

PRESENT METHODS OF MEDICAL SERVICE IN
CITIES OF VARIOUS SIZES

by

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INTRODUCTION

The present methods of medical practice show considerable variation. Many factors are at work to bring about these different types of service among which may be mentioned the various kinds of medical training, facilities both medical and non medical, the community, and the size of the city. Of the foregoing, the size of the city probably is more directly responsible for the various methods of practice than any other single factor.

In writing of the present methods of medical practice I propose a discussion of the various methods of medical service as found in the small town, in the small urban centers with hospital facilities, and in the larger cities.

MEDICAL PRACTICE IN THE SMALL TOWN

The small town physician in a great majority of cases is a man well along in years. One writer states that the average age of these men is 52 years, and the average time in practice is 23 years. He has seen the community develop and knows its individuals intimately.

Many small towns lack the conveniences of the city. Gas and sewage disposing systems are extremely rare, while water and electrical service are more common. Consequently the practitioners are forced to do without many of the medical appliances which add detail and exactness in diagnosis and treatment. The absence of hospitals permits of very limited opportunities for surgery, except in minor injuries. The more serious and chronic cases are referred to men who have hospital facilities at their disposal.

In the past years the people have become accustomed to visiting the city doctors for their serious conditions. Now with the improved roads and automobiles they do not hesitate to go long distances with conditions which might be as well taken care of by the home doctor.

METHODS OF DEALING WITH PATIENTS

Occasionally two or three rooms of the physician's residence are set aside as an office, but more frequently the office is located in the business section of the town. Sometimes the doctor and the dentist of the city occupy a suite with a common waiting room.

It appears the custom to have a waiting room, the walls of which are conspicuously adorned with diplomas and certificates much wrinkled and discolored by age, a picture of the doctor's graduating class, and almost without exception a copy of the popular painting "The Doctor." The center of the room may have either a table upon which one finds old copies of current fiction and pictorials, or a stove depending upon the season of the year. The one modestly gives place to the other as indications arise. Arranged about the sides of the room are a few chairs, probably an old couch, and a case of medical books. Somewhere is usually to be found a dust covered pile of medical journals showing little wear and liberally mixed with advertising circulars.

The office proper hordes a desk with more books, pamphlets, and papers carelessly strewn about, one or more chairs, an examining table, a cabinet conspicuously displaying a miscellaneous collection of instruments, and a drug stand.

The small town doctor usually has no office hours, and appointments are not found necessary or advantageous due to

the fact that office calls are not numerous and much of his time is spent in the country. One practitioner placed his country trips as high as 50% of the total calls he made. About 25% of the calls received are taken care of at the office. In the winter months this figure is much lower. The old bell above the door announces the patient's entrance to the waiting room and if business is prosperous an office girl replaces this faithful servant.

In taking a case history the present illness is usually all that is considered. In most instances the patient is not encouraged to tell a rational story of the main symptoms of his complaint. If his trouble refers to the gastro-intestinal tract the doctor may question the patient to some extent on this but the average small town doctor usually does not go into a history of symptoms by various systems.

The physician left entirely to himself tends to rely on certain signs and symptoms usually the result of his own observation and of his own experience. As time goes on, too, every man develops a sort of intuitive sense and this becomes highly developed in the so-called country doctor. He seldom inquires into the past medical, social and family histories, because he often knows these as well as the patient. It is also often awkward to go too much into detail with close friends and neighbors and even more so with unfriendly individuals who must be treated by the only doctor in the town.

The systematic practitioners who make a careful general physical examination of practically all patients who seek their services are few. There are cases in which it is not

necessary to examine patients thoroughly, for example those with a slight ailment, and especially those with slight injuries requiring surgical treatment. The doctor does not often go into a routine examination because of the time consumed and because he knows his patients too intimately. This is a poor policy. Surgeons of the hospitals to whom such patients usually find their way know too well that many of the conditions could have been diagnosed by inspection alone had the physician been systematic enough to strip his patient.

It is more frequently the failure to apply or carry out relatively simple aids in diagnosis as the pupillary light reflex, and the Romberg test, than the lack of ultra-scientific methods and instruments of precision, which lead to incorrect impressions and wrong diagnoses. Not all practitioners are resourceful and sure of themselves. This fault may be due in some instances to inadequate early training, but in a majority of men it is due to laziness and failure to take advantage of the opportunities offered them.

The amount of laboratory work done is in keeping with the character of the type of work. It includes urine examination for specific gravity, sugar, and albumin, and hemoglobin determination by the Talquist method. Microscopic examination of the urine is rather rare and it is exceptional that blood counts are made. Stool and stomach content examinations are very seldom carried out. This is accounted for by the ready access to state laboratories.

Few of the practitioners own X-ray machines and a still smaller number understand and know how to use them.

Many of these machines are of the high frequency type and are entirely inadequate for general use and therefore serve only for psychological effects. Fleuroscopic examinations are almost unknown.

The treatment of cases in the small towns consists mostly of medication and minor surgical precedures depending on the size of the place and its distance from other centers to a greater or lesser degree. Small town physicians are often called upon to extract teeth and fit glasses.

The physician, as time goes on, gradually accumulates a number of preparations and formulae with which he becomes well acquainted. These sometimes serve their purpose on a purely imperical basis. In most instances he dispenses his own drugs. The reason for this is that he is required to do so on his country calls and consequently decides to do so for all of his practice. Frequently the doctor is obliged to dispense drugs, because there is no available drug store. Occasionally it is a matter of choice.

Therapeutic measures such as physical therapy have found their way to some extent into the small town practice, but in most cases these methods are limited by the inability to obtain electrical service.

Dietary treatment is a little resorted to and poorly administered. This is usually carried out at the request of the patient, diets having become such a national fad.

The practice of obstetrics among these men is practically all done in the home. There are often no opportunities for pre-natal examination or care, the physician

frequently being called first at the time of labor. As a whole the average small town doctors develop a relatively high degree of skill in this work. The technique naturally varies greatly among the men. Mostly every physician has a special bag equipped for this purpose and makes arrangements for sterile or clean linen. Post-partum calls are relatively few. For some unknown reason women in the country and smaller towns seem much less susceptible to post-partum infections despite the handicap under which the work is done. There is relatively little puerperal infection in these cases as compared with those of institutions.

In regard to clinical records one finds that there are very few men who make it a point to record their findings. The financial records fare somewhat better, but these are also often carelessly kept.

From the foregoing one might gain the impression that the average country doctor is a very inferior part of the profession. On the contrary, though much unappreciated, he is the most important link in this work. It is he, who first sees the patient in the vast majority of cases, and it is he, who must decide whether or not surgery or major therapeutic measures are indicated. Much that is missing in the purely technical way is compensated for by the close touch with the patient and the thorough understanding of his personality, habits, et cetera. Many of these men, too, develop a keen clinical sense which while unsystematical and incapable of being passed on to others is invaluable to the patients welfare. Many of these men are held in the highest respect by their clientele and do an

infinite amount of good in capacities not strictly professional.

PRESENT METHODS OF MEDICAL PRACTICE IN SMALL CITIES WITH HOSPITALS

In the small cities with hospitals many physicians conduct their practice much the same as their brothers in the cities without hospital facilities. Here, however, the practice of medicine becomes more of a business. Offices are more orderly and attractive, and the keeping of some sort of clinical record is the rule. Usually an office girl is in attendance and a regular schedule of office hours is maintained. These commonly include the afternoon and one or two evenings per week. This leaves the mornings free for hospital work and house calls. Much of the office work is done by appointment.

Here one finds a considerable tendency toward specialization, though not to as great a degree as in the larger cities. The exception to this is in the field of eye, ear, nose, and throat work. Here there is frequently clear cut limitation of practice. It is very common for men in the small cities to spend the major part of their activities along some line, but continue to do a more or less general practice. Frequently several specialties are combined, such as obstetrics and pediatrics, and surgery and gynecology. The development of hospitals and the advantages of recent medical training have made considerable surgery possible in the relatively small city. There are many well equipped hospitals where much commendable surgery is done. This is a marked contrast to conditions which prevailed 25 years ago when it was possible only to obtain adequate surgical service in large cities. Unfortunately this is not universally true as in many places major surgery is

is attempted by men of limited experience and in hospitals not adequately organized and equipped for this kind of work. 9

The hospital even in a city of moderate size plays a major role in modifying the methods of medical practice. About it one usually finds a group of men who somewhat depend on one another for assistance. They sometimes form an organized body. Cases are often referred and consultations are frequent.

A few hospitals in cities of this size have so called "Closed Staffs". In the majority of cases the management is conducted by a small group called an executive committee or advisory board, while the privileges of the hospital are extended to all men in the community.

Though there is not as much enthusiasm for group medicine at present as there was in the recent past, it is probably more marked here than in the larger cities. It is found in several forms. Perhaps the more common one is a partnership. In this type two men, one often majoring in surgery and the other in medicine, mutually associate their practices. Some men do all kinds of work including major surgery. Frequently several of these find mutual assistance with or without compensation at the time of operations. In many instances the major surgical cases are referred to one doing chiefly surgery, and he turns over to someone else work in which he is not particularly interested. In some instances the man referring the case is called on to assist in the operation or to give the anesthetic.

It is quite common for one man, usually an older

and well established physician to employ on a salary one or more younger men.

In the treatment of cases there tends to be considerable variation. It is probably on the whole more systematic here than in the smaller cities. Many physicians conduct rather complete examinations of patients and keep some form of clinical record.

Laboratory work too in many instances is quite thoroughly done in the various offices. This is especially true in group practice where there is frequently a trained technician. Because of the ready access to hospital facilities, X-ray equipment is scarcely more common in cities of this size than in the smaller towns. It, however, usually is more complete and up to date, and frequently includes fleuroscopic facilities.

Dispensing by physicians is much less frequent than in the smaller places. Nevertheless there usually can be found one or probably more of the older men who still prefer handling their own drugs.

Obstetrical work while conducted in the home in many instances is yearly becoming more and more a hospital procedure. Patients are more inclined to receive prenatal care, thus giving the doctor sufficient time to study their cases.

Cities of this size develop conditions requiring special types of medical practice. Among these might be mentioned public health work. This is quite necessary for controlling and preventing epidemics, and to care for the sanitation of the city. In many instances there are

industries which have need of considerable medical attention.

Sometimes contract practice is resorted to for this purpose.

At other times it is left to the various physicians of the city.

MEDICAL PRACTICE IN LARGE CITIES

All types of medical practice can be found in the city. Charalattans are able to ply their trade under cover of the size of the city which affords them ample business and protection. Quackery is carried on very much by advertising. Notorious ones are those claiming wonderful cures for "Diseases of Men." Pseudo-medical cults are also active in way of religious healers, masseurs, and electro-therapeutists.

Many of these charalattans have well equipped, handsomely furnished offices and do a very profitable business. They are patronized not only by the poorer and ignorant classes, but also by financially prominent individuals. In the latter instance one should probably add that these are often of the psychoneurotic types.

In addition there are physicians, usually with foreign training, who practice in districts inhabited by foreigners. They do not do complete examinations and do not keep clinical records. Many dispense their own drugs which in the majority of instances consists of large quantities of highly colored and flavored preparations. It appears that in order to have a large practice and win the good faith of their patients they are obliged to give quantity regardless of quality for little money. This type of practitioner is seldom affiliated with an institution or a hospital and when a patient seeks dispensary or hospital service it is because his large bottle of medicine has done him no good.

The true general practitioner has his office onna

prominent street somewhat removed from the central portion of the city. The practitioner does not attempt surgery, but in most instances has some hospital affiliation and refers his cases to the surgeons of this place. Much of the work of these men is carried on by home visitation.

The distinguishing feature of the medical practice in the large cities is the high degree of specialization in various branches. Not only do we find the divisions of medicine and surgery, but these are divided into subdivisions as gastroenterology, cardiology, orthopedics, dermatology, et cetera.

Some of these men work more or less independently, while probably the greater majority are members of a hospital staff and work in connection with their institution. Sometimes they form well organized groups or "closed staffs". Each man takes care of the work along his line and refers all cases which do not have a bearing on his particular branch of service to others on the staff. In this manner his colleagues may be called on to treat other phases of the illness of which the patient may complain so that often several men or departments may be treating the same individual.

These men have offices in downtown districts with regular office hours. They see patients almost entirely by appointment. Few of them have complete equipment for diagnosis and treatment where they carry on consultation work, but refer their patients to the hospital for extensive examination or care. Often the office hours of each man are very short, because several men occupy the same offices during the course of the day.

These men often have assistants who are either

licensed physicians or trained technicians, such as laboratory men, roentgenologists, measurers and so forth. Often they maintain their own drugs and hire a capable druggist for this work. If this is not the case there usually is a small drug store in the same building which caters to the business of these men.

Very accurate and complete clinical records are kept. At the hospitals this work is done by a well organized group of interns.

A true form of group practice is probably less common in the larger than the medium sized cities. There is a great tendency however for the men to form friendly associations to which they adhere in an honorable manner. This is common about certain hospitals and medical schools. Under these conditions cases are freely referred, but each man has independent relations with the patients.

The men often work in downtown offices which have a common waiting room and laboratory, and in addition occasionally have the same stenographic service. Here again several men may occupy the same office at different times during the day.

Occasionally, and this is true also of the medium sized cities, one or more doctors own and operate a private hospital with offices and other facilities located in the same building. This is falling into disfavor probably on account of the tremendous expense incident to maintaining a place of this sort.

In cities with medical schools one finds physicians, usually specialists, grouped about the institutions of learning

who devote all or the major portion of their time to teaching. Occasionally they carry on a certain amount of practice in the line of their specialty at the hospital of the institution. These men are not only specialists and teachers, but research workers who are continually advancing the science of medicine. Some of the schools, especially those in connection with State Universities, provide medical men for post graduate instruction and speakers for various local medical society meetings.

Industrial medicine plays its greatest role in the larger cities, and there are various ways in which medical practice is linked to industrial activities. Physicians located in the neighborhood of manufacturing plants spend very much of their time during office hours caring for small injuries. This work consists of minor surgical procedures and dressings. If the concern assumes its own responsibility frequently there is no designated practitioner to whom such cases must report, but it is more often found that these manufacturing plants insure themselves against liability. It has been the custom in such cases for the insurance company to name one or several physicians who are to care for such emergencies. The patient under these conditions, if he wishes free medical service and compensation must choose from the list of doctors paneled by the insurance company. In addition the employee in many instances may insure his family for medical attention. It is the custom for such companies to arrange for either part or full time services of a physician or physicians. Part time work is very popular, especially among the younger men of the profession, because it leaves considerable time which can be devoted to private practice.

In addition to the foregoing types of medical service there are opportunities offered by municipal and state institutions such as city and county hospitals, institutions for insane and epileptics, and sanatoriums. Many physicians spend their entire time with the U. S. Public Health Service and the U. S. Veterans Bureau. Various men are also employed by research departments of manufacturing plants and pharmaceutical houses, while commercial X-ray and clinical laboratories also provide work for a considerable number of medical men.

The present methods of medical practice in the cities of various sizes have been enumerated, but it is obvious that there is no possible accurate grouping of the types of medical service nor are there any definite "lines of cleavage" which will permit of a true classification. However the major divisions have been considered and since they are so interrelated the various types have been discussed under one or another heading.

While there are many exceptions the tendency is for more accurate and systematic methods in the larger cities. Conversely there is a much greater tendency for physicians in large institutions to lose the personal side of cases and to consider patients entirely from the pathological picture which they present.

Approved C A Bardeen

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