

OLDEN, GOLDEN DAYS
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The optimistic planners of the country's health care generally tend to write off this nation's older practitioners in private practice and fee-for-service medicine as mercenary and hopelessly outmoded; they look to a younger generation of doctors (and paramedical associates) as the hope of the future. Medical students and young doctors in hospital training are often alluded to as a new breed—more dedicated, idealistic, socially committed, community-oriented, concerned with humanity and above all, less materialistic than their elders.

Human nature remains more or less constant, but the appreciation and interpretation of it may have changed in the thirty-five years since we graduated from medical school. At that stage, our idealism and dedication were dormant qualities, and certainly less formalized in thought or verbalized in expression. Sociology was a junky pseudoscience, and we had never heard of social commitment. In regard to materialism, we were babes in the woods, for most of us now in practice twenty years or more, the "olden" days were hardly golden ones.

According to administrative sources at the Columbus Medical Center here, the starting salary for interns is \$800 per month (\$500 plus a \$300 rental allowance) and, in addition, board, lodging, fringe benefits and opportunities for overtime work that can bring in an extra \$200 to \$300 monthly. Senior resident salaries in most university hospital training centers today are in the \$12,000 to \$16,000 range. Work hours, apparently, are clearly delineated, and it is the unusual house-staffer whose physical presence is required in the hospital for more than ten hours a day and one night in three, not to mention a liberal week end off-schedule.

In contrast, the starting salary at New Orleans' Charity Hospital in 1939 was board, lodging and \$10 a month. There were no fringe benefits. There was no 5 o'clock whistle and, except for an annual two-week vacation, hospital responsibilities were continuous; time off was something to be arranged through mutual coverage on a catch-as-catch-can basis and varied with the demands of a particular service.

A year later, in 1940, embarking on a five-year, specialty training program at Cornell's New York Hospital, our starting salary was board, lodging and nothing a month. If one was fortunate enough to survive the pyramidal system of advancement then in effect, as a fifth year resident, the pay would rise to \$10 a month. We were required to be on duty every day and every other night and, married or single, on our nights "off" were expected to be back in the hospital by midnight. We were expected to make rounds on all of our semi-private and pavilion patients before breakfast, in mid-afternoon and again after supper daily. We did all the histories and physicals, performed all the routine lab work (blood counts, hematocrits, urinalyses and PSPs), started all infusions and transfusions and drew all samples for special blood studies. (Lab technicians then were

people who worked in laboratories.)

Aside from the usual amount of good-natured and sour-grape griping that accompanies any such regimented routine, we don't recall that any of us felt unduly put upon. In fact, as was the case at all top grade training centers enjoying national reputations for excellence, we felt extremely fortunate at having been selected and quite privileged to be there.

There were twenty-three of us in the residency program; only eight were married and one of the married couples had a child. Money for living expenses and entertainment came from two sources—the family back home or a working wife. On those infrequent occasions spent away from the hospital, we traveled on foot or by subway and knew where to locate the 5-cent hamburgers, the 10-cent beer, the 35-cent whiskey, the \$1.00 steak dinners and every free admission show, exhibit and concert on Manhattan Island.

It was on one such occasion that we met Francis Xavier Boyle. A classmate, Harley Shands (now Chief of Psychiatry at Roosevelt Hospital) was visiting New York on a weekend. He had come up from the Medical College of Virginia in Richmond where he made \$15 a month. We were out on the town and standing at the bar of a popular Greenwich Village spot called Cafe Society Downtown. We had found that bar standing provided a convenient way to avoid cover and minimum charges and, with proper timing, to see an entire floor show for the price of one slowly consumed drink. On this particular evening, even the drink was free, courtesy of Mr. Boyle standing next to us. Boyle was a friendly, entertaining and effusive elderly gentleman. (He must have been at least 40 years old.) He claimed to be head of the New York Bartender's Union. Besides the free whiskey, he entertained us with an account of his most recent hospitalization. He knew a lot about doctors and was very fond of them, but he thought us unbelievably stupid.

"You guys have gotta be nuts," he said. "Three years in pre-med, four years in med school, and two years of training, and here you are working your ass off for not even peanuts."

We thought he was hilarious and agreed with everything he said, especially since he kept the free drinks coming.

"You people are being exploited. Someday some smart cookie will get wise, get you organized, and put the squeeze on the hospitals. Jeez! If I didn't have it so good in this racket and could spare the time, I'd do it myself."

At the time, we felt a little sorry for Boyle. He didn't really understand about doctors and the profession of medicine. We tried, but couldn't quite explain it to him, probably because we were of a cynical generation and never thought in abstract terms of dedication, idealism, commitment, community involvement and service to humanity. Furthermore, serving in a couple of choice residencies, how could we feel exploited?

But apparently in the intervening years, someone did get wise. Maybe old Francis Xavier himself found the time later on and got things moving. At any rate, these days it sometimes seems that the shoe is on the other foot; that hospitals are being exploited by a

new generation of physicians. Medicine's glowing new future will soon be in their idealistic, non materialistic hands. In another thirty-five years, they may look back on their own olden days as the last, truly "golden" ones, and wonder how it all happened.

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