


# "See Your Doctor"

By DONALD B. ARMSTRONG

 THOUSANDS and perhaps hundreds of thousands of letters are written by residents of the United States each year seeking health and medical advice. These come for the most part to national agencies such as the United States Public Health Service, the national voluntary health and medical societies, the daily press health columnists, and the life insurance companies. While helpful advice and guidance can be given to a certain percentage of these inquiries, yet if the experience of one of these "national information bureaus" is any guide, then the large bulk of correspondence that ensues is futile for reasons inherent in the procedure.

One man or woman in twenty seeks advice concerning a particular phase of a community health organization and can intelligently be referred to the national or local organization interested in that activity. One person in twenty raises a simple, theoretical question of personal hygiene, concerning diet or rest or exercise or an immunological procedure such as the use of diphtheria toxin-antitoxin—and can be legitimately answered on impersonal, theoretical lines. Perhaps one in twenty seeks guidance with reference to an advertised and fraudulent "cure" and can be safely advised. Still another seeks a reference to health literature or a request for a health pamphlet and can be safely instructed.

However, while this is an impressionistic estimate and not a statistical calculation, there remain about sixteen out of the twenty who are or who think they are ill, who have tried or plan to try medical service, or advertised cures, and who want medical advice. Some of these sixteen are new in their community and want the name of a reliable physician. Some want to find a specialist, though that may not be what they need. Some submit symptoms and want a diagnosis and suggestions for treatment by mail. To the great majority of these, what is the answer? The answer is, "See your doctor." Why is this a futile reply? Because they haven't any doctor, or don't know the right kind, or don't know how to find a specialist, or don't know the difference between a qualified practitioner of medicine and a "doctor" of any one of the flourishing varieties of quackery.

"There is no clinic in my community—how can I get a thorough health examination?"

"I would like to have my child immunized. Please tell me what physician to go to and what he will charge?" If there is no free Health Department immunization service in this community, the answer is, "Take it up with a reliable physician." Will they? Probably not, for they knew that before, and the actual inquiries raised have not been answered.

Partly as a result of the lack of intimate medical guidance—previously given to a degree at least by the family doctor, the priest, the pastor—there is a growing distrust in orthodox medicine. This is naturally fostered by the cults. Strangely enough, this distrust and antipathy are furthered by pessimists in the ranks of medicine itself.

"The rank and file of physicians are hopeless."

"The average doctor does about as much harm as he does good."

Admiration has been expressed for the courage of the medical man who gets up before a professional group and declares that doctors and nurses are much overvalued, and "... don't save lives anyway." One sometimes wonders whether this is courage or an effort to be conspicuous. Is it a conscious effort to appraise the value of medical service at its true worth, or an unconscious manifestation of exhibitionism, or perhaps both?

At any rate, it would seem that medical practice is somewhat on trial and is going to be compelled to answer such questions as, Why send them to a doctor anyway? Why call the nurse? Do doctors really save lives?

Now these questions are perhaps rather hard to answer statistically, yet the clinical evidence seems clear. Aside from the physical comfort and mental reassurance which the nurse and the doctor frequently give, is there ever any immediate, vital, life-saving, or life-prolonging service which the doctor performs? This may be somewhat aside from the problem of general medical guidance, but it is an interesting and significant aside.

Doctors do save lives! It seems obvious that the surgeon who diagnoses an appendix about to rupture and removes it, frequently saves the patient's life. The physician who examines his patient, finds an incipient case of pulmonary tuberculosis, advises with reference to rest, food, and other methods of treatment, makes provision for home or institutional care, and arranges also for the necessary nursing service, plays a big part in saving his patient's life. A physician who by examination makes a diagnosis of a moderately advanced, yet more or less controllable heart lesion, and gives competent medical advice as to a conservative and compensating regime for living, not only saves that person's life, but may very materially prolong it.

**D**ID the striking decline in diphtheria mortality following the discovery of diphtheria antitoxin not prove clearly that the doctors in those days who were giving antitoxin early in the disease and in sufficiently large doses, were literally saving thousands of lives? Take the boy with "growing pains." He is taken to the doctor with vague symptoms, but enlarged and infected tonsils are discovered. Almost certainly their removal in many instances prevents further rheumatic sequelae, very possibly including incapacitating if not fatal heart lesions and premature death. Think of the numerous mastoids that are prevented each year by the thousands of middle ear infections that are relieved by skillful yet simple and obvious surgical treatment. Or consider even measles, prior to the days of convalescent serum: did the old family doctor with his gracious, comforting kindly reassurance, and with his suggestions about symptomatic treatment and the environment of the sickroom, together with his detection of danger signals of pneumonia

—did he ever prevent the development of the more serious complications of this disease? He undoubtedly did!

One should perhaps also remember what goes on in the everyday life of the psychiatrist. The manic-depressives diagnosed, institutionalized, and treated—does this save lives? Even with the best of medical care, it is stated that about 80 per cent of manic-depressives ultimately commit suicide. Were it not, however, for the type of treatment that arrests many cases of this affliction, it is believed by psychiatrists that this suicide rate would certainly approximate 100 per cent. Furthermore, those effectively treated are known in hundreds of instances to lead useful, creative lives.

**O**F course the test for the skeptic is to be found when he is face to face with distressing illness in his own family. Let us suppose a wife or child ill with pneumonia. Will he or will he not call an experienced clinician? Is he likely to see any advantage in having cultures taken, in having the organism typed, possibly in using a pneumonia serum? Is he likely to find that after all there is considerable advantage in having in the home a nurse with excellent professional training, who knows how at least to carry out the doctor's orders, and to give general care leading to the comfort of the patient? Even comfort will seem of considerable importance and not altogether inseparable from the factors that bear upon the life and death chances of the patient.

Finally, consider a case of typhoid in any poor industrial home. For some reason, hospitalization is impracticable. Does even hourly bedside visiting on the part of a nurse have any bearing upon the patient's prospects of recovery? The nurse goes into the home, working under the doctor's directions, and able intelligently to follow out his directions. She is trained to make the best of the hygienic possibilities of the home environment. She is trained to instruct other members of the family to care for the patient during her absence. Given equally severe types of the disease in different homes, with the doctor and the nurse in attendance, even though intermittently, in one home, and no medical or nursing provision in the other—on which patient's life would you like to wager?

It apparently is not necessary to go very far in the clinical field in order to reach the point of feeling quite justified in referring people to doctors and nurses. This is especially true when you consider the alternatives, which are either no care at all, or miscare under quackery. If doctors "do not save lives," where lies the patient's next best chance—with no doctor at all or with the quack or anti-medical artist of one type or another?

However, in spite of all of this clinical evidence, there are no very clear-cut figures as to just how much doctors, as such, do save lives. We do have some very significant data on the advantageous effect of the combination of doctors, nurses, and personal health education. I refer here to the mortality experience of the Metropolitan Life Insurance Company among its industrial policyholders. During the period 1911 to 1926, this combination of services was offered to millions of policyholders. It included, primarily, nursing care of the acutely ill, a privilege which was extended to policyholders, however, only when they were under the care of a regular, licensed physician. Now, it is interesting to note that the decline in mortality among these industrial policyholders, in excess of the decline in the

Registration Area of the United States, for the same period, represents a cumulative net saving of 275,000 lives. This means, incidentally, a saving of about sixty-five million dollars in death claims, which in a mutual, cooperative enterprise such as the Metropolitan Life Insurance Company, goes back to the members of the association, or the policyholders in dividends, or cheaper insurance. For the period 1911 to 1925, the average duration of life among the industrial policyholders of the Metropolitan has increased by 8.88 years, whereas for the Registration Area, this increase has been only 5.16 years. Admittedly, it is impossible to ascertain what proportion of this excess improvement in mortality results from medical service, what from nursing service, and what from health education. But as the health education was carried out in large part in homes subject to medical care, and as the nursing service was extended only to homes with the advantage of medical care, it seems to be an experience that materially supports our clinical belief that we are still justified in urging people to "see the doctor."

After all, we recommend that people "see the doctor" not only to save their lives. It is important also for them to see the doctor for the scientific treatment of minor ills. Prompt medical diagnosis and treatment will lessen even partial incapacity, and will decrease the cost of limitable illness. The physician, particularly in the immediate future, will be expected not only to treat minor disease and to save life in threatened major catastrophes, but will also detect incipient lesions when curable, and give hygienic advice as to health conserving methods of living. In many instances, if he does nothing more after a thorough examination than to confer upon the patient "the grand and glorious feeling" that his symptoms are of slight importance, that he is functioning normally, and still going strong, he will be performing a very valuable mental hygienic service in this neurotic age.

How, what, in more detail, do people who seek medical advice by mail want to know? What do they ask about? We have already indicated in a rough way, the range of these inquiries, and what percentage of them results in a worth while correspondence. Of course, not all of the inquiries are serious:

"Is certified milk fattening? I would like to fatten my husband, and at present he weighs only ninety-eight pounds soaking wet."

**O**NE lady writes that she is suffering from "an enlargement of the oriole in her throat." A man, after stating that he is "64 years old" and "used to ride 40 miles on wheel before breakfast" complains of photophobia, and adds "extreme sensitiveness to light: it makes me tired." Another correspondent complains that he is unable to detect odors as readily as other people, and asks "which of the exercises is best for this failing of mine."

Some questions, such as the following are obviously easy to answer in a way that promises to be somewhat helpful.

"There is an old nut in my place of business that doesn't believe in vaccination, etc., and goes around preaching her doctrine, and I would like to prove to her that she is wrong. Not being an authority myself, I have quite a time of it."

"Will you kindly send me any booklets or other literature you may have on the subject of the care, cure, and prevention of tuberculosis."

"Do you know if there is a book on cancer which would tell something about the development of it, and how the patient is affected?"

"Have you any information as to the prevention of measles and scarlet fever?"

"What is the theory on which the practice of vaccination or the use of serums is based?"

As we implied earlier, however, the great majority raise questions that are either not easy to answer directly, or that cannot be answered at all without direct medical information concerning the patient's condition or that can only be answered effectively with some opportunity for further more or less intimate medical guidance and follow-up. Frauds and advertised "cures" stimulate many inquiries. A routine reply is not always an adequate answer to such inquiries as the following:

"My wife and I have almost made up our minds to try an advertised cure for diabetes. Yet we are hesitating and decided that you might possibly give us what knowledge you have of the Sanborn treatment for diabetes."

"We would like to know whether you think Ovaltine is harmful or not. I have trouble in sleeping."

"I am forty pounds overweight and would like to reduce. Is there anything injurious in the Marmola tablets?"

"I would greatly appreciate your opinion by return mail on the advisability of the use of reducing soap when applied to a full bust or a fat face."

**A** SUFFERER from cancer writes: "Am I wasting valuable time in trying to purge myself through the blood?"

A supposed sufferer from anaemia asks whether there is any way to put hemoglobin in the blood "without resorting to so-called patient medicines."

Then, it is not surprising how many inquiries reflect the previously mentioned extensive and possibly growing discontent with and distrust for the orthodox medical profession. This is reflected in questions from individuals who have not yet broken away from the medical fold, but who for one reason or another question the validity of medical advice and the ability of the medical profession. This is found especially in communications with reference to periodic health examinations.

For many years, health departments and voluntary health agencies have been urging people to go to their doctors for an annual health examination. Unfortunately, the medical profession both individually and in an organized way, was slow to take up this movement. Consequently, they were not, and indeed are not yet to any great extent, equipped or mentally adjusted to give the type of service required in this field of personal hygiene and the private practice of preventive medicine. Yet people are to a greater and greater degree going to their doctors for this service. With what result? "Some doctors don't seem to know what you are driving at when you come in and say that nothing is the matter with you but you want to be examined." Another writes: "It has been my experience when I have asked for such an examination, I only receive the examination in one local spot, and must have a number of visits, and this is not satisfactory." Another: "Where would you advise a person to go in order to get a good, efficient, general examination? Personally, I don't know of a physician in whom I have enough confidence to make a good examina-

tion." Another requests a definite outline of what an examination should cover, and adds: "I feel that the average physician's examination is entirely too superficial unless he follows an outline prescribed. . . ." Hundreds of letters ask that a local physician be recommended, which it is ordinarily impracticable to do. "I wish to be thoroughly examined so will you please send me the name of a doctor." "What physician or at what hospital could I get a complete physical examination, including X-ray inspection of teeth and other parts?" "Could you kindly advise me where three members of one family may have thorough examinations and obtain correct analysis of their conditions, and recommendation on how to live to gain good health, also at what cost this may be obtained?"

These health examination inquiries represent the type of mind that is looking to some extent for preventive medical advice. But after all, the great bulk of the inquiries come down to one thing, namely, a need for sound medical guidance with reference to diagnosis and treatment, and particularly to treatment. Now, of course, diagnoses cannot be made by mail, treatment cannot be advised by mail. The only answer to a considerable bulk of these inquiries is "consult your physician." "Are my decayed teeth affecting my general health?" "What diet would you suggest for me: I work indoors?" "How long should treatment for a four-plus Wassermann be continued?" "Would you advise the use of insulin in my case?" These illustrations might be listed by the thousand, where the only answer is "consult your doctor or dentist." That is the only answer, and a corollary to it is the increased opportunity and responsibility of the medical profession for meeting these seekers after health with sympathy and intelligence. It involves not only increased medical service, but a growing opportunity for the practice, on an individual basis, of preventive medicine.

It is perfectly obvious that these people can be helped only by direct contact with competent medical service. Most of them need a thorough examination, specific advice as to treatment, and continued medical follow-up. Other types of inquiries which can be wisely and helpfully handled only by local, direct, and intimate contact are to be found in the fields of mental hygiene, heart disease: "Can you suggest some special doctor who might be able to put me on my feet again;" gastro-intestinal conditions, "I would appreciate it very much if you would tell me of a good diagnostician as I suffer greatly from indigestion;" orthopedics, "I have suffered with foot troubles for eleven years. Can you recommend an orthopedist to me?" dermatology, ". . . sores on my arms and body. Can you do anything for me either by sending or recommending a doctor?" ophthalmology, "I wonder if you would please give me the name of an eye doctor;" roentgenology, "Would be very grateful if you could supply me with the address of a reliable X-ray house. We are working people and cannot afford to take chances with the quacks;" glandular therapy, "Can you recommend a good doctor for simple goiter—one whose charges are reasonable?"

Then, again, in this field of treatment as well as in the field of prevention, the correspondence reiterated a growing and certainly decidedly critical attitude toward medical service.

"I have been having throat trouble for a good many years. An examination institute (Continued on page 393)





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# Letters & Life

In which books, plays and people are discussed

Edited by LEON WHIPPLE

## Scripts for the Summer Solstice

**T**HE great annual pother over summer reading is upon us. Shall we read light literature during dog days or seize the long hours to win through the serious books we have missed in the hurly-burly of the year? There is only one precise rule: Do what you like.

Slogging through great tomes for conscience sake will profit you little, nor will stuffing your crop with fiction. Part of every well-planned vacation should, of course, be devoted to the blessed anodyne of detective stories; but for the rest, most light books do not draw you deep enough into fantasy or puzzle you with character or even tease you enough with plot to make you forget yourself. Therefore, I have made earnest search to discover a summer list that will entertain because the books mean something, and yet will never bore you with sodden fact or profitless theory.

For pure delight compact of dare-deviltry and exotic thrills I would put first in my traveler's bag—*Revolt in the Desert*, by T. E. Lawrence. Here are a dozen *Beau Geste*s made into one gorgeous sun-drenched tale of war, Arab sheiks, intrigue, and blazing desert landscapes. This is a whole new cut of life revealed in brilliant words by the gentleman Crusader who helped England break the Turk's control in Palestine and Mesopotamia. The gist of this Arabian night is a long train of camel-riders padding through the shadows to blow up a railroad with very modern dynamite. Here are alarums and excursions, blood

and valor, enough to make you forget anything . . . and it's all true. On the sense side, you will learn geography and folk-lore and Oriental politics and the ethics of the desert; and perceive again what makes the sun refuse to set on the British Empire. The bright words of those charges over the sands to Allah or to loot will wake your dull blood; and the tale of how the Sherif feeds his guest on whole lambs will keep you chuckling into the night and give you sympathetic indigestion. Yes, this book will lend color to a week of summer (or winter) for it is an outdoor book, a man's book, a book of fantasy and style and humor and it proves that skyscrapers are dull things.

For drama I offer you two volumes. First, Paul Green's *The Field God* and *In Abraham's Bosom*, the Pulitzer Prize play. They should be read out of doors where you are close to the manoeuvres of haymaking and the revolving cycles of the soil. Both are born of the earth, the earth as it yields human aspiration and tragedy in the fields of North Carolina. They deal with elementals—the struggle of a Negro visionary to make his dreams come true, and the way primitive passions bend and create a tiny group on a farm. The summer is a good time to return to elementals and to remember that man is only articulate dust and must find in Mother Earth his strength whether from hard-won crops or primitive emotions. These are sad plays, but not discouraging. They read well, being independent of the artifices of the stage. No vacation is perfect without tears