

*busy,*" or "*I'd rather you would consult someone else,*" than to have to wrangle with them about your fees after your work is done, and maybe, after all, get neither fees nor thanks.

Have your wits about you, and tell Hardnut, Spendall, Dedbroke, Poormouth, Bluffum, Codfish, and other habitual delinquents, who have plenty of money to smoke expensive cigars, go to places of amusement, buy beer, or fill the brandy-bottle, or to furnish their houses like palaces, or to follow the follies of fashion, but *none* to pay the physician,—when they have the temerity to come, with lamentations and a hatful of excuses, to increase their indebtedness,—that they are already as largely indebted to you as you can afford to let them be, but that you are perfectly willing to serve them again *after* they pay you what is already on the books, or a reasonable part of it, or if they will pay you for the new services cash at each visit; and base your position in the matter not so much on the fact that they are in question, as that you are acting in accordance with a regular rule. Such attitude on your part will very probably lead to some more or less satisfactory action on theirs, and thus indicate to you what course to pursue.

In dunning delinquents for fees, it is better to charge them with carelessness in the matter of paying, than with dishonesty.

You will encounter many a person who, although quite amiable during your attendance, will prove very different—maybe as sensitive as the eyeball—when your bill is presented; then,—

"Oh, such vinegar aspect!"

In such cases, take especial care to give no cause for fault-finding with your mode of presenting it. It is a useful precaution to inclose each bill sent by mail or messenger in a half-sheet of blank paper, so as to prevent prying custodians from peering through the envelope and recognizing its contents.

When possible, let your bills be presented direct to the party financially responsible, or to the real head of the family, and say nothing about them to other members of the household.

In spite of all, were you a Solomon and an Angel combined, many patients will find fault, show ill-temper, and meanly quit you, under one pretence or another, when you send your bill or ask for your fee, no matter how or when you do it.

A moderately successful practitioner has about two thousand persons who call him *their* "doctor" (fully three hundred of whom are moneyless or bad pay); and whenever any one of these is suffering from mental or physical ailment, he must share it by head-work and hand-work and heart-work. He must combine all good qualities, and appear the perfection of each to all men, must be bold as a lion with one patient, as patient as an ox with another, and as gentle as a lamb with the next. Self-sacrificing, his own aches and pains must be concealed or go unnoticed,—

"It is a fortunate head that never aches,"—

and, being the slave of the sick public, he must face contagious disease and inhale noxious vapors, miasms, and malaria; encounter the filthiest kind of filth and the worst of all stinks, and perform many distasteful and disagreeable and disgusting duties, amid embarrassments, disappointments, and vexations.

"None but a physician knows a physician's cares."

He must endure all temperatures,—August suns and December blasts; drowned with the rain and choked by the dust, he must trudge, hungry and sleepy, at noon or midnight, while others, oblivious to care, are resting, or being refreshed with sleep; must be with families at all seasons, in death and recovery, in sorrow and joy. A soldier may serve his whole term without smelling powder or even getting within long range of danger. A physician is in continual danger, and when, like a wild and relentless tornado, the swift, gaunt, ghastly, withering epidemic begins its work of death, no matter how great the danger, he cannot flee but in dishonor,—no personal considerations, no domestic relations, no plea whatever can excuse him,—but he must depend on Providence, and, from pure love of humanity, take his life



in his own hands, hazard the danger, and stand (like Aaron) between the living and the dead, in localities filthy and ill-ventilated, to fight the monster —

“With aspect stern and gloomy stride” —

face to face, even though, without reward or expectation of reward, he suffer martyrdom in the conflict, while thousands are falling, like sheep, around him, and other terror-stricken thousands are fleeing for their lives! He must have an eye like an eagle's, a heart like a lion's, and a hand like a lady's, — must combine all good qualities, and appear the perfection of each to all men, and, heaven knows! from the narrowness, and crookedness, and steepness, and roughness of his life's road, he deserves far more generous treatment, and a much more comfortable support, than he receives.

Some one has divided man's life into four periods, and called the first twenty years the period of preparation; from twenty to forty, the period of struggle; from forty to sixty, the period of victory; and after sixty, rest. No fourth period for the physician; his struggle lasts (if he is able to walk, to see, or to hold a pen) until his life ends.

How nice it would be if a physician could retire, with honors and a competence, at sixty, and leave the path open for other and younger men!

“A youth of labor with an age of ease.”

Computed by the ten-hour system, every busy physician does no less than five hundred days' work a year, loses much sleep and many meals, and has to serve numerous masters at all hours, from sunrise to sunrise. Every year, measuring by work, vexations, anxieties, discouragements, and care, the average practitioner has three years of brain-work and mental strain, has to endure all kinds of criticism, does more charity, and then lets his accounts against those who are able to pay run longer than any other person in the whole community.

The trades and common occupations are learned in three or four years; perfection in them is then reached, and the balance

of life is simply a routine employment; not so with us, for in medicine the law is progress, perfection is never reached, and study and mental exertion are never done.

New discoveries teach new duties.

The fact that a physician has to keep up an external show of prosperity, and that many pay their visits with gloved hands and in stylish carriages, leads not a few unreasoning persons to infer that ours is a path of ease, almost a bed of roses; that we drive about during bank-hours, prescribe for a few select patients, receive fees by wholesale, and soon get rich enough to retire and live on the interest; all which is a very great mistake. On the contrary, every older physician knows that after working hard day and night, owing to the difficult collections and the large proportion of the poor, the practice of medicine is neither an Eldorado nor a money-making profession, and that it is almost impossible to get rich by the practice of medicine, unless one have extraordinary professional skill and repute, or be a celebrated surgeon, commanding great fees; or a fashionable favorite, lucky enough to attend groups of patients who have copious and open purses, or a leading specialist, charging what he pleases —

“Their hens lay eggs with double yolks.”

In fact, I know of no legitimate business in which the same amount of capital and time laid out, and labor, industry, and prudence exercised, would not be likely to prove much more lucrative. Other men, — the farmer, the merchant, the mechanic, and the artisan, — successful in their pursuits, can increase their business to any extent by employing additional hands and superintendents. A physician does nothing by proxy, and must undertake no more than he can do personally, and has no gains but from his own individual efforts. Besides, the expense of living and the cost of library and apparatus have all greatly increased within the last few years, and the fees for services have certainly not advanced in the same ratio.



The income of the most successful physicians is far below what is commonly imagined, and many a physician is in a constant state of poverty and debt, even after economising in every direction and foregoing the purchase of many books and instruments which he actually needs. Besides, ours is not a long-lived profession, and many a conscientious, able, time-worn physician dies, and, instead of bequeathing an Aladdin's lamp, leaves those dependent upon him poor and helpless, unless he has acquired money otherwise than by his practice.

After his death, a physician's outstanding bills are rarely collectable. Many a one with a large practice dies, his poor family inherits only a book of worthless accounts, and his estate is found to be scarcely worth administering on; as if they had spent their lives in

"Dropping buckets into empty wells,  
And growing old in drawing nothing out."

According to the mortality tables, the average of the lives of physicians is fifty-six years. If you begin practice at twenty-four, your active-life prospect will be thirty-two years, and from a thousand to fifteen hundred dollars will represent your average yearly income.

"Facts are stubborn things."

Now, were you (through God's mercy) to practice these thirty-two years without losing a single day, and collect (say) eight dollars every day of the time, you would receive but ninety-three thousand four hundred and forty dollars. Deduct from that amount your expenses for yourself and family, your horses, carriages, books, periodicals, and instruments; your taxes, insurance, and a multitude of other items for the whole thirty-two years, and then, so far from being rich, even after this long and active life of usefulness in our important and honorable profession; yea! after a whole life-time of scientific work, mental toil, and of slavery to our unrelenting taskmaster, The Sick Public; from the days of the dirty, unwholesome dissecting-rooms through all life's phases to old age; with not even

the Sabbaths to call your own,—when your harvest is past and your summer is ended you will have but little, very little, left to support you when you reach the down-hill of life, or are broken down in health, with memory worn out, eyes dim, arms' strength and hands' cunning lost, other faculties deteriorated, unfit, unable to work, and in need of a physician yourself.

"Thus they who reach  
Gray hairs die piecemeal."

The physician is, as a rule, so poor a man of business that if he receives money enough to meet his necessities he is but seldom troubled about the balance. Money comes, money goes, and he saves nothing. The writer had a friend, a strong man and an excellent physician, who detested keeping accounts, and was so neglectful about his fees that he kept no systematic register of charges and payments whatever, trusted all to his memory, and rarely sent a bill; the result was that his easy and convenient terms, together with his superior skill, made him extremely popular, and brought him more business than he could do justice to, and kept him overworked day and night, until, at the end of fourteen years, the incessant fatigue, exposure, anxiety, and crowding cares of his overgrown practice ran him off his legs, broke down his giant strength, and he died, almost, as it were, by suicide, leaving his starving wife and unfed children without a dollar—yes! nothing—except painful regret at his improvidence and lamentable lack of business system. He was, indeed, the "pet of the town" while he lived; but how fared his wife and children after his life's work was over?

Be it your duty to self and to others to guard against such a system, or, rather, lack of system; for, while you owe certain duties to your patients, you also owe some to yourself and some to your family, if you have one, and no man should ever sacrifice and neglect either department for the other.

One would suppose that physicians, whose lives are spent in preventing and curing disease in others, might themselves



claim exemption from disease and decay; might turn aside from their own bosoms the arrows which their skill has turned aside from so many others, and attain unusual longevity; but not so. On the scroll of the Icy King of Terrors we are but men like other men, and have no exemption from the common lot; are bound by the same laws of mortality, and, subject to perpetual wear and tear of body and mind; we suffer sickness, we are deprived of health, our bosoms receive the shaft, and we pay the natural debt, and fill an early grave fully as often as other men.

"Death!—great proprietor of all—  
Will seize the Doctor too."

Remember that other business-men's resources and productiveness survive their death or outlast their ability to work, while a physician's gains represent nothing more stable than his individual capacity for labor, and end when he does; therefore, while you are young and healthy determine to put away part of your income as a nest-egg for a rainy day, or to fall back on in sickness, or when old and tired of occupation; for no one knows what ill-luck may overtake him in the course of life, or how dire may sometime be his need for money; furthermore, even if one is lucky enough to remain healthy, it is the dollars saved during the first years of practice that roll up into future competence.

"For age and want, save while you may."

Besides, if your death would leave your loved ones otherwise unprovided for, it would be wise and reasonable to take time by the forelock and provide for them by a sufficient assurance on your life, which can be gotten and maintained at a small cost; then, if you should be taken,

"The widow's heart shall sing for joy,  
The orphans shall be fed."

Beware of investing your earnings in popular speculations, and refuse to go security for other people's debts, etc. Physicians are notoriously unfortunate in such ventures, and they

have caused many of our number to end their days disappointed and moneyless, instead of in comfort with a competence.

A good, honest collector—one who possesses judgment and sufficient tact to wake up hard customers and get money on an easy installment, or other plan, from reluctant and dilatory debtors without irritating and converting them into active enemies—will be found very useful, and is quite necessary if you be too tender or too high-spirited to allow a direct transfer of remuneration from old friends or refined patients, or if you have no time, or are an indifferent collector yourself. Having only business transactions with patients, his interviews with them are *business exclusively*, and he can persevere in his efforts to collect to a degree that you would find unpleasant or humiliating. Many thoroughly honest people are too poor to pay large bills, and if you allowed their account to accumulate from time to time into a large bill they would be unable to pay it, even if they wished, and consequently you would place them in a position of embarrassment. Having a collector prevents this and keeps one's financial department in a healthy condition. It also tends to stimulate those who are habitually slow of payment, and, at the same time, sifts out undesirable patients and erases their names from your list before they run their bills very high.

You should have some specific agreement with your collector, not only in regard to his rate of percentage for collecting, but also as to the conditions under which he is to claim it. Among other things, you should stipulate that he is to make full returns to you once a week, or, at least, once a fortnight; that he is to have no percentage on money paid to you by those whom he has not visited for a month, unless you have at their request stopped him from calling; and that he is to receive nothing on bills placed in his hands if the indebted parties call and pay before he has delivered their bills; in fact, nothing on any bill which he does not in some way assist in collecting.

It is wise to post your books, make out bills, settle with your collector, and, in fact, to conduct all the features of your



pecuniary department as much out of public sight as possible, so that the public may know little or nothing about you except as a medical attendant.

If you adopt some special shade or color for your bills, it will not only make them easy to find when patients mingle them with others, but will also remind those who are remiss or tardy in paying the debt, every time the color arrests their attention and may, by thus constantly reminding them, actually secure or accelerate payment.

The publication of lists (black-lists) of the names of fraudulent patients among physicians practicing in a given area is mutually profitable, as it is a means of debarring those who can pay if they wish from systematically imposing on a succession of physicians, and coercing them into paying and retaining some one. From such lists the deserving poor, unable to pay, should always be omitted.

A good way to get up "The Physicians' Protective Alliance" is to have a meeting of the physicians of your section, and, after organizing, appoint a Publication Committee, to which every member shall, within a specified time, hand a list of the names, occupations, and addresses of able-to-pay patients who have, through apparent carelessness or lack of good principle, owed them bills *unjustly long*.

All these names should be alphabetically arranged and published, in a small, plain, blue, cloth-bound "Reference Book," one copy for each member. Also, have to accompany each book a *separate* printed slip, containing the name of each physician who has given a list, with the number assigned to him by the committee placed before his name:—

1. Dr. John Allen,
2. Dr. Henry Blair,
3. Dr. William Curry, etc.;

these slips to be kept sacredly private, and seen by their owners only. Suppose Dr. James Shaw is No. 16 and Dr. Thomas Wilson is No. 31 on the slip or key. We find among the

delinquents the name of Samuel Adams, plasterer, No. 127 N. Bond Street, with 16 behind it. This, of course, shows that Samuel Adams has been careless or unjustly slow in paying No. 16 (Dr. Shaw) a bill that he owes. If 16 and 31 both appear behind his name, it shows that he is in bad standing with both Drs. Shaw and Wilson, and has been reported by both. The object of such an association should be: *not to forbid* any one who chooses to attend to delinquents from doing so, but simply to tell one another of them, so that any one may either decline to attend them or do so with his eyes open.

The list of names in the book should, for obvious reasons, follow some such inoffensive title as:—

#### THE PHYSICIAN'S PROTECTIVE ALLIANCE.

"BUFFALO, N. Y., January 1, 1893.

"THE FOLLOWING IS A LIST of persons who, through apparent carelessness or lack of just principle, have been indebted to various physicians *unjustly long*:—

"Adams, Samuel, plasterer, 127 N. Bond Street, 16.

"Bowman Daniel, engineer, 479 W. Biddle Street, 23, 44."

Every two or three years a new volume should be gotten up and issued.