

[The Interne Remarks]

Beliefs and Customs - Folk Stuff 19

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THE INTERNE REMARKS

1. City Hospitals get all the “crocks”...that is, patients who are really what we call chronic, medically typified as chronic, heart disease cases and others for which cures are unknown, and the only treatment, therefore, is palliative ... for instance, cancer patients who are pretty far gone ... they really have no place in a hospital, but should be at home ... Because of lack of attention they may feel neglected, and when anyone does come around to treat them they may possibly think that they are about to be “knocked off” ... That, at least, is the only explanation I can think of for the myth of the “black bottle” you mentioned just now, though I personally have little knowledge of it. At any rate, you can be assured that the myth, if it exists, is just that and nothing more.

2. Many things a doctor does, and has to do, is psychological ... especially with “crocks”, children, and nervous patients. Some patients, for example, come into the hospital and there is no actual treatment to be given for a number of days, during which time the diagnosis is made ... but if they're not given some sort of medicine, and this applies chiefly to private cases, they feel they're being gypped. So the doctor gives them a placebo (pronounced Plaseebo), a sugar coated pill, or flavored water, to make them feel good. Color in medicine, you know, has one value only, and that is when the doctor prescribes more than one medicine, so as to distinguish the kind. As far as curative value is concerned, there is none, since all colors are syrup, and are used mainly to make the medicine palatable for kids.

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3. There are many evils arising out of the system of private practise which would quickly be eliminated if medicine was socialized. In itself, you know, medicine is the most social profession there is. I'll tell you a little more about that later on. But you know, one big thing the average layman can't get in his head is the fact that no matter what is wrong or right with him, when he calls the private doctor, that doctor's job is not so much to help the patient as it is to make the patient feel that the doctor is earning his two dollars. You call a doctor, for example, and tell him you have a cold. In all probability you pay him his fee, when he calls, for telling you what you just told him. You can treat a common cold just as well as he can, and if that's what the case is, under socialized medicine, that is if he's a real doctor, he would say you have a cold and goodbye. But under private medicine that's not enough. He has to earn his two dollars. Therefore he gives six prescriptions to prove that his knowledge is important, and he may make a case of pneumonia out of a common cold. Remember, the doctor is selling knowledge that is intangible, whereas a prescription is something ordered over the counter ... And on the other hand, consider the cases that occur where the symptom may seem to indicate only a cold, but the person hasn't got the two dollars to go to a doctor or can't afford to throw away money on something trivial, while actually an expert opinion will prevent the ravages of serious illness by making a correct diagnosis ...

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4. If you're looking for interesting characters, let me tell you about "Zucky", our ambulance-driver. Zucky's been driving but about 15 years and he's seen thousands of patients in all stages of illness, so naturally he's an expert. He takes one glance at an emergency case and says "OK, Doc,-cardiac!" or "OK, Doc-phlebotomy!" Zucky knows all the technical terms, and he is naturally very cheerful, so it's great to have him around. Whenever the interne proceeds to insert the needle to draw blood, Zucky instructs the patient how to make a fist, takes his pulse and says "Pretty good" ... and in cardiac cases, he'll usually sit around with the relatives and cheer them up. "This his first attack?" he'll ask them. And he'll reassure them: "He'll get over it, they always do". And he'll relate stories of other

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cases, and say "We did this ... we did that" ... But Zucky's in his prime when he gets an emergency maternity case ... I'll tell you about one experience I had with him ...

When you get an emergency call on the bus, you know, the interne's judgement reigns supreme. On a maternity case he has to decide whether he should deliver her at home or take her to the hospital. Of course all the necessary equipment is on the bus, but if the case is a difficult one, a heart case or something of that sort, it's always safer in the hospital. Once I had an emergency call, and found it was a maternity case that was just about on the borderline - I could have delivered her right there but I decided to bring her to the hospital, because it's always best to do so if you can. Incidentally, there's a custom that if an interne is forced to deliver in the bus while on it's way to the hospital, in other words if he's been guilty of a mistake in judgement, he has to treat the whole interne staff to beer and sandwiches. Well, I had this patient, and Zucky was driving, when I saw she was beginning to bear down. So I hurriedly whipped out a can of ether to stop the contractions a little and I palpated to see how far gone she was. Zucky hollered out: "How many fingers, Doc?" I said "3 1/2". When it's four fingers then you know she's ready to deliver. So Zucky knew at once what the situation was. "OK, Doc!" he sang out, and he started the siren going ... of course, I ought to tell you that Zucky loves to blow his siren, even without an excuse, it gives that sense of power that typifies most of the bus-drivers ... and we raced against time to get the woman to the hospital. Well, we made it, and I saw her into the elevator, and was making out my slips on the case, when a nurse came over to me and said: "Hey, she just delivered in the elevator!" ...

5. Speaking of nurses, they are a very such maligned group. Not only are they overworked and underpaid, but they are constantly spied upon, even at their own parties or affairs which they may hold outside the Hospital. One swell character, speaking in reverse English, is a Superintendant of Nurses here, an old lady who attends all the nurses' functions merely to see that they don't "smoke, drink, or neck", as she bluntly puts it herself. I was told by one of the nurses once that the Student Government, that is, the nurses' own association, ran an affair and didn't care to have any of the Supervisors

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present, but invited the Superintendent and her immediate Assistant 5 as a gesture of courtesy. When the Superintendent received her invitation, she asked "where are the invitations for all the other Supervisors?" So when the nurse told her that the student body decided not to invite them she replied that there was no Student Government except in name, and that she would decide who was to be present and who was not. That's just an indication of the kind of regime nurses live under. "Scouts", as they call the spies, are everywhere of course. When a nurse does anything the supervisor doesn't approve of, she is "Campus" ... which means she is confined to her room for as many days as the supervisor decides, and cannot leave it except at mealtimes. Later, of course, she has to make up the lost time. Under such conditions, you can understand why the general attitude of all workers up to the interne is antagonistic toward that fine doctrine of "service to humanity" which excludes the hospital workers themselves from human consideration. Of course, many of the workers, particularly the old Tamany type, feel this resentment about inhuman conditions of work but are equally antognistic toward union organization, and like to beef as individuals, or else look at the whole situation from the angle of "pull" ... which is true enough of the Tamany people, who got their jobs that way in the first place...