Is medicine still a good profession?

BY PAUL H. JORDAN

Contemplating the fact that I graduated from medical school 65 years ago, it occurred to me I might not have too many opportunities to expound on what medicine has meant to me, to reflect on some of those who have touched my life and consider the question, “Is medicine still a good profession?”

Some of my peers have expressed the view that we participated in medicine during its golden era. However, considering the problems that exist today, they would be hesitant to recommend medicine as a profession to a family member.

We have seen major changes in medicine. Many we feel are undesirable. But I really believe that when you consider the amazing advancements that continue to occur, the era for every generation is a golden era for that generation.

For anybody who wants to serve his fellow man or has an interest in understanding how the body functions and unraveling its mysteries, we should have no second thoughts about recommending this field of endeavor. In addition, there is no field that surpasses medicine for the caliber of people with whom we work and socialize.

Medicine has certainly undergone its share of change and you can be sure there are many changes to come. All of them will not be bad, but neither will all of them be good. Something that comes to mind for all activities including medicine is the impersonal approach to many aspects of our work.

By contrast, when I was making my first National Institutes of Health grant application, a representative of NIH came to UCLA and actually helped me develop the application, so as to increase the probability of its success. Also, I was told that should I encounter leads different from the original application, I should feel free to pursue them. So much time was spent making reports and preparing for the next year’s grant that time for research was compromised. Among other changes that have occurred are institutional review boards and patient consent forms. These are certainly desirable. IRBs are on the whole desirable, but often they cause unnecessary roadblocks.

Along this line, I am reminded of the work performed by Dr. Ed Woodward showing that hormone release from the gastric antrum was under pH control. His paper was rejected by all the best surgical journals, but finally accepted by the Journal of Gastroenterology. In my opinion, this was among the most important studies to come from Dr. Lester Dragstedt’s laboratory during the 1940s. It didn’t happen to fit with the ideas perceived by the surgical reviewers.

My point is that no era is perfect, yet my generation feels that we partook of medicine during its best days. When you stop to think about it, I suspect all physicians have thought they experienced medicine during its golden era. But consider the next generation and the unbelievable tools at their disposal. Do you not believe that these physicians when they retire will think they practiced during the golden age?

The reason for developing this proposition that medicine has not witnessed its best days is because my youngest grandson is devoting himself assiduously to gaining admission to medical school.

When considering the opinion of some of my peers, I have to ask myself whether there is any reason why, in spite of administrative disenchantment, I should not encourage this young man to achieve his goals? Of course, the answer is, “There is not.”

Returning to my original premise, if an individual has the desire to help mankind and contribute to society, and has an inquisitiveness to learn or discover how the human body functions, he should be encouraged to do so.

The profession provides role models and friendships that are stronger, or as strong as, they are in any other profession. In any case, I have encouraged my grandson to enter medicine.

I would like to reflect on some of the individuals who inspired me. Some of the giants on whose shoulders I had the opportunity to stand.

The University of Chicago was founded by John D. Rockefeller in 1890 on the South Side of Chicago. It joined with Rush Medical College, located on the West Side of Chicago, in the beginning of the 20th century. By 1925, the University was building its own medical school on its South Side campus.

The first class matriculated in 1927. At the beginning of World War II, the University of Chicago-Rush union was dissolved. Rush closed its doors. In 1960, Presbyterian and St. Luke’s hospitals reactivated the Rush charter, and it has become one of the finest medical schools in the country.

On the South Side, the faculty began to develop in 1925. Dallas B. Phemister was named the first chief of surgery. He had been a very prominent surgeon at the Presbyterian Hospital. One of the unique features of the school was that the faculty was full time. I believe that Hopkins was the only other such school at the time. Of course, this eventually became the pattern throughout the United States.

The surgical faculty was made up almost entirely of general surgeons.
Phemister, himself a general surgeon, had a strong interest in orthopaedics. He first described the aseptic necrosis of bone. He also developed the first classifications of bone tumors. Among other things, he collaborated with Dr. Alfred Blalock on the study of hemorrhagic shock and was instrumental in establishing the first blood bank in the United States at Cook County Hospital in Chicago.

At this time, Dr. Lester Dragstedt was head of physiology at Northwestern University. He was invited by Dr. Phemister to design his dog lab in the new school. One day while this work was in progress, Dr. Phemister offered Dr. Dragstedt a position on the surgical faculty. He told Phemister that he was not a surgeon, he was a physiologist. Phemister said, “Of course I know, but it is much easier for me to make a surgeon out of a physiologist than a physiologist out of a surgeon.” And with that, Dragstedt was sent to Europe to visit and work in all of the famous surgical clinics before returning to join the faculty as a surgeon.

Hilger Perry Jenkins, also a general surgeon, had an interest in plastic surgery and eventually became the chairman of that department. An interesting story about Dr. Jenkins relates to his conducting the live television surgical programs for the annual meeting of the American College of Surgeons. In 1955, Dr. Robert M. Zollinger called Dr. Jenkins and said he would like to present a lady who had been operated on multiple times by others for duodenal ulcer. Jenkins said, “That is fine, very interesting, but be sure and look for a pancreatic tumor.” That lady had the first described Zollinger-Ellison tumor. Dr. Zollinger subsequently gave Dr. Jenkins credit for this advice.

Then there was Charlie Huggins, also a general surgeon, who became chairman of urology and subsequently won the Nobel Prize for his work on the hormonal relationship to carcinoma of the prostate. You can begin to appreciate the development of specialization that was bound to occur when you consider the exponential development of medicine and surgery.

By this time, Hitler was so aggressive. We had been attacked by Japan, and we had declared war. The campus was filled with all types of scientists besides the nuclear physicists who initiated the first successful chain reaction leading to the atomic bomb. As a result, there was a shortage of housing. The faculty were asked to open their homes to students. Dr. and Mrs. Phemister had a beautiful three-story home on University Avenue, and I was privileged to live on the third floor next to Phemister’s library, of which he was enormously proud. When he brought a guest to see this library, they would pass my door and Dr. Phemister would say, “Shush, Paul is studying.” I never figured out whether he knew something I didn’t or he was suggesting in a gentle way I might try a little harder.

There was no question that because of living with the Phemisters until I graduated and because my best friends were surgically inclined, I too became surgically oriented and began my golden era.

If you want to evaluate your time in medicine, you might consider as one gauge the last paragraph in Loyal Davis’ autobiography. Loyal Davis was the first neurosurgeon in the city of Chicago. He was profoundly instrumental in the maturation of the American College of Surgeons, fighting fee splitting — one of the great scourges of medicine and surgery.

He said, “. . . If some time in the future my relatives, my contemporaries and my young friends in surgery speak to each other about my failings, my virtues and my accomplishments, I shall have made it.”

Medicine indeed will be a good profession for a long time.