An Address

ON

THE RELATIONS OF MEDICAL MEN TO THEIR PATIENTS.

DELIVERED BEFORE THE NORTH CUMBERLAND DIVISION
OF THE BORDER COUNTIES BRANCH,
MAY 25TH, 1906.

BY **RODERICK MACLAREN, M.D.,**
CONSULTING SURGEON, CUMBERLAND INFIRMARY.

Two years ago we discussed The Relations of Medical Men to Each Other; last year we discussed The Relations of Medical Men to Public Bodies. This year I ask you to continue the survey of our surroundings by considering the Relations of Medical Men to their Patients.

CLUBS.

Before entering on this I propose to make a few remarks on some matters which could not be well included in our previous discussions and yet are not, strictly speaking, parts of our present subject. Medical men have as patients members of every social plane, not only the rich and the poor, but a large class who are too well off or too independent to be indebted to any one for medical attendance, and yet who find it difficult to meet the expenditure which a serious illness entails. For such, a system of arranging during health for medical attendance in the time of sickness by means of the sick club has much to commend it. It tends to promote independence, thrift, and foresight. When a man is in vigorous health and earning good wages he makes provision for the almost inevitable time of illness by a small expenditure paid out of his weekly wage, an expenditure so small as hardly to diminish his weekly income. This plan is not, however, found to work with the smoothness which might be expected from it. It is alleged against it, from the doctor's point of view, that the remuneration is too small to recompense him for good work; that clubs are often under the control of men whose education and experience have not fitted them for such positions; and, lastly, that in the membership there is a large infusion of men whose incomes are sufficient to allow them to obtain medical attendance on ordinary terms. On the other hand, members of clubs often complain of inattention, carelessness, or even neglect on the part of the doctors. There is cause to fear that there is some truth in what is alleged, and that while there are clubs in which the mutual relations are harmonious and satisfactory, there are others in which there is discontent on both sides and in which the connexion only continues because one or both cannot see how to do better. The elements of good in the system are many, and raise the hope that the imperfections may be so far removed as to result in the survival of a satisfactory working condition. This is essentially a young man's question, and it is through those who are making their life's position that the remedy must come. Many a medical man now regrets his haste to accept this sort of work. Too eager for occupation in his early days to be very particular in considering its influence on his future, he has gradually got into such a position that his clubs are essential to him and prevent him being independent. What can he do? He has accepted obligations based on the income he derives from this source. Perhaps he has married and has a household depending on him. There may then be no other course open than to make the best terms available. He is no longer a free man. But in planning what his career shall be a man need not accept appointments of which the terms are unsatisfactory. If the coming men will resolve not to apply for appointments unless conditions are reasonable and just, they are bound to succeed in making them so. The fact must be faced, that at present club work is not looked on with favour, but there is no inherent reason why it should be other than pleasant; with reasonable remuneration, fair security of tenure, and work well done, it might be just as satisfactory as any other medical practice.

INSURANCE COMPANIES.

Our relation to life insurance is another matter for which I ask your consideration. Sundry fallacies are sometimes advanced in relation to this subject—for instance, that we ought to promote the business of the companies to the utmost of our power because insurance tends to cultivate thrift and so on; that small insurances necessitate as much care as large amounts but will not bear the same fee. The true view is that insurance, being a purely business transaction between the company and their clients, our function is limited to seeing that the former does not make a bad bargain by accepting risks which are not covered by the averages. In no way does any principle of benevolence come into the matter, except in the effort to reduce the medical fee. Remuneration ought to be in due proportion to the time spent in examining each case. There is no justification for making it have any relation to the amount of the policy; indeed, the proposal to make it do so is only advanced as a reason for tendering a small fee. It is not usual to hear of a corresponding proposal for a *pro rata* fee in the case of large policies. Nor does any such principle obtain in the ordinary work of the consulting room. One man gets advice which alters his whole future, another receives some simple directions for a passing ailment; one has taken up the same time as the other, the fees are alike for both. How vastly different should these be if importance dictated the amount. It is not satisfactory to attempt to adapt medical fees to the importance of the issues involved, as there is no regulating standard which can be appealed to. The companies require from their medical advisers the best and most careful work; they are not justified in asking for this to be given at a cheap rate. There is, however, a plan which might be fair to both and a reasonable compromise. Let the companies adopt for small policies a less stringent examination and more limited inquiry than for large amounts. This may be asserted, that it can be ascertained whether or not a proposer has healthy organs and a good family history with an expenditure of about half the time, which most of the present schemes necessitate. The elaborate statements which some companies require from applicants, the questions being put by the medical examiner and the answers written down by him, might all be filled up before the examination to the great saving of the examiner's time. The life insurance companies might very well adopt a Standard Schedule of medical examination, eliminating from it all matters not essential to its objects. All those questions which indicate more the individuality of those who devised them than help to an estimation of the applicant's fitness would then be omitted. Of course the more thorough the examination and inquiry into family history the more perfect is the protection to the companies, but my argument is directed to meet a state of matters in which they are not prepared to pay for the time occupied in a very elaborate investigation.

Many accident insurance companies, in the case of a claim being made, ask two questions to be answered by the usual medical attendant. One is: Have you any reason to believe that the claimant was other than sober at the time of the accident? It is no part of our duty to have an opinion on this point. If we decline to answer we subject our patient to suspicion. If we have seen that he was not sober, are we justified in revealing the fact? In such a case it is best to put the question to the claimant, are we to decline to answer or are we to tell what we know? In no case should we suspect or make special inquiries on this matter. If we know that he was not sober we cannot say that he was; but it is certainly not right for us to repeat a suspicion. We are in no way bound to ask questions for the benefit of the insurance companies. The other improper question is: How long will the claimant probably be disabled, wholly or partially, as a result of the accident? This amounts to demanding prophecy for the benefit of the companies, who expressly state that the fee must come from the claimant.

FAMILY PRACTICE.

Coming now to the subject proper of this paper, there are various ways of regarding patients. It is possible to consider them simply as pieces of machinery out of order, which it is our business to put right. From this point of view we would not take into consideration their human feelings and failings. What they wished or desired would

be nothing to us; what they liked or disliked would not enter into our calculations. We would say to them, this do, and you will be well; that do, and you will be ill. On the other hand, we may look upon patients as creatures to be coaxed and humoured, never contradicted nor put to inconvenience by us; no storing up of trouble for the future allowed to interfere with present indulgence. Our advice may thus be limited to making life, be it short or long, pleasant while it lasts.

But the world is made up of compromises, and the most successful practitioner is the man who keeps away from either extreme; who preserves a mental attitude little influenced by feeling, having neither strong likes nor dislikes, not caring too much whether he retains patients or not; but whose sense of duty is the guiding principle of his life. The ideal medical man is tender-hearted and sympathetic, but not weak; candid, but not pitiless. He is not only sympathetic, but he shows that he is so; partly by words, but more by the efforts he makes and the attention he gives to relieving suffering. With most patients the present pain bulks more largely than ultimate results, and to convince them that they are receiving active sympathy, they must see that their present condition is fully appreciated, and that every effort is being made to alleviate it.

The majority of doctors and their patients are average everyday sort of people. It may be assumed that they are alike anxious to go on comfortably together, and that they only fail to do so from some misapprehension of their mutual relations.

Broadly speaking, we are the guides and advisers of our patients in all matters connected with their bodily health. But let it be remembered we are nothing more, let us not unduly magnify our office; we are not their superior officers, not even their guardians in the strictest sense of the word. They are at liberty to do as we tell them or not; we have no property in them as patients, and no claim to restrain them if they wish to go elsewhere. If we find that our advice is not followed, it is certainly open to us to determine that we shall no longer occupy a useless position, but this is our ultimate resort. The capable and strong man by the force of his individuality may retain a firm personal hold on his patients, but it is by his innate power, not from any right or allowable claim. The weak and obstinate man who attempts to do the same thing is not only apt to fail, but to fare badly.

To no man is a thick skin more useful than to a practitioner of medicine. There are many whose lives are embittered by the want of it, who take each instance of human thoughtlessness, of abnormal anxiety, or of the worrying condition which many people drop into in the presence of illness as implying dissatisfaction or want of confidence. It is really very rarely that this is so, and it is well to be slow in admitting the existence of such feelings. Large allowance must be made for natural anxiety. We must not be surprised if words and expressions are not quite nicely balanced. When, however, there is good reason on consideration to believe in the existence of want of confidence, the best course is to have a frank explanation, and get at the foundation of the feeling. Often this puts matters right. For misunderstanding may be the sole cause of tension. If there is any doubt on the part of patients or their friends as to the accuracy of diagnosis or the suitability of treatment, nothing more effectually restores confidence than a consultation. To most people willingness to submit an opinion or treatment to the revision of another is in itself presumptive evidence that these are careful and right? It is in circumstances such as I am speaking of that the medical man most needs to cultivate the separation of the professional from the mere human man. He should endeavour to attain the state of mind which treats business life as a thing apart from social life. Just as the soldier may have an official standard of conduct on parade which he does not feel called upon to exhibit in the mess-room.

If these measures fail to induce a comfortable and harmonious relationship, what next? Separate quietly, accept incompatibility as inevitable; do not try to drag on like coupled greyhounds. It is futile to show resentment, and do not look on the patient as necessarily a knave or a fool because your ways and his have not coincided. If there has been friendship before, do your best to continue it.

When patients elect to go elsewhere, as elect they do, it can hardly be otherwise than a matter for some thought why this is so. Under such circumstances, let the discarded man first examine himself—has he been at fault, has he been hasty or deficient in the sort of knowledge required, is he too old or too young, or has there been anything in the past which were it to do again he should do in some other way? It is a species of discipline which may be very educative, calculated to produce a just view of past events and to be a warning for the future, even should it fail to alter the present.

It is an essential condition of the relationship of professional adviser and client that the former should place at the disposal of his client all his skill, knowledge and experience in the matter under discussion. He must be prepared to answer all reasonable questions in regard to existing conditions, and to forecast the future as far as he can. He must never allow himself to deviate from the truth, however amiable be the motives which might impel him to do so. It is natural for a kindly-hearted man to shrink from telling bad news—say the hopeless nature of a disease—but it is a duty we owe to those who trust us to tell them exactly what we know or think, and it should not be shirked owing to any desire to spare the feelings of others or of ourselves. It is sometimes the wish of responsible friends that bad news be withheld, and their desire should always receive sympathetic consideration. If doing so does not involve deception, we are not wrong in being silent under such circumstances. As a rule, however, the best course is to be candid from the first about hopeless disease, about ailments which must go on to disablement, or with conditions which must lead to operation. To be otherwise may involve the possibility of one of two imputations—ignorance on the part of the doctor or wilful concealment. We must, of course, be quite sure of our data before dogmatizing; so long as doubt exists, let us frankly say so, but, when certainty is arrived at, it should be gently but decidedly stated. The medical practitioner of to-day, whether he be consultant or otherwise, must be prepared to treat his patients as educated intelligent human beings. He must be ready to give such explanations as are suited to their intelligence and knowledge, and to tell them in language which they can understand the nature of their ailments and the purpose of treatment. The day of "authority" is gone. No longer must a man rely on his personality for the acceptance of his dicta. An air of profound wisdom or a dictatorial manner carry less weight than a capacity for clear reasoning and lucid exposition. If this change has brought with it some disadvantages in the necessity of adapting technicalities to ordinary language, these are more than counterbalanced by the induction of habits, of clear and orderly arrangement of facts and opinions, and by obtaining intelligent co-operation in carrying out what is suggested.

Is there much in the relation of patients and medical men which is capable of alteration and at the same time desirable to alter? Not very much. No human being in this country need suffer for the want of medical attendance; it can always be procured in some form or another, and the cost bears a reasonable relation to the means of the people. Then the medical profession as a whole is as well remunerated as any other. It is held in good esteem by the community at large, and the social position of its members is pretty much what they choose to make it. No disability adheres to it. It has no tendency either to deteriorate the intellect or soil the soul. One phase of it, however, is capable of improvement—that irregularity of medical life which makes it a hard occupation. Some of this is essential and unavoidable; sudden illness calls for attention at whatever time of day or night it occurs, obstetric work is not amenable to regulation, and operations have often to be done irrespective of time or convenience. But after these are deducted there is still a large amount of irregular work which is not such of necessity. Few other professions are so absolutely without limit or order in their hours of work as that of medicine. The clergyman has his stated hours of duty. It is true that he is at the call of the sick and the dying at any hour day and night, but urgent or untimely requests hardly form an appreciable factor in his life. The lawyer, the schoolmaster, and the business man have each their definite and fixed hours of work. The soldier in time of peace is only on duty for stated periods. No one expects a

member of these occupations to deviate from his normal routine, but the belief is almost universal that the doctor should be available at all times day and night, and that he may be consulted or called upon to visit at any time which suits the convenience of his patient, and that he may be summoned at the time which causes the least inconvenience to send for him.

Society novels are admitted to be often good records of the manners of the time. In a recent one an aged baronet is represented as dining in town in his usual way, and then sending his butler to ask his doctor to step in because he, the baronet, was feeling uneasy about his health. Even if the accuracy of this as a picture of what is likely to have occurred is open to question, it yet shows that in the mind of the writer there was nothing which made him think such an occurrence unreasonable. In hardly any other occupation is it found possible to allow such uncertainty as to hours of work. In medicine the occurrence of real emergencies interposes an obstacle to any rigid limitation to definite working hours. However, these emergencies are rare, and my observation leads me to the conclusion that when a medical man is systematic and habitually keeps his temper under control, he can be successful in securing a life of reasonable comfort. By method and order he does better for his patients than the men who submit to irregularity and desultoriness. There is much more system in medical life than there was fifteen or twenty years ago, still there is plenty of room for more. The labour of daily work might be diminished and comfort might be increased. With hardly any exceptions every one could have regular consulting hours differing according to the nature of his practice but at rational times. Those hours alone may be adhered to for all ordinary home work. Every one can also fix hours for starting visiting. Some disability may be imposed on requests for visits at times which suit the patient, but are obviously inconvenient to the doctor, and such as are received after the usual hour of commencing the day's work. A method which succeeds very well is to require a special fee for such visits; another is to arrange that this work is undertaken by an assistant; yet a third one, which I cannot say I recommend, is plain speaking; it is not given to every one to bear the truth, and however thoughtless people may be, they are apt to resent the imputation of being so. But in whichever way it is done the comfort of medical life is much increased by requiring from patients due consideration and the avoidance of waste of time.

In no relation of life is legitimate independence more necessary than between doctor and patient. Unfortunate is the patient who feels bound to hold to his doctor for any other reason (be it social, family, or personal) than that he has faith in his professional capacity. He is in a condition of bondage apt to be tempered by subterfuge and deceit. No less unfortunate is the doctor who is afraid of his patients, afraid of his neighbouring practitioners, and whose actions are conditioned by the dread of losing practice. He had set for himself a low ideal and a still lower real is sure to result. I would have every man not only guard his own independence, but be too self-respecting to interfere with that of any one else.

In all that we do and in all that we aim at we must ever remember that we are members of an organized society with multiform relations to those about us. We are governed by the inexorable laws of supply and demand; we have our rights within those laws and so have others. We do well to obtain what is due to us, but only so long as we do not seek to encroach on the rights and freedom of others.

THE *Medical Record* says that at the Lisbon International Medical Congress last spring there was to be found a table of equivalent obstetrical terms in different languages constructed by a German medical man for the benefit of his colleagues. In the English division the German term for triplets was represented by "three-twins," the umbilical cord by "caul," and the umbilical murmur by "hiss of the navel string." Other equally happy translations into English were "mooncalf" for hydatid cyst, "gastrostomy with removal of the pregnant uterus" for Porro's operation, "combined inquiry" for bimanual examination, "impervious mouth" for undilated cervix, and "cephalic carve" for craniotomy. The interchange of ideas with a German medical man who had studied this vocabulary must have been somewhat exhausting.

THE PRESENT POSITION OF PROSTATIC SURGERY.

By JAMES H. NICOLL, M.B., C.M. GLASG.,
PROFESSOR OF SURGERY, ANDERSONIAN COLLEGE, GLASGOW.

THE development of prostatic surgery presents in its history three periods—the pre-castration period, the period during which the claims and practice of castration largely diverted attention from prostatectomy, and the present period of renewed interest in prostatectomy.

Successful prostatectomy comprises three prime factors:

1. Procedure by *enucleation* (digital or otherwise). This removes the prostate, leaving the capsule *in situ*. On its successful accomplishment mainly depend the patient's chances of life.

2. *Efficient removal* of the obstructing prostatic mass. This commonly, but not necessarily, means total, or nearly total, removal of the organ.

3. The existence, after recovery, of a *mucous urethra* in the prostatic region—a urethra preserved intact during the operation or renewed by natural processes during the course of healing.

The essential importance of all three factors is now universally acknowledged. All three were familiar to not a few operators in the pre-castration period. All three were lost sight of by the majority of surgeons in the castration period, and to this fact must be attributed their somewhat remarkable rediscovery as new within the past five years.

Prostatectomy may be performed by one or other of three methods: The vesical (suprapubic), the perineal, and the submucous combined (vesical and perineal). The perineal (pure and simple) I have rarely practised, and propose here to deal with the submucous and vesical methods alone.

OPERATIVE PROCEDURE.

Extended experience has confirmed me in the opinion formed in my earlier cases¹ that the first step in prostatectomy should be the opening of the bladder by the suprapubic route. This permits the completion of the

Fig. 1A.

Fig. 1B.

Retraction forceps for suprapubic cystotomy wound in prostatectomy. The terminal parts of the blades are of plated copper, to permit of their form being readily altered by the fingers to suit varying degrees of corpulence.

diagnosis—the exclusion of carcinoma of the prostate and of encysted abscess or calculus—and the complete bimanual examination of the prostate (one finger in bladder and the other, gloved, in rectum). On the results of that examination a decision is come to as to whether the urethra and mucous floor of the bladder are to be preserved intact or not. Such preservation is unattainable by the vesical method, is occasionally effected by a happy chance by the perineal method (pure and simple), and can be uniformly secured by the combined or submucous method alone. The further course of the operation, therefore, takes the form of the submucous combined or of the vesical method of enucleation. As a