

The Medical Profession a Privileged Class of the Community.

It is frequently urged that there should be no privileged classes in this republic of ours, and that class legislation is inimical to republican institutions. Whenever the medical profession ask for a medical bill someone is sure to object that physicians are seeking to make a close corporation of their business, and that injury will be done to those who have already practised medicine successfully without any such restrictions as are now asked. It therefore becomes pertinent to ask whether the medical profession has the right to expect class legislation granting physicians privileges not possessed by those engaged as artisans and mechanics.

It is claimed by many that the medical profession does not seek class legislation, and that medical bills have as their only object the protection of the public from ignorance and cupidity. But in our own study of the subject we have come to the conclusion that the statement contains only half the truth, and that it is for the public good that the practice of medicine be separated from the vocation of the merchant and mechanic, and made a special class by itself, with special privileges distinguishing it from the trades.

We have several reasons for the belief that medicine should be considered a privileged class of the community. In the first place, its practise requires a much higher education than demanded by the trades; greater intelligence is required to practise the art; greater responsibility entails on the physician, and greater dangers threaten the community from abuse. In the next place, what are known as business methods are denied the physician from the very nature of his business. While the merchant can advertise his wares and create a demand for them by claiming marvellous quality of texture and lowness of price, the physician cannot advertise to cure disease, his vocation being merely to assist nature in her efforts, and guide the patient to recovery through rational channels. Again, he is often called upon to treat the poor, who cannot pay him for his services, and, therefore, the practice of medicine is philanthropic.

The physician who practises medicine in a conscientious manner is the servant of the public in a way that no other class or vocations can lay claim to. The physician is called on at all hours of the day or night. He is obliged to give up many pleasures and privileges that the humblest artisan may enjoy; he is adviser, confessor, friend and brother to rich and poor alike. No man occupies such close and confidential relations as the family physician; no man has greater opportunities of evil, and temptations to wrong. And yet what class of the community is more worthy the trust reposed in it by the public than the medical profession?

Now, it stands to reason that a class in the community that comes into such close and intimate contact with family life, that

is entrusted with secrets that are of the most sacred nature, that requires a broad and liberal education, and a high degree of technical skill, should have special consideration from the community in regard to legislation in all matters affecting the personnel of the profession itself, and concerning the protection of the practitioner from invasion from without.

On the other hand, the public has a right to demand the highest motives and service from the profession in exchange for this protection. It has a right to demand that physicians shall study the causes of disease and their treatment, and publish the results of their observations for the public good. It has a right to demand that the profession shall protect the public from contagious diseases by quarantine, by the study of preventive medicine, by the education of physicians in every new discovery in hygiene, by teaching the public laws of health, and by every other known means to prevent disease in the community.

It is admitted that medicine is a liberal and philanthropic profession. It is admitted that the success of the physician in removing the cause of disease lessens at the same time the necessity of his services, so that, as the health of the community improves, his chances of obtaining a livelihood in the practice of his profession grow less and less. Why should it not also be admitted that the physician should receive in exchange for his self-denying labor special privileges in the form of protection from the quack and impostor by restrictive legislation?

If anyone wishes to test the altruistic nature of the services demanded of the physician let him call up the leading physician of the city some cold stormy night in the depth of winter and ask him to attend a sick and suffering patient. How promptly and cheerfully he responds, and how grateful is the heart of the anxious parent or child for the relief given. Now, let him call up the leading merchant of the town, under the same circumstances, for some purchase that he may desire to make. It is not necessary to describe the probable result, or repeat the language that would likely be heard from the merchant under the circumstances.

The principal aim of medical laws is to ensure that no one who has not proved his possession of both practical and theoretical education shall practise medicine. If the actual effects of ignorance, cupidity, and pretence could be plainly stated, the demand for correct legislation would be so great that the profession would not have to ask for it. It would be instantly seen that a business in which health and life are at stake is in need of systematic regulation. On account of the ignorance of the public in matters medical charlatanism has always succeeded oftentimes better than legitimate practice. This being admitted is only a stronger argument in support of the theory that legitimate practice should be protected by law. Further, the practice of medicine

should be hedged around with such barriers that only those who are competent from preliminary education as well as medical training can enter the profession, and the vocation should be made a remunerative one, so as to attract into the ranks of the profession the very best talent and education among the youth of the land. Clearly, then, it is to the interest of the community that the medical profession should constitute a privileged class, that the practice of medicine should be regulated by law, and that the vocation of the physician should be a dignified calling equal in social status to that of any other walk in life.—*Dr. F. E. Stewart, in The New Idea.*

The Selling of Proprietaries.

In the concluding paragraph of the editorial in the October *Report*, on "The Legal Status of the Rebate System," we expressed the opinion that the control of the selling prices of proprietary medicines, so that ruinous competition might be prevented or minimized, rested wholly in the hands of the proprietors of such products, that there must be some plan whereby manufacturers can adequately protect their agents in the sale of their goods, and, if there was not, the logical effect of the absence of protection would be that the agents themselves would become manufacturers also, and competitors.

The whole question of the control of the selling prices of proprietaries is simply a question of business. It is not now a matter of ethics or sentiment. Which course of action would better pay the manufacturer—to guard the interests of his agents, the wholesale and retail dealers, or to ignore them? First thought suggests that it would be more profitable for the manufacturer to sell all the goods he could at the best prices, and let his agents take care of themselves. His profits would be secure, and why should he care for those of others? But a wiser business judgment tells the manufacturer, or should tell him, that there are serious dangers in such a course. His interests are bound up in the interests of his agents. The retail agents, especially through the absence of adequate protection, and in the presence of ruinous competition, have come face to face with the fact that it is simply idle business folly to handle goods which do not yield enough profit to pay for the cost of their handling. The retail agents must make financial ends meet. Self-preservation is Nature's first law. The agents have technical pharmaceutical skill, and what is more logical than that they should come to apply that knowledge to the preparation of proprietary remedies, and become manufacturers themselves?

This practice among retail druggists has been steadily growing in recent years, and, if something is not done, it will be simply a question of time until each of the larger manufacturers will have 45,000