

SOME PHYSICIANS' FEES *

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Most of those who write of physicians' fees cite the tremendous sums which they and others have collected, causing the reader to lick his lips inwardly at the contemplation of the beautiful series of zeros, nicely arranged in sets of three. One is reminded of a line by the poet Tennyson, written in another connection: "Oh, what a charge they made." The authors usually conclude that medicine is a noble and altruistic profession and that the beautiful sacrifice of the service is its own reward.

Among primitive peoples, the priest was lawyer, judge, physician and chief source of communication with the Almighty. He invariably lived off the fat of the land. He was, in fact, a government employee of a high order with all the rights and privileges that such service includes.

The Code of Hammurabi (2250 B. C.), familiar to every physician at all interested in the history of medicine, was probably the first fee bill. This contains the clause with reverse English of which so much is frequently made by humorists: failure of the physician was requited with repetition of the surgical procedure on the body of the physician himself. This fee bill also has the distinction of making one price for gentlemen and another for the poor and slaves. It is not specifically recorded that any physician occupied a distinguished place in the Babylonian community.

Among the Greeks and Romans the rank and file of physicians probably made but a meager living. Now and then mention is made of some super-physician, who, being lucky, succeeded in receiving a large fee from a rich patient or in piling up as much as the equivalent of \$10,000 per year. Among the Greeks was developed the city physician who worked on a fixed salary. Democedes was paid \$1,500 a year by the Æginetans, later \$2,000 by the Athenians and finally at Samos he rose to about \$2,200. Whether or not that would buy more than in these times is open to some doubt. Here and there a big fee is mentioned: Manilius Cornutus paid his doctor \$10,000 for curing him of a skin disease. Galen cured the wife of a consul "of what she had" for about \$2,000.

Among the Arabians the practice of medicine was intimately associated with the practice of magic and actual knowledge was closely associated with the display of weird incantations and the faker's

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tricks. The favorite physicians of the Commander of the Faithful were naturally kept well supplied with food, coin of the realm and an attractive harem. It is interesting to read that one Batschua estimated his total fortune in fees at \$10,000,000, which might be accounted a fair sum even in these days.

In the Middle Ages the physician separated himself from the priesthood, but he was not yet entirely separate from the position which made him a sort of retainer to the nobility. Such physicians were paid as retainers are commonly paid. Thus John of Arderne operated on a gentleman for fistula in ano and collected 40 pounds with robes each year and an annuity for life of 100 shillings. At about the same time (1224) Frederick II had established a fee of about 35 cents for office visits, \$3.00 for calls out of town, the doctor paying his own expenses, or \$2.25 if the patient paid them. The purchasing power of money was perhaps twelve or twenty times what it is now. In 1415 an archer received 6 pence per day, a day laborer 1 penny and a surgeon 12 pence in military service. In addition, the surgeon was granted 66 pounds quarterly. Relatively, the pay was far more than military surgeons receive anywhere today. In Elizabethan times the average fee was 13 s. 4 d., but the physician was accustomed to drive a separate bargain in each case and to collect in advance if possible. The *Levamen Infirmi* (about 1700) says that the fee due to a graduate in physic is about 10 shillings, though he commonly demands 20 shillings.

The fee of the physician, just as the price of other commodities, is related definitely to the coinage of the day. In 1660 the guinea came into use in England and became at once a standard fee. Although no guineas have been coined since 1813, it still remains a standard fee and is used in sending bills by lawyers, doctors and horse dealers. Radcliffe, and following him, Mead, charged patients one guinea when they saw them and gave advice. In the evening they would meet the apothecaries who would describe the symptoms of the patients. The physicians would then write prescriptions for half a guinea each. The guinea was the regular consultation fee until 1870, when two guineas became the fee. For out of town trips, travel being difficult, one guinea a mile extra was charged, but when the railroads came in this was reduced to two guineas for three miles.

The country practitioner of early modern times was accustomed to base his charge largely on the drugs supplied. He therefore adjusted his economics by putting up each dose of medicine in a separate bottle, and the patient would receive twelve bottles, each with a pill nicely balanced on the cork.

But even in these times the ideas of the Code of Hammurabi were still dominant in the minds of the laity. Says an old English decision:

"Feb. 2, 1575. Here came one W. Goodnep and complained of Wm. Clowes for not curing his said wife de morbo gallico and it was awarded that the said

Clowes should either give the said Goodnep 20s or else cure his said wife, which Clowes agreed to pay the 20s and so they were agreed and each of them made acquittance to the other."

Obviously the fee is very small for curing *de morbo gallico*, as any good genitourinary surgeon of today will testify.

In Ireland, about 1620, Thomas Arthur, as described by Dr. Walsh, kept a fee book. Among the first entries was the curing of Charles Burke of a gonorrhoea for which 2 pounds was paid in advance. The money would buy at least fourteen times what it will buy today. But at the same time we may have our doubts as to whether Mr. Burke was really cured. We can have no such doubts regarding the case of William Greatrakes, whose "abdomen for twenty years has been so distended by a hypochondriacal flatus (*sic*) that for half an hour each day he remained immobile and without being able to talk until by the help of nature the diffusion of the flatus would occur by innumerable breakings of wind and belchings, at length the abdomen would reduce its swelling and he was able to go on with the ordinary duties of life." The cure was brought to a successful conclusion in two years and the fee was 2 pounds. It was worth more. Dr. Arthur's fees for a number of years totalled annually 74 pounds, 75 pounds, 46 pounds, 58 pounds, 71 pounds, 86 pounds, 105 pounds, 140 pounds, and, finally, in 1632, 300 pounds. This indicates that perseverance invariably pays.

In the early part of 1700 a certain Mr. Pulteney was taken ill at the house of his friend and school fellow, the first Lord Chetwynd, at Ingestree in Staffordshire, where he lay a long time most dangerously ill of a violent pleuritic fever. . . . "The illness cost him about 750 guineas in physicians, and his cure was effected at last by some small beer. Dr. Hope, Dr. Swynfen and other physicians from Stafford, Litchfield and Derby were called in, and had about 250 guineas of the money. Dr. Friend came down post from London with Mrs. Pulteney, and received 300 guineas for his journey. Dr. Broxholme came from Oxford and received 200 guineas." Since the illness cost Mr. Pulteney around \$4,000, it may be interesting to note its conclusion. "When these physicians, who were his particular friends, arrived, they found the case quite desperate and gave him entirely over. They said everything had been done that could be done. They prescribed some few medicines, but without the least effect. He was still alive, and was heard to mutter in a low voice: 'Small beer, small beer.' They said: 'Give him small beer or anything.' Accordingly, a great silver cup was brought, which contained two quarts of small beer. They ordered an orange to be squeezed into it and gave it to him. He drank the whole at a draught, and called for another. Another was given him, and soon after drinking that he fell into a most profound sleep and a most profuse sweat for nearly twenty-four hours. In him the saying was verified, 'If he sleep, he shall do well.' From that time he recovered marvelously, insomuch that in a very few days the physicians took their leave, saying that now he had no want

of anything but of a horse for his doctor and of an ass for his apothecary." The latter saying is attributed to Dr. Broxholme. Radcliffe records that he had not been settled one year in London when he got 20 guineas a day for his practice.

Broxholme is a very interesting character. One finds his name mentioned by all the diarists of his period, especially Sir Horace Walpole, who says in a letter dated July 25, 1748:

You have seen in the papers that Dr. Broxholme is dead. He cut his throat. He was always nervous and vapoured; and so good-natured that he left off his practice from not being able to bear seeing so many melancholy objects. I remember him with as much wit as ever I knew; there was a pretty correspondence of Latin odes that passed between him and Hodges.

Everyone who mentions Broxholme comments on his great wit, but none of the writers mentions anything that Broxholme said. A thorough search has failed even to reveal the Latin odes that are mentioned.

In 1636 the Assembly of Virginia passed an act providing that those who had served apprenticeships as surgeons and apothecaries should receive five shillings a visit, and university graduates ten. These bills were usually paid in barter for goods of various sorts. Dr. Isaac Rand, a Boston physician, who began practice in 1764, kept an accurate series of books. His brother-in-law, Dr. Ephraim Eliot, wrote:

I found the fee for a visit at his first commencing business was one shilling and six pence. It was afterward increased to two shillings. Dr. Lloyd, and perhaps some others, demanded half a dollar, but their practice was among such as were in higher life. Midwifery was at a guinea; capital operations about the same; and the patients were charged with after dressings as visits. The first fees established by the Massachusetts Medical Society about 1791 were half a dollar for a visit, if in consultation, a dollar; rising and visiting after 11 o'clock and previous to sun rising, a double fee; cases in midwifery, eight dollars; capital operations in surgery, five pounds lawful money; reducing a dislocation or setting a fractured bone, one guinea; small operations in surgery, according to circumstances; bleeding and opening abscesses, half a dollar; extracting teeth, the same, if a person called on the doctor; if not, a fee for a visit was added.

At about the same period of time physicians of New York City were doing a bit better. The first fee bill of New York State physicians, published in 1798, requests for verbal advice \$5.00, a letter of advice \$10.00, an ordinary visit \$1.00, and a visit with medicine \$1.25. Consultations were \$5.00 and subsequent calls on the same patient \$2.00. Night visits were \$5.00; for going to Brooklyn \$3.00 extra was charged, and for going to Staten Island \$10.00 extra, but these charges were doubled in bad weather. Perhaps it was not considered such a great hardship to go to Brooklyn in those days.

In the growth of the Middle West the early history of the settlement of New England is repeated. Dr. L. F. Frank, in his *Medical*

History of Milwaukee, notes some extracts from the diaries of two old German physicians. In a frontier country currency is scarce. Thus from one diary in December, 1842:

16 office visits at 37½c.....	\$ 6.00
Solutions and powders.....	2.52
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	\$ 8.52

Paid by receiving a stove.

And this from another diary of July 29, 1853:

19 visits at 50c.....	\$ 9.50
2 oz. syrup of rhubarb.....	.25
Opening abscess of breast.....	1.00
Pencil fluid50
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	\$11.25
Received 18 yds. of cotton for underwear at 11c..	1.98
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Balance	9.27

In 1868 the Milwaukee City Medical Association adopted a fee bill. Some of the significant items are:

For office prescription, dressing simple wounds, vaccination at office	\$1.00	
For examination at office and verbal advice.....	1.00	\$5.00
For letter of advice.....	5.00	25.00
For ordinary visit.....	2.00	
Night visit after 10 p. m.....	5.00	10.00
Two visits a day.....	3.00	
Extra visits per day, more than two, each.....	1.00	
Consultation	5.00	10.00
Smallpox, first visit, \$5.00; extra visits.....	3.00	
Outside of town, per mile extra.....	1.00	

A later fee bill, May, 1883, mentions excision of tonsils, at \$15.00; remaining all night at \$15.00, and extra hours sitting with patient during the day at \$1.00 each.

Fee bills make dry reading, but they are in many ways significant of the status of medical practice of their time. Thus the New York fee bill of 1798 mentions extirpating of the tonsils at \$25.00, while the Milwaukee bill of 1883 mentions excision of the tonsils at \$15.00. The proposed Chicago Medical Society fee bill of 1920 says: Tonsillectomy, adenectomy, etc., \$50.00 to \$500.00, thus showing growth etymologically, philologically, scientifically and economically. The New York fee bill of 1798 says: "Curing syphilis, \$25.00 to \$100.00." And the reader will remember that in 1525 Wm. Clowes guaranteed to cure *de morbo gallico* for 20s.

In 1861 Dr. Lucien Cheney was appointed city physician of Chicago at an annual salary of \$600.00, and for this he agreed to furnish all medicines required. The city at that time had a population of 138,136 people. Democedes started in at \$1,500.00 a year thousands of years before.

What do these figures and facts mean? Do they mean anything? Probably they simply demonstrate that physicians of the past, just as of the present, were paid not for something tangible but for service. And service includes many things that pertain to the individual. It includes knowledge and experience and reputation. Besides all these, it includes the patient's faith in his physician. Fee bills are delicate things because it is quite difficult to place money value on service.

Much of the material included in this paper is based on the textbook, "History of Medicine," by Dr. Fielding H. Garrison, and on papers by Drs James Walsh, D'Arcy Power, and others.