

subject, and that, too, in a somewhat more favorable frame of mind for your purpose.

Some people labor under the impression that physicians are public functionaries, and that the law compels them to answer the beck and call of any one who chooses to send for them, pay or no pay. *It does not*; you have a perfect right to refuse for any reason that is satisfactory to yourself; but your time is supposed to belong somewhat to your suffering fellow-creatures, and you are expected to be ever waiting and watching in complete readiness; and both the profession and public opinion would severely judge and condemn you if you were to refuse to attend an urgent case to which common humanity should prompt you to go,—especially if you refused on account of fees, and particularly if other physicians were not easily accessible. If you are really “*too busy*,” or “*not well enough*,” or are immersed in another engagement that cannot be set aside, or have another equally urgent duty to perform, these will generally be regarded as sufficient reasons, and protect you against argument or criticism. But “*I’m just at dinner*,” “*I’m too tired*,” or “*I need sleep*,” or “*I am afraid I will be dragged into court as a witness*,” etc., look like a hard indifference, and are not accepted by the public as adequate reasons for refusing to go, and in cases of urgency should never be offered. In the name of Jupiter, what business has any physician to be at dinner, or sleepy, or tired, while yet young enough to crawl, or with strength enough left to think a thought, or hold a pen, when the sick public give a call or whistle?

A few persons also believe there is some law or rule that prevents a physician from attending his own wife and children, or other near kinsmen, when they are sick. This belief has been created by the fact that some esteemed brother-physician is generally intrusted with such cases through a fear, in the physician’s anxious mind, that personal interest in those so near and dear to him might warp his judgment, or in the event of fatal issue might leave a deep and lasting regret in his mind

that this, that, or the other line of treatment was not pursued instead of that which was.

After your work in many a case is done you may have to

“Assume the cloak of necessity to save the fee,”

and use this, that, or the other stratagem to get your fees. Not only should you send your bill to a patient in due time, but if you fail to hear from him within a reasonable while, emphasize it by sending another, with the same date, etc., as the first, marked “duplicate,” or “3d bill,” “4th bill,” as the case may be; for he may not have received the first, or may have thrown it aside with a Tra-la-la-la! or may be purposely neglecting it in the hope that you will cease your claim forever, or trying to let it stand over till it is forgotten or is out of date.

An *effective* plan to adopt with a certain tardy class of patients, when you are in need of money, is to ascertain the date at which you will have a debt or note to pay, or will have to raise money for any other special purpose, and then to write a week or two before the time and briefly inform them that you will have a *special* need for money at the time specified, and ask them kindly to pay you on or before that date. Most people of any worth will exert themselves to comply with the request, if courteously made. In this manner you can well approach both your best and your worst patients, and some that you cannot successfully approach for money in any other way. A request so conveyed, moreover, shows that you do not want merely to get it out of their pocket into your own, but that you ask for it because you really happen to need it. One who is in debt has always a legitimate excuse for sending in his bills as soon as his patients recover.

Another plan, good to pursue with those who habitually throw bills aside and neglect to pay them, is to send your accounts some day when you are in need of funds, with a brief note asking them to pay in the course of the day, and assign your reasons for making so pressing a request. Even though

they pay you nothing then, knowing that they have disappointed you in your dilemma, they will feel impelled at least to pay something on the account when they again need your services.

Also, using the phrase on your bills, "Amount now on the books \$—," or "Balance still on the books \$—," and inclosing a brief note with the bill of a delinquent for whom you are tired of waiting, telling him that his account is greatly overdue, and asking him kindly to call and settle, as you are anxious to close the account "on the books," remind him of the fact that it is "on the books" and overdue, hence probably seen and thought over by you daily, and may arouse him to the extent of calling to pay, or to make some definite arrangement.

By letting your prompt-paying patients know in some way or other, at the visit preceding the final one, that your next visit will be the last that you deem it necessary to make, it will serve as a gentle hint and afford them an opportunity to prepare, and will greatly increase the chances of your being paid *cash* at the last visit. Convalescents from severe illnesses who are told to pay you a visit at your office when able to walk out again, in order that you may see how they are getting along, are very apt to broach the subject of your fees, and either then pay or make some definite promise before leaving.

You cannot put all classes of bills on the same footing; there is *one* class of patients whose bills had better be sent by mail, *another* to whom they should be taken by your collector or other person, *another* to whom you had better deliver them yourself, and *a few* promptly-paying patients whom you had better allow to ask for them. A careful study of these facts will be of essential assistance to you.

Items and details are, as a rule, better omitted in professional accounts, unless specially asked for, inasmuch as they tend to dissatisfy people, and lead to criticisms and disputes that would not arise did not the items furnish a pretext. Assume the position that he who confides in you sufficiently to put the lives and secrets of himself and family in your keeping should

feel sufficient confidence and gratitude to intrust you to say what value you deem mutually fair to place on your professional services. In fact, a physician's bill that gives in detail the various *items* is more apt to be disputed or criticised unless it be unjustly small. Bills that simply state the *total* amount, or "amount due for services since date of last bill," or "amount now on the books," are much more likely to be paid without dispute. The items, however, of every bill should be carefully entered in the ledger, in order that the charges may be verified if requisite; and each and every charge should rest on a distinct financial base of its own. Should a patient question the accuracy of a non-itemized bill, at once concede his right to be furnished with a statement of the number and dates of visits and any special services charged for, or permission to see the items on the ledger should be permitted or suggested. But few who would intrust you with their lives would push you to this extent after serving them faithfully, and these had as well be erased from your list of patients.

On the payment of money other than a simple cash fee by your patients, it is well to insist on giving receipts, even though they should deem it unnecessary. Compelling every one who pays a debt that has been booked to take a receipt not only prevents subsequent disputes, but assists also in maintaining a regular and desirable business-like system between you.

Be especially careful to avoid soul-narrowing avarice in its various forms—meanness, greed, oppression, stony heart—and all other hateful extremes. If you attempt to shave too closely in money matters,—when a patient is so low that it is no longer decent to take fees, or hungrily hold watches, jewelry, or other articles as security for the payment of your fees, or compel their owners to pawn or sell them for your benefit, or charge interest on your bills because not promptly paid, or be unreasonable (Shylock) or too vigorous in your efforts to collect fees from any one,—it would not only be morally wrong, but would be very apt to prejudice your reputation and create a feeling of hostility against you that time could not efface.

For a like reason it is, as a rule, better not to charge for a certificate of sickness furnished to patients to enable them to draw sick-pay from clubs and other beneficial societies, or for school-children's certificates of vaccination, etc. These should be regarded as personal favors, differing from cases in which a fee is right and proper.

But in every case requiring you to go and make an affidavit before a court or magistrate, a moderate charge is proper.

It will seldom pay you to sue people, even though your suits be successful; indeed, it is, generally speaking, undesirable for you or any other physician to begin litigation to enforce your claims, except under very aggravating circumstances or to maintain your reputation or self-respect. Physicians who frequently go to law to recover fees generally lose more in the end than the yield, by exciting prejudice and making enemies. You should never resort to compulsory measures with any one whose failure to pay is due to honest poverty. While naturally seeking to get good patients, who can and will pay for your services, be ever willing to do your share of charity for the deserving poor; at the same time the necessity of earning a living for yourself should make you careful not to let it crowd out your remuneratory practice.

When called upon to attend cases of sudden death, drowning, suicide, persons found dead, murder, etc., in which the unfortunate victim is dead before you can get to him, or in calls of emergency, where another physician reaches the patient and takes charge before your arrival, or in other cases where your services are not called into action, or are merely nominal or clearly useless, it will, as a rule, be wise not to send in an account, as under such circumstances not only would it generally be left unpaid, but be harshly criticised. If, however, a feeling of gratitude induce the people interested to tender you fees, for your trouble, accept whatever is right.

In obstinate and invincible maladies, such as hopeless cases of cancer, phthisis, aneurism, etc., in which, after having gone

the rounds of the profession, you are consulted in the very last stages, with the hope of getting a new heart, or a new pair of lungs, or having other miracles performed; or merely to see whether you can possibly do anything of benefit to them, you had better deal candidly, and frankly acknowledge that you can do but little, or nothing, and decline the fee *even if tendered*.

It is better, as a general rule, to make *no charge* for ordinary or trifling advice incidentally given to patients when they call to pay their bill, or to persons for whom you happen to prescribe in public places (curbstone prescriptions), where you are *not* pursuing your professional avocation. Such exactions would, to say the least, tend to engender unpleasant reminiscences and harsh criticism. Every physician occasionally writes prescriptions under circumstances that, even though he be technically entitled to remuneration, *his own* interests forbid his charging or even accepting a fee when tendered.

Never make a charge where the fee would come from another physician's pocket; every physician attends his professional brethren and members of their families gratis. Some also attend clergymen and their families without a charge of money, especially those with whom they have church relations, and those who receive salaries so meagre as to make the payment of medical fees a hardship. But where a clergyman is in the receipt of a liberal salary, and his calls on you are frequent or onerous, I know of nothing in ethics to forbid your accepting from him a fee voluntarily tendered. Some of our best physicians make it a rule to charge half-fees to their own spiritual advisers; that is, they make out the bills for the full amount and receipt them upon payment of half the sum. Their influence, if properly directed, is supposed to cancel the remainder.

Never oppress any one by exorbitant fees. Nearly every one depends on his physician's unwatched integrity, believing that he will be honest in his conduct, honest in his treatment, and honest in his charges. Be especially fair in your charges against estates, and in all other cases where unusual circum-

stances place the debtor at your mercy. These opportunities will fully test whether true honesty has a seat in your heart.

"As a man thinketh in his heart, so is he."

When you are in doubt what to charge, look upward, then make out your bill at such figures as you may deem just to the patient, to the profession, and to yourself, and thus show clean hands, morally as well as antiseptically. Even-handed justice is the basis of all lasting reputation.

Great injury is inflicted on our entire profession when Dr. Chiselum, Dr. Tinchaser, Dr. Highprice, Prof. Twentyfold, Dazzlefee, or any other of our guild places an exorbitant value on his time and labor, and charges those whom chance has placed in his power a fee so enormous or outrageously extortionate as to cause great gossip or newspaper notice of it. But, carefully avoid making censorious or derogatory comment, in the presence of non-professional persons, on the fees claimed by another physician, unless you are fully acquainted with all the circumstances, for he may actually have good and sufficient reasons for the charges made.

When you and a professional brother do each a portion of the work in cases of accident, confinement, etc., a very fair plan is to agree to charge a joint fee and divide it. When you receive such a joint fee, go at the earliest possible moment and divide every dollar, fairly and squarely, with your fellow-worker, on whatever basis you have agreed upon.

When another physician is called to a case of yours, during your absence, not only thank him at the first opportunity, but also insist on his sending his bill for whatever services he has rendered. No one can be expected to work under such circumstances without fee. His kindness to you consists in having responded to the call.

Never acknowledge or work under the job-lot fee-table of any association or company, *unless* it be in harmony with the regular professional fee-table of your community.

A fee-table should never be extravagantly high on one hand, nor meanly low on the other, but should be reasonable in its tariff, and should always allow a reduction if the patient's circumstances require; and should also allow attendance on the moneyless poor gratis.

Humanity requires you (as God's instrument) to go promptly to all cases of sudden emergency, accidents, and the like, in which the life or limb of a fellow-creature is in jeopardy, without regard to the prospect or otherwise of a fee. You should do various things for the sake of charity; among these is to give relief to any one injured, or in great pain or suffering, regardless of fees. At such times regard only *MAN in distress*; show no distinction between rich and poor, high and low, but consider only your simple duty to suffering humanity. The good Samaritan succored the wounded man, took him to an inn, and provided for his immediate necessities. You, as a physician, should be equally humane and prompt to go and bind up wounds, and relieve suffering in all cases of emergency. After this is done further attendance is, of course, optional, and depends upon whether you choose to render it, or feel that you can afford it; but you are really no more bound to continue to attend such a one gratuitously than the baker is to give away his bread to the hungry, or the tailor to give away his clothes to the ragged.

But, take care never to slight the worthy poor, who are under the iron heel of poverty and need medical attendance. To the poor life and health are everything; their very poverty and lack of comforts make them more likely to get sick and to suffer more in sickness than the rich, and worthy kindness to them in worthy ways should be as broad as God's earth. Besides, there are none so poor but that they may amply repay your services by their earnest "God bless you, Doctor," and their genuine, lasting gratitude. Besides, how heartfelt and pure the gratification to wrest a fellow-being from destruction!

Physicians render more gratuitous and unpaid services than

any other class of people in the world. Allowing that there are in the United States fifty thousand regular practicing physicians, and that each does one hundred dollars' worth of labor to charity practice a year,—which is far below the average,—we have the enormous sum of five millions of dollars of charitable labor given by its medical profession every year.

"The poor," said Boerhaave, "are my best patients. God will be their paymaster." But even in dispensing charity, careful discrimination is essential. There would seem to be three classes of the poor,—the Lord's poor, the devil's poor, and the poor devils. The first and last are worthy objects of every physician's attention, and you would do well to lose no opportunity to give relief to their ailments. The less, however, you have to do with the other class (*the devil's poor*), and the less health and strength you waste on them, the better for you; nevertheless, you will be more or less compelled to attend more than you would otherwise care to do of the lowest and vilest victims of vice, intemperance, and sensual indulgence,—who are perhaps a curse to their families and a nuisance to the neighborhood,—and watch over them as faithfully as if they were noblemen; some for God's sake, and others, it may be, on account of their relationship to better and more provident patients; you will generally find, however, that, "though this citizen and that fellow may be brothers, their pocket-books are not sisters."

It is your duty to raise your voice in the profession against the fearful abuse of medical charities by the people, and the largely increasing numbers of free special dispensaries, college clinics, and the out-door departments of hospitals, church infirmaries, and private retreats, which, of late, under the color of *charity*, attract not only aching beggars from squalid streets and alleys, drunken and worthless men's families, the poverty-stricken sick and humble people out of employment, whose forlorn aspect is unmistakable, but also thousands of stingy impostors and miserly drones, who are *abundantly able to pay* for medical services; and, which, still worse, offer a refuge in their rainy

day to the lazy and vicious, against which, the latter, consequently, need not provide by industry, sobriety, and economy. Make a person a pauper, or encourage him to become a lazy beggar, or destroy his independence and manhood in one thing, and he is apt to degenerate and become improvident and worthless in many.

No member of the profession—and the same may be said of pharmacists and physicians who keep drug-stores and prescribe over their counters—has, in the spirit of common justice, a right to give professional services to the public without fee, except to the moneyless poor (to whom they should be rendered in the holy name of charity, as freely as the air they breathe); for, although there may be no loss thereby to him personally, it has a pauperizing tendency on a certain class of people, and is taking bread from the mouths of struggling physicians by monopolizing practice that would otherwise fall into their hands, and to that extent it is despoiling the profession of its legitimate fees.

Glory built on selfish principles is shame and guilt.

Thousands of young and deserving sons of Æsculapius have been, of late, cheated out of what would be to them bread and a slender support, and a chance to get into practice, by so-called "Hospital" or "Church" Charities, carried on chiefly in the interest of individuals, or coteries, who, to foster reputation in their specialties, and to outstrip rivals, treat *everybody* that applies,—the rich, the poor, and the intermediate class,—whether entitled to the benefits of their charity or not, without the slightest regard to the interest of other medical men, or their desire to do a share of charity.

Immortal gods! Such stony injustice
Blots all the heaven-born features.

The ultimate result of this state of things will be either that the profession will, in self-defense, be compelled to organize *self-preservation associations*, or that individual physicians will take up the case and resolve neither to turn over cases to nor

to call into consultation any specialist, professor, or surgeon who continues to render gratuitous service to those who are able to pay for it. The last-mentioned course would probably influence the transgressors strongly. **THE SHAMEFUL WRONG DONE** to the profession by such institutions lies not so much in the working of the hospitals themselves, but **IN** the conduct of **THEIR DISPENSARIES AND OUT-DOOR DEPARTMENTS**.

Probably a considerable proportion of the impostors and frauds able to pay for services, who impose on these institutions, knowing the risk of being unearthed and turned away, would shrink from venturing such exposure to the public by the prominent display of some such sign as the following: "This Dispensary is for the moneyless poor only."

Bear in mind, for an individual to advertise gratuitous attendance on the poor at his office, or at certain times, or under certain conditions, is unprofessional.

Found your ideas of Christian duty and of doing charity on the fifth, sixth, and seventh chapters of Matthew and the thirteenth chapter of First Corinthians, and you cannot go far astray.

"Prompt payments are appreciated by everybody" is a very useful maxim to have printed on the margin of your bills; it is truthful, and gives thanks to those who pay promptly. To those who do not it serves as a neat admonition.

The size of the house does not always show the size of the owner's honesty. You will find, in the course of your professional career, that honesty and dishonesty are not confined to any one nationality or to any station in life, but that there are many very good men and others equally bad among the rich and poor alike. You will, perhaps, mount many a marble step, pull many a silver bell-knob, and walk over many a velvet carpet for well-housed, sumptuously fed, fashionably clothed, diamond-studded patients,—

"With the manners of a marquis,"—

who will turn out unscrupulously fraudulent, and at the same time you will get many an honest fee from others who make no great pretensions and possess but little save their truly honest hearts; it will touch you, to see these come with part of their small pittance to share it with you. Others, who know what it cost to get what they have, know how to hold it, and the demands of fashion are now so great on those who are trying to keep up with it, that many with moderate incomes habitually ignore their physicians' bills in order to aid in keeping up appearances of being worth more than they are. You will see many a man bowed down with debt and despondency, while his trinketed wife and dazzling daughters parade about as gay and as fine as strutting peacocks, indebted to everybody and paying nobody. Artful, double-dealing women will sometimes actually intercept your bills and make it impossible for you to solicit payment from their husbands, unless you resort to strategy and get your bills delivered direct to the latter; and will even then enter the field of falsehood and do everything they can to defer or altogether prevent payment.

Families will occasionally conceal from the person who holds himself responsible for your bill the true amount of service you have rendered, or the actual number of visits you have paid, and thereby lead him to think you have charged very high, or even exorbitantly. Be prepared, therefore, promptly to correct such errors.

The most unsatisfactory and troublesome kind of patients physicians have to contend with are the *unprincipled tricksters*, who, wholly void of moral sense, cheat everybody that affords them a chance, and consider it only an honorable transaction to victimize physicians, and would not cross their fingers to keep us from going to the almshouse. You will be fortunate if you have sufficient tact to avoid having anything to do with those who belong to this class. It is far better courteously, but firmly, to decline to accept as patients those who can but will not pay, without assigning any reason, except that you are "*too*