

Sturgis (F. R.)



THE FOLLOWING PAPER WAS READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, FEBRUARY 4TH, 1879, AND WAS BY VOTE OF THE SOCIETY REFERRED TO THE COUNTY MEDICAL SOCIETIES FOR THEIR CONSIDERATION. IT IS DESIRED THAT THE COUNTY SOCIETIES TAKE SUCH ACTION, AS SHALL, IN THEIR JUDGMENT, HAVE A TENDENCY TO ABATE THE ABUSES TREATED OF IN THE PAPER.

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RESPONSIBILITY OF THE MEDICAL PROFESSION FOR THE ABUSES OF  
FREE MEDICAL SERVICES.

BY FREDERIC R. STURGIS, M. D., OF NEW YORK CITY.

*Mr. President and Gentlemen of the State Medical Society:*

Where there is so much already presented before medical societies upon subjects purely scientific, I trust it will not be considered inapt if I call the attention of my professional hearers to a subject which is, in my opinion, of much importance and interest to them—I refer to the effect which gratuitous medical services have upon the profession, not only in the present, but in the future.

It is hardly necessary for me to do more than touch, in the lightest manner, upon the enormous abuse which exists in New York and, if we may believe what we hear and read, in almost every city of any size in the United States. You, of all people in the world know that. In some statistics which I prepared in 1873, I found that the number of presumably free patients treated in the Dispensaries and Hospitals of New York City was 280,536, and in the report of the committee on the Abuses of Medical Charities, appears the following:

“In fact the number of persons receiving such (Dispensary) aid, has been estimated at from 250,000 to 300,000 in a year, and it was stated at a meeting held April 12, 1877, that from 30 to 35 per cent. of the whole population of New York was receiving medical advice gratuitously.

There is no need to multiply instances, the abuse is patent enough ; many people come for free medical advice who are amply able to pay a doctor, who, when asked as to the fact, admit it but palliate the offence by some such lame excuse as that they "thought the Dispensary was free to all," or that they "wanted the best advice, therefore they came," etc., etc. But one question I want to bring forward prominently in this connection, and that is, who is chiefly responsible for the greater portion of this abuse, which is so freely acknowledged and the checking of which has been the subject of consideration by Social Science and Medical Associations ? I say it is the doctors who are in the main responsible for this abuse, as but for their acquiescence in it, it could not exist for one day. I have often been surprised in conversing with physicians to see the absolute apathy which some of them exhibit on this subject, and were this the universal feeling there would be no hope of remedying the trouble ; but I believe that the majority of doctors are anxious to prevent this abuse notwithstanding the many in their own ranks who assiduously foster it, and to them I appeal.

Many medical men, whether from timidity or ignorance, believe that Trustees of Dispensaries take delight in persecuting their medical officers and in covering them with confusion. This I believe to be in the main a false impression, although I confess that in Boards of Trustees there are obstructive and impracticable men as there are in many other Boards ; still Trustees, as a rule, are ready and willing to listen to reasonable remonstrances from their medical men ; they are themselves reasoning men and amenable to argument, and in cases where they treat the doctors with indignity it is, I am forced to believe, but too often the doctors' fault. A man seldom receives insult except he has brought it upon himself and the meekness with which medical men stand prepared to pocket kicks, if they can get an appointment, the haste with which they rush for place, the wire-pulling, log-rolling and pipe-laying which go on to get a position, would tend to disgust any Board of Trustees and to lower its estimate of the medical profession. And small blame to them ! It would seem incredible, but from actual observation, to see how almost impossible it is to get medical men to pull together in any question which concerns their

common good where they have to give up some private interest, but such, I believe, is fully the fact, and Trustees of public institutions, knowing this, usually ignore medical men in questions where, from their special knowledge and training, they would be eminently fitted to give advice.

Although they are the prop and support of public medical institutions, doctors are, I believe, the most ignorant people in the world touching the workings of a dispensary, outside of the purely medical part of it and it is with the purpose of giving them information which I believe will be of interest to them, that I have selected this topic as the subject of my paper.

In May, 1876, during the incumbency of Dr. W. T. Bull, the New York Dispensary began charging its male venereal patients the sum of ten cents for each prescription, with the understanding that the medicine should be furnished *gratis* to those really unable to pay. In June, 1876, the same rule was extended to the female venereal class and, in addition, bottles were sold to such as wished them, at five cents each. This experiment resulted at the end of the year, in the sum of \$617.93.

The percentage of paying venereal patients in the total number of cases in these two classes for 1876, was

Of males.....	90
Of females.....	50

During 1877, the charge of ten cents was still continued in the two same classes with the result of yielding the sum of \$1,007.05.

This year the percentage had also increased, the percentage of paying venereal patients in the total number of cases in these two classes for 1877 being

Of males.....	95
Of females.....	77

On October 29, 1877, I came on duty as House Physician, and in the following January (1878) I strongly urged that this rule should be extended to *all* classes attending the Dispensary; that it was unjust to charge one set of patients, with the exemption of the rest; that a large number could well afford the charge, and I moreover claimed that, as many could and did indulge in strong drink, for which they paid, there was no hardship in making them pay for medicine at

least. The recommendation was acted upon, commencing April 18th, 1878, and on December 31st, 1878, showed the following result: total amount received, \$3,462.25.

The percentage of paying patients of those charged was:

Of males.....	95
Of females.....	93

I must apologize for carrying you, gentlemen, through the dry details of figures, but as they are necessary for a consideration of my argument, I must ask you to bear with me. It is of importance to remember that this class of patients who have been appealing to your time, skill, and knowledge are, with no great tax to themselves, able to furnish the dispensary with an annual income of several thousands of dollars—a fact from which, later on, we may be able to deduce some valuable suggestions. The dispensaries, it is true, claim to treat only those who are unable to pay a doctor, and, although I have, in my capacity as House Physician, refused treatment to all who, upon examination, I believed could pay one; still, what is to prevent the dispensaries from enlarging their sphere of action,—admitting all persons, no matter from where, or what their social or pecuniary condition, to the benefits of gratuitous treatment? In other words, what is to prevent them from competing directly with the doctors? This is not an idle fear. Something very much like it is now going on in New York City. One of our large and rich hospitals is now actively engaged in the cheap medical business, and takes any and every patient, irrespective, as I understand it, of position or money, for a small monthly stipend, and without having the grace to pay their medical men for their services; and the medical gentlemen, I believe, quietly acquiesce in this arrangement. The step from demanding a small sum for medicines from those who cannot pay a doctor and rigidly excluding those who are found to be able to afford a fee, to making no distinction whatever, but treating all alike for a small monthly payment, has been made in one case: how soon will it be general? Gentlemen, I have little wish to take a gloomy view of matters, but I believe sincerely that unless the medical profession gets some control over this question of public medical charities, the public medical charities will get control of the medical profession.

I know that it is much easier to point out abuses than to suggest a remedy for them, but I trust that the medical profession, by united action, either through their State Medical Societies, or, better still, through their County Societies, will insist upon a thorough and radical change in the management of the medical charities, and I believe that this can better be done at the present time than at any period which has heretofore presented itself. The non-professional public is waking up to the existence of these abuses, and I am very sure that the State Board of Charities would heartily co-operate with medical men in the correction of them.

There are two points, particularly, to which strenuous opposition should be made; the first is to the increase of free dispensaries, and the second is the use of public monies for the support and maintenance of private charitable institutions. On the first point the report of the Committee on the Abuses of Medical Charities is unanimous, as can be seen from the following remarks. In the suggestions it makes in its report the Committee says:

“Their [i. e. the Dispensaries'] claim to the support of the public is the stronger when it is understood that each Dispensary, if properly supported, is able to care for all the sick poor within its limits, and there is no need for the creation of any fresh institutions of the same nature.”

And again on the next page:

“No necessity exists for more general Dispensaries in districts already occupied.”

The number of hospitals and dispensaries in New York City is something marvelous. In 1873, I reckoned up forty of these institutions, both public and private, and even then, I believe the list was incomplete.

The second point, viz: the diversion of the public monies for private charities, an abuse against which I most earnestly protest. There is the so-called Excise Fund, obtained from the sale of licenses for the privilege of selling spirits and malt liquor in New York City; and being derived from this source devoted to the use of charity, much on the same principle, I suppose, as that which actuated the barons of the middle ages to endow monasteries and churches with the proceeds of their plunder, as an atonement for their sins.

If the money is taken at all for charitable uses, it should be expended upon the *public* city charities not upon *private*

ones, which should not be supported at the public expense, I care not how much or what good they do. In 1873, taxes were levied, among others, for

Charities and Corrections.....	\$1,160,000.
Asylums, Reformatories, and Charitable Institutions.....	948,840
Total.....	\$2,108,840

Reckoning for Corrections 1,160,000,\* a balance is left of \$948,840 for Charities. In addition, for the same year, \$111,571 was paid by the Controller of New York City for dispensaries, asylums, &c. Now I say that this is absolutely wrong and unjust to the tax-payers, and contrary, as I believe it, to the public good.

Touching any remedies which can be devised for the correction of these abuses, I have, I acknowledge, rather suggestions to offer than any matured plan, and it may be that in the discussion which I trust this subject will provoke, some good plan may be hit upon for adoption. One point to be borne in mind is, that in fighting these abuses we have to contend against a long and time-honored custom which has almost grown into a right, as well as the vested interests inherent to Dispensaries through their charters, by which all have, I believe, permission to acquire property up to a certain annual amount. Still, by a proper vigilance, I think, the evil may be prevented from extending now and, perhaps, the entire system may be radically altered. One important step would be taken by the various County Medical Societies protesting against the granting of charters to Hospitals and Dispensaries where they deemed them unnecessary. The next point would be that the Dispensaries and public medical charities should, unless good reason to the contrary exist, rigidly exclude from the benefits of their institutions all those cases which, upon examination, are found able to pay the minimum fee of a doctor, say one dollar, as is already done in some of the Dispensaries, and will shortly, I trust, be common in all; and to charge those who are unable to pay a doctor even the fee of one dollar, a small sum for medicine, furnishing the latter gratuitously to such as are absolutely destitute. The number of these, however, I believe, to be exceedingly small. The third step would be a modification of the medical staff of the Dispensary, instead

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\* I have purposely made this item unduly large.

of making the services, as now, on alternate days, changing it to a continuous one, and paying the doctors for their services. This would, it is true, throw half the staff out, but, on the other hand, it would make the service a more valuable one both in a medical point of view and pecuniarily, besides making it better for the patients.

But perhaps it will be urged that this is putting the charitable aspect of the case entirely out of the question? So much the better. I unhesitatingly state as my belief that a very large percentage of medical charity is a delusion and a snare, and the sooner it is swept away the better for a correct understanding of the subject. I believe that if medical men were to give a candid answer to the question, how much has charity to do with your connection with a dispensary or hospital, as compared with your desire to see cases and study disease? the question of charity would "kick the beam." I fail to see any good reason why the doctors should be the only unpaid employes of a dispensary or hospital. Their time and skill are as valuable as any in the community, and their education has cost them money as well as time, and for a long period is unremunerative. Why, then, should they not receive a compensation?

These considerations touch only upon the relations between the dispensaries and their medical attendants, and really leave the management of the former in the hands of a non-professional Board. One other plan I have to propose, viz.: that medical men shall have the full control of the dispensaries in which they work, and in this manner: Let any given number of doctors (one or more) start a dispensary for themselves—not a free dispensary, but a paying one, one that will be self-supporting (and this would not be difficult of attainment, I think), under a Board of their own attending staff, asking no one for money for its support, but making those resorting to it pay (when able) for the services rendered. The sick poor have to be attended to somehow or other, and that could and would be done in a private dispensary, but the number of the absolutely destitute would be very small, the bulk of attending patients would be able to pay a fee, varying according to their circumstances. This would, in my belief, pay expenses, and in a short time after its inception allow of a surplus to be divided among the doctors, remunerating them, to a certain extent, for their time.

The time allotted for papers is of course too short to allow of more than a rough outline of any plans to be submitted, the details must be left to be filled in by circumstances and mutual agreement among the physicians themselves; but one thing, gentlemen, I think should be done: enlist the co-operation of the County Societies, and through them of the State Medical Society, as the exponents of medical opinion, to check the abuses adherent to medical charities, and to insist upon their rectification. You are the persons who give credit and renown to dispensaries and hospitals, and in your hands rests the power to correct their abuses.

To some of you, perhaps, a great deal contained in this paper may seem novel and startling, and if I have spoken strongly, it is because, from my long connection with and interest in these institutions, I have seen the growth of these abuses in them, and because, also, I feel strongly in the matter.