

Letter from . . . Chicago

Year of the Dragon

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The dragon, arriving last February, was greeted with floats and fireworks and great jubilation. Being thus propitiated, he lived up to his reputation (of honesty, bravery, strength, and a vapour signifying an end to economic difficulties) and behaved fairly well. He cannot, therefore, be blamed for the trouble with Medicaid; for the horror of drugs being advertised to children on television; for the undue influence of the pharmaceutical industry on the prescribing habits of doctors; nor indeed for the persistent erosion of the public sector of medicine. Yet all over the country municipal hospitals are in trouble; and faced with obsolescent physical plants and fiscal difficulties, some have closed down, others have been discredited, and others have been drastically reduced in size. In Philadelphia, Mayor Frank Rizzo last year abruptly announced that he was closing the General Hospital, an institution older than the Republic itself; and other famed hospitals that once were the hub of American medicine also face an uncertain future.

The private sector, by contrast, appears to be flourishing; its hospitals are constantly expanding; and Chicago recently saw the inauguration of a \$24.5m new academic facility for Rush Medical College, the oldest as well as newest medical school in the city. Established in 1837, two days before the city of Chicago was incorporated, Rush Medical College has trained in its time over 10 000 doctors, with its faculty boasting such names as Bertram A Sippy of the ulcer diet; James B Herrick of coronary thrombosis and sickle-cell anaemia; Frank Billings of focal sepsis fame; and John B Murphy, the surgeon remembered for the modern treatment of appendicitis, the Murphy button, and the kidney punch. The school suspended its operations in 1942, but its charter was reactivated in 1969, and already it has graduated four classes of students. Its new medical school building is unusual in that it straddles the Chicago transit system so that the trains actually run through it. The inauguration took place in September, in the presence of Chicago's late mayor, Mr Richard Daley, who in 1974 had a carotid endarterectomy at the school's teaching hospital, and of Dr Alexander Rush, a descendant of the Benjamin Rush who signed the Declaration of Independence—and whose advocacy of venesection and purgation during the 1793 Philadelphia epidemic of yellow fever brings to mind the story of Clara Maass.

Clara Maass

Born in 1876, Clara Louise Maass was the oldest of nine children whom from the time she was a child she worked to help support. Graduating from the nursing school of the Newark German Hospital in 1895, she enlisted as a contract

nurse with the United States Army at the outbreak of the Spanish-American war and nursed the sick and wounded soldiers in the South and in Cuba. In 1899 she volunteered for service in the Philippines and underwent the hardships of war, nursing men afflicted with typhoid, smallpox, and yellow fever until an attack of dengue cut short her tour of duty. On returning to Cuba she was assigned to the Las Animas Hospital, where doctors were testing the theory that yellow fever was transmitted by mosquitoes and that contracting the disease in a mild form conferred immunity. In response to a call for volunteers Clara Maass twice offered herself to be bitten by infected *Stegomyia* mosquitoes. The first attack was mild and she recovered; but the second experiment produced a virulent illness, with jaundice and gastrointestinal bleeding. She died on 24 August 1901, at the age of 25, ten days after the last inoculation.

In Cuba she was honoured on the 50th anniversary of her death with a two-cent memorial stamp. In the United States the Newark German Hospital eventually changed its name to the Clara Maass Memorial Hospital; but further recognition needed a 30-year-long campaign by public-minded citizens and physicians, joined later by nursing journals and organisations, and by Dr Fernando Lopez-Fernandez, the former director of the Las Animas Hospital. At last, on 24 August 1976, the United States issued a 13-cent stamp bearing the inscription, "She gave her life," a fitting homage to an unsung heroine.

Bank robbery for pleasure

Also remembered last year, though for less heroic actions, was the now 76-year-old ex-bank robber Willie Sutton, who spent most of his life breaking into banks or out of jails. Though never a member of organised crime, he robbed in his time almost one hundred banks, took over \$1m in booty, served a total of 35 years in prison, and successfully broke out of three maximum security institutions. He was a master of disguise, making up his face with false beards and plastic noses and affecting odd limps and peculiar mannerisms for which he acquired the underworld nickname "The Actor." To medical students, however, he is less known for these exploits than for Sutton's Law, the direct approach in diagnosis, based on the story that when asked why he robbed banks, he replied, "Why, that's where the money is."

In his autobiography,¹ however, Mr Sutton modestly disclaims credit for his law and maintains that he robbed banks for enjoyment, with money being only the chips. The law he attributes to Dr William Dock, who once made an astute diagnosis of schistosomiasis in a Puerto Rican girl with liver disease, and to Drs Paul Beeson and Robert Petersdorf, who later popularised the dictum in the context of pyrexia of unknown origin. To this day, thousands of medical students learn Sutton's Law as epitomising the direct approach over the roundabout method of diagnosis by exclusion.

Still on the subject of robberies, and this at a time of increasing concern over the confidentiality of personal documents, at least eight people were recently charged with stealing medical records from hospitals. The accused were employees of Factual Services Bureau Inc, a company specialising, according to letters sent to

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insurance companies and lawyers, in securing medical records and information without patients' authorisation. Posing as priests, doctors, nurses, police officers, revenue agents, or welfare workers, they often gained admission into the hospital record libraries. Sometimes they would bribe the clerks or librarians; and sometimes, dressed as doctors, with white coats and stethoscopes, they would appear in the middle of the night irately demanding the records of a patient being readmitted. These documents were apparently given to lawyers or insurance companies and were used to persuade patients not to sue or to accept the lower settlements by threatening to reveal compromising information such as previous treatment of venereal or psychiatric disease. With tens of thousands of records thus being surreptitiously obtained, it looks as though anything you tell your doctor may be held in evidence against you.

Controversial legislation

In October President Ford signed into law the Health Professional Education Assistance Act of 1976, a piece of legislation previously the subject of intense debate, with some of its provisions being violently opposed by the medical profession. The Bill in its final form represents a compromise, with many of the earlier provisions being deleted. Among the omitted items were requirements for students to serve in physician-shortage areas, strict government control over residency programmes, and obligatory affiliation of all hospital residencies with medical schools. In its present form the Bill provides for capitation and development grants to medical schools, loan and scholarships assistance for students, construction loans and support for health research, and the authorisation (though not necessarily the funds) to spend large sums of money on designated "health manpower shortage areas." In return for capitation grants, medical schools must expand their programmes so that by 1977, 35% (and by 1980, 50%) of filled residency positions are in the primary care disciplines of general internal medicine, general paediatrics, and family practice. The legislation will restrict the entry of foreign physicians into the US by eliminating immigration preferences and by requiring competence tests in English as well as the passing of the two parts of the National Boards Examinations, with only exchange visitors being exempt. In addition, funds may be withdrawn from schools refusing to accept as transfer students Americans enrolled in foreign medical schools, a provision viewed as unfairly favouring those who could afford to do so in the first place, as well as circumventing established selection mechanisms.

All in all, the legislation aims to increase the number of American primary care physicians, this at a time when possibly too many doctors are already being trained. Their number rose from 149 per 100 000 of population in 1950 to 173 in 1973, and could reach 218 by 1985 (with corresponding figures being 135 for Britain, 140 in France, and 180 for West Germany). With many people now questioning whether producing more doctors will ensure better overall health, a recent report from the Carnegie Foundation recommends instead that the Government should adopt a stable policy towards funding medical education, avoid frequent legislation changes, use incentives rather than controls to correct maldistribution of physicians, encourage entry into primary care, and promote health education of the public. In a similar vein, others have warned against diverting another \$50 billion (or 4% of the gross national product) into health care, recommending instead that "serious consideration be given to reducing the rates at which the health manpower pool is increasing."²

Strikes and deaths

Other developments last year included continued friction between hospital workers and administrators, manifested by a series of strikes and by several controversial firings of hospital

physicians. In Philadelphia, the legionnaires' disease claimed its last victim, and the 750-room Bellevue-Stratford Hotel closed down after 72 years' operation, having suffered losses of nearly \$1m because of the adverse publicity associated with the mysterious disease. In Boston, the state supreme court overturned the verdict convicting Dr Kenneth Edelin of manslaughter for performing an abortion on a 20-24 week pregnant woman. And in Chicago died Morris Fishbein, another Rush graduate, editor of *The Journal of the American Medical Association* for 26 years, an extraordinarily influential and versatile man, who will long be remembered as an author, historian, critic, and spokesman for the profession. A brilliant after-dinner speaker, he firmly believed that government should be kept out of medicine, and remained active until one week before his death at the age of 87. His friends testify that he never lost his temper, that he was the most accessible of men, and that he read so quickly that once being asked to review a 1500-page book, he not only read it in three-and-a-half-hours, but also corrected the English in several spots.

Also in Chicago, on 20 December, died Mr Richard J Daley, at the age of 74, from a massive acute myocardial infarct. Mayor of Chicago since 1955, he had served for six consecutive terms, dominating the city's life for a generation as chairman of the local Democratic party and as undisputed boss of one of the last true political machines. His influence on the national scale was considerable, and his ability to deliver the Illinois vote to prospective presidential candidates made him somewhat of a modern kingmaker. Though often criticised for being the autocratic boss of a one-party city, he was an effective leader, responsible for much development and construction, for running a well-administered city, for maintaining a balanced budget, and for making Chicago one of the few northern American cities that actually works.

So much for the varied influence of the Chinese dragon. The Northern dragon, though generally more vicious and malignant as he flies through the night breathing a great circle of fire, sent two Nobel prizes to Chicago. And the Southern dragon, always in trouble with Saints and angels, and notorious for his anti-social habit of devouring innocent maidens, had in the past confined his activities to the Mediterranean and Middle East. His political views are unknown. That he lent support to the presidential candidate from the South is mere speculation. Nevertheless, as we move into the year of the serpent, America has been promised a new administration of compassion and faith and trust and humanity, though combined with bravery and strength and an end to economic difficulties, which after all are merely the qualities of the departing dragon from the Chinese calendar.

References

- ¹ Sutton, W, *Where the Money Was*. New York, Viking Press, 1976.
- ² Morrow, J H, and Edwards, A B, *Journal of Medical Education*, 1976, **51**, 791.

A patient with reduced vision in the left eye has been found to have asteroid in large quantities in the vitreous, sufficient to prevent a clear picture being taken of the retina. What, exactly, are asteroids? Is there any treatment, and what is the prognosis as regards extension to the other eye and the possibility of increasing impairment of vision?

Asteroid bodies are small, white spherical or disc-shaped opacities in the vitreous that are commonest in the seventh and eighth decades of life. Both eyes are affected in only 25% of cases. The bodies are composed of calcium soaps and are seen to contain crystals by polarised light. Their origin is unknown but they are sometimes associated with diabetes. It is unusual for asteroid bodies to have any serious effect on vision. Amyloid deposits in the vitreous, which are usually larger and veil-like, may, however, seriously reduce vision, and this diagnosis should be considered.¹

¹ Ferry, A O, and Lieberman, T W, *Archives of Ophthalmology*, 1976, **94**, 982.