

## A REVIEW OF THE PRINCIPAL EVENTS IN AMERICAN MEDICINE.

BY JOHN URI LLOYD.

*(Concluded from July Issue, p. 631.)*

## PART IV.

## RECAPITULATION.

From this cursory study, one may comprehend the manifold influences and discordant factors involved in so simple a problem as health preservation and disease treatment. Let us summarize:

- 1st. A sick person is naturally desirous of recovering.
- 2nd. Inbred hope, even confidence, prevails that some agent is capable of "curing" the ailment.
- 3rd. Belief that certain persons, either by inheritance, education or accidental discovery, possess this information.
- 4th. Involved function of mystery, necromancy, astrology and superstition, heired from the past, is to humanity ever present.
- 5th. The frequent failure of legalized physicians to "cure" their patients, leads to more or less questioning of the fraternity.
- 6th. The terrible processes of "licensed physicians," even in times not afar from the present, led to antagonisms and the hope of escape from their "barbarisms."
- 7th. The perplexing discord, even antagonism, among physicians whose "ethics" in which the sick are not concerned, too often openly dominated their practice, to the patient's disgust.
- 8th. The exaggerated assertions made by persons concerned in secret (usually misnamed "patent") cures become thus readily tolerated.
- 9th. Advertisements of both fanatics and artful schemers, who, bespeaking the value of certain mysterious "discoveries," continuously attacked both legalized practitioners and educated pharmacists, were made possible by such methods.
- 10th. Laws designed to restrict therapeutic liberty or that demanded the use of certain processes and legalized remedies, in which many educated physicians did not believe, and which were likewise distasteful to numbers of laymen, were too often causes of discord.

The people (perhaps not universally) feared that the *Profession of Medicine* was simply a *legalized trade* and that its votaries aimed at self-protection or aggrandizement in what was really a laudable effort of the rank and file to suppress harmful processes, instituted by ignorant pretenders. It was even openly asserted that, under the name "physician" the medical profession should be given credit as being the initial "Trades Union" of America.

Such as this, together with the eternal bickerings, backbiting, vituperation of the sections of medicine that both individually and as a whole abused each other, openly or by inuendo, led many people to:

- 14th. Consider favorably the various "cults" that offered a haven of rest. Discrediting, alike, all "licensed" physicians, as merely business rivals. These prominent factors seem, in one form or another, to have complicated and weighted medicine, from all time.

Thus we find, for decades, educated men who differ from each other in therapeutic opinions, continuously wasting their energies in attempts to suppress, by law, their no less competent rivals, neglecting, in such antagonisms, to consider the education of the people as a whole. Cagliostro was not the first professional "quack," nor was Hembold of Buchu fame the last non-professional. This is demonstrated by literature, both remote and modern.

What is the result? We find that processes designed most altruistically have been accompanied by, if they have not indeed bred, continuous rebellion in the people, distrust of the physician, antagonism against legalized medicine. If not suggestive of, they have not prevented the formation of series of "cults" and fanatical semi-therapeutists, differing from each other but yet united alike in discrediting "legalized" medicine.

## PART V.

### HAVE THE PROCESSES THAT DOMINATE THE PROFESSIONS BEST SERVED THE PEOPLE?

Do we not find to-day that millions of dollars are being made by advertising of mysterious cure-alls, where formerly thousands, perhaps hundreds, only, were culled from the people? Do we not find display advertisements by non-medical men who recklessly and extravagantly use money, in ways heretofore deemed unthinkable? Do we not find insidious reading articles lavishly distributed in widely read prints in America, reaching every home, in every language? Do we not find that the "Get Rich Quick" schemers no longer need disport a gold mine in the far-off, mysterious valley of the Great West, or display a tinsel "Gold Brick" to entangle their dupes? Do we not, in fact, find that *law* not only does not now protect the people, but that it has never protected them from "cure" imposters? Does the closing of medical colleges that differ in therapeutic teaching, or in "scientific" equipment from those protected by laws, or equipped to the limit by donations most laudably intended, either suppress "quackery," or educate and protect the people.

"THE UNEXPECTED."—With the above thoughts in mind, comes now to view the unexpected. Strange as it may seem, laudable aims voiced by the cry "Higher Medical Education" seem to have resulted, with the people as whole, in the opposite of what was intended. The country seems now perilously near to *no medical education*, so far as the home physicians are concerned. And comes to view a strange combination and uniting of interests, quackery personified and ultra-altruism in idealistic therapy.

It needed no prophetic mind to discern that the higher and more expensive the standard of education, and the longer time demanded, the fewer family physicians would be licensed. The more expensive the course, and the longer the time devoted to the education of the physician, the fewer can afford to enter the field. Those qualified elect a specialty and locate in the cities. This is a mighty country, exhibiting vast plains, great mountains, empire-like valleys, recesses afar from the city home. Close at hand seems the day that is even now dawning, when great tracts of country will be devoid of the old-time, capable physicians, so welcome to the home, so necessary to the community. The people still suffer from disease, the child in the little home on the mountain or on the plain still needs

professional care. Comes, naturally, from such as these, as the physician friend passes out, the harvest of the advertiser.

Postal service is being given the vast recesses of the country, as never before, in the direction of both literature and materials. As never before are the opportunities of the advertiser multiplying.

**EXTREMES MEET.**—Thus we find as already stated that two discordant elements are now possessed of the same ideal; one deeply hopeful of higher educational qualifications for the physician, because of his altruistic views; the other concerned in the same cause, because it seems advisable to sound the death knell of the old-time American "Family Physician." With enthusiasm the one views the restricted, highly educated classes in the university departments, and rejoices in the passing out of the independent old-style medical colleges of the land. The other, for a different reason, silently rejoices, but likewise considers this to be a blessing. He studies new methods to reach the people. He insidiously cloaks his advertisements, and propagates artful schemes heretofore unknown, viewing complacently the passing of both the apothecary of old and the family physician. He notes with satisfaction that the highly educated physician of the present seeks a specialty in the city. He artfully introduces his advertisements to a people to whom the faithful Family Physician, the guiding spirit of the past, but no longer a caretaker in the home, is fast becoming but a reminiscence.

*The End Reaction.*—"After the war there will be a rearrangement in economical processes and in American business methods," a saying now often heard. After the war of the medical classes, "for there has been a medical war of over a hundred years in America," WHAT?

This writer hopes that by some balanced method the care of the people may again become a duty of the ever-welcome, faithful family physician. He hopes that the cause of higher medical (I prefer the word *better*) education may increasingly prevail, that every university of the land may have greater classes in medicine than ever were known, and also that increasingly new university departments may open to assist in their education but yet that during the transition period the people will not be deserted. He accepts this will be the case, and that in a time to come the influence of these highly schooled men and women will exert itself in every nook and corner of America. But, he believes that, unless leaders in this field cease their selfish bickering, consider the cause of medical education as a trust whose object is the care of the people, not the building up of institutions or giving legal preference to their own graduates; recognize that all men cannot (and need not) attain the same degree of effectiveness in order to serve the people, and that half a loaf is better than none to the person starving, quackery will increasingly for a long time prevail over great sections of America. That hopelessness other than comes in the advertiser must be the part of innumerable families in homes afar from the "high-bred" physician. Cure-alls made by quantities in great laboratories devoted to the "care of the people" by almanac processes must multiply, fortunes made thereby will, unless professional methods change, shame Helmbold when, as in his palmiest day, he sold a six-ounce bottle of a weak decoction of Buchu in carload lots, one dollar a bottle.

## PART VI.

## OUR DUTY.

In my opinion, it is clearly the duty of the physician to be a therapeutic *teacher of the people*, not a member of an autocratic class, dealing in mystery or dominated by exclusive ideals that hold the people aloof. And it is the duty of the pharmacist to support the physician in this laudable effort.

Should not one and all accept that educated laymen are competent to comprehend balanced advice, also that the unschooled are capable of learning, and that it is better for all to be taught by men qualified to instruct? Every physician in family practice surely has it in his power to instruct the mother, the father, even the young, in sanitary care and in emergency opportunities, regardless of their schooling. Even a young country lad may be shown how to bandage a wound, what to do to prevent lockjaw when a rusty nail penetrates the bare foot, how to care for a boy's "stone bruise," and how to resuscitate a half-drowned comrade.

Home medicines should not be the charge, or even the *opportunity*, of the non-professional advertiser. They should be found in every home, under the care of the physician. It costs little to provide a cabinet of first aid simples to be used in the physician's absence, in cases such as diarrhea, cough, croup and kindred affections. Were standard home cures, with directions for use, formulated for such emergencies, by professional local medical societies, the formulas to be placed in the hands of associated physicians, the compounds to be made by home pharmacists generally, the cause of home treatment would be simplified.

Was it improper for Dr. Squibb, during the prevalence of the cholera in the '60's, to give a process for "Squibb's Diarrhea Cure," a preparation accepted by boards of health in every American city, and by physicians and druggists, everywhere? Were not the methods of Beach, King, Scudder and their predecessors, as shown in this study, wisely instituted, *if the object of medical education is the care of the people's health?*

Surely it is not improper for introductory works on anatomy, physiology, etc., a "Home Physician" written by proper authorities, teaching, helping, serving, educating the people, to have a place in such balanced instruction.

THE PHARMACIST should become the physician's ally in it all, and he must so become, if these processes prevail. When this is accomplished, the pharmacist will cease distributing "cure" circulars for outside "manufacturers," he will become interested in the physician's home-care problem, and he will feel encouraged in becoming proficient in his present fast-fading (under conditions now prevailing) art.

It might now be asked of the writer, since I am not and never have been interested as a business in home treatment, why do I favor this home-care procedure? An answer might be, that I have been taught in apprenticeships, over half a century ago, and by fraternal relations with physicians, since, that on the *medical* profession (not the pharmaceutical) rests the responsibility of treating the people in disease. The province of the pharmacist is in my opinion to compound, not to prescribe (unless in emergency cases).

I accept now, as ever, that the physician only is qualified to select desirable therapeutic agents and compounds, and establish the dosage. The physician is the one meeting home complications and should direct the crusade in the people's behalf. He can guide them authoritatively and educate them in the balanced use of legitimate home-cure simples, that under his authority shall be prepared by the pharmacist. He can guard the people against habit-forming drugs, pernicious compounds, harmful processes, and, being devoid of *business* complications and entanglements, protect them against impositions.

*My dear Dr. Wilbert:* I have given you, without reserve, and at your request, this study and these conclusions. I consider it an honor to have been thus asked by you to do this for you. Please do not accept that I am at all disturbed over past processes or disconsolate over the "end reaction." Balanced thought of those who are ever ultra-ethical must surely lead, as you have seen, to the conclusion that the home care and education of the family, after the method of the section of the profession of medicine to whose pharmacy I have devoted my life efforts, are not improper, but are even, from my standpoint, the *duty* of the educated members of all sections of the medical profession.

JOHN URI LLOYD.

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## OUR PHARMACEUTICAL CONVENTIONS—WHY WE SHOULD ATTEND THEM.\*

BY FRANCES M. GREENWALT.

Did you ever ask a brother pharmacist whether he expected to attend some approaching pharmaceutical convention, and get some answer like this, "No, I'm not interested in such things," or "No, it's the same old stuff, with the same old crowd running things," or the still more common replies, "I can't afford it," or "I haven't time?"

Of course you did, and you wondered whether there was something wrong with your state, or national association, or whether the fault rested with the individual pharmacists.

I think most of us will agree that our various professional organizations are forging ahead and our disinterested pharmacists are losing out by not attending these conventions, although they unknowingly are deriving some of the benefits from the untiring efforts of the "same old crowd."

Consider the work of our revision committees of the U. S. P. and N. F. Every practicing pharmacist must have those two books to intelligently compound prescriptions. Year after year the same men are doing the work, and they are here at these conventions, giving their various reports, seeking for additional help and information, and solving the problems of the profession.

It is indeed a privilege to meet these enthusiastic pharmacists, for if one has a tendency to slump or to follow the lines of least resistance, he is immediately aroused from his state of lethargy and cannot help but feel a renewed interest.

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\* Section on Practical Pharmacy and Dispensing, A. PH. A., Buffalo meeting, 1924.