

Is there a Doctor Hertzler in the house?



Dr. Arthur E. Hertzler.

Courtesy of the Kansas Learning Center for Health, Halsted, Kansas (www.learningcenter.org).

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When I attended medical school during the late 1960s, I learned that primary care was well on its way to extinction, soon to be replaced by a matrix of organ-based specialties and subspecialties. General practitioners had recently begun to fight this trend by creating the specialty of family medicine, but my medical school scoffed at this seemingly unscientific development and for many years resisted establishing a department of family medicine. Health policy at that time dictated that the way to improve America's medical care was through training large numbers of subspecialists, who would then evenly distribute themselves in small towns throughout the country and bring the blessings of specialization and new technology to populations that had relied only on general practitioners. While medicine still honored the tradition of the compassionate generalist doctor, the *beau idéal* no longer represented state-of-the-art care. In fact, some aspects of traditional practice were considered a waste of time, if not actually harmful.

House calls were a notable example. Once the core of American medical practice, home visits were now deemed inefficient, unproductive, and possibly dangerous. If a patient was too sick to

come to your office, he ought to go to the hospital emergency room. There was nothing you could do for him at home. Moreover, how could you justify spending an hour or more on a house call, when you could use the same amount of time to see several patients in your office? And what if you missed a crucial diagnosis because of the lack of x-ray equipment or specialist consultation? House calls, along with other traditional rituals of medical practice, appeared destined for extinction.

This position seemed unassailable during the next thirty years, as medicine transformed itself from a cottage industry into a vast and powerful technocracy. Yet the public, which certainly appreciated the benefits of intensive care units and organ transplants, began to experience lingering regret over the death of personal medicine. By the late twentieth century, regret had developed into a sentimental yearning for the return of the healer's touch. The old-time general practitioner evolved into a therapeutic and moral hero, far more honored in his absence than he had ever been when actually present.

In this revisionist view, the Old Doc was a paragon of compassion, know-how, dedication, and seat-of-the-pants psychology. He—sorry, women docs were scarce in that patriarchal era—could, on a single day, perform an appendectomy on a kitchen table, talk sense into a young man suffering from venereal disease, and patiently keep vigil at the bedside of a dying child. He exemplified all the professional virtues—integrity, fidelity, courage, compassion, and humility—we continue to celebrate and attempt to create in the early twenty-first century. But did this iconic healer ever exist? Surely there were excellent doctors then just as there are now. But what were they like? How much of the ideal Old Doc is based on reality instead of nostalgia or desire?

A few years ago I came across a book that presents at least one example of a plain-speaking but articulate country doctor who practiced for the first forty

years or so of the twentieth century. *The Horse and Buggy Doctor* is a memoir by Dr. Arthur E. Hertzler, who graduated from Northwestern Medical School in the 1890s and practiced in Halstead, Kansas.¹ He later opened a clinic and hospital in Halstead and eventually became the first professor of surgery at the University of Kansas Medical School in Kansas City.¹ For decades Dr. Hertzler divided his time among his practice in Halstead, teaching in Kansas City, and conducting clinical research on wound healing, chronic appendicitis, neuralgia, and goiter.

With its publication in 1938, *The Horse and Buggy Doctor* turned its sixty-eight-year-old author into an overnight celebrity. The book climbed to number five on that year's nonfiction bestseller list, edging ahead of Dale Carnegie's *How to Win Friends and Influence People*. Its author became so famous that sixty years later the *Kansas City Eagle* proclaimed Arthur Hertzler one of the most important Kansans of the twentieth century. While Hertzler was not a typical country doctor, his story provides a fascinating background against which to consider today's debates about professionalism, compassion, and patient-centered medicine.

When Dr. Hertzler hung out his shingle in the 1890s, patients flocked to him with scarlet fever, typhoid, empyema, lockjaw, and pneumonia. He did what he could for them, which wasn't much. Writing forty years later, Hertzler admitted that most of his treatments were "merely symbols of good intentions."^{1p78} For fever he employed aspirin and cold baths. Enemas and castor oil were among his sure-fire, all-purpose remedies. He stitched lacerations, set bones, and delivered babies. He considered prognosis a major part of the physician's work. Though he might not be able to cure pneumonia, he could at least tell the patient and family what to expect. He believed that house calls conveyed a "sense of security" that was therapeutic in itself.^{1p97}

Hertzler almost never refused to

see a patient "no matter what the condition, or what the chances of remuneration."^{1p107} For him the patient's interest always came first, and the doctor's primary obligation was to relieve suffering. "The important thing is that the suffering patient wants action," he wrote.^{1p56} He believed that the practitioner needed to understand that "It is the relief of pain that chiefly interests the patient, and skill along this line is the big factor."^{1p52} Indeed, the horse-and-buggy-doctor carried in his bag plenty of morphine and laudanum (tincture of opium) to use liberally to alleviate pain and anxiety. He criticized doctors who focused exclusively on the disease while ignoring the patient's existential state. He also stressed the importance of using the physician-patient relationship in a conscious way to alleviate the patient's fears, anger, and depression, all of which he believed were barriers to healing.

In many ways Arthur Hertzler exemplifies the country doctor ideal. He had compassion. He listened. He never abandoned his patients. Most of all, he took their symptoms and suffering very seriously. Like his contemporary, Dr. William Carlos Williams, he believed that empathy lies at the core of healing. As Williams wrote regarding his patients, "I lost myself in the very properties of their minds: for the moment at least I actually became *them*, whoever they should be."²

Yet, while Hertzler's passion for doctoring demonstrates many of the core values associated with today's medical professionalism, in other respects his attitudes and behavior differ markedly from current concepts of professional ethics. He was a full-fledged paternalist and anti-intellectualist who felt no need to sanitize his beliefs for public consumption. He was a misogynist. He largely blamed the poor for their own poverty. In other words, Dr. Hertzler was a fairly typical man of his times.

The concept of patient rights had not yet been clearly articulated in Hertzler's time, but he surely would have opposed the very idea. He believed that the

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Dr. Hertzler and local children. Courtesy of the Learning Center for Health, Halsted, Kansas (www.learningcenter.org).

doctor always knew best and that knowing best often required concealing the truth from patients. In serious or fatal illness, he argued, truthfulness conflicts with the physician's duty to do no harm, because it diminishes the patient's hope: "The most disastrous results may follow a tactless warning."^{1p307} The physician should therefore manipulate the truth, or, if necessary, tell outright lies about the patient's condition.

The Horse and Buggy Doctor was written in 1938, but most American physicians shared these beliefs into the 1960s; only in the ensuing decades did a radical change occur.³⁻⁵ Hertzler's practice adhered closely to the original 1847 AMA Code of Ethics, which stated in part, "The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty . . . to avoid all things which have a tendency

to discourage the patient and to depress his spirits."⁶ He would have been dumbfounded by statements in the AMA's current Code of Ethics requiring doctor to be honest in all professional interactions and respect the rights of patients.⁷

Nor would the horse-and-buggy doctor find himself at home in today's coed medical environment. His striking misogyny to some extent reflected mainstream medical beliefs of the early twentieth century that viewed women quite literally as the weaker sex, but Dr. Hertzler went beyond the call of duty in his anti-feminine rhetoric. He wrote that women's complaints were largely "due to maladjustments between the biologic and the ethical."^{1p138} Moreover, he considered the gynecologist "an unfortunate individual whose mission in life it is to aid the human female to correlate her biologic instincts with the dictates of Christian ethics."^{1p135} In Hertzler's

mind, misdirection or frustration of the woman's animal urge produced dysmenorrhea, vomiting, and gastric distress. But she was in a double bind: a woman who actually expressed her animal urge developed even worse medical problems. Marriage was undoubtedly the healthiest compromise, given the gender's sorry lot. Yet marriage brought its own difficulties, including self-pity, overeating, and under-exercise. He also warned against female "alimony hunters," who "can be diagnosed at a glance by an experienced practitioner . . . They have faces that would congeal boiling oil in August."^{1p144}

This kindly country doctor summarized his gender-related wisdom in a series of trenchant observations like "The best cure for a neurotic woman is to marry a profligate and drunken husband,"^{1p151} and "The jealous woman nearly always has a

faithful husband.”^{1p142} All in all, he wrote, “Unoccupied ladies are very likely to get some sort of complaint.”^{1p292} One wonders how Arthur Hertzler would have coped with a world in which women not only occupy themselves, but do so by becoming physicians, lawyers, and corporate executives.

Today’s physicians might also find it difficult to accept Hertzler’s perspective on the equitable distribution of health care. Writing near the end of the Great Depression, Hertzler observed, “There are a lot of tears shed nowadays because one-third of this great ‘American People’ are without adequate medical care.”^{1p318} However, in large part, he blamed the victims: “Those without medical care are so because they elect to do without it. Stubborn dumbness stands in their way.”^{1p319} To his way of thinking, this “dumbness” consisted of ignorance and improvidence. With regard to ignorance, he claimed many underserved people didn’t realize that doctors and hospitals have a duty to care for needy patients at no charge. Presumably, if they had sense enough to show up at a hospital or doctor’s office, they would receive appropriate treatment whether or not they had money to pay for it. In 2012 this seems like a very naïve position, but who knows? Perhaps physicians and hospitals were more committed to altruism and compassion than they are today.

Make no mistake about it, though, Hertzler preferred to be paid. Thus, he also condemned “improvidence,” which he considered the major reason the poor lacked enough money to pay their doctors. Nonetheless, he was willing to accommodate human frailty. For this reason he applauded the concept of health insurance, in its infancy in 1938. How could he have known that seven decades later the health insurance industry would have driven a wedge between doctor and patient and—along with the pharmaceutical industry—come to dominate American health care?

Finally, Dr. Hertzler subscribed to

the “bootstrap” concept of character and virtue. Duty, courage, compassion, altruism—these qualities were a matter of moral choice and not subject to teaching, discussion, or dissection. He, of course, approved of humanism in medicine, but considered it a given, not an issue to be addressed in medical training. Unlike urbane, highly cultured physicians like William Osler⁸ and Francis Peabody,⁹ Hertzler probably represented the mainstream of the profession when he expressed skepticism about the value of the liberal arts and humanities. He disparaged literature and culture in general and heaped particular scorn on attempts to teach the humanities in medical education. He decried the tendency in the late 1930s to introduce “cultural” courses such as medical sociology that “only detract from the things worth while,”^{1p45} and noted sarcastically that “The next course, I predict, will be a course in medical hemstitching or doily making.”^{1p45} His attitude toward the value of arts in general was similarly dismissive, contending for example that real tragedy cannot possibly be conveyed in literature: “The tragedies of literature are silly things; . . . Shakespeare wrote tragedies out of his imagination, not from experience. They are foolish, because he had not seen life in the raw. Tragedies cannot be written.”^{1p279} So much for the Bard of Stratford-upon-Avon and world literature.

As the medical profession searches for ways to reclaim the healer’s touch, Arthur Hertzler serves as a reality check on nostalgia. Is there a Dr. Hertzler in the house? Perhaps not, but maybe that isn’t so bad. We have little difficulty recognizing his integrity, compassion, fidelity, and patient care, but he also reminds us through his prejudices—typical as they may have been of the time—that truthfulness, justice, and respect for patients are very recent manifestations of professional ethics, developed in decades during which both patients and physicians perceived that personal medicine was in decline.

Dr. Hertzler’s most striking char-

acteristic was passion. He was utterly enthusiastic about caring for patients. If they were hurting, he would come. The lesson Dr. Hertzler can still teach us has nothing to do with his dated ideas and social attitudes. His lesson is passion for the art of medicine.

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