

ping and snarling physicians, on the contrary, having no goods to manufacture or sell, one determined to triumph and the other resolved to prevail over his "opponent" (!) by underbidding and exposing each other's misfortunes, may keep up the strain of rivalry and efforts to crush or banish each other for years, dispensing their skill to everybody for insignificant or nominal fees, impoverishing one another, and almost starving those depending on them for support.

"Wars bring scars."

Besides,

"What can war, but endless war still breed?"

Surely we suffer enough annoyance in the proper pursuit of our profession, without adding to our troubles by such struggles.

Unless you already have a regular scale of charges in your region, try to bring about a somewhat uniform fee-table or rate of charging among the body of physicians.

The wisest rule in charging for your services is to do your work well, then ask, even from the beginning of your career, the fees usual for conscientious, skilled attendance,—neither exorbitantly high, like an extortioner, nor absurdly low. And always maintain that your services are as good as the best.

Let people know that you honestly strive to make your bills as small as possible, not by undercharging, but by getting them well by good treatment and with as few visits as possible.

Never enter into an auction bargain to attend a patient or a family by the week, month, or year; it is far better to be paid for what you actually do, than to have some people feel that they are giving you twenty dollars for five dollars' worth of service, while you, on the other hand, are, in many other exacting cases, giving fifty or a hundred dollars' worth of service for twenty dollars, and have no alternative but to fulfill the contract.

Also, never bargain to attend whole neighborhoods or clubs of poor people at reduced rates, or at half- or quarter-price,

because your antiquated or unripe neighbor does; it is bad policy, and never works successfully. Indeed, if you ever attend a confinement or other case in a family for a nominal fee, or lump your bill for ready money, they will always expect to pay what they paid before, and you will not be able to raise your scale of charges to the regular price in that family after your standing and skill improve and your time becomes more valuable; or even with other patients who hear of it.

It is a mistake to think that you can greatly augment the charges you make in the beginning of your practice as you advance in age, skill, and experience, as everybody will appeal to your former charges, and object. After becoming accustomed to small prices, old patients will even think you ought to charge them less instead of more; so that, if ever you feel unwilling to repeat services of any kind for the sum received for a previous case, be careful to give the patient fair notice of your intention to raise your charges.

One of the hardships of our profession is that the older men, perhaps now rich, or deriving their support chiefly from their stocks, bonds, four-per-cents, or farms, continue to charge the low prices of half a century ago, while the price of living, etc., have all advanced; so that the younger physician, without these, must charge somewhat the same, and thus hardly get revenue enough to support him.

A wise man usually accommodates himself to circumstances and takes what he can get, but even when you are sure that, to meet one's means of remuneration, you will have to receipt your bill for a reduced amount, make it out for the standard amount, so that the debtor may see the real extent of his indebtedness and give you credit for the amount of the reduction; in other words, when you make a reduction to those who plead poverty or other acceptable reason, let them understand that you are not reducing your charges, but are taking something off their bill; and enjoin upon them not to tell it around, lest it lower your scale of charges elsewhere.



In attending an extraordinary case for Mr. Bullion, or Gov. Goldmine, or Gen. Doublebank, or Maj. Opulent, or Capt. Creamyrich, Mrs. Bountiful, or any one else who is very rich or notoriously liberal, after properly calling his attention to the immeasurable value of the life you have saved, or of the blessing and health your services have given, leave to him the money valuation of the benefits the restoration brings, or the worth of exemption from death, unless he insist on having a bill. In the latter case, charge him no more than any one else for the same services. In the former you may, by submitting it to him, from his feeling of superlative delight at the successful issue, be paid most munificently, possibly ten times as much as your bill would have been.

When people talk to you about taking off part of their bill because they are poor, and charging the rich more to make it up, take less if you think proper, but under no circumstances allow them to infer that you, or any other physician, would charge any one, whether rich or poor, a cent more than is honestly your due.

It is customary and just to charge a *double* fee for the first or for an only visit in a case, chiefly for the following reasons: You must at the first visit devote an extra amount of time and attention to learning the history of the case,—maybe make a minute time-consuming examination,—must involve yourself in a diagnosis, and probably also in a prognosis,—must carefully think over and decide upon a whole line of treatment,—must instruct the nurses,—map out the quality and quantity of diet, drink, exercise, etc.,—point out the requirements of hygiene, maybe institute asepsis or antisepsis,—lay down general rules regarding lighting, heating, and ventilation, the clothing, the temperature, the toilet, idiosyncrasies, etc., and formally establish yourself in the case, and assume all the responsibilities of the issue. These combined make it an extraordinary visit, and fully justify a double charge for the first visit.

The first visit to a case may be easily designated by turning the visit-mark (*I*) into an *F*.

It is also just to charge extra for a visit in which you are detained longer than (say) a half-hour, or in an obstetrical case over five or six hours, either by the urgency of the case or where the family request you to remain.

There are a few people who consider that when a case is serious enough to require the physician to make more than one visit a day he should not charge for the additional visits, unconscious, as it were, of the fact that cases dangerous enough to require an extra number of visits are the very ones which entail upon him the greatest responsibility, cause him most anxiety, and contribute most largely toward making his life one of wearying labor and self-denial.

When you attend two or more patients in a family at the same time, take care to charge full rates for one patient and half-rates for each of the others.

You will often have people to hum and haw, and complain that their bill is high, and ask you to make a reduction; yet, many of these very people would not employ you if you were a third-rate or low-priced physician. Everybody wants first-class services, but wants them as cheaply as possible. It is not human nature to prefer a fifty-cent to a two-dollar silk: but if people be lucky enough to get the two-dollar silk for one dollar, they congratulate themselves. They reason the same about physicians; very few prefer or appreciate a low-priced (cheap-John) physician.

In *unusually* severe cases, and in those which require very great exposure or *extraordinary* legal or professional responsibility: in cases of recovery after poisoning, or of apparent drowning, or suffocation, of small-pox and other loathsome and contagious diseases, the fear of which prevents other patients, who know you are attending them, from employing you, or which necessitate loss of time in changing your clothes and otherwise disinfecting yourself before visiting others who are not affected, or in which you have evinced remarkable skill, or where you have had very great luck in bad cases of any kind, you should charge good, round fees.



It is certainly worth far more successfully to attend an important or distinguished member of the community in a case of pneumonia—in which you save his life as clearly as if you had dragged him helpless from the flames, or plucked him drowning from the water; or a patient with apoplexy, or with a wound, ulcer, fracture, or a luxation, or a contagious disease in which you risk losing your own life; in fact, anything that causes you great anxiety and necessitates much study—than one for whom nobody cares, with a sore finger or toe, or chicken-pox, mumps, or hives, even though the two cases require an equal amount of time, or a like number of visits.

In some cases your charge will be not so much for the work actually performed as for your knowledge and skill in knowing how to do it; for instance, you may charge twenty dollars for the few minutes' work of reducing a luxated humerus; if this were duly itemized it might read thus: "For reducing dislocated shoulder, five dollars; for expense and study of learning how to do it, fifteen dollars." "You charge me fifty sequins," said a Venetian nobleman to a sculptor, "for a bust that cost you only ten days' labor." "You forget," replied the artist, "I have been thirty years learning how to make that bust in ten days.

Attendance on Bigbee's beloved child, on an eminent or very important member of the community, or on one of the great men of the land, for whose life you have fought a great battle, or on a well-satisfied stranger who has journeyed far with an important case that causes you special solicitude and anxiety, or on a case that presents peculiar difficulties, justifies you in making a special charge, whether attended at your own office or at the homes of the patients. In such cases pay every necessary attention, but be careful to make no unnecessary visits, unless by special request; for in a very important case, in which three visits would be really necessary, to which you make but three and then discharge yourself, your services will be appreciated more highly, and the family will more cheer-

fully pay a fee of a hundred dollars than if you had also made five additional, apparently unnecessary, visits, and charged but eighty dollars.

On the same principle, when you have severe cases of any kind that necessitate several visits in the course of the day, take care to diminish the number markedly as soon as the necessity ceases.

In extraordinary and complex cases; also, where the results are apt to be great and far-reaching, or in which you go a long distance, or at very unusual hours, or through great storms, or extra dangers, the charge should be not by the visit, but for the case.

Patients will often express surprise at your asking the same fee for office advice as for a visit to their house; explain to them that, although the charge is the same, it is much cheaper to be an office patient than to be visited at home, because an office patient usually comes but *once*, or *only* when his medicines are out, or when some important change has taken place in his ailment, and quits entirely as soon as possible; whereas, if you have him under care at home, your responsibility and feeling of uncertainty compel you to visit him frequently to ascertain whether he is getting along as expected. For these reasons a few office consultations with the responsibility of attending faithfully resting on the patient, if on either, often suffice, instead of many house visits, and in this way office advice becomes very much cheaper.

Some people who are mean and miser-like about paying—as big and exacting as tyrants when sick, and as small as potato-bugs at bill time—will want you to deduct largely from their bills, especially if they happen to be mostly for office consultations, vaccinations, and other services of a less important character. Meet them at once with the argument that if they are to pay you less than the average for the minor services, you will have to charge them on a much higher scale of fees for the more important ones. But with such people the question is not



services, but money, and you will often have a stinted sum grudgingly given, even for the saving of life.

Be kind to the poor and lenient with the unfortunate, but when people are able you should be as rigid in requiring your pay as other men.

The difference between words used with your office patients will sometimes make all the difference between a fee and no fee. Some who consult you, if asked to call again *to let you know how they are getting on*, will, on returning, show by every word and action that they do not expect to pay, as they merely called because you requested them to do so. Therefore, unless you intend to omit the charge, it is better to *advise them to consult you again*, at such time as you deem proper to specify. This will distinctly intimate to them that your usual fee will be charged.

When a new patient, whose honesty you have reason to doubt, consults you at your office, and instead of paying the fee defers it, with a promise to call again, if you request his name and residence, and book them in his presence, your chances of getting paid will be greatly increased.

Never agree or enter into a contract to attend any one for a "contingent fee"; that is, do not take patients with chronic sores, constitutional headaches, epilepsy, cancer, post-nasal catarrh, pimpled faces, hæmorrhoids, dyspepsia, hypochondriasis, and other chronic affections; or victims of syphilis, gonorrhœa, the ruthless blight of scrofula, etc., on the "*no cure, no pay*" system, or to pay "*if their rainbow expectations are realized*," or "*when all is over*." Enter into no such one-sided agreements to do things that may prove impossible, for they are never satisfactory, and will generally end in your being swindled, and, it may be, charged with incompetence or malpractice. In expressing your willingness to undertake such case, let it be clearly understood that if the case be curable, then you are there to cure it, but that you *charge for services, not for results*, and must be paid for your attendance even though the patient proves incurable or dies, and that all who seek your advice *must* take the proba-

bilities of cure or relief from your well-intended endeavors. Remember: having accepted charge of a case, you are morally bound, pay or no pay, conscientiously to fulfill your duty to the patient; you may, nevertheless, fairly intimate to those who you think are unworthy of credit, that if they pay as they go on, instead of running up a bill, it will tend to encourage and interest you more in the case, and naturally inspire and stimulate you to do your best.

Some persons suffering from constitutional syphilis, ulcerated legs, chronic eczema, broken constitution, etc., in which the treatment may extend through many months, or maybe for years, or even through life-time, will probably suggest that you should wait for your fees till done attending. Do no such foolish thing, as such a case may die, or move away, or abandon treatment, or slip away from you to another, or begin with grandmother remedies, or with "yarbs from those who have no larnin'," or even resist all your attempts to effect a cure, and you may get nothing except misrepresentation for all your work.

In such cases, it is far more just and wise to render your accounts at the proper time,—"*for the three months ending —*," or, at the very furthest, the first day of every July and January. If they demur (which they cannot justly do) do not hesitate to express your surprise at their doing so, and, in reminding them of the necessity for living by your practice, cautiously but firmly tell them of your entire unwillingness or financial inability to allow your fees to accumulate as they suggest.

You should ordinarily exact no previous stipulation of pay, and manifest no undue anxiety in respect to your fees, and make no reference to your intended charges, unless you are dealing with people notoriously unworthy of confidence, or when a misunderstanding is apprehended; but in most instances, unless the patient be well known to you, you should not hesitate to require your fee *in advance* (your chance of compensation will



grow worse as the patient grows better) for attending cases of *secret* diseases. If you fail to do so, Mr. Hightone or Mr. Lowtone, or Mr. Notoneatall, as the case may be, will almost certainly leave you, about the time that Richard's himself again, with his bill unpaid; and if you press him about it, he will either pay it grudgingly or not at all; and, should you dun him for it, will abuse you, and, with vinegar or ice in his looks, meanly assert that he is absolutely a Joseph, and that it was not an ignoble disease at all, but only a strain, or that you did him no good, or almost killed him; or tell some other falsehood as an excuse for deserting and trying to defraud you, and ever after try to bring you into public odium and to injure you to the extent of his influence. In such case it would serve him right to "Court" him. Another reason why it is proper to get your fee in advance is that many would never come and pay it till you had sent them a bill by your collector, and would then indignantly claim that you had insulted and exposed them by sending a bill of that kind.

Also, when at all convenient, get your fees in advance for transient attendance on persons injured in bawdy-house fights, drunken buggy-rides, soldiers, sailors, and the like.

At the same time, bear in mind that you have no right, either legal or moral, to expose the nature of any person's disease to any one, on account of his having failed to pay your fees, even though it was gonorrhœa or he was covered from the crown of his head to the soles of his feet with syphilis.

Venereal diseases are the result, generally, not of providential misfortune, as are other inflictions, but of voluntary indulgence in vice; therefore, self-inflicted. And for this valid reason such venereal patients have not the same natural claim upon your sympathy as other sufferers. In all cases of this kind try to get a just, remunerative fee before you undertake the treatment; then honestly do your duty to the patient until he is cured. Having paid you, he is not likely to change from you to another, and should his case proceed slowly he cannot then

suspect that you are purposely running a heavy bill on him, or delaying the cure on account of his being a good-pay patient, as he might do if he were paying you a dollar or two for each consultation.

Many men imagine that they cannot be suffering from constitutional syphilis unless they have detected a terrible chancre at the beginning; and you will often experience a difficulty in making persons who have not detected a primary sore believe their case to be syphilis. Some men will actually stare, scan, and quiz you when you tell them they have the p-x, as if they thought you a quack or impostor trying to frighten them out of money. If you can show such a patient a fac-simile of his chancre, roseola, or mucous patches in your text-books on venereal diseases, or even read with him a description of them, it will awaken him to his real condition and put him on his guard against either neglecting his case or infecting others.

When you feel certain that your diagnosis of syphilis is correct, look the patient in the face, and, with a manner that indicates your practical knowledge of the matter, tell him that in your opinion he has true syphilis, and be careful not to be browbeaten into taking charge of the case for a trifling fee. It is a grave disease, and the responsibility and worry of the medical attendant are often very great and protracted; the fee, therefore, should *never* be nominal.

You can readily broach the fee question to any patient suffering from a private disease by remarking, immediately after making your first examination, "Well, I see what your case is, and am willing to take charge of it and give you my best services, *if my terms will suit you.*" This will necessitate his asking what your terms are, and will afford you the opportunity to tell him. Or, if you regard the services likely to be required as important and valuable, whilst he evidently thinks the reverse, if you will incidentally begin with the remark, "Ah! I fear my charges will be more than you would be willing to pay," this also will compel him to question you upon the