The physician at the movies
Doctors in the movies

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Doctors have not been featured very much in recent movies, and when they appear have been mostly portrayed harshly. This is in sharp contrast to earlier times. Richard Malsheimer estimated in 1988 that doctors were characters in half of about eight hundred films made in 1949 and 1950 but in only twenty-five cases they were portrayed as bad persons. Revisit with me two previously lost 1930s RKO films in which doctors are the central characters. Like Meet Doctor Christian, both are unalloyed paens to the selfless country doctor who goes out in all kinds of weather and gets paid in potatoes, thus setting the stage for paying primary care doctors peanuts compared to their specialist brethren. Dennis Millay, the programming director at Turner Classic Movies (TCM), was part of a team that found and preserved them. Not yet available, they will be shown on the TCM network throughout 2007. The films show the growing importance of specialists and big medical centers, as well as the devastating effects of epidemic diseases and the hazards of childbirth. They can be seen as sociologic equivalents of archaeological digs, showing how far we have come in the provision of medical care, good antidotes for those who like to whine about how bad things are today. They are also affirmations about the need not to forget the human aspects of our patients amid all our scientific progress.

One Man’s Journey (1933)

Starring Lionel Barrymore, Joel McCrea, May Robson, Dorothy Jordan and Frances Dee.


Lionel Barrymore, who later played Dr. Gillespie while wheelchair-bound with rheumatoid arthritis in the Doctor Kildare films, is Dr. Eli Watt, who has returned with his six-year-old son Jimmy (Buster Phelps) to his old hometown. Once considered the most likely to succeed, he is now a destitute widower, whose wife died in childbirth. He borrows $250 and hangs up a shingle. His dinner is interrupted by McGinnis (David Landau), who asks him to come and deliver a baby in return for two sacks of potatoes. Dr. Watt delivers the baby, but when told that it’s a girl, McGinnis complains that girls are no good on the farm. Dr. Watt tells McGinnis that his wife was too far gone to save, and the farmer tells the doctor to get out before he kills him, gives him the baby, and throws his bag out the door. With the help of Sarah (May Robson), an older widow, Dr. Watt raises his son Letty, but on her fourth birthday, the father comes back for his daughter.

Dr. Watt continues to serve the indigent, although his son wonders why patients don’t call during the day. The doctor gives patients money to pay for X-rays even though he doesn’t have enough to pay the mortgage. Then smallpox appears. Saying that “smallpox thrives on dirt,” the doctor tells people to scrub everything down, including themselves, and vaccinates everyone in the town, using a church as his clinic. Jimmy now grown (Joel McCrea), says he wants to be a doctor. Dr. Watt replies, “Be a specialist; don’t be an old country hack like me. I wanted to do research work in neuropathology but I couldn’t afford it.”

A few years later, Letty’s (Dorothy Jordan) drunken boyfriend Bill (James Bush), the son of the banker, crashes his car after she had reluctantly agreed to have sex with him. Dr. Watt administers first aid to the young man’s broken arm, then sends him to the nearest hospital where Jimmy is interning and Dr. Babcock, a general surgeon (Sam Hinds), comes from New York to do the surgery. Afterwards, they have a smoke (as they usually do after operations in ’30s movies) and Jimmy commends the surgeon, who deflects the praise, saying that it was the quick work by his father that saved Bill’s “arm and his life.” Watt says he’s just been a backwoods doctor for nineteen years and that every doctor should go back to school every five years. Dr. Babcock invites him to go to New York to study general surgery and neuropathology but Dr. Watt says that he’s too old and, besides, he is sending his son to Vienna for two years. As I note in my book, Vienna was a favorite place for doctors to go to for postgraduate medical training in ’30s and ’40s films (see Men in White, Dr. Monica, King’s Row and Miss Susie Slagle’s).

In a minor subplot, young Dr. Jimmy Watt returns to the hometown and falls in love with Joan Stockton (Frances Dee). She becomes tired of his always going to meetings to advance his career and tells his dad that she can’t marry him “because he isn’t kind, like you. He’s like a machine and it’s hard to love someone like that.” The elder Watt says that Jimmy never had a mother and asks her to reconsider. In another subplot, as is the case in films of that era, Letty’s one night of passion leads to a pregnancy. So when the banker balks at paying Watt a fee, the doctor tells him that he must permit Bill to marry Letty or he will have to report the circumstances of the accident to the police.

Years later, Letty gets sick and faints after seeing her husband flirting with another woman at a New Year’s Eve party. Jimmy operates, but Letty remains unresponsive, and he calls Babcock and another specialist from New York. Both declare that there is nothing they can do. Jimmy says, “I hate to lose this case.” His father replies, “It isn’t just a case. It’s Letty. She doesn’t want to live.” He then asks permission to see her and tells the distraught Bill, “This has nothing to do with doctoring. She has something that hurt her in the heart. She loves you so much.” Bill admits that he was having an affair and that Letty knew. Dr. Watt takes their daughter into the room and she says, “Wake up, Mommy, I love my Mommy” and wouldn’t you know, Letty wakes up and Bill tells her how much he loves her and how sorry he is, which restores her will to live.

The caper is that the son asks the renowned visitors to stay for the county medical society dinner and Dr. Babcock,
whose books Watt used, is introduced by Jimmy as the chief of the largest medical center who has honored them by attending. Babcock says, "The real guest of honor is a greater physician than I have ever been. He has labored without glory, without profit, in an obscure nook in our vast American scene preserving the one thing that modern medicine with all its scientific advances has woefully neglected, the wisdom of the human heart, the greatest therapeutic force at the command of a physician."

Dr. Watt is stunned. "I'm just an old country plug trying to do the best I can. I had to use horse sense." Jimmy finally gets it, and goes over to his Dad saying, "I too want to honor my father. I learned something from my father today. He is a great physician." Finally Dr. Watt gets to take time off to marry Sarah and they are off to Niagara Falls, mimicking another 1933 film, *Doctor Bull*, directed by John Ford and starring Will Rogers as a veterinarian turned selfless country doctor who also is led to the altar at the end.2

Jimmy also gets it with regard to neglecting Joan and they marry. This mirrors the real life of Joel McCrea, grandson of a stagecoach driver and a gold prospector. Called Mr. Nice Guy by all who worked with him, McCrea avoided Hollywood glitz and followed Will Rogers's advice to save half of whatever he earned,3 managing to become a multimillionaire. McCrea and Frances Dee, who played Joan and whom he had met on a previous film, were married one month after the release of *One Man's Journey*. McCrea died at eighty-five on their fifty-seventh anniversary,3 and she lived to be ninety-four, a real-life Hollywood ending.

References


A Man to Remember

Starring Edward Ellis, Anne Shirley and Lee Bowman.

The only known surviving copy of the film was located in the Netherlands, so the preserved print has Dutch subtitles. A remake of *One Man's Journey*, and also adapted from *Failure*, the novel by Katherine Haviland-Taylor, it deviates enough to have been named one of the ten Best Films of 1938. This one opens in Westport, with the flag at half-mast. A funeral procession led by a band winds down Main Street lined with people who remove their hats. A visitor asks "Did somebody die? Was he important?" "It all depends," someone replies. It turns out to be the dedicated family doctor

The scene shifts to a lawyer’s office, where three people to whom the doctor owed money are gathered to review his estate, contained in a small strongbox. One says that, even though he gave the town $40,000 to build the only hospital it ever had, he wouldn't get the kind of recognition the doctor had. Another says it just goes to show the more shiftless you are, the greater the public likes you. The other says let's open the box; Doc would have wanted us to get our money. As the lawyer does, each letter or note tells a story. The first involves the return of Dr. Abbott (Edward Ellis) in 1919 with his son Dick to his hometown, which the chamber of commerce calls the Paris of the Midwest. The next few scenes are the same as in the original leading up to the doctor delivering a girl and
the farmer, here named Johnson (John Wray), saying “girls are for people who can afford them.” When Dr. Abbott tells him that his wife died, Johnson slugs him and throws his bag out the door even though the doctor tells him that his own wife died in similar circumstances. In this film, the father places the baby on the doctor’s doorstep and leaves town. Dr. Abbott cares for the indigent and gets paid in potatoes, a pig, and promissory notes. When he saves the wife of rich banker Howard Sykes by performing an appendectomy in their home he submits a bill for one hundred dollars. Sykes calls it “good pay for four hours work,” and says that he knows that the doctor has different rates for the poor and the doctor settles for two dollars.

As in *The Citadel* and *Meet Doctor Christian*, the doctor fights for a public sewer and safe water supply, as well as for a hospital. Sykes’s son George (Granville Bates) gets drunk and takes Dr. Abbott’s foster daughter Jean (Anne Shirley) for a joy ride and when she tells him to be careful, he stops and playfully takes out a gun, which goes off, wounding her in the arm. Dr. Abbott saves the arm, and tells the elder Sykes that the price for him not reporting it is for Sykes to donate money for the hospital. The hospital dedication scene, as Dennis Millay points out, seems to have influenced Orson Welles in *Citizen Kane*. Sykes gets back at the doc by saying that only doctors who have had postgraduate training in the past twenty years can practice there. So young Dr. Dick Abbott (Lee Bowman), who was sent by his father to study neurology for three years in Paris (the second favorite movie postgraduate site), gets appointed to the staff.

Dick tells his father to go to Paris to study for a year, but the elder Dr. Abbott is looking forward to adding his son’s name to his shingle. However, Dick has an offer to be a partner with another doctor and make money. Doc tells him, “Money never bothered me very much, neither the money I owed nor the money that was owed to me.” Dick says he wants to make money to help him, and not for its own sake. “Neurology is a new line. People will go for it.” Dr. Abbott asks, “What about those who can’t afford it?” Dick replies, “I’ll take any patient you send, for nothing.”

Dick moves out of his father’s house because appearances matter. Then he gets invited to go to New York and asks his father to look at his new car saying, “If you’re going to succeed as a doctor these days you have to put up a little front.” When the son leaves, the father goes to lie down on couch with “heart trouble.” He rebounds quickly when Mr. Johnson returns, not to claim Jean, but to give the doctor three thousand dollars. He has turned his life around, “got hitched again, had two more kids, both girls,” and figures he owes the doctor that much for taking care of Jean. Dr. Abbott only takes it because he needs it, and decides to apply to go to Paris for training.

The most interesting part of the film begins when Doc examines four children and, after looking in their throats and checking his textbook, diagnoses infantile paralysis and orders a quarantine and the cancellation of the county fair. Sykes, concerned about losing the revenue the fair will bring, says Doc can’t prove it, and that if he were an ordinary man, it would be a “hunch,” but because he’s a doctor it’s a diagnosis. The newspaper editor won’t let Doc warn the citizens, so he recruits kids to bike around town with flyers. When he returns home, it’s crowded with kids and mothers. He sprays their nostrils (see below for rationale), quarantines the sick, and tells the others to stay home.

Dick takes issue with his father, saying “If you’re wrong, it will destroy our reputation and destroy the confidence of our patients. It’s unethical. You’re spraying children who are not your patients. The county medical society is stirred up about
it." The son goes off to a meeting where the board is going to discuss suspending Doc's license. After he leaves, Doc tells Jean, "He's right about the ethics. I'm hoping in spite of myself that it is infantile paralysis." When the board votes to suspend his license, Dick defends him saying "The foundation of the profession was built on mistakes. Some of the greatest doctors made the greatest errors and learned from them."

Suddenly a doctor comes in to announce that six cases of infantile paralysis have been diagnosed in a nearby town. While the surrounding jurisdictions pile up cases, Doc's town gets no further cases. When the epidemic is over, Dr. Abbott gets his long-anticipated letter from Paris, which turns out to be a rejection because he doesn't have two years of postgraduate training. A large crowd comes to his house, led by a minister who brings with him a scroll of four thousand signatures acknowledging that although Doc didn't make money, he earned his patients' love. Dick says, "You have taught us all something not just about medicine but about humanity," which was big in '30s films. He also announces that Doc has been elected president of the board of medicine. Dick decides to move back in and takes his evening house call. Jean joins him and makes him take his dad's car, not his fancy one.

The scene reverts to the lawyer's office where he opens an envelope containing the three thousand dollars that Johnson gave him, and read the accompanying note: "I knew you three vultures would be the first to crawl over the carcass. There's $473.63 left for Richard and Jean, and they know how much is coming to them. Until I see you all in eternity, I am your humble servant, John Abbott, MD."

Addendum
I had no idea what Doc Abbott was doing with the spray until I read the following excerpt from an article by Christopher J. Rutty, PhD, of the Health Heritage Research Services in Toronto entitled "The Middle-Class Plague: Epidemic Polio and the Canadian State, 1936–1937," originally published in the Canadian Bulletin of Medical History 1996; 13: 277–314. [Reference numbers have been removed from the article excerpt. You can read the entire article, with references, at: www.healthheritageresearch.com/MCPlague.html#Prevention%20Methods.]

Prevention and Treatment Methods in Canada—Paralysis Nose Spray: Just Squirt and Smile

During the polio season of 1936 widespread enthusiasm developed around the prophylactic potential of nasal sprays based on the prevailing idea that the portal of entry of the poliovirus was the olfactory nerves of the nose. Interest in the chemical blockade of the nasal mucosa first emerged in 1934 with attempts to protect white mice against an intranasal inoculation of equine encephalitis virus with a tannic acid solution. Similar experiments were conducted with as many as 150 different solutions on mice using the St. Louis type of encephalitis as a “feeler” for polio research with monkeys.

A picric acid solution was eventually settled on, and in the summer of 1936, Dr. Charles Armstrong of the U.S. Public Health Service advocated that such a spray be given a human field trial based on monkey experiments and the repeated spraying of himself and a small group of volunteers without apparent ill effects. That summer a serious polio epidemic in Alabama presented an opportunity for such a field trial. Federal and state health officials had hoped it "would be a test by and under the [medical] profession," but it soon became, "largely through the activity of the people themselves . . . a test by the masses, largely uninstructed, with all the many variations of method which such a procedure implies." The U.S.P.H.S. issued a statement on the nasal spray which stressed that "home-made concoctions are not favored." Also, "early applications at least should be administered by a physician." This statement was published in the Manitoba Medical Association Review in September 1936 during the peak of the province's polio epidemic.

The most significant problem noted in the [1936] Alabama nasal spray trial seemed to be technical, with the spray not reaching high enough into the nose to be effective. A long special tip was thus needed on the atomizer which could only be inserted by a professional nose-and-throat specialist. Furthermore, experiments using a zinc sulphate spray on monkeys reported in June 1937 suggested that this was more effective than the picric acid spray and was worthy of a human trial.

In Ontario, parents grew desperate for any kind of preventive measure as the 1937 epidemic spread and news of the potential value of the nasal spray generated increasing demands that it be given by private physicians. Such demands were stimulated by widely-quoted press statements from American spray enthusiasts, such as noted virologist Dr. Thomas Rivers. In August 1937 he recommended: "If I had a child in an area where poliomyelitis appeared, I would take my child to a good otolaryngologist and ask him to apply the spray in the manner set forth by Dr. [Max] Pee," who had developed the newer treatment. Despite the caution of some MOHs, doctors began offering the spray and considered it "both safe and cheap." A London, Ontario doctor provided the press with the spray's formula and application procedure. Newspapers quickly picked up the spray story and even reported that some desperate parents were spraying their children's noses with salt water. Other physicians were not so sure about the spray, one warning that "until we have definite proof that children contract the disease through the nose," there was "no point in using the spray, which was difficult to administer, uncomfortable and possibly dangerous." Despite such controversy, physicians were soon overwhelmed with calls from parents wanting the children treated with the spray.

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