

Fundamentals

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THERE is a paragraph in the "Kasidoh" which seems particularly apropos to the subject to be discussed. Sir Richard Burton, in his notes makes the following observation about its author: "Hadji Abdu has been known to me for more years than I care to record. He had traveled far and wide, with his eyes open. To a natural facility—a knack of language learning—he added a store of desultory and various readings; scraps of Chinese, and old Egyptian; of Hebrew and Syriac; of Latin and Greek; besides Persian, his mother tongue, and Arabic, the classic of the Schools. Nor was he ignorant of the "'ologies" and the triumphs of modern scientific discovery. Briefly, his memory was well stored; and he had every talent save that of using his talents"—a rather suitable text.

Ochsner says, "Medicine is naturally divided into three parts: Science, art and economics. The science can be compared to the foundation of an architectural structure, the art to the building and the economics to the roof. What would we think of an architect or a builder who built a very sound foundation, a beautiful structure and then refused to put on a roof?" Are our medical schools doing just that? Are they building better foundations and structures and neglecting the roof? I believe they are in part.

Forty years ago Homeopathy was in its hey-dey and Homeopathic physicians enjoyed the very "lucre" of practice. The chief reason for it was that its students were taught something of the problems of medical economics, how to deal with patients and the proper ethics and manners in the sick room. They treated their patients as human beings, as ladies and gentlemen. I wonder if many of us would not learn something from the Homeopaths! They did not survive because, while they had some art and much economics, Homeopathy itself had no scientific foundation. Medicine, however, has survived because of its foundation in science, particularly in anatomy, pathology, chemistry and physiology, and its facility in the art. Osteopathy and chiropractic have neither science nor art. Their scheme is one of salesmanship. They are also passing, but still much too prevalent.

Success in Practice

Success in the practice of medicine means two things chiefly: First, to make a decent living for oneself and his dependants and to acquire a sufficiency by the time one should or must retire; second, to render faithful and efficient service to those whom you serve.

Economic reward, to a certain degree at least, is necessary for the individual physician in order to render his greatest service to society. A few luxuries, ordinary comforts, such as a comfortable home, good food and plenty of it, sufficient and well-kept clothing, and money enough for

recreation and study, so that he can meet others on an equal footing, is not too much to ask or expect.

Medicine has risen to its present status, partly because many of the men in the profession had enough money to spend on doing the things they wanted to do and needed to do in order to improve themselves. Only under conditions of reasonable economic independence can a medical man render his best service to his fellow men.

If you are not suited for the medical profession by temperament, the sooner you realize you are in the wrong profession and the sooner you get out of it, the better off you will be and the better off the community will be.

Internship

The choice of an internship is an important one, for upon it may depend your future and its happiness and usefulness. Every effort should be made to train yourself in the best hospital available, not necessarily the largest. Those hospitals connected with teaching institutions are in my opinion the most desirable ones, and usually offer the largest selection of cases.

The large charity hospital, while having the advantages of quantity and variety of cases, has its disadvantages also. Owing to bulk of work in such institutions, one may easily become careless with regard to many of the complaints of the patients under his care. The attitude of the internes and even some of the attending staff members towards patients in large charity institutions often makes for bad training in the proper handling of patients in private practice. It should not be so, but it is. Learn to treat charity patients with the same respect and sympathy that you would treat patients in private practice and you have made a long step towards success in medical practice. Carelessness in dealing with people who are ill has no place in the practice of medicine.

In choosing your internship it is rather unwise to pick a hospital where you are compelled to stay on one service for more than six or twelve months. Remaining longer on one service is advised against, because you are still in the plastic stage and apt to get an exaggerated idea of the importance of the one specialty in which you are serving. Take as many rotating services as you can, you will learn plenty in each. Obtain the best course you can under men of ability and integrity.

Location

Unless you have an opportunity to go in with some older man who has an established practice, your chances of success in the practice of medicine in a large city, starting on your own hook, are almost nil. You need not expect to gain a practice for many years in a place where there are several hundred or more of your competitors, who already have established their reputation. It is indeed unfortunate to see recent graduates settling in large cities using up what little savings they may have and going deeply in debt besides, and then having to move away after five years

or more. It is a blow to one's self-respect. On the other hand, there are many small towns or country districts where such men are needed. The chief ingredients of success in medical practice are prompt and efficient service. If you do not get the chance to exercise such service to people your life may become a failure.

The degree of success one obtains in life, using the term in its broadest sense, depends in great measure upon how completely one succeeds in blending egotism and altruism. The development of one at the expense of the other will lead to misfortune.

The story is told of an old physician who, on being invited to attend a medical dinner, had to refuse because he was unable to pay the few dollars required. He was regarded, however, as one of the most kind hearted and efficient doctors the community ever had, but he was not a money maker and finally had to depend upon his children for his livelihood. He was too altruistic for his own good. This is most unwise and unnecessary.

To be too keen for money, however, is probably worse. Never expect to become wealthy in the practice of medicine. If you did it would not be good for you. While poverty is a misfortune, great wealth is often a curse.

Medical graduates of today are well grounded in the science of medicine and, if they make good use of their internships, they are partially prepared in the art, but when it comes to the business side of medicine they are not even in the kindergarten class. They are in much the same position as Hadji Abdu—they have every talent save that of using their talents. In this regard, could not our medical schools put forth some effort to teach the senior students something of the problems of medical economics? I feel sure that a few such lectures given by men who have been through the mill, would clear up much of the confusion which exists in the mind of the young man starting out in practice for himself.

"Great oaks from little acorns grow". Learn to do little things well. No man ever learned to do big things well who had not first learned to do the little things well. Don't neglect your necessary duties to patients and hospital in order to see some spectacular and intricate brain operation. The chance of your ever doing such a case is less than one in a million, and even if you had the chance it would probably be most unwise to attempt it.

Learn how to evaluate the patient's complaints. Study your cases carefully and read the authorities in your text books. Learn how to strap and aspirate a chest for pleurisy. Learn how to treat a sprained ankle, or wrist, how to treat scalp wounds and septic infections of wounds, how to catheterize both male and female bladders without infecting them, how to wash out a stomach. To know how to put on a plaster cast properly is important, how to give a good anaesthetic is valuable, how to deliver a woman in the home without infecting her is of paramount importance. The complaint of most staff men is that when the little things are being done there is not an interne or student in sight. When there is a stomach resection or gall-bladder operation the gallery is full of both.

There is less than one chance in a hundred that you will be doing such big things during the first five years you are in practice. The great majority of the cases will be little ones, and even then, you are usually called because the old doctor cannot come right away. Your quick success or failure may depend upon your manner of handling the five-year old spoiled boy, or upon the healing of a gash with little or no scar remaining. If you know all about gall-bladders and resections of the stomach and do not know how to do these little things you will get nowhere, because those are the things you are going to get to do during the first few years.

A word about specializing. Too much cannot be said in its favour. Do not specialize too early, however. Make a decision, while you are in the hospital, what you seem to be particularly fitted for. It is not so difficult. Ask yourself where and how and in what particular line you can render the greatest service to those who put their trust in you, and the one in which you feel you can do the greatest good and do it well.

Find out what you are best fitted for, and strive to attain the ultimate in it; find out what the public needs and serve it to the best of your ability. Combine those and your success and personal satisfaction will be assured.

Reference:

E. A. Ochsner: Clin. Med. and Surgery Vol 37, No 11, Pg 816.

Words of Wisdom

The unexplained and untransmissible "feelings" about patients and their diseases, which the older clinicians amazingly possessed, have commanded a diminishing respect during an epoch in which the exact technical procedures of chemistry, bacteriology, serology and physics have brought so much light to the bedside. Yet those ancient clinical intuitions are still as valuable as they were. But now, owing to new methods of analysis, we are in a position to examine their nature and their source, namely the total personality to the patient himself.—*George Droper, M.D., in "Disease and the Man."*

Every why has a wherefore.—*Proverb.*

There is only one way of seeing things rightly, and that is seeing the whole of them.—*Ruskin.*

There is nothing the body suffers that the soul may not profit by.—*George Meredith.*

Rarely Promise: But if lawful, constantly perform.—*William Penn.*

Science relies upon experience rather than authority.—*Julian Huxley.*

Science is the great antidote to the poison of enthusiasm and superstition.—*Adam Smith.*

Nature imitates itself.—*Pascal.*

Patience is bitter but its fruit is sweet.—*Rousseau.*

Support your Medical School. Buy the Dalhousie Medical Journal and reap its profits.—*The Editor.*