts to fix fees without regard to the ability and eminence of the specialists rendering the service is doomed to failure. But some form of standardization, however elastic it may be, must and will come. The prevalent custom of treating a large free list and necessarily charging pay patients fees entirely outside the means of the middle classes is vicious in its consequences. It makes the best medical advice impossible for the person of average means, who is too self-respecting to accept free attention but cannot afford the fifty-dollar consultation.



# A Gold Rush to Moscow

(Continued from Page 331)

have to reply that there is not a single English text book that employs the new Russian orthography; a few years ago such a text book was published in London but the edition was quickly sold out and stray copies are extremely rare on this side of the ocean.

The owner of a shoe repair shop invited skilled cobblers to join him in a brand-new idea. He would hand over his whole machinery to their coöperative, of which he would be a mere member with no special privileges, and all together they would take the machinery to Russia to serve the new Socialist state. Many other Russians and non-Russians feel that they have not any specially valuable skill to offer the Soviet Union, but they have heard about rural collectivization and tractorization of Russia, and so they decide to learn the running and repairing of tractors. A score of people, mostly unemployed, started a tractor school in Brooklyn several months ago, inviting good mechanics and engineers as teachers. The enrollment grew with amazing rapidity. Some pupils actually walked in from other states. Now there is another tractor school in Connecticut, and still another in Philadelphia, both of which have grown out of this mass desire to go to Russia.

But many have no money to study the tractor or to pay the steamer fare. As soon as they reach New York they go to the docks and hunt out Europe-bound freighters. They scan the New York *Herald Tribune* shipping page for sailing dates of freighters having Leningrad or Odessa as their final ports. Yet, only an insignificant portion of these men, and only after a most persistent and prolonged search, are able to get jobs on such ships—often at no wage, but just for the privilege of going.

Deportation ceased to be a threat to many of the immigrants and became a promise. It is clouded only by the fact that, due to absence of diplomatic relations, no one may be deported from here to the Soviet Union. One may be deported, however, to his home country in western or southern Europe, which is half or three-quarters of the way to Russia, and this the deportees often and cheerfully tell their Ellis Island guards. Recently, a new practice was announced, that of voluntary departure at the expense of the American government for unemployed who can prove that they have been in this country less than three years. Immediately we were swamped by inquiries as to whether, un-

like deportation, this voluntary departure at governmental expense is accorded people wishing to go to Russia.

The coöperative idea provides others with passage money. Friends pool their savings to take along a penniless traveler. There are coöperatives of family



## Through a Glass Darkly

From the Trend of the Week in the Outlook of July 11, 1951

Senator Arms, heading a group of congressional representatives from Connecticut, New York and Pennsylvania, urged the President last Tuesday to veto the bill to prevent American manufacturers from exporting munitions to Asiatic, European and South American belligerents.

An extra dividend of twenty dollars per share was paid July 15 on the common stock of the Death Valley Edible Cactus Nurseries, Inc.



clans and national groups. Several families of Turkish and Russian Armenians in Michigan have pooled their resources for a couple of tractors, and now, hearing that combines are equally valued in Russia, they contemplate buying a combine as well, though they have only a vague idea of what a combine is. They write to us asking whether it is true that Stalin's wife is an Armenian, and would we please explain in a hurry what is Fascism, Menshevism, Democracy, Communism, Proletariat? They are all for the workers' and peasants' state and power, and they want to know what

isms are good to toilers and what are not. They want to come to Russia as class conscious and politically educated as the Russian workers are.

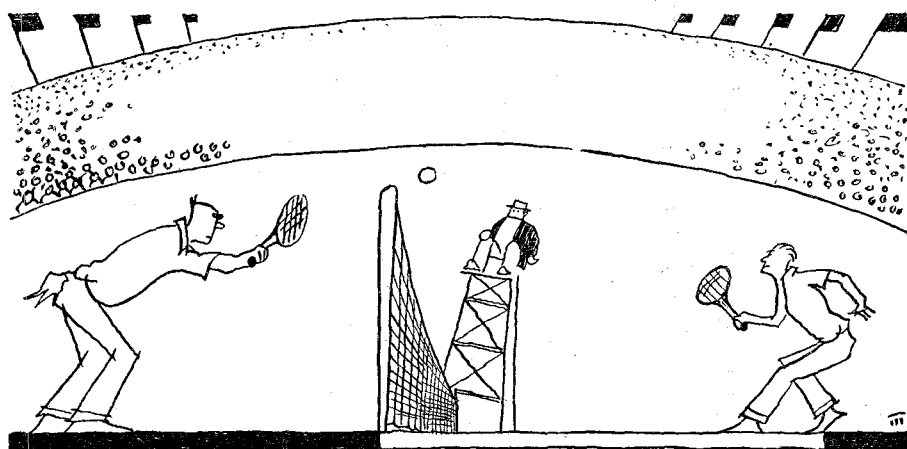
Many Russians and non-Russians in America, however, have an exceptionally full store of information about Russia. Their understanding of the new principles of the Soviet state, and how these principles work in practice, shows months and perhaps years of close watching of Russian events. They write to us to learn only some minor details, such as what duty they will have to pay on this or that piece of machinery they are taking along to Russia. Almost every one takes or wants to take machinery, from radio sets and motorcycles to the costliest photographic paraphernalia, from sewing machines to lathes and complete sets of automobile repair tools. They are full of admiration for machinery, these former east and south and central European peasants. America taught them this admiration, and they are glad that the new Soviet state shares this attitude. They are glad that they face Russia not empty-handed. They feel that in their tools and machinery they are bringing their diplomas and their contributions to the new state.

On the whole, these new migrants are more level-headed than the men and women of the first rush from America to Russia. Then, in 1918-20, many Russian workers gave away their savings to friends and strangers before embarking for Soviet Russia, for, as they heard, the accursed money was abolished in the first socialist country and everything there was free for the asking. The new migrants know better. Their idea of the experiment is much more definite and complete. But, on the other hand, there are some people, non-Russians mostly, who have an exaggerated conception of the rôle played by the American dollars in Moscow. A Bronx couple wanted to sell their drug store and move to Moscow, there to deposit their money in a state savings bank and live on the interest. They said they were tired of the American hustle and bustle; they craved peaceful life amid an interesting experiment. Picture peaceful life in the overcrowded, rushing Moscow of today on the interest of your money! Somehow I class these two people with that American who wished to go to Russia as a saxophone specialist, and with that enthusiastic Hungarian from Milwaukee who felt that the problem of mass transportation of "broke" Americans to Russia would be best solved by a winter walk from Alaska to Siberia over the ice of Bering Straits—"just like Jules Verne described, just like Jules Verne!"



V. DE PAUV

## ►► The Spotlight on Sports ◄◄



### ►► Hot Golf

CLIMATE played freakish pranks at the expense of sports enthusiasts this last fortnight. The thermometer by the umpire's chair on Wimbledon's center court registered fifty-eight degrees. Chill-hardened Londoners shivered in summer chiffons. Teeth chattered like castanets. Hawkers did a land-office business in cheap woolen blankets. It was no day for tennis.

Meanwhile, at Columbus, Ohio, the British professional golf team was wilting in the midst of a humid heat wave. For simmering, muggy, midsummer weather our Middle West can give the Amazon Valley several degrees of start.

"My word," said George Duncan as he sank limply down on a locker-room bench, "this has Africa beaten." He and his sweltering mates were on the verge of prostration. Gulping ice water by the quart had made them ill. British tummies are not attuned to that harsh, unsatisfying Yankee beverage.

Climate alone didn't beat the Britishers at Scioto, though that ninety-eight-degree temperature kept them from making a respectable showing. Walter Hagen's men seemed to revel in the grilling heat. Gene Sarazen, of Latin extraction, actually wore a woolen jersey—said it kept the sun from getting through to his skin.

The British discarded their traditional tweed jackets. Shirt-sleeved golf feels strange to those accustomed to the tell-tale tug of a coat at the top of the swing. Captain Charles Whitcombe's men visited the pro's shop in a body and bought panama hats with translucent green eyeshades which cast weird, greenish lights on their prominent English noses, accentuating their cadaverous complexions.

They wore drab, dust-colored clothes, with baggy plus fours, pleated at the waist in the Bond Street manner. Archie

Compston, a giant of a man with a face chipped from granite, a prognathic jaw, and a Lon Chaney scowl, was the lone Britisher to strike an individualistic note in the matter of dress. In deference to his stilt-like shanks, Compston wore long trousers. A dark blue scarf, knotted loosely about his throat, contrasted pleasantly with his baby blue shirt. He looked like one of those pirates you see at any fancy costume ball. A Tarzan of the links this throwback to Neanderthal Man and a great favorite with the feminine portion of the gallery.

Long white flannels, once monopolized by tennis players, are growing popular in golf. Such natty dressers as Farrell, Hagen, Wood and Burke appeared in these "slacks." It is rumored that a tailoring concern induced these dandies to wear flannels in the hope of starting a vogue.

### ►► England's Old Guard

"WIFFY" Cox and Billy Burke should be immune to high temperatures, for they served apprenticeships in boiler rooms before turning to golf. Burke, a good-looking Slovak whose real name is Burkowski, was once a puddler in a blast furnace. Whimsical "Wiffy" Cox, who wants you to smile if you call him Wilfred, shoveled coal in the stokehold of the battleship *Texas*. A hundred in the shade seems refreshing to these hard-baked fire-eaters.

Environment has been the decisive factor in this Ryder Cup series. Our Yankee professionals have yet to win a Ryder match on British soil. The British have lost both their American appearances. A strange course, unfamiliar climate and the unaccustomed ball would have halted a far stronger British than this one.

The invaders, taken collectively, gave the impression of being too old for their job. Duncan, Mitchell, Robson and

Ernest Whitcombe are in their middle forties; Charley Whitcombe, Compston and Havers have left thirty well behind; only Esterbrook, Hodson and Davies are young in an athletic sense.

One London critic unkindly referred to the British side as a "team of has-beens." Unhappily, with Alliss, Boomer and Cotton ineligible, the only alternative to the "has-beens" were some "never-wasers."

### ►► Cochet's Defeat

HENRI COCHET's surprising defeat at the hands of a British second stringer in an early Wimbledon round raises hopes that our youthful Davis Cup crusaders may succeed where Tilden and Co. have failed in recent years.

Cochet has been a sick man since March. His defeat can be discounted on that score, but there is no assurance that he will be in physical condition to do himself justice in the Davis Cup challenge round. Personally, I have too much respect for the recuperative powers of the wiry little chap from Lyons to indulge in any premature gloating.

Assuming that America beats Great Britain (a contingency by no means assured), France will need Cochet at his best to turn back our fresh, impetuous youngsters. Jean Borotra's vitality seems inexhaustible, but it is asking a lot of the airplane riding pump salesman to bear the brunt of two singles matches as well as the doubles. With dynamic Frank Shields and cagey Sidney Wood shouldering the single matches, the temperamental George Lott and the erratic John Van Ryn are free to play themselves out in the doubles. Youth and physical condition ride on our side. Will those factors offset tournament poise and matured strategy?

A tennis hoodoo dogs France's Davis Cup defenders. Lung trouble shelved René Lacoste when the cold, calculating "crocodile of the courts" had reduced tennis to a geometric science. Now Cochet, quixotic genius of the racket, is slow in shaking off the effects of appendicitis.

### ►► Trousers for Ladies

SEÑORITA LILI DE ALVAREZ braved the fashion arbiters of Wimbledon and escaped without being scolded by those august and mysterious beings who censor feminine tennis apparel. The vivacious Spanish girl flaunted her pyjama costume, with its subtly divided skirts, on the center court, hallowed by Victorian traditions.

Eager spectators felt cheated when Señorita de Alvarez was quickly elimi-