

Commercialism, professionalism and their mutual relations : a series of editorial articles.

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**Commercialism,
Professionalism**

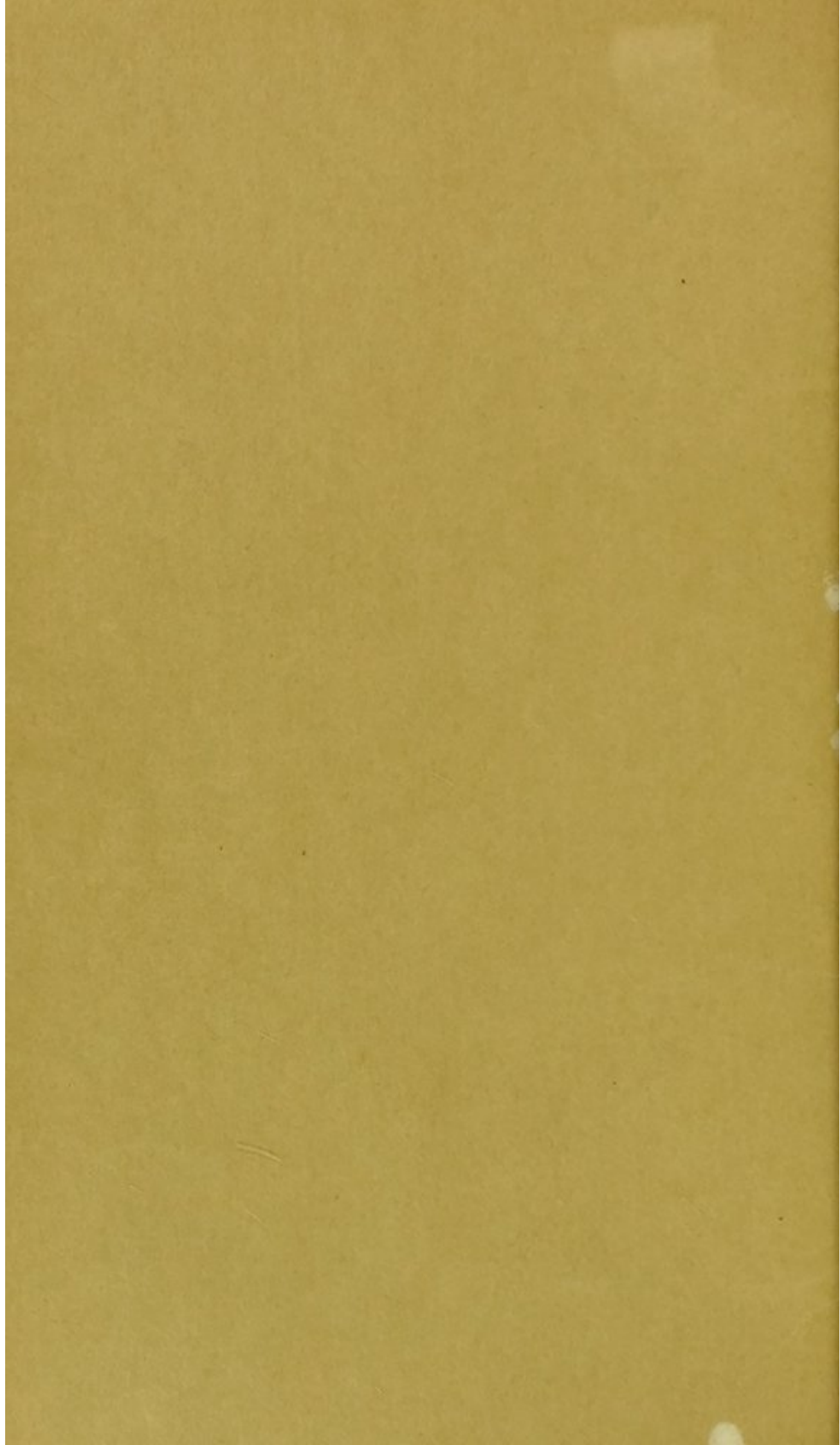
AND THEIR

Mutual Relations

—
A Series of
EDITORIAL ARTICLES
—

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COMMERCIALISM,
PROFESSIONALISM

and their

MUTUAL
RELATIONS

The Johns Hopkins Hospital,
NORTH BROADWAY.

BALTIMORE, Jan. 9th, 1906. 190

Dear Millican:-

If you reprint those articles on Commercial-
ism do send me a couple of reprints. They are excellent
in every way.

I am here for a month, playing with the
boys, and trying to do a little work.

Sincerely yours,



Commercialism, Professionalism, and Their Mutual Relations.

CHAPTER I.

COMMERCIALISM.*

The outcry about commercialism in the medical profession has of late waxed so hot and loud, that it may be well if we devote a little time to a thoughtful consideration of all that the terms commercialism and professionalism respectively imply.

By commercialism we naturally understand the spirit that animates the commercial life, the ideals at which it aims, the ethical canons by which it professes to be guided. Frankly, the commercial man embarks on a commercial occupation, to use a slang but expressive term, "for what there is in it." His first objective is to enrich himself, to establish his own material prosperity. His choice of a particular commercial pursuit is an accident determined by conditions—that which is open to him, the direction in which he can best use the means at his disposal—to some extent, also, his tastes are considered, either in the attractive nature of the pursuit chosen, or in the field it affords for that spirit of contest which seems inherent in human nature. The contest for supremacy, the desire to measure oneself against others and to "come out on top," is in the commercial

*St. Louis Medical Review, June 3, 1905, p. 442.

life of to day the analogue of the warring instinct of the barons of old. But essentially the commercial man's primary object resolves itself into benefiting and enriching himself and those that belong to him; and while all good honest work does ultimately benefit the community, that is emphatically not the first cardinal aim of the commercial spirit.

Now, this objective may be striven after worthily and honorably, and then we recognize an honest and praiseworthy commercialism. In this case the commercial man, while aiming first at his own benefit, aims also to give full value for what he receives. He does not defraud or deceive, he does not try to overreach, and he would scorn to avail himself of an inequality or an unfair advantage, as a knight of old, even an unworthy one, would have dismounted and cast aside his lance to meet on equal terms, on foot and with swords, his dismounted and unlanced antagonist.

As regards his reward for work done, he bases his ideas of compensation on a fair return for his expenses, his labor, and any special ability or capacity he brings to bear in his dealings with his customers. While he does not pretend that in producing carriages or woollen goods, or medicines, if you will, he is actuated solely, or even primarily, by a desire to minister to the needs of his brethren who require these things, but rather deals in these things because the existence of a demand for them insures him an opportunity to acquire in return what he desires for himself; he does, on the other hand, aim to supply those things of such

quality, at such a price, and under such conditions, that those who pay for them receive an honest equivalent, all things considered, for what they give him in return. Commerce, after all, is but the specializing of barter as it existed in small, stable, primitive communities, where every man laboring to produce for himself all the necessities of life, found it more satisfactory to exchange some of his own superfluous productions for the superfluous productions of others who were deficient in that of which he found himself possessed to a degree beyond his needs.

Honest commercialism of that type does not seek to enrich itself at its neighbor's cost, either by vulgar cheating, as in deficient quantity or inferior quality, or by the more refined and subtle method of fraud in creating an artificial sense of want of what is unnecessary and even undesirable. It seeks to render service, for which it rightly expects to be properly and adequately compensated, by bringing into play its capacity for supplying demands that naturally exist; not by creating artificial demands that have no normal existence in either the material or æsthetic needs of mankind just because it happens to be in a position to fulfil such a demand when thus artificially created.

Such worthy commercialism as that described is, in its proper place, as much real and honest, and therefore honorable, work as the physical toil of the laborer, the skilled service of the mechanic, or the personal or household service of the servant in its proper place. All are exemplifications of the true dignity of labor.

Unfortunately, however, much, probably in these days by far the largest part, of commercialism is not of that type. It aims, on the contrary, to acquire without yielding real and salutary service in return. It arouses false expectations in the exploitation of its wares, which in the nature of things cannot be fulfilled. It trades on the probable ignorance of the multitude and its incapacity from lack of the special knowledge possessed by the exploiter, to grasp the impossibility of such fulfilment of promises, and shelters itself under the detestable and immoral dogma, *caveat emptor*. If the other party to the compact tenders spurious coin or false bills as his share of the transaction, he is a criminal for whom no condemnation can be too severe; but if the vendor can palm off some worthless or comparatively worthless article for the genuine coin which he demands, he considers himself worthy of commendation as a "smart" business man.

Honest commercialism realizes its moral obligations to its customers, operative on its own conscience independently of any possible restraining power of social condemnation or legal constraint.* Dishonest commercialism,

*"Perhaps the most remarkable featuring of the shady side of last year's chronicle was the evidence presented of widespread corruption in almost every walk of life, in every phase of activity. You needed only an investigating committee to find that almost every commercial body you touched was corrupt. . . . Is there a sure and safe means wherewith to cure the body politic and commercial of this dangerous disease?

"Some say yes—public opinion, coupled with proper legislation. Now, my brethren, I agree with

in its worst and most aggravated form, stops short at no kind of chicanery or deceit, provided such can be practised with impunity. It makes a meretricious and unworthy use of circumstances and conditions which, good in themselves, can have no essential relation with the purposes of commerce, e. g., personal friendship or obligation, family or social standing, membership in fraternal orders or religious bodies, etc.

There is thus both good and bad, both worthy and unworthy, commercialism, but in both the primary objective is the same—the personal benefit of the worker. The difference lies in the principles and methods whereby it is sought to attain that end.

In a future article we shall endeavor to uncover in like manner the spirit of professionalism, as distinguished from commercialism, and in subsequent ones to consider the just and proper relation of each to the other.



those who hold that public opinion is a mighty force, and that where its white light is concentrated it is difficult for evil long to dwell, and I further admit that there is no evil for the eradication of which adequate laws may not be set on the statute books; yet both of these concurrent remedies will fail if they are not based on, and arise from, a properly trained individual conscience."—Archbishop Glennon, in a sermon on Conscience, St. Louis, Jan. 7, 1906—as reported in the St. Louis Republic, Jan. 8, 1906.

CHAPTER II.

PROFESSIONALISM.*

In our issue for June 3rd, we considered the essential nature of the spirit of commercialism. We shall now, in like manner, try to reveal the essential nature of professionalism, as we conceive of it.

In the ethical relations of social life, those people who view life from a more or less individualistic standpoint and who are eager to maintain individual liberty and to uphold individual rights, may be divided into two classes, viz., those whose attention is centred constantly on possible infringement by others of their own rights or liberties; and those who are more preoccupied in themselves avoiding any infringement of the rights of others, and whose attention is attracted to their own rights only when these are directly threatened. Now, both these classes are distinctly within their privileges, but few, we imagine, will dissent from the view that the latter mental attitude occupies a distinctly higher plane than the former. It is essentially the attitude of the gentleman, though one could scarcely say that the other attitude, unless carried to the extent of absolute indifference to the rights of others, was ungentlemanly.

We have shown in the previous article that the spirit of commercialism is concerned primarily with self, and only secondarily, and not necessarily, with others. The spirit of true

*St. Louis Medical Review, June 10, 1905, p. 463.

professionalism, which *ought* to animate the members of all pure professions, should, we conceive, be concerned necessarily and primarily with others, and only secondarily with self.

Both classes render a service to others and both are entitled to a return therefor. But in the application of the law of barter the reasoning of the commercial spirit runs somewhat thus: "I want this which you possess; what must I give you to obtain it?" The professional spirit, on the other hand, says: "You need this service which I shall render you," and unconsciously assumes that, as by general consent this service is valued at such a sum, so much of that as can honestly and justly be afforded will be given in recompense.

There are, unfortunately, many who will endeavor to evade their obligation in the matter of professional recompense, and in this case some effort may properly be made to exact what is just (though in the highest ideal, as in the case of fellows and members of the Royal Colleges of Physicians in Great Britain, even this is forgone); just as there are people in the relations of social life, who will be so entirely disregarding of the rights of another, that even though that other be one whose mind is not centred on his own rights, he must exact attention to them from such a one. In both cases this action is demanded as much in the interests of the community as in those of the individual.

There are, in short, certain occupations which should not be undertaken from motives only of interest, but rather as the result of

what, in ecclesiastical language, is known as "a call"—not necessarily specialized as the cleric would have it, viz., a "divine call," but a call of duty, whether to the art, to a certain public, to the country, or to humanity. Such are the professions of medicine, the ministry, the army and navy, and of pure science, and such ought to be the profession of the law. All entail a close personal and confidential relation between the parties serving and those served; all carry with them an obligation to fulfil a duty, once entered upon, regardless of personal interest, convenience, or danger; and all, as a consequence, have enjoyed in the past a certain public esteem and privilege, which has ever been most highly and universally accorded in proportion as the spirit of professionalism has most fully informed the professional corps.

And here we would express a view which we are aware will receive far from universal acceptance. It would, in our opinion, be far better for the common good and for the maintenance of a high professional ideal, if the humane professions could be simply salaried, no opportunity for gain being afforded. This would vastly increase the probability of the professional aspirant being actuated by a vocation. But the time is not yet.

The idea of the reward as the purpose of work is essentially antagonistic to the professional spirit; reward for service should be ever in the mind of him who receives it, not in that of him who confers it. Do we not bring up our children and lavish love and care and pro-

tection and provision upon them in their early days, and ought they not to repay us in such ways as they are able to, and we may need, when they grow up? Does not the world rightly cry shame on such children as neglect or refuse this recompense? But would it not hold us in even greater scorn, were our parental care given to our offspring from the motive of their future usefulness to us?

Everything, then, that tends to bring a profession more into line with the spirit of a commercial occupation is, in our opinion, to be deplored. Commercialism and professionalism are incongruous in their aims and ideals, and it is no derogation to say of a thing that it is incongruous with something else: The eternal principle of the fitness of things rules here as everywhere. The methods of legitimate trade are good things in trade, but they are out of place in a profession; just as pajamas are excellent things in a bedroom but sadly out of place in a parlor. Yet bedroom and parlor, commerce and profession all have their fitting place in life. Out-of-placeness it is, that constitutes the offense.

The man who enters upon a profession, and especially the profession of medicine, with commercial standards is doing not only a wrong to the profession, but a foolishness to himself; for the seeker after the commercial standard of success has open to him therein few prizes obtainable by honest and honorable means, and none at all comparable in magnitude to those offered by commerce, honest as well as dishonest.

CHAPTER III.

THE MUTUAL RELATIONS OF COMMERCIAL- ISM AND PROFESSIONALISM IN REGARD TO THE PHYSICIAN'S CLIENTELE.*

In previous articles we have considered the natures of commercialism and professionalism respectively. We have now to investigate the various points at which they come into essential contact. And the first and most obvious point is the practice of a profession as incidentally a means of livelihood. Unless we can ensure in every member of the professional guild the possession of a private income capable of sustaining life in reasonable comfort, it is obvious that even the man who enters the guild with the keenest sense of a vocation must live by his labors. It is, moreover, an axiom that "the laborer is worthy of his hire"; and in that expression we meet at once, as it seems to us, the keynote of the situation. "Hire" is by no means synonymous with "gain." The former implies merely adequate maintenance; the other, the acquisition of possessions. Tracing the words to their primitive significations, the basis of "hire" implies "service (or its equivalent) in return for service." It says: "I will lend you my horses to plough with to-day if you will lend me your plough to plough with to-morrow." Service for service, without thought of profit on either side. It relates exclusively to the transactions between *persons*,

*St. Louis Medical Review, June 17, 1905, p. 482.

each of whom accommodates the other to an equivalent extent.

"Gain," on the other hand, deals, not with service or labor as such, directed towards persons, but with the increments arising from labor expended on material things. In its primary significance it is the yield of the soil to labor. This is obviously necessarily variable in its results, being dependent on conditions of weather, fertility of the ground, the judgment and knowledge of the laborer in utilizing to the best advantage the conditions with which he has to deal, etc. Herein lies the possibility of the production of a surplus, or results accumulated beyond one's needs, i. e., of "gain." And when, in place of rendering service for service, service is recompensed by payment in the results of labor we have at once the inception of the commercial idea of gain. In this distinction, as it appears to us, lies the essential difference between a professional and a commercial pursuit. Herein lies the theory of the "fee" in place of the "charge" as the professional man's reward, which, practically obsolete though it be, especially in this country, is still theoretically, at any rate, the status of the physician's remuneration. Here, moreover, lies the basis of, and justification for, the principle generally acknowledged in the medical profession the world over, that a physician's fees are properly to a considerable extent graduated by the position of the patient. From the man to whom toil yields scant dues, less is expected in return for the service rendered

than from one whose power and opportunity for acquisition are greater.

It is common among many to smile at the country side practitioner in sparsely settled districts, whose fees are at times paid in grain, poultry, fruit, or what not; but in truth that man approaches more closely and literally to the highest professional ideal than he whose practice is rewarded by the more conventional fees. It is, of course, less convenient than the customary method, and we are not suggesting that those who can receive their hire in coin of the realm should endeavor to set back the hands of time and revert to a method the very inconvenience of which has led to its supersession. We are merely trying to get back to first principles in the hope of finding a guide post.

Service for service, then, not gain and profit, should be, as it seems to us, the professional man's gauge whereby his adequate recompense shall be determined. The man whose aim is other than to render service, looking for recompense only in terms of service (or its equivalent)—who places before himself as an object the accumulation of possessions—seems in our eyes to have mistaken his occupation. His aim is commercial—legitimately commercial, and therefore perfectly honorable, it may be, but still commercial and at variance with the professional spirit. The same amount of capacity and energy displayed in some frankly and fitly commercial pursuit would reap for him a much richer reward than he is likely to attain in one of the humane professions.

From this point of view how easy seems the

solution of certain of the problems that vex the minds of many of us. Take, for instance, the professional prohibition of advertising, coupled as it is, with a nice distinction (for the logic of which we are unable to see any sound basis) between ordinary unconcealed advertising and "professional" methods of attracting attention.* It is "unprofessional" to distribute circulars, to advertise in the newspapers, even, we are told by some, to allow one's name to appear in bold faced type in the medical directory. But what is the inner purpose of the publication of many books; of the writing of a large proportion of the papers that are read at various societies or find their way into

***The Inconsistency of Conventional Medical Ethics.**

We quote the following answer to a correspondent by the British Medical Journal in its issue for November 18th:

"Canis asks if it is unprofessional for a medical man to advertise and sell a secret remedy for distemper in dogs.

"It would be unprofessional for a medical man to advertise and sell in his own name a secret remedy for distemper in dogs, and it would be undesirable that he should be interested in the sale of such a remedy or hold shares in a company formed to carry on such a business."

Why this nice distinction between advertising and selling a secret remedy "in his own name" and being "interested in the sale of such a remedy" or holding shares in a company formed to carry on such a business? The code that would regard the doing of an objectionable thing covertly and by proxy, as however slightly less reprehensible than doing it openly and directly, seems to us equally lacking in logic and morality. If a difference is to be made, we should have thought it ought to be the other way about.—Editorial, St. L. M. R., Dec. 30, 1905, p. 551.

medical journals, and particularly of their broadcast dissemination; of the display of instruments and office paraphernalia, and the hundred and one other measures that are openly spoken of by men of undoubtedly "ethical" proclivities, as "the only legitimate mode of advertising open to a physician?" We may be very dense, but if we are to have advertising at all, it seems to us that the most open is the most honorable way. Let the thing show for what it is, not be concealed under the outward appearance of something else. But advertising, either open or concealed, could have no place in the mind of the man whose sole aim was merely to do the duty that fell to him and to which he believed himself to be called, and to receive the hire therefor.

The most nearly ideal condition of medical service in the present day is, in our eyes, that of the army and navy, to which may be added that of the health officers (freed, as everything medical should be, from all relationship of any kind or degree with politics), and in this country that splendid and unique institution, the Marine Hospital Service. If civil work could be organized on some such lines as these public services, we should be able to attain as nearly as possible to an ideal medical profession.

It may be urged that on such a view contract practice, which is so unequivocally condemned by the best elements of the medical profession, should be commended, rather than condemned. But contract practice, as at present constituted, fails of fulfilling our specified requirements in this, that it takes no account of

the principle laid down above, that a man should pay to some extent according to his means. In making a fixed rate of dues, it is obviously necessary that it be such that the least well provided of the membership shall be able to pay them. This gives an advantage to others who, while able to contribute more adequately to the physician's support, thus escape returning their proper equivalent of service for service. To be in any way acceptable, club or contract practice should fix the dues, under certain limitations, in proportion to the member's capacity to pay.

Other aspects of the subject will be treated of in future articles.



CHAPTER IV.

THE MUTUAL RELATIONS OF COMMERCIAL- ISM AND PROFESSIONALISM IN REGARD TO HUMANITY AT LARGE.*

We considered in our last article that point of contact between commercialism and professionalism, arising out of the business side of the physician's vocation in his dealing with his own *clientele*. The next point of contact comes in his dealings with humanity at large.

It has always been an axiom among those leading members of the profession of medicine to whom we look up with veneration, that the inventions and discoveries in the healing art made by members of the medical guild should be freely disseminated *pro bono publico*, so that their beneficial results may become as far-reaching as possible. No one can possibly take charge of all the patients in the world, consequently it would be sheer inhumanity to deprive all the vast number outside his possible *clientele* from sharing in the beneficent results of his discoveries. The relations between the physician and the patient are necessarily individual, and his discoveries are, for the most part, available to the public only as one or another physician can apply them.

The public does not ordinarily, and cannot properly use such inventions on itself. They are used, when used at all, by the physician's professional brethren, on whom any taxation

*St. Louis Medical Review, June 24, 1905, p. 503.

would necessarily fall, thus inevitably hampering their efforts and limiting their efficiency. But if the professional man's vocation demands, as we have held that it does, that his first consideration should be the fulfillment of a humane duty to his client, and that his own reward should ever hold a secondary and subsidiary place, then it is clear that he should not impose unnecessary burdens on his colleagues who are engaged in the same vocation.

In a discussion in the *Lancet* (Oct. 8, 1904, p. 1029) it is justly pointed out that men of pure science have always renounced personal benefit from their discoveries, and vaccination is instanced as a case in point.

Any step which tends to limit the universal application of the physician's humane art is to be deprecated. The more far-reaching his work, the more completely he fulfils the ideal of his vocation. Hence that which he knows he freely disseminates among his brethren—he is truly and essentially a doctor, i. e., a teacher. And if he seems to curtail this faculty in not going further and expounding his methods *urbi et orbi*, that is surely only because special training is necessary in the case of those who use these things, lest they become engines for harm instead of for good. When even the physician himself, as is the custom almost universally both in time and locality, feels so strongly his unfitness to exercise his skill on himself and on those near and dear to him (owing to the fact that a keen personal interest tends to destroy the perfect balance of tact and judgment essential to perfect work), it is surely ob-

vious that the public at large, all untrained as it is, must be altogether unfit to make direct and personal application of his methods. That this is not a case of sublimated self-interest is shown by the fact that the physician's knowledge, in so far as it relates to general subjects which can fitly and safely be applied by the public itself, such as hygiene, the prophylaxis of disease, etc., is not limited in its dissemination to his *confreres*, but is distributed freely to all mankind as widely as possible. There is here no question of entrusting double edged tools to an unbalanced or untrained judgment. No one's emotions or interests are so keenly involved in this phase of medicine as to unfit him for a judicious application of the prescribed principles.

Let it be clearly understood that it is not the mere possession of the knowledge that imposes this altruistic course on the physician, but the prestige attaching to his membership of the medical guild; the conception of his work as a vocation, not a business; the first principle, that he has entered a society that proclaims that its first duty is to others. A layman, if he chooses to study, cannot be prevented from acquiring all the requisite knowledge, and if he remains a layman, no such obligation is incumbent on him. We were all laymen once, when we entered an examination hall; our proficiency was not changed one whit when we came out if it with a diploma. What was changed was ourselves in our obligations. We had been admitted to privileges, to obtain which we had voluntarily made an act of self-

renunciation, demanded of us by the traditions of a noble guild, sacred and honored through the ages. We cannot now honorably repudiate those obligations without withdrawing altogether from that guild. There are duties of obligation and counsels of perfection. The former are imposed upon all men alike; the latter we can only impose upon ourselves by covenant, and this we did when we were initiated into the guild of Aesculapius.

The renunciation of the right to profit by medical discovery cannot reasonably be demanded even of us because of our special knowledge, but solely because the Aesculapian guild is a body of high ideals and self renouncing traditions, and if we are not prepared to yield to its requirements we should not seek admission; or having sought and obtained it, should withdraw and leave that ideal undegraded and those traditions untarnished, to those who held them before we sought them and who appraise them more highly than we do.

One argument, however, has been adduced in favor of physicians patenting their patentable inventions and methods, that is not without force. It is urged that if the physician does not patent them, laymen with no such restraining conscience will, and so in the end while the physician loses his reward, his good intentions fail just the same.

There is truth in this objection. But might not the objection be overcome in this way? Let every medical inventor patent his inventions and place the patent in trust with some

representative medical body, the proceeds to go to a benevolent fund for relieving the necessities of those of our distressed brethren and their widows and orphans, to whom fortune has proved unkind. By this means the renunciation would not be rendered nugatory, to the enrichment of others; the benevolent treasury of the profession would be appreciably increased; and the high ideals and glorious traditions of Medicine would be maintained.



CHAPTER V.

THE MUTUAL RELATIONS OF COMMERCIAL- ISM AND PROFESSIONALISM AS REGARDS THE PHYSICIAN AND HIS SUPPLIES.*

In preceding articles on this subject we dealt with that point of contact between commercialism and professionalism arising out of the business side of the physician's vocation in his dealing with his own clientele and with humanity at large. We have now to consider that point of contact arising out of the relation of the physician with the commercial firms that minister to his needs and supply his wants in regard to the *materiel* of his profession.

It is obvious that for the practice of his profession the physician must have medicines. Who is to provide them?

In ancient days he, in a large measure, provided them himself. He culled his own simples and made his own salves and potions. With the increase of knowledge came necessarily division of labor; for he whose knowledge is specialized in one direction finds it sorry work to employ his untrained faculties bungling in another. Today there are few, if any, physicians who would not be dismayed if told henceforth to gather their drugs and make their medicines themselves. Their work would be paralyzed.

*St. Louis Medical Review, Nov. 4, 1905, p. 386.

PHARMACY A COMMERCIAL OCCUPATION

The physician must, then, have some one to do these things for him. But such a work is not in the nature of a vocation, such as in our article on Professionalism we defined the humane professions, and particularly medicine, to be. It is essentially and legitimately commercial, and the physician's only reasonable inducement to others to fill this hiatus in his work—to provide these materia medica—must be a commercial one. The reward must be commensurate with that offered to commercialism operating in other fields, otherwise what inducement is there for the commercial man to undertake it? For we have already granted that the primary objective of commercialism, even of the highest order, is the personal benefit of the worker, and that there are no specific responsibilities or obligations incumbent on him, other than those which he shares with all men, to be true and just in all his dealings, not pretending the thing that is not, or denying the thing that is.

The unreasonable position taken by some in the matter of pharmaceutical supplies is well pointed out by the *Physician and Surgeon* in the following excerpt for October, 1904:

In the meantime it seems unfortunate that transcendental standards should be introduced into the matter. In a recent number of a contemporary usually sane, we find the following in regard to 'Pollantin', the hay fever antidote of Dunbar: 'Should the serum treatment ultimately prove to be positively efficacious in hay fever, it is highly desirable that it be furnished to the great mass of sufferers at a nominal cost and not for purely commercial gain.'

We admit that no remedy should be for 'purely commercial gain' if by that we mean that no care for purity and genuine value enter into the transaction; but we fail to understand why pollantin, if it proves to be 'positively efficacious' should be sold at a nominal cost any more than quinine, opium, cascara sagrada, or iodide of potassium.

As applied to the manufacturer, the logic of this position appears to us to be absolutely unassailable.

BUT NOT SO PHYSIC.

It is true that the *Lancet* for Oct. 8, 1904, on an editorial article entitled In the Matter of Patent Medicines, says, and we think rightly:

His (a German correspondent's) principal argument in support of his view, that a monopoly granted to a discoverer of a new method of healing in a given disease would not be contrary to public policy, appears to be that the pecuniary profit to be derived from the invention acts as a stimulus to the would-be inventor who otherwise would not be encouraged to devote time and study to his task. He says on this point: 'You cannot demand of the discoverer of a new remedy to renounce all personal benefit and to make a present to the public of his discovery which perhaps is the result of years of labor and large expense.' This, however, is what, without any demand from anyone, men of science of all nationalities have ever done. They have devoted the best years of their lives to investigation and research simply for the benefit of mankind and have reaped from their efforts no pecuniary benefit in any sense proportionate to their achievements, which have been made literally a present to the public. . We may suggest vaccination as a scientific discovery which probably was at the time of its origin quite capable of being converted into a monopoly for its great discoverer by means of letters patent.

This position, however, does not in the least conflict with that we have taken, for it refers to a scientific man, a physician, who has made a discovery in the art of healing, not to a frankly

commercial man who provides the necessary labor and capital for the production of the material with which that discovery is to be put into actual practice. Did it refer to the latter, then the surgical instrument maker would have no platform for his business. The reason of the distinction is to be found in Chapter II: "We have shown in the previous article that the spirit of commercialism is concerned primarily with self, and only secondarily, and not necessarily, with others. The spirit of true professionalism, which ought to animate the members of all pure professions, should, we conceive, be concerned necessarily and primarily with others, and only secondarily with self."

Again; "Service for service, then, not gain and profit, should be, as it seems to us, the professional man's gauge whereby his adequate recompense shall be determined." The entire subject is dealt with in Chapter IV.

That some whose standing commands our respect hold different views, does not overcome the cogency of this argument to our minds. For instance, Dr. G. Frank Lydston says (*New York Medical Journal*, Sept. 3, 1904): "Whenever it can be shown that any person whosoever has made a profit, however small out of the use of medical and surgical appliances, the strictly humane end and aim of the old-fashioned ethical principle involved is defeated." This is not so. Were this contention correct, then if we hire a cab or even go by train to see a patient, we ought to insist on carriage at cost. The cabman should have his service exacted from him at cost price. Which

is absurd. We use him commercially and he has a right to his profit.

Another error, as it seems to us, of Dr. Lydston's. In the same article he writes:

A very important question in connection with the subject under consideration is that of whether the deriving of a profit from medical and surgical inventions by reputable scientific men would not be more directly in the interests of humanity than the present absurd custom. Great progress in invention cannot be expected without material rewards. This is true in medicine and surgery as elsewhere. It would be absurd for anyone to say that profit that has been derived by inventors and 'middlemen' from various electrical appliances has retarded the advancement in this field or has been detrimental to the best interests of humanity.

To us this view seems based on an entire misapprehension of the *motif* of the medical guild. Its primary aim and purpose is the service of the human individual, of the masses of which "humanity" is made up. It, of all professions, is essentially first an individualistic one. It is individualism sublimated, and on that conception all its ethics and etiquette, all its hereditary customs are based. On that alone depends the theory of the medical secret, which is allowed in many places to stand even before the requirements of the law. It is men, not mankind merely, that is the object of its tender solicitude. In Leigh Hunt's beautiful poem, *Abou Ben Adhem*, it was not solicitude for *an impersonal mankind* that won him the supreme glory, but the cry "Write me as one that loves his fellow *men*."

Here, then, is the third point at which the professionalism of the physician comes into

inevitable contact with commercialism. Let us endeavor to see how he ought to comport himself in this relation.

THE LEGITIMATE PROPRIETARY.

Of the *materia medica* the physician needs the most part consists of well known products and objects of free trade. For the manipulation of them to the physician's use, the pharmacist exists. But difficulties arise in meeting the requirements of the physician, such as are often not to be overcome on a small scale or in the course of the compounding of an individual prescription. Sometimes the insolubility of a drug renders its administration exceedingly difficult; other drugs are so nauseous or unpalatable as largely to curtail their utility; yet others, besides the specific effects for which they are used in medicine, have by-effects that constitute serious inconveniences, or even dangers. Herein lies a legitimate field for the pharmacist to create a property of his own in a particular preparation of the drug. As the result of research, of the expenditure of money in experimentation, possibly in the equipping of laboratories and the employment of skilled assistants, he evolves a method of rendering the insoluble drug soluble, the nauseous drug palatable, of producing a purer product, or of eliminating the injurious and undesired by-effects of the drug. As a commercial man he must be judged by a commercial standard. In such a case, has he not a right to endeavor to create in the results of his special work a property that shall result to his own personal benefit?

Most assuredly, it seems to us. Thus, then began the evolution of the proprietary medicine.

Certain firms gradually came into prominence as producing what was deemed to be a more satisfactory grade of a given drug than that produced by other firms. Thus, special makes of chloroform and quinine acquired a preeminence and preference among physicians and this was particularly likely to be the case where a firm devoted its energies solely or mainly, or at any rate especially, to the production of one or two special drugs. At first it was customary to attach the name of the maker to the ordinary pharmacopœial name of the product; but with the advent of specialized compound preparations—the result of efforts to get rid of nauseant properties or injurious by-effects, etc.,—and the products of synthetic chemistry with their unwieldy names, the adoption of fancy or trade names by pharmacists to designate their particular preparations was a natural development.

Up to this point the legitimate in commercialism had not been overstepped, nor could the physician be held to be comporting himself in any way inconsistently with the professional ideal in prescribing such proprietary medicines. But then abuses crept in. The trade name, which at first was simply a synonym for some particular firm's preparation of a well established remedy suggested itself as a means for exploiting multitudinous remedies the nature of which was kept secret, and the therapeutic value, as well as the constancy of com-

position of which, had consequently to be taken on trust on the *ipse dixit* of the manufacturer.

In the next Chapter we shall consider the relation of the physician to such preparations as these.



CHAPTER VI.

PROPRIETARY REMEDIES.

We have now to consider the relation of physicians to proprietaries whose value as a property consists in the preservation of secrecy as to their contents.

What has the physician to take into consideration in prescribing for a patient? (1). With regard to the drug: its known operation upon the organism, its physiological action, such as the production of diuresis, the constriction of the unstriated muscular tissue, the raising or lowering of the blood pressure, etc., and these not in respect of a single action only but in their totality. Thus the diuretic action of a given drug may be accompanied by other properties which outweigh in their dangers, in certain conditions, any advantage to be gained from the special physiological action for which its use is under consideration. Take acetanilid, for example. The two principal effects the use of which may be desired by the physician are a sedative action on the nervous system, constituting it an anodyne, and a capacity for decreasing heat production and increasing heat dissipation, rendering it of service as an antithermic. But if used to excess, these qualities may result in the abolition of reflex action and the induction of motor and sensory paralysis and collapse. And alongside of these results of excessive action of the kind desired,

*St. Louis Medical Review, Nov. 11, 1905, p. 406.

are to be placed other properties, undesired and even dangerous, such as a tendency to produce cardiac and circulatory depression, impairment of the oxygen-carrying power of the blood and reduction of its hæmoglobin, atony and even paralysis of the respiratory centres, etc.

It will thus be seen that the administration of this drug demands the greatest caution and judgment on the part of the physician. But how can he use such caution and judgment if he does not suspect that the compound he is giving contains this drug? And how can he eliminate the possibility of a preparation, of whose composition he is ignorant, containing, or even consisting largely of this, or of one or more of the hundreds of other equally dangerous drugs? And how can he avoid administering it to excess, if he does not know the quantity he is administering? This, then, is the first great argument against the use of a medicine of secret composition, the impossibility of the physician exercising that very knowledge and judgment on account of which the public places confidence in his professional training.

(2.) With regard to the patient. Apart from the dangers of excessive dose or undesirable by-effects inherent in the drug itself, are dangers arising in the case of the individual patient. Certain diseased conditions render particular patients especially susceptible to certain toxic effects of particular drugs. Age and sex are factors that have to be taken

into consideration in each particular case. A depleted or exhausted condition of the system may make a patient at a given time intolerant of the action of a drug that he might take at another time with comparative impunity; and, finally, there is idiosyncrasy, the special inherent, unknown, and unforetellable susceptibility of individuals to the toxic effects of particular drugs. It is true this last danger exists even when the physician does know what drug he is using; but when he has that knowledge his judgment will at once lead him on the first sign of danger to discontinue its use and take measures to obviate the dangerous effects. If, however, he does not know, he is at a loss to account for the condition, and so far from stopping the administration of the unsuitable remedy, may even push it further, in the expectation of combating results caused, unknown to him, by the drug itself, as we have personally known to be the case.

It has been argued that the thing to be considered is the preparation *as an entity*,* which can be as well tried clinically, and its merits and disadvantages, its indications and contraindications, its powers and its limitations, as accurately determined, as some simple chemical substance like potassium iodide, or more complex product such as the Syrup of Sarsaparilla

*"It is the compound as an entity that has been perfected by special skill. It is the compound as an entity that the doctor uses, if he uses it at all, and he is benefited so long as the manufacturer is able to keep up his standard."—Medical Summary, quoted in American Medical Journalist for December, 1904.

Compound, U. S. P. Indeed this view formerly appealed to us. In an editorial article on the evil of substitution, entitled *Something Just as Good*,* we said:

As a matter of fact, the experimentalist and the clinician have to investigate as an individual entity every substance, whether it be a mixture, such as gray powder, or a vegetable drug such as cinchona bark with all its contained vegetable alkaloids, a mineral salt such as copper sulphate, or an alkaloid such as quinine, in just the same manner that they would investigate a chemical [element] itself. That being so, provided that the composition of any proprietary remedy is constant, it would seem to be a legitimate item in the materia medica in proportion to the clinical knowledge obtained concerning it.

But the difference between drugs of known character and a proprietary of unknown composition is this. The purity of potassium iodide is open to public verification; the standard quality of the Syrup of Sarsaparilla Compound, U. S. P., is equally so. It is true that not one physician in fifty thousand ever thinks of investigating these points, even if he were capable of doing it, but he *can* do so, or, at least, he can have it done for him by competent persons, and the probability that he will do so, if his suspicion should be directed to that point, must operate as a check. In the case of the proprietary of unknown composition such a check is wanting. We have no guarantee, save the trust we may choose to place in the integrity of the individual manufacturer.

To come back to commercial principles. Is there any other branch of commerce in which such supreme autocracy would be knowingly

*St. Louis Medical Review, Oct. 24, 1904.

accorded to the other party to the transaction. in the case of a thing in which it is impossible to test its quality by working results?

The engineer who orders a certain grade of steel of a specified tensile strength, may not investigate the actual production of the steel; if the process is a secret one, he would not be allowed to do so; but he *can and does* put the essential quality, the tensile strength, to a rigid test before employing it in any situation where his work depends upon it. But we have no such test for drugs. The practice of medicine is experimental enough at best, without importing into it any unnecessary unknown quantities. We cannot order a drug that shall quiet pain, produce sleep, or what not, under all conditions and in all cases without possibility of danger or inconvenience, for there is no such drug known and it is scarcely likely that there ever will be; since the effect is not the action solely of the drug, but the resultant of that action upon the physiological individuality of the patient, ever and always an unknown quantity.

Secrecy regarding the essential composition of a proprietary remedy, therefore, leaves the physician no means of discovering should material changes in its composition be made some time, as has occurred in some instances, thereby vitiating the value of any clinical study of the drug "as an entity."

It is clear, then, that there is ample reason in support of the professional canon which has from of old discountenanced the use by phys-

icians of nostrums or secret remedies.

It is to be hoped therefore, that the proprietors of those remedies possessed of therapeutic virtue and really valuable additions to our materia medica, the composition of which is at present undisclosed, will be induced to make their essential constituents public.*

We are encouraged in this hope by the fact that the proprietors of a certain well known remedy, and that not an "ethical" physician's proprietary, but a so-called "patent medicine", have actually adopted that praiseworthy course.

Such a disclosure need not, in our judgment, include the details or process of manufacture, which seems to us to be a legitimate commercial property. We, as physicians, have no just concern with the details of the pharmaceutical art, but we have not only a just, but an imperative, right to a knowledge of all the active drugs entering into any preparation that we are asked to use and of the proportionate amounts of those of a particularly potent or toxic character. It may well be that many compound preparations are of such a nature,

*It is with great gratification that we are able to state that, with one exception, all the manufacturers of proprietary remedies whose advertisements we were carrying at the time this series of articles was being published in the St. Louis Medical Review, have expressed themselves in terms of which the following is an example: "We heartily coincide with you in your arguments, and view your position as perfectly reasonable and fair." They have, moreover, unhesitatingly given us such information for publication as, in accordance with the principles herein laid down, we considered ourselves entitled to ask from them.

that even with the formula before him, exact in all its details, the preparation could not be satisfactorily made by every retail druggist. This may be due to several causes. The process of manufacture may be such as to demand for its effective performance many hours of constant care and watching, the preservation of a constant temperature for a long period of time, repeated evaporation, crystallization, heating in a water bath, etc. We have cognizance of one such preparation, at any rate, the formula for which is published, which requires thirty-six hours of such continued attention, and it would require just as much time and labor of skilled oversight to produce a drachm as to produce it by the gallon. How, then, could the ordinary dispensing pharmacist expect to be able to prepare the requisite quantity to include in a physician's prescription at anything like a commensurate cost? And what is to be done with the patient during the thirty-six hours while the pharmacist is preparing this prescription? Surely such a preparation as this, if it possesses any therapeutic value at all, justifies itself, and is sufficiently protected, even as regards the commercial interests of the manufacturers, when for the physician's information its essential constitution is made public.

We have before us an advertisement which gives, as it seems to us, the true basis of a proprietary remedy. It states that although a certain drug was suggested by a certain scientist in 1837 its preparation presented such

pharmaceutical and chemical difficulties that it could not be employed until this particular preparation was perfected in 1878. Since that time all attempts to produce a preparation of the same therapeutic efficacy have been unsuccessful. The U. S. Pharmacopœia discarded this drug in 1870, and their formula in the 1880 edition was so unsatisfactory, that at the 1890 revision they were obliged to return to the old, crude process, which was in vogue thirty odd years before the said proprietary preparation was introduced. This crude process is the only one that can be employed on a small scale in a drug store. Laboratory facilities not available to the apothecary, as well as expert knowledge and experience which he does not possess, are essential to the perfect preparation of this remedy. The process just published in the Pharmacopœia of 1900, is identical in every way with that of the Pharmacopœia of 1890, except that it is more concentrated and the syrup is omitted. "The fact that the Pharmacopœia committee and the large manufacturers have been unable to duplicate our product ought to be sufficient proof that an apothecary can not do so." We know nothing of the accuracy of these statements: but this we do know, that such facts, when substantiated, afford a just basis for a proprietary right in a medicinal preparation.

In our next article at an early date we shall consider the relation of the physician to preparations that are advertised to the public di-

rect, in place of, or as well as, to the medical profession, and in a subsequent one we shall deduce from the principles laid down in this series of articles the future policy of the ST. LOUIS MEDICAL REVIEW.



CHAPTER VII.

SO-CALLED "PATENT MEDICINES."*

A point that demands the consideration of the physician is the question of his relation to such proprietaries as are commonly known as "patent medicines," viz., those exploited directly to the laity. The term is, of course, a misnomer, because no patent is ever granted except on publication of detailed information about not only the contents, but the process of manufacture of the thing patented; but it is so commonly used in the sense in which we have used it above that it is a convenient term, and one not likely to be misunderstood. If such preparations were really patented there would be the less objection to them on that very ground.

So long as these medicines are of secret composition, the physician's attitude toward them will necessarily be determined by that fact. If, however, their composition is made public, the question then arises as to how far they may properly receive his sanction. He is, of course, scarcely likely to prescribe them himself, though it may well be borne in mind that every hospital dispensary, every dispensing doctor, has his "stock" mixtures; every prescribing physician his pet formulae for certain conditions, used with or without modification; and even the sacred Pharmacopœias of the United States and Great Britain themselves contain

*St. Louis Medical Review, Nov. 18, 1905, p. 424.

compound formulae that were once proprietary, or are imitations of, and substitutes for, proprietaries. But even if the physician does not use them in place of his "stock" mixture or "favorite prescription," how far ought he to condemn their use by the laity?

DOMESTIC MEDICINE AND SELF-DOSING

The habit of self-drugging is undoubtedly pernicious, is one that grows very easily, and is therefore to be unhesitatingly condemned by the physician. Moreover, in the case of particular drugs, a slavery to the drug, disastrous alike in its moral, mental, and physical effects is easily initiated. But what constitutes a *habit* of self-drugging? Can an occasional resort to some simple household remedy for simple ailments be so regarded? Is it self-drugging for a mother to administer a dose of castor oil to her constipated child, and must she resort to a physician every time the child needs its bowels opening? And is she expected to pay him a fee for that service? And if not in the case of castor oil, why then, in the case of some other simple and efficacious (possibly 'proprietary') laxative, always presupposing that its essential composition is known?

In the article from the *Lancet* of Oct. 8, 1904, to which we referred in a recent editorial comment* of this series, we read: "Patent medicines of this class encourage ignorant people to experiment upon themselves with drugs the uses of which they cannot understand and

*St. Louis Medical Review, Nov. 4, 1905. (Chapter V.)

to trust to useless or dangerous concoctions instead of either letting themselves alone or following if they are ill the advice of a medical practitioner."

It is both futile and unreasonable to expect people to consult a physician every time they have a headache, a slight cough or cold, or suffer from constipation or diarrhœa, any more than they will consult a surgeon for every slight sprain, bruise, or cut finger. The very absurdity of such an expectation is shown by the fact that the most "ethical" physician in contract practice—the medical officer of a mining company, the (British) poor law medical officer, or medical officers of the army, navy, or mercantile marine, for instance—who is salaried for his services and is not, so to speak, "paid by the piece," complains disgustedly if a patient demands his attention for every trivial complaint. It is true that such symptoms as those above described are occasionally the forerunners of grave and even dangerous diseases, pneumonia, phthisis, intestinal obstruction, appendicitis, typhoid fever, scarlet fever, diphtheria, and a host of others. On the other hand, in what percentage of cases does a slight cough or a cold indicate the onset of pneumonia or phthisis? How often does constipation, with or without pain, prove to be the initial stage of intestinal obstruction or appendicitis or diarrhœa resolve itself into typhoid fever? With what relative frequency does a sore throat indicate the onset of scarlet fever or diphtheria? Is it not safe to say that for every

case in which such relationship exists, there are thirty or forty thousand cases, aye, even double or treble that number, in which the symptoms eventually prove of slight import, easily submissive to a simple household remedy? Can we then expect that the people generally will come to us and pay us individual fees at the outset thirty or forty thousand times, because of the remote possibility of making a serious mistake in the thirty or forty thousand and first? It would be equally reasonable to expect them to abstain altogether from fish, meat, or milk, or even from water, because these things occasionally give rise to ptomaine poisoning or typhoid fever; or to cease from travelling on railroads because fatal accidents sometimes occur—probably with far greater proportional frequency than that of the incidence of grave maladies on the symptomatic ailments to which we have referred.

As a matter of fact, the dangers of self-dosing depend far more upon the drug used than upon the possibility that ordinary complaints of everyday occurrence may be only symptomatic of the onset of some grave disease. In the latter case, the patient of ordinary common sense will soon find out the increasing hold that his "simple" complaint is getting on him, and will consult a physician. Those without common sense will act after their kind any way, and suffer proportionately in consequence.

AN UNWORTHY ARGUMENT.

In that utopian age, at present a long way off, when the physician shall be a salaried min-

ister to the community*, he may fitly insist on being consulted for the most trivial ailments, as a precautionary measure, in the interest not only of the patient, but of the public; for some of these diseases are infectious and a source of danger to others than the patient. But in the meantime it is hopeless to expect that such will be the case. Of all unworthy arguments, as it seems to us, against the existence of proprietary remedies *as such*—whether exploited to the public direct or only through the physician—the most unworthy is that which bases its opposition on the fact that it is “against our own interests.”** If we allow such a purely com-

*St. Louis Medical Review, June 10, 1905, p. 464.

**“Ask any pharmacist what will eventually happen if you give a patient a prescription for one of these ‘proprietarys’ (really nostrums), He will tell you that in due course the patient, or his wife, or his mother, or his children, or his sisters, or his cousins, or his aunts, or his wife’s friends will come into the store and buy some of the same stuff—but without a prescription. In other words, you have lost a patient, and you have helped to induce some one or more persons to become self-dosers.”—California State J. of Med., Sept., 1905, p. 272.

Without more than alluding to the preeminence given by our contemporary to the loss of a patient over the abetting of self-dosing, we would ask whether the patient’s friends and relatives—no need to recatalogue them—are not just as likely to take a physician’s individual prescription for a cough or diarrhoea mixture, or a tonic, to the pharmacist to have it repeated, whereby “you have lost a patient.” Again to quote in comment on itself the California State Journal of Medicine’s (July, 1905, p. 202) strictures: “That one quotation explains the whole thing; it is a case of dollars vs. decency, and in some quarters the dollars will undoubtedly win.”

See also Lancet for Oct. 8, 1904, quoted above.

mercial consideration as "our own interests," regarded as apart from those of the community, and particularly of our patient, to influence us in our professional calling, how can we in all conscience expect admittedly commercial concerns to subordinate their business interests even a little to the idealistic altruism of our profession?

A SUGGESTED SOLUTION.

But is the outlook, then, altogether hopeless? Is there no way out of the pernicious habit of self-dosing, with its entailed drug slavery and its personal and public dangers of delay in obtaining skilled assistance in cases of serious disease? We think there is, and here, as elsewhere, we suggest that it is to be found in the application to the entire question of proprietary remedies, whether for the public or the physician, of the motto *medio tutissimus ibis*. Let us not ask too much of the commercial man; let us not ask him to stultify himself by foregoing all his legitimate business interests either in the case of proprietaries for physicians' use, or of domestic remedies in the shape of patent medicines. Let us leave him for his own so much of his process of manufacture—which includes the question of menstrua, excipients, flavoring and coloring ingredients, and innocuous drugs, whereby he is enabled to impart to his particular preparations superior elegance, palatableness, and avoidance of objectionable by-effects—as are matters of the pharmaceutical art and will enable him to protect against his competitors the reward to which he is just-

ly entitled after the expenditure of capital and often laborious research. Then we can with reason and equity demand, that in return for our use in suitable cases, with or without the addition of other drugs as we may see fit—and in the case of so-called patent medicines, in return for our endorsement and recognition of them as suitable domestic remedies—he shall make known all the active ingredients that enter into their composition, with the proportion of each in a given dose. If to this is added an explicit declaration that they do not contain, otherwise than as stated, any of a schedule of dangerous drugs* to be drawn up, we shall surely be in possession of all the knowledge that properly concerns us as physicians. The rest is legitimately his. So long as secrecy regarding essentials is removed, so long as we know, in addition to what active in-

*"In its issue for March 2, 1893, the Pharmaceutical Record noted the decision of an English court to the effect that it was illegal for grocers and other unlicensed persons to sell preparations containing poisons named in the poison schedule of the pharmacy act. . . . The English courts have decided (American Druggist, July 11, 1904, p. 3) that so-called patent medicines are not exempt from the provisions of the pharmacy act unless they are 'actually patented'—i. e., protected by Letters Patent under the Great Seal. In accordance with these decisions, proprietary medicines containing the active poisons listed under schedule A must not be sold unless the buyer is known to the seller and the sale is duly witnessed and recorded in the poison register. Preparations containing poisons listed in schedule B must be plainly labelled poison."—American Druggist, July 10, 1905. To which we may add that if actually patented their composition will necessarily be disclosed.

gredients we are giving, that we are not unknowingly giving morphine, coal-tar products, or other dangerous drugs, in even minimally dangerous doses, or sanctioning the indiscriminate use of alcohol in disguise, we shall attain our ends, if they are really as altruistic and single-minded as we proclaim them to be. We shall better control by obviously disinterested reasoning with the public the habit of self-drugging, without interfering with a reasonable amount of household medicine, than by an impracticable opposition to all use of proprietary remedies, many of which have indisputably good qualities, and indeed mainly supply for the dispensing practitioner and the hospital dispensary the former "stock" formulæ, but of better quality and in a more palatable form than those of home manufacture. We shall also gain the cooperation of the manufacturers themselves in our reform, as well as the confidence of the public, who at present look upon us as being ourselves largely influenced by interested motives.

On the other hand, suppose we do not meet the manufacturers on this reasonable ground. Household remedies will still remain, and the public will continue to buy and use them to their own detriment, not distinguishing between the harmless and the pernicious. The "physicians' proprietaries" will split into two sections, and by far the larger section will go over to the patent remedy camp, with the added prestige of having been widely "used by the faculty."

In our next article we shall review the entire subject, recapitulate the essential principles, and formulate the necessary practical deductions therefrom that will direct the future policy of this journal.



CHAPTER VIII.

THE PRACTICAL CONCLUSION.*

The professional discontent that has been growing of late years at the number of proprietary preparations that are being put upon the market, and particularly at the character of many of them, has, as our readers are aware, culminated this year in the establishment by the American Medical Association of a Council of Pharmacy and Chemistry,** the purpose of which is to endeavor to separate the chaff from the grain among proprietary remedies. While we are in hearty accord with this purpose, as, indeed, we believe most reputable pharmaceutical houses to be also, there is yet room for honest difference of opinion as to details in the proposed mode of attaining it. The scheme of the association in its entirety is too complex for us to do other than watch its working, and to see how far it shows itself open to legitimate criticism by worthy commercial houses.

We have taken some pains to ascertain the views of many of these houses; and to show that it is not all such plain sailing as some would have us believe, we quote from two of the many letters received. First, from a well known pharmaceutical house of undoubted reputation:

Personally I have no objection whatever to the

*St. Louis Medical Review, Dec. 30, 1905, p. 548.

**See St. Louis Medical Review, March 18, page 219; March 25th, page 236.

rules formulated by the A. M. A., nor to the manner in which it is proposed to carry them out. The proposition has been well conceived and if carried out in a broad spirit should prove of benefit both to physicians and to manufacturing firms.

Most manufacturers, however, as far as I can learn, are strongly opposed to the whole idea, principally on account of Rule I, which in unscrupulous hands might be the means of working considerable damage. The council in chemistry as at present constituted is an able body, apart from the presence thereon of one or two consultants to manufacturing firms, but we have no guarantee as to the future composition of the body, and no guarantee that details of manufacture, if such are demanded, will be kept from the knowledge of other rival manufacturers. This practically is the crux of all opposition to the proposition, apart from the natural feeling of injured innocence which firms like—feel, whose name for years has stood for what is right in pharmacy.

Rule I, referred to above, reads as follows:

No article will be admitted unless its active medicinal ingredients and the amounts of such ingredients in a given quantity of the article, be furnished for publication. (Sufficient information should be supplied to permit the Council to verify the statements made regarding the article, and to determine its status from time to time.)

Another firm with which we were considering an advertisement, and to which we wrote asking for further details concerning one of their preparations, replied as follows:

Now, in regard to your direct question as to X,* we will answer by first repeating our advertised formula [formula as advertised follows.]

The therapeutic action of x can be ascertained by consulting any dispensatory published. Thus practically X is nothing more than a vegetable tincture of x representing about six ounces of the drug to the pint, from which drug we take objectionable fea-

*X represents the trade name of the proprietary formed from the name of the plant, which is signified herein by x.

tures always found in the ordinary alcoholic tinctures and fluid extracts of the same drug. This information is freely given to any physician when we are requested for same, but we would not under any circumstances advertise these facts broadcast, the reasons for which you will see later on.

We call your attention to Rule No. 8 of the Council of Pharmacy and Chemistry of the American Medical Association, together with explanatory comments on the same rule.

"Rule 8.—Every article should have a name or title indicative of its chemical composition or pharmaceutical character, in addition to its trade name, when such trade name is not sufficiently descriptive."

Explanatory comment on Rule 8.—"In order to prevent the confusion now existing with reference to many articles known only by more or less arbitrarily selected or coined, usually protected names, it is necessary that every article which is intended solely for physicians' use or prescription be designated by a scientific title or by a name descriptive of its pharmaceutical character, and, as far as practicable, of its principal medicinal constituents. Synthetic chemical products should give the true chemical constitutional or structural name, in addition to the trade name. The application of this rule will enable physicians to use many of these articles which at present they are afraid to use because of uncertainty as to the identity—owing to the similarity in the names of many of these entirely different products—or prefer not to prescribe in order to avoid criticism and the danger of self-prescription by their patients. This provision will thus be of great benefit to manufacturers of meritorious products, will relieve pharmacists of many trying situations in interpreting correctly the names of articles desired by physicians, and will protect both physicians and laity from the evils named."

If it is not yet apparent to you, it will not take you long to learn that this rule can have but one effect: That of connecting trade-right names with pharmaceutical names that will soon become common property. Would we be serving the interests of the physician who is prescribing X, who wants it and nothing else; or would it be guarding our own interests if we were to give X a synonym, say, tincture of x, six ounces to the pint? We know that it

would not. At least 50 per cent. of the exploitation that we are doing in behalf of X would redound to the great numbers of "tinctures of X, six ounces to the pint" manufactured by houses who are sometimes looked upon as 'large and reputable manufacturers' and who make substitutes for all standard proprietaries which they do not advertise in your journal or in any other journal. We would be doing the advertising, and they would reap the benefits; we originating the demands and they filling the prescriptions with 'synonym' products.

In a letter to the J.A.M.A. for Dec. 23, 1905, page 1971, Mess. Schering and Glatz give utterance to exactly the same argument.

We have given these out of many as samples of the fact that there may be reasons compatible with honest commercialism that lead reputable firms to take exception to many of the minutiae of the elaborate plan of the American Medical Association. We are not opposing that plan, but simply giving our reasons for following it at this juncture only so far as we can see our way perfectly clearly.

Our preceding articles have led us to the following propositions: (1) The spirit of "commercialism" lies in the fact that the primary object sought is the material benefit of the individual; public benefit is, when present, a secondary and incidental motive. (2) When these ends are sought honestly, not pretending the thing that is not or denying the thing that is, and when they are sought in a legitimate sphere, that is honest commercialism. (3) In professionalism, the primary end is the rendering the service of a vocation; the reward is secondary, and is based on the theory that "the laborer is worthy of his hire." It is not accumulation of gain, but livelihood, that

is looked for. (4) The physician must either prepare his remedies for himself or engage commercial men to prepare them for him. (5) Pharmacy is a commercial pursuit. (6) It must therefore be judged on commercial principles and its reward must be calculated in terms of gain, not of mere livelihood. (7) This implies the equity of acquiring property right in the results of labor, knowledge, exploitation, convection, and all the various factors that enter into a successful commercial undertaking; and so long as the methods are honest there is no sound reason why physicians should oppose it. (8) Proprietary medicines are in many instances only vastly more elegant, palatable, and in every way superior, forms of the various stock mixtures kept at hand by every dispensing physician, and to be found in every hospital formulary and even in the various national pharmacopoeias, for use either alone or as a base, as occasion may require. Therefore (9) a proprietary is not objectionable simply because it is a proprietary. (10) Nor because it consists of a mixture of substances in place of being a definite chemical compound. (11) It is objectionable if, being a definite chemical compound, its chemical constitution, or being a mere mechanical mixture, its essential component ingredients are kept secret. (12) It is objectionable if, while containing any potent drug of marked physiological action or toxic character, it is exploited to the laity. (3) The objection to exploitation to the laity, however, cannot reasonably be made to remedies of known composition, therapeutical-

ly classifiable as laxatives, tonics, and the like, which contain no potent or toxic drugs, but may be regarded as legitimate domestic medicines; to mineral waters and beverages as such, to external applications, disinfectants, nutrients, and the like.

The grounds upon which we have agreed that the physician should know the essential constitution of whatever remedy he prescribes, we have found to be as follows: The danger of giving to a patient unwittingly a drug that we would not give him if we knew it, (a) because of his present condition or of some idiosyncrasy; or (b) in a dose unsuited to the age, sex, physical condition, or stage of the case; or (c) because of the possible establishment of a drug habit. It is clear that these objections apply to all medicines for internal administration, but to few, if any, for external application.

Without such knowledge a physician is doing a perilous thing in prescribing a remedy. And on exactly the same principle that we would not countenance him by aiding him to pursue some course of treatment or operative measure which we felt to be absolutely dangerous and contraindicated, so neither will we abet him in the prescribing of such a remedy by helping to familiarize him with it. We would not use it ourselves, because we believe it to be wrong. We freely admit his right to think otherwise and to act accordingly, but *we will not help him to do it.*

We therefore shall not accept in future, and we have advised all our present advertisers that

we shall not renew for 1906, the advertisement of any remedy that does not give its essential constituents so far that the physician using it may know, or can ascertain by reference to a Dispensatory or a standard textbook of therapeutics, its physiological action and therapeutic character; and if it contains drugs of pronounced potent physiological effects or toxic character, the amount thereof that he is giving. So far only one advertiser has declined; several have frankly and promptly responded to our request. We await a reply from the remainder.

This is the essential of the crusade, a counsel of obligation. Other requirements have been demanded, but these are, in our judgment, at best but counsels of perfection, to be advised perhaps to all, but required of none. At worst, they need their wisdom proving before we can follow them. Of their positive desirability, judged solely from the physician's standpoint we have little doubt. Of the fact that they can not inflict an injustice on honorable and reputable firms, we are by no means equally certain. We have quoted one instance above in which we think they certainly would. On these points we wait for further light.

As to the advertising of remedies to the public. The same prohibition regarding the absence of secrecy holds here with even greater force. But that apart, here again we must draw a distinction between those things which under no circumstances should be placed in the hands of the public—an essential condition—and those which, while we may disapprove

of their public exploitation, we do not feel justified in condemning on account of that disapproval, seeing that they belong to the classes commonly included in the term "domestic remedies," such as laxatives, tonics, and the like. Any possible danger lies *wholly in their constitution*. When that is known, the decision must rest in each individual case on its merits. In no case will we countenance the advertising to the public of remedies containing essentially dangerous drugs.

Remedies for external application only, dentifrices, disinfectants, patent foods, mere nutrients, etc., do not in our judgment come reasonably under the prohibition. Any opinion that anyone may hold concerning such as these can be merely as to what is advisable or unadvisable; save perhaps in individual instances, it cannot be expressed in terms of right and wrong.

It must not be forgotten that a newspaper is only private property in much the same sense that a railroad, a lighting, or a telephone plant is. And just as a railroad may not refuse to carry a particular person because it happens to disapprove of him; just as a lighting or a telephone company may not refuse him light or telephone service on like grounds, so neither has the newspaper the moral—nor, we believe, if it were tested, the legal—right to refuse to advertise a particular thing merely because it disapproves of it. Some weightier reason of public polity, such as fraudulent misrepresentation or grave public danger is required. The refusal to accept the advertisement of a prepar-

ation of unknown composition, for instance, that might contain a highly dangerous drug, would, we imagine, be justifiable on the same grounds as those on which a railroad might decline to carry a package that perhaps contained dynamite.

Our policy, then, with regard to remedies advertised to the public will demand that the composition be made known; from that we shall decide in each individual case whether it is of such a dangerous character that on grounds of public polity we must refuse to accept it.

We deem it necessary to state that we are not influenced by any "interest" of any kind whatever in our views. Our judgments are made according to the light of our own convictions, common sense, and intelligence, operating on a careful study of *all* the facts in the case and *all* the *legitimate* interests involved. Our common sense may, in the opinion of some, be uncommon nonsense; our intelligence, stupidity; but in either case our convictions are our own, and they must be taken by each and all for what they are worth after due weighing. We are not above modifying our opinions when we are convinced of the rectitude of so doing, as witness our revocation* of an opinion formerly held and expressed in this REVIEW. And when we do change our views, if it so chance, we shall not hesitate to give that change as public expression as we now give to our present views, with the reasons therefor.

*St. Louis Medical Review, Nov. 11, 1905, page 407.

On the other hand, we must decline to let anyone else make our "ethics" or morals for us. We adopt those which, rightly or wrongly, commend themselves to us, state them openly, with our reasons for their adoption, so that all may be able to do as we ourselves claim the right to do, accept or decline them in whole or in part, and we stand by them and their consequences until further light shall convince us of their error.

In all we have said in this series of articles we have been actuated by charity and tolerance for all who differ with us. The stronger our own convictions, the more insistently we remind ourselves of those opinions of our earlier days held with ardent faith and to the point of bigotry, at which we now smile, as we look back on them, with gentle tolerance. Absurd as many of them now seem to us we recall vividly the deadly earnestness of our conviction at the time; it is, therefore, let us say within the bounds of possibility that those who hold opinions, in our eyes the very acme of absurdity or perhaps even of public menace, may not be dishonest, only mistaken (if they are mistaken, and are we *quite* sure even of that?), and mistakenness is not a crime, though insincerity is the blackest kind thereof. We do not therefore desire to emulate some of our brethren in virtuous indignation at those who cannot see with their eyes and hear with their ears. And even if there is just a suspicion of the loaves and fishes sometimes, do we know *all* about the wilderness they are in? Who

was it said, *Tout comprendre, c'est tout pardonner?*

It is not so very long, only something under five months ago, since we published the following "parting commandment" of one* who surely had deserved well of the profession not of this country only, but of the world:

"It is not hidden from thee, neither is it far off. It is not in heaven that thou shouldst say, 'Who shall go up for us to heaven, and bring it unto us that we may hear it and do it?' Neither is it beyond the sea that thou shouldst say, 'Who shall go over the sea for us and bring it unto us that we may hear it and do it?' But the word is very nigh unto thee, in the mouth and in thy heart, that thou mayest do it.—Charity."



*Osler. Unity, Peace, and Concord. St. Louis Medical Review, Aug. 5, 1905.

CHAPTER IX.

"IN THE INTERESTS OF THE PROFESSION."*

The *Wisconsin Medical Recorder* for December contains an editorial note on Medical Reciprocity, called forth by the following quotation from the *Medical Sentinel*:

The argument that the State [Idaho] would be flooded with eastern physicians, if they had no examination to pass, is one that appeals very strongly to the doctors who are now practising in the State. So it is not at all likely that any State on the coast will for a long time to come favor any such general reciprocal legislation.

Upon this the *Recorder* comments, very justly as it seems to us, as follows:

Every medical law in every State has been obtained to furnish protection to the people from the medical pretender, not to protect doctors of the State against outside competition. That would have been class legislation of the rankest kind and would never have passed. But the, mostly self-constituted, authorities charged with the execution of these laws have in nearly every instance used them as a club for the purpose of keeping away outsiders.

In our last issue** we published under the heading, 'The Medical Profession, Public Enlightenment and Public Confidence, portion of a review in the *Lancet* of Nov. 4th, of Dr. Sprigge's *Medicine and the Public*, in which the following pregnant passages occur:

..... before Parliament is likely to listen to any cry for medical reforms the public must be convinced that the proposed reforms are in the general interest and not designed wholly to benefit medical men. He recognizes to the full, as we have

*St. Louis Medical Review, Jan. 13, 1906, p. 30.

**St. Louis Medical Review, Jan. 6, 1906, p. 19.

done in our columns, that only such medical reforms as are likely to benefit the public have a chance of becoming law, etc.

Now, we notice with disquietude and regret the spread of an increasing tendency toward a spirit of medical aggrandizement. It seems to us as though history was repeating itself in a remarkable parallel with the aggrandizement, in the earlier middle ages, of the ecclesiastical power. The struggle between the civil and ecclesiastical authorities in England, which began to smoulder in the reign of Henry I and burst into flame in that of Henry II with the Constitutions of Clarendon, which were passed to check the constant encroachment of the ecclesiastical into the jurisdiction of the civil power, was the direct and inevitable consequence of the aggrandizement of the clergy. When any vocation placed in an especially philanthropic relation to the public as a result of the public's helpless dependence upon it, begins to admit among its motives for seeking special legislation "the interests of the profession," it is becoming a menace of the worst kind to the public good. Right there lies the spirit of "Commercialism," so much berated, in the most dangerous form; no longer confined to sporadic cases, but epidemic and virulent. In no medical legislation of any kind, should "the interests of the [members of the] profession" be a motive force. The moment we lose sight of the fact that the beneficent professions as such are the servants of humanity, that moment we become charlatans. The public good, and that alone, is the sole justifi-

cation for all and every legislation along medical lines; whether it relate to the licensing to practise, to the suppression of quackery, the prohibition of indecent medical advertising, or the abolition of the alcoholic nostrum and secret remedy traffic. The organ that bases, even partly, its opposition to any one of these crying evils on the ground of "the interests of the profession" is in our judgment betraying the cause it professes to espouse and fostering an evil even worse than the one it condemns.

And here let us take up another gage that has been thrown down. One of our contemporaries quotes from another of our contemporaries, undoubtedly approvingly, the following statement:

Furthermore, the profession is awakening to the fact that *all* [italics ours] of these privately owned journals are managed primarily for the profit of the owners and secondarily for the true interests of the profession.

Speaking for ourselves we flatly and emphatically deny the truth of that statement. The ST. LOUIS MEDICAL REVIEW is managed not only not "primarily", but not at all, for the "profit" of its owners. It is managed exclusively for what we believe to be the "true interests of the profession," by which we mean the profession of medicine, not the individual or corporate interests of the members of the medical profession, except in so far as the two are identical.

As in our previous remarks about the "interests of the profession" in relation to practice we have not meant to imply that the med-

ical practitioner should not look, on the principle that "the laborer is worthy of his hire," for a living adequate to his environment, so neither do we mean to imply that a medical journal ought to prefer to be managed at a direct pecuniary sacrifice, or to refuse to earn its expenses, including a fair "living wage" for all concerned in its production. What we do mean is this. That when once the very moderate material necessities for existence are provided for, we do not look for, or even aim at "gain," in the sense of accumulation; and we would rather see the REVIEW entering the house of every practitioner in the English speaking world, for him to weigh and consider, approvingly or the reverse, its dicta, and just paying its way, than own it as a "property" valuable from its high subscription rate and advertising pages, but with a restricted circulation.

We may be right or we may be wrong in most of our views (we cannot be either right or wrong in all), but no editorial statement of ours will ever appear in these pages, no communication will ever be either selected or accepted, that is not in our judgment entitled at least to a hearing. We may not approve, we may even strongly disapprove of communicated matter that we publish, even of matter that we select for reproduction, as presenting "the other side of the case"; but we have not yet had the good fortune to arrive at that sense of supreme infallibility with which some of our contemporaries have discovered themselves to be endowed.

There is one sole qualification for entrance into these columns—a possible, even very remotely possible, benefit to the public at large, through the medical profession; and even in that question our judgment will in all likelihood be often unwittingly wrong, but wittingly so, never.

