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Internes Can't Take Money

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Internes Can't Take Money

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1 “Internes Can’t Take Money”

We are told that writing is mechanical, but now and then a story is written from the heart, to make its mark upon the minds of men.

“Internes Can’t Take Money,” by Max Brand, is one of those stories.

Brand, whose real name is Frederick Faust, conceived this story of internes who are not allowed to receive fees for operations, while he was lying on a hospital cot recovering from a serious operation.

He was grateful to those men in white who had served him and other patients—so he wrote the tale of one of them to go down in history.¹

The story about the 1936 film’s conception is only partly true, exaggerated by the Paramount Pictures publicity department to titillate the public’s romantic inclinations. The publicists were right about one thing, though: Here was a man in white who would go down in history. For *Internes Can’t Take Money* was the first rumble in an avalanche of Doctor Kildare offerings that would cover the American media for the next forty years. Kildare inspired fifteen films, seven books, several magazine short stories, a radio series, two television series (one network, one syndicated), a few public controversies, and an uncounted number of toys, lunchboxes, and shirts. The young doctor and his activities also inspired the basic approach that network television producers were to take toward a small army of fictional physicians who followed him. The beginnings of Doctor Kildare point to the roots of the formula. So while theatrical movies are not the focus of this book, it does seem appropri-

ate to start an examination of TV physicians by inquiring into the birth of the one who set the mold.

Kildare in the Context of His Time

Just forty years before *Internes Can't Take Money* was made, near the turn of the twentieth century, it would have been inconceivable that a young physician could become a popular culture hero. Before the twentieth century, medicine was a sometimes near-subsistence occupation whose practitioners had to fight fiercely for legitimacy with a spectrum of other contenders for control over human health. One reason was that physicians often didn't do any good, and too often did terrific harm.

At the turn of the 1800s, doctors had not progressed all that much beyond their counterparts of the Middle Ages, who had practiced with the aid of philosophy, myth, and prayer. The early nineteenth century saw physicians in the U.S. and elsewhere employing a "therapeutic" system that had no basis in any real understanding of the human body and was not really therapy. Devised by the famous Philadelphia doctor Benjamin Rush, it came from the belief that there was only one disease in the world. According to social historian Paul Starr,

The one disease was "morbid excitement induced by capillary excitement," and it had but one remedy. This was to deplete the body by letting blood with the lancet and emptying out the stomach and bowels with the use of powerful emetics and cathartics. These stringent therapies were to be used with courage. Patients could be bled until unconscious and given heavy doses of the cathartic calomel (mercury chloride) until they salivated.²

"Heroic therapy" of this kind dominated American medical practice in the first decades of the nineteenth century. Not only was it painful, it was deadly. Bloodletting could weaken a sick person even more, and calomel—which was used on anything from the plague to teething pains—was a slow-acting poison that eroded the gums, teeth, and jaw. One contemporary observer wryly described heroic medicine as "one of those great discoveries which are made from time to time for the depopulation of the earth."³

The areas allied to medicine were no better. Surgeons—at the time considered doctors’ helpers—had the status of being one step above barbers. Their handiwork often led to severe infections and death. Hospitals, too, were danger zones. During the Revolutionary War, Benjamin Rush called them “the sinks of human life,” places where the poor and the homeless went to die. The description applied well into the nineteenth century. Trained nursing was virtually unknown. Hospital nurses were often forced laborers taken from the local almshouse or penitentiary.⁴

It isn’t hard to understand, then, why a great many nineteenth-century Americans cringed at the thought of asking help from a physician. “Regular” doctors looked on in chagrin as millions of people eschewed them in favor of patent medicine vendors, who promoted sometimes harmful elixirs for self-medication. Millions also turned to relatively benign forms of healing—Thompsonianism, the Hygienic Movement, Eclecticism, Homeopathy. While not necessarily more effective than “regular medicine,” these approaches at least had the benefit of not leaving the living patient permanently scarred and pained.

As a result, physicians often found it difficult to make money. Many founded schools with the aim of supplementing their office work with the training of new doctors, who paid them directly for the training. Actually, calling these medical mills schools is to dignify them tremendously. Large numbers were unclean, ill-equipped buildings or flats that housed a few instruments and a few forlorn patients. But even the most prestigious homes of medical learning had credibility problems. As late as 1870, the dean of the Harvard Medical School explained the absence of written examinations on the grounds that too few of the candidates for graduation could write well enough to make such a test fair.⁵ This was hardly the kind of comment that would lead people to place confidence in the medical profession.

The prognosis for American medicine began to change slowly in the late nineteenth century. A number of circumstances converged to greatly increase physicians’ credibility. The most important was the decision by leaders of the American Medical Association, state medical societies, major medical schools, and major hospitals to hitch their profession’s star to the rising success of science. Discoveries in bacteriology were picked up by physicians who applied them to public health concerns, most prominently the control of water-borne and food-borne diseases. Bacteriologi-

cal research also led to cleaner hospitals as well as to antiseptic surgical techniques. The resulting sharp reduction in hospital deaths (carried out to a large extent by a professionalized nursing staff) was accompanied by two other dramatic developments in bacteriology: the creation of a diphtheria antitoxin in the mid-1890s and, in 1910, the concoction of “the magic bullet,” the first major therapy against syphilis.

Physicians also used, and encouraged, development of a range of new technologies during the nineteenth and early twentieth centuries that allowed them to explore the body with more certainty. The stethoscope, ophthalmoscope, laryngoscope, microscope, x-ray, spirometer, and electrocardiograph reduced the physician’s dependence on the patient’s ability to describe symptoms and diagnose problems. Just as significant, they encouraged the patients to feel that the physician had access to bodily changes that patients themselves could not detect. With their new instruments, doctors could set standards of human physiology, evaluate deviations, and classify individuals. For example, the spirometer, which measures lung capacity, could be used by physicians to judge physical fitness for military service.

Such capabilities did wonders to increase the legitimacy of “regular medicine” in the eyes of the rest of society as well as to encourage people’s dependence upon physicians. That was true even though doctors still had little to offer in terms of specific cures for particular illnesses. And medicine’s potential for long-term cultural authority was boosted even further from another direction—by an increased ability to wield political power through the American Medical Association.

The AMA had actually been around since 1847. It was not until about fifty years later, though, that it became a powerful representative of medical interests. A number of brilliant moves led it to that position. The organization was restructured to encourage more grass-roots support by physicians, thereby increasing its economic base. It invited medicine’s traditional antagonists—the eclectics, the homeopaths, and others—to join the AMA’s fold, thus eliminating the main sources of professional rivalry. It encouraged the closing of most of the for-profit medical schools through its support of a Carnegie Foundation study (the so-called Flexner Report) that recommended drastic reforms in medical education. And it played an important role in making the public aware of the dangers of patent medicines, an awareness that stimulated the first Federal Pure Food and Drug Act of 1906.

From the standpoint of the AMA's public image, the campaign against those over-the-counter nostrums marked a turning point in medicine's ability to garner public support. It is not as if the medical association was the loudest voice in condemning the public sale of dangerous drugs; magazines such as the *Ladies Home Journal* with millions in circulation took the lead. But what was remarkable was that the medical profession benefited from all the barbs that were hurled. A central theme in the articles about patent medicines was that the reader should go to a doctor to get help. For example, *Collier's* magazine stated the following "moral" about patent medicine use: "Don't Dose Yourself with secret Patent Medicines, Almost all of which are Frauds and Humbugs. When sick Consult a Doctor and take his Prescription: it is the only Sensible Way and you'll find it Cheaper in the end."⁶

The years that followed saw the American Medical Association and its affiliated state medical associations extend and consolidate physicians' emerging social power. Having triumphed over their nineteenth-century professional adversaries, they proceeded to put their own professional house in the kind of order that would allow them to speak with a consistent voice to society at large. Along with pruning the medical schools, the AMA and state medical associations pushed through tough state licensing laws around the country that limited medical practice to doctors graduating from those schools. Within the profession, the medical leadership negotiated the ways that the increasing number of specialists should practice and the ways that they should relate to general practitioners. The specialists, in turn, organized into groups that would protect their power within the profession and the society.

Collegiality rather than competition was encouraged, with the AMA taking the role as the major resolver of disputes and the major presenter of medicine's face to society at large. Referrals from doctors were to be the major route that patients would take to specialists, and "commercialization"—advertising to the public or the blatant public marketing of services—was outlawed. In the drug market, over-the-counter drugs, available directly to the consumer, were separated legally from the more potent ethical drugs, available only by prescription from a physician. At the same time, the increasingly powerful medical associations and medical specialty groups (by now, deserving the collective title "organized medicine") guided the relationship between hospitals and doctors into an era that made physicians the captains of inpatient

care and allowed them to use hospital equipment at no cost. (Patient hospital fees and the communities that built the hospitals carried the burden.)

So the profession that emerged through these and other developments cultivated a self-limiting number of elite practitioners, many of them specialists, who were committed to the private practice of medical care. It did not all come smoothly, or without anger in and out of the profession. Medicine's drastic house-cleaning and reorganization left in its wake the demise of most schools that taught minority physicians (they had closed as a result of the Flexner Report) and, eventually, the downfall of large-scale commitments to general public health programs as opposed to the individual patient's health. Both developments left a considerable hole in the nation's health care net, especially during the Great Depression of the 1930s, when large numbers of Americans could not afford private medical care.

The AMA moderated its political stance slightly during the Depression. Physicians going hungry for lack of patients, along with leverage on the part of the Roosevelt administration, encouraged medical leaders to support government payment of indigent health care costs as a temporary measure. But organized medicine made clear its insistence that, in the long term, the dominant model of medical care in the United States should be the private, fee-for-service relationship between an individual and a doctor. Given the structure of medical education, that doctor was very likely to be male, white, and Anglo-Saxon. Increasingly, too, he was a specialist who used the hospital and its expensive technology as his workplace.⁷

It was a medical structure that was open to devastating criticism. And, in fact, more than a few writers of the late nineteenth and early twentieth century had cast a cold eye on the emerging health care system.⁸ In the 1930s, though, medical leaders worried most about depictions in the nation's most graphic medium, Hollywood movies. They acknowledged that a number of important films—for example, *The Story of Louis Pasteur* (1936), *Men in White* (1934), *Private Worlds* (1935), and *A Man to Remember* (1938)—had shown a lot of respect toward physicians and the advances of medical science.⁹ But too many others posed major image problems for the profession, according to the AMA and affiliated societies.

By the late 1930s, organized medicine began to close ranks around

movie depictions which its leaders felt harmed the profession. The physician-critics hurled two kinds of objections in their public statements. One was the concern that many motion pictures indulged in too great a departure from reality. For example, a 1939 editorial in an AMA magazine aimed at the general public agreed that “no doubt, for purposes of drama, the writer and producer are warranted to take some license with pure fact.” Yet the editorial insisted that some of the greatest medical feats could be filmed effectively without exaggeration. And it worried about the consequences of films such as *Dark Victory* (1939), “the story of a doctor’s unsuccessful battle against death for the woman he loves.”

In *Dark Victory* . . . the girl suffers with some sort of brain tumor, not to be found in any of the records of . . . medical science. The public is given the impression that after an operation for tumor of the brain the patient may then be given a definite time in which to live and that the recurrence will take place without any symptom except sudden loss of sight; after that, death is supposed to follow in twenty four hours. This was perhaps necessary for timing and emphasis in the drama but may give many a patient with a brain tumor and the families of many such patients hours of unnecessary anguish.¹⁰

Still, the AMA admitted that despite these possible ill effects, the popular *Dark Victory* was useful to medicine since it gave wide publicity to “the fine procedures which are the outgrowth of recent advances in medical science.”¹¹ As a result, medical leaders muted their criticism and reserved their pointiest barbs for movies they considered destructive to physicians’ social status or to the fee-for-service system they were working so hard to maintain. The AMA editorial reviewed these grievances and was scathing in its denunciation of such films. It concluded, in fact, that Hollywood had targeted the medical profession for criticism. “The medical field,” it said, “has of late been more subject to propaganda than any other type of motion picture dramatization.”¹²

The editorial singled out as examples two recent movies that had particularly drawn fire from physicians around the country. In *The Citadel* (1938), it said, the producers let themselves be used in the campaign for socialized medicine. However, the editorial admitted, “this aspect of the picture was so completely confused . . . that few observers

even remembered it." In the second film, *Doctor's Diary*, movie creators indulged more effectively in what one medical society's leaders called "a malicious attack on the medical profession." The critics insisted that the film's conception of the physicians' code of ethics was absurd. They said that the picture attempted to portray the staff of a private city hospital as "an avaricious crew of vultures who are defied by a temperamental nurse and a heroic intern who is shot by the aggrieved mother of a child prodigy during a suit for malpractice."¹³

In the end, the editorial did hold out an olive branch to Hollywood and implied that as a result of organized pressure more consistently beneficial portrayals might be at hand. Many of the motion picture studios, it noted, had begun to use "competent consultants to assist them in portraying medicine properly to the public." So it hoped that motion picture producers might yet channel the public's interest in medicine into an opportunity for "dramatic education" about disease and health as well as for "the campaign for good medical service."¹⁴ In fact, even before the editorial reached the public, that hope was to be realized in the creation of the doctor-hero Kildare.

Faust, Medicine, and the Kildare Image

It was almost as if Frederick Schiller Faust had volunteered for the job of crystallizing the formula along lines favorable to medicine. If organized medicine had been looking for a paid motion picture propagandist at this delicate point in its history, it couldn't have found a better person. For one thing, Faust as a writer had an almost unbelievable ability to attract millions of people to his material rapidly and repeatedly. With the possible exception of dime novelist Gilbert Patten, he was the most prolific writer that the United States has ever produced.¹⁵ He wrote under at least eighteen pen names, partly because he often placed more than one story in the same issues of a number of magazines at the same time. He is perhaps best known as Max Brand, the name attached to the Dr. Kildare titles as well as the westerns that include such classics as *The Untamed* (1919) and *Destry Rides Again* (1939). He is estimated to have published more than thirty million words during his lifetime, the equivalent of at least 400 full-length books. And it is said that he sold 99 percent of everything he wrote.¹⁶

Yet Faust was not valuable to physicians simply because he wrote about doctors with rapid-fire virtuosity. Philosophically, he was at one with the science-driven, progress-oriented message that lay at the core of twentieth-century medicine. Just as important, he was an idealist who believed in looking for the best possibilities in American institutions and individuals rather than attacking them. Robert Easton, his son-in-law and biographer, recalled that when Faust finished reading *Main Street*, Sinclair Lewis's hard-edged look at an American small town, he slammed it shut and hurled it angrily to the floor. This was not the world view that he thought writers should go to print with. Faust's work, Easton knew, stood for just the opposite.

Faust himself was a restless man with a zest for living well and a great ability to turn out formula-driven fiction. In creating stories around a doctor, he was not veering very far from those staple popular culture formulas of the day, the western and the hard-boiled detective tale. Obviously, the setting of the doctor tale was quite different from locales that the cowboy and the private eye inhabited. Obviously, the patterns of action that drove the western and the detective story could not be the same as the doctor's. The characters, too, were very different—the former blue-collar types, the latter solidly white-collar.

At heart, though, Faust's approach to the medical arena had important connections with the older formulas. In his scheme of things, the physician was as much a heroic individualist as were cowboys and detectives. The patterns of action, revolving around threats to life and escape from jeopardy, had strong borrowings from the cowboy's West and the detective's gritty urban streets. And the hospital as Faust saw it was as much a frontier setting, with its overtones of civilization and progress hanging in the balance, as were the endangered towns in western stories and the gritty urban streets of detective fiction.

The way Faust came to know physicians and their work helps explain why he thought their profession was a good site for the celebration of untarnished, heroic ideals. He first got a look inside the medical system as a stretcher carrier when he and his boyhood friend Dixie Fish joined the Canadian Army during World War I. It didn't lead to combat (Faust actually left the military because he got bored), but the job gave him a bird's-eye view of basic hospital procedures.¹⁷

After the war, Faust and Fish ended up in New York. Faust got married and began to sell the poetry and stories that he had been turning

out at a rapid pace. His friend decided to go to medical school in the city. When Fish interned at Roosevelt Hospital in the early 1920s, he often invited Faust there to watch operations. Faust also joined Dixie when he visited charity cases and spoke with patients who were in trouble with the police and the courts. The writer found it fascinating, and he was eager to tag along.

A very different development started Faust on a chain of personal encounters with medical professionals that lasted the rest of his life. He had contracted the flu after his army experience, and its effects lingered in the form of a weak heart. The problem climaxed with a painful and frightening "heart attack" in November 1921. Doctors diagnosed the problem as fluttering of the heart, and their advice was that Faust adopt a slower lifestyle.

Knowing that it was impossible for him to rest, yet haunted by the fear of collapsing at his typewriter or in a taxi, Faust sought the advice of two well-known specialists, Evan Evans and Robert Halsey. They, too, urged him to take it easy, to stop smoking cigarettes and drinking alcohol. When he insisted that these were impractical restrictions, they accepted his decision but decided to monitor his progress. Surprised that he could indeed continue his hard living and hard writing, Evans and Halsey wrote journal articles about his case.

Faust was seeing medicine at the top, and he was impressed. Lucky enough to have a buddy who was becoming a distinguished urologist, wealthy enough to afford the advice of renowned specialists even after the Depression set in, Faust had no reason to question the direction in which organized medicine saw itself moving. He felt thanks and he felt awe.

From the standpoint of the doctor formula, it all came together in 1936, in the apartment of Faust's agent, Carl Brandt. Faust mentioned that the idea for a story about a young doctor had been percolating in his mind for some time. He began recalling some of Dixie Fish's experiences as an intern at Roosevelt Hospital. Some of them dealt with the underworld. When Faust mentioned that "interns can't take money" from patients whom they help, no matter who the patients are, Brandt jumped to his feet and exclaimed, "There's your title and there's your story."¹⁸

"Internes Can't Take Money" is about a poor, country-bred young doctor named Jimmie Kildare. As the story opens, Kildare is having a

beer at McGuire's saloon. Two daily beers at the bar are Kildare's only real respite from the hospital. The intern—who is described as not good looking, stylish, or very exciting—is thinking about his financial difficulties. He marvels at beneficence of “the famous Doctor Henry Fearson,” whose loans to Kildare have helped him survive. Suddenly, a young man with a badly gashed arm enters and faints from shock and loss of blood. Acting quickly, Kildare stops the bleeding, runs to the hospital for necessary instruments and materials, sews up the wound, and saves the man's life. Soon he learns that the person he has saved is a mobster. Offered a large sum of underworld money in payment, Kildare replies that interns can't take money. By the end, though, Kildare's selfless actions do yield a reward. It turns out that Dr. Fearson owes a lot of money to the mob. He cannot pay, and his life is in danger. But the mob leader, knowing that Fearson is Kildare's mentor, rewards the intern by canceling Fearson's debt.

Faust's agent sold “Internes Can't Take Money” to *Cosmopolitan* magazine for \$800.¹⁹ Paramount bought the motion picture rights for \$5,000, a high sum for the day. Faust wasn't involved with the screenplay; the credits note the film as being “from a story by Max Brand.” The main change was the addition of a romantic subplot. Kildare (played by Joel McCrea) befriends hospital worker Janet Haley (Barbara Stanwyck), a young widow who is searching for her abducted baby.

Still, the thrust of the story was Faust's: altruistic young doctor succeeds in hard-boiled mob environment. Even more important, the story's name remained the one Faust had given it. The author had cannily placed the poverty of his intern at the center of his title and tale, perhaps in an attempt to win audience sympathies for a medical professional at the height of the Depression. Paramount's publicity department seems to have recognized this master stroke, for the movie's press kit emphasized the same thing.

The film and its publicists also picked up Faust's subtle theme that Kildare's poverty had a purpose: the development of a noblesse oblige approach to life. Here, the publicists declared, is “a story about an interne—a student physician who, the law says, must toil ceaselessly in a hospital for training at an average salary of \$10 a month.” They implied, as Faust had, that this real-life poverty was part of a test on the road to success. A student physician's suffering was the grindstone on

which doctors honed their sympathy with human problems and crystallized their obligation, even after attaining wealth, to help people in need: "Thus it was that this tale of an interne, some day to win his spurs as a great surgeon, refused to put money ahead of his duty—ahead of his pledge to aid mankind and alleviate its suffering."²⁰

It was an idea that was to have lasting impact on the plots and characters of the formula that developed through Kildare. The physician was not to be seen simply as an educated individual who had learned a valuable trade. Instead, he was to be seen as a member of a modern elect: a contemporary knight whose painful movement through the lists of training had shown that he had the heroic stature necessary to link a compassionate nature to the wonders of healing technology.

The approach to setting that Faust and Paramount took would endure, too. The studio committed itself to placing this theme of noblesse oblige idealism against what the publicists called "true backgrounds." To simulate medical realism, technicians constructed a hospital set that filled an entire sound stage. Kildare and company worked in a completely equipped ward room, outer room, waiting room, and operating room. The director used real interns as extras "to give the production proper background as far as personnel was concerned." In addition, "so that technical details in connection with the production would be perfect," Paramount secured the services of Dr. John J. Toma, the chief resident at Hollywood Hospital. Toma read the script before the filming began and made sure that all speeches "were absolutely accurate." He supposedly ordered several changes made. He also studied miniatures of all hospital sets and passed on them. Later he supervised their construction on a large scale. "Every article seen in any part of the picture pertaining to the medical profession was there by his advice and with his approval."²¹

The studio went even further in its claim of realism by associating its hero with the profession.

Under Dr. Toma, McCrea, who has appeared in several other pictures in the role of a physician, made a tour of Hollywood Hospital and watched several operations performed. Dr. Toma was also on hand whenever any scenes were taken which required technical understanding and dexterity. These included two operations which McCrea performs for the camera.²²

But Paramount executives did not want to push their pride in the film's medical realism too far for fear of alienating potential moviegoers not interested in such details. Ultimately, they emphasized, the hospital and its surroundings ought to be seen as merely colorful trappings for a story that was compelling by itself. The publicists cautioned exhibitors and reviewers that *Internes Can't Take Money* "is, under no circumstances, to be classed as a hospital picture, although the title may imply it. It is, rather, the story of an interne, the story of a mother seeking her child."²³

The combination of medical idealism, mob melodrama, and romantic tear-jerker did seem to work for a lot of people when the film was released in 1937. The receipts were quite good,²⁴ and reviewers' comments were not bad, either. *Cue*, for example, saw in the film "a fast-moving, tense melodrama."²⁵

What Faust himself thought of the film, if he ever saw it (he was in Europe when it was released), is not known. What we do know is that the young intern stayed on his mind. He wrote a similarly flavored short story about Kildare titled "Whiskey Sour" for *Cosmopolitan*. And, in early 1938, he generated the idea for a Dr. Kildare film series that catapulted his character to the front ranks of popular culture.

Lassie, Andy Hardy, and Jimmy Kildare

The idea for a film series sprang out of Faust in the midst of personal and professional turmoil. His marriage was reeling from his wife's discovery of his mistress. His income was dipping substantially from its hundred-thousand-dollar mark in the late '20s. He decided to travel to Hollywood to seek both personal peace and more money. Touted by his agent and publisher as a writer of prodigious rapidity as well as the best-selling author in the U.S. and most of Europe, Faust signed an immediate contract with Metro Goldwyn Mayer for \$52,000 a year. The studio intended to use his mass-production abilities to produce the so-called B or inexpensive pictures that were the company's major money-makers.

At MGM, Faust flabbergasted and frustrated executives by his ability to spin out plot ideas virtually non-stop. They considered most of his ideas vapid, but saw that every now and then he could come up with a gusher. The Kildare idea came at the end of a dry spell. Faust was under

pressure to develop a series concept for "B" picture producers Joe ("J.J.") Cohn and Carey Wilson.

The main considerations were these: MGM wanted a series that could be as popular, upbeat, and family-oriented as the studio's Lassie and Andy Hardy films. The setting, characters, and subject matter had to be robust enough to ignite a number of movies. And Cohn and Wilson were also interested in stories that could be developed around actor Lionel Barrymore. Barrymore was severely arthritic with chronic hip problems and hadn't worked in over a year. But he was still under contract to the studio and, not incidentally, he was Louis B. Mayer's favorite actor.²⁶

As Faust saw it, MGM's first concern "was to get a gripping new character in the hero, surrounded by intriguing and novel circumstances."²⁷ J. J. Cohn remembered that the writer pitched a number of series ideas that did not appeal to him or Wilson. Then they hit pay dirt:

One day Carey Wilson came into my office and he said, "Max Brand has an idea for a doctor who has cancer. And he's a great doctor and he wants to impart as much information as he can to his young assistant before his time runs out." And I said, "Well, you don't have to go any further." And that's when we did the first Kildare.

Faust wrote a more flamboyant remembrance of the producers' enthusiasm in a letter to his agent:

Finally, this morning, I gave Cohn and Wilson just what they wanted, and they literally pranced around the room, Cohn clasping his hands over his head and exclaiming, "We've got it! We've got it." And Wilson was inspired to say, "Shut up, Joe. Wait till you realize just what it means."²⁸

What it really meant was the beginning of a cycle of films that helped keep MGM king of both the "A" and "B" pictures through the 1940s, made Dr. Kildare a household name, and, in the process, reinforced and extended an image of the ideal role medicine should play in society. At the time, though, the chores of assigning a director, choosing a cast and fleshing out a script were uppermost in the producers' minds. For director, they chose Howard Bucquet, who had a reputation

for getting the most out of low-budget pictures. The older doctor's role was clearly Lionel Barrymore's. He wanted badly to resume acting and was ecstatic when Cohn and Wilson told him that he could do the role in a wheelchair.

Lew Ayres, a sensitive twenty-nine-year-old contract actor, was tagged for the Kildare role. Ayres had been making a tenacious comeback after years of not being able to live up to the promise he had shown in the 1930 classic *All Quiet on the Western Front*. He took the role with little enthusiasm, though. His ambition was to become a respected character actor. Now he was in danger of becoming a continuing fixture in what he feared would become a "C"-picture series if it succeeded at the box office. Still, it was clear to all on hand that Ayres and Barrymore were clicking as a pair in their new roles. So the studio shot an unusual closing scene for the movie. In what amounted to an epilogue, Ayres and Barrymore appeared on a stage and announced that they would be returning together in a series of Kildare films.²⁹

Based on a plot by Faust, MGM writers Willis Goldbeck and Harry Ruskin wrote the screenplay for that first movie, *Young Dr. Kildare*. The story starts with Dr. Kildare returning to his small hometown. He has his medical degree, and his parents expect that he will join his country-doctor father in practice. Instead, Kildare politely tells them that he feels he must continue his medical training to find his own place in the scheme of things. He joins Blair General Hospital as a \$20-per-month intern. Dr. Leonard Gillespie, a brilliant diagnostician who is looking to impart his knowledge to the next generation, sees a great future for the young physician. But because of the continual caustic remarks that the older man makes, Kildare believes that Gillespie dislikes him.

Kildare shows his intelligence and tenacity in the case of Barbara Chanler, the daughter of wealthy parents. An expert physician had declared the girl unbalanced. After speaking with her, though, Kildare is convinced that she has a legitimate basis for her mental problems. He investigates the problems in her past, discusses them with the young woman, and in this way brings her back to a normal emotional state. Nevertheless, the hospital's administrator, Dr. Walter Carew, is prepared to dismiss Kildare on grounds of insubordination. The intern prepares to return home, but Gillespie, who appreciates Kildare's talents, chooses him as his new assistant.

At the start of production, someone at MGM became nervous that

the name Kildare sounded too much like "dare to kill." They contemplated changing the name, and Faust agreed, but then decided against it because of the recognition that the character already had.³⁰ In the end, though, the studio showed a lot of faith in the film by arranging its New York debut in the prestigious Radio City Music Hall.

Like their Paramount counterparts on the first Kildare film, MGM's publicists took care to advise the audience that *Young Dr. Kildare* was not overly concerned with the specifics of hospital work. Posters and print announcements stressed that the plot had the elements that lured millions to movies—romance tangled with the struggle of life over death. The publicists spared few of the standard adjectives to herald the adventure and mystery that surrounded the film's men of American medicine. "While sirens scream [the ads said] . . . and adventure lies ahead . . . ride with the ambulance interns of a great hospital! Learn the secrets of Men in White and the Women they love . . . in the split-second drama of "Young Dr. Kildare" . . . and the mystery of the girl in Sables!"³¹

The public responded enthusiastically at the box office. Newspaper and magazine critics also tended to like the film. Much mention was made about the entertaining relationship between the earnest Ayres and the curmudgeonly Barrymore. It is interesting that Metro released its critical look at the medical profession, *The Citadel*, just a few months after it distributed *Kildare*. From the studio's perspective, the two were very different. *Kildare*, the offspring of pulp fiction, had the clear earmarks of bread-and-butter series output. *The Citadel*, by contrast, was a prestige flick. Filmed in England and based on a best-selling novel, it was touted as "MGM's greatest production."³² The handling of *The Citadel* by the studio and the press was much more sober than that of *Young Dr. Kildare*.

But a *Time* magazine review treated the two as a package and argued that Jimmie Kildare was in some respects a U.S. counterpart to *The Citadel's* hero. Like the latter film, the review said, *Young Doctor Kildare* champions the ideals of medicine by centering on a physician who wades through medical iniquities. "Scrambling about a Manhattan hospital to see where he can do the most good, Dr. Kildare encounters his full quota of mercenary internes and self-important specialists, but he is also privileged to deal with Dr. Leonard Gillespie (Lionel Barrymore) who, old, morose, and dying of cancer, is still all that a great diagnostician should be."³³

Film historian Lewis Jacobs, writing in 1939, went even further. He saw *The Citadel* and *Young Dr. Kildare* as part of a cycle of films that were reflecting heightened public and government criticism of the “social irresponsibility” in parts of the medical fraternity. Hollywood, he said, had been stimulated by growing national agitation for “various socialized institutions” and by “the federal government’s attack on the American Medical Association as a trust.” To support the point, he latched onto elements in several pictures that illustrated what he saw as progressive pattern of negative depictions of the physician in society.

From *Arrowsmith* (1931), the story of a small-town physician and of the medical scientist’s dilemma of a choice between the immediate relief of sufferers and the eventual immunity from disease for all mankind, movies have advanced to *Beside* (1934), which exposed the seamy side of medical science and the racketeering prevalent in some medical quarters.

A Man to Remember (1938) recounted the life of a small-town doctor who is confronted with bigotry and lack of understanding support: despite his practical human experience, because of his lack of degree he cannot continue his investigation. *Men in White*, *The Young Doctor Kildare*, *Yellow Jack*, *Dr. Monica*, *Main Street*, and *Of Human Bondage* revealed other professional, economic, and ethical problems faced by the doctor. *The Life [sic] of Louis Pasteur* re-evaluated the great scientist’s work in the light of social and political pressure that was exerted to frustrate him. The culmination of the exposures of the medical profession came with *The Citadel* (1938), in which not only a protest against injustice but a demand for a new order of things was clearly voiced.³⁴

Organized medicine, though, read the whole thing rather differently. As we have noted, medical leaders ripped angrily into what they saw as *The Citadel*’s militantly socialistic intentions for medicine. On the other hand, they were much more sanguine about *Arrowsmith* and *A Man to Remember*. Their attitude toward the goings-on in Blair General Hospital fell into the latter category. *Young Dr. Kildare* ignited no printed comments in medical trade journals. But *Calling Dr. Kildare*, the second in the series, was lauded by the AMA for scenes realistically depicting the joys as well as the travails of internship.³⁵ The association did take that film to task for getting Kildare involved in murder-related detective work. Yet this was a cavil like the kind directed at *Dark Victory*. The AMA

seemed to be saying that dramatic license at the expense of medical realism was a problem, but not nearly as great a problem as negative depictions of the institution's structure.

As for the people at MGM's Kildare unit, they saw themselves producing a film series that was respectful to medicine at its core. Producer Joe Cohn recalled that one of MGM's mandates regarding *Kildare* was "to be fair to the medical profession." To him and other studio executives, fairness did not mean that every doctor had to be the model of skills and honesty. Rather, it meant that the central characters had to contradict medical evils by portraying the possibilities, the ideals, of American medical practice.

It is unlikely that organized medicine was ever directly involved in guiding this approach. Neither Joe Cohn nor Lew Ayres could remember the AMA or any similar group getting in touch with anyone on the series. Organized medicine really didn't have to do that. In Louis B. Mayer's studio during this period, it was a dictum that "B" pictures were to be idealistic, uncontroversial, conservative. If Andy Hardy's father was the incarnation of the honest American lawyer, if Lassie was the incarnation of the loyal American dog, then Jimmie Kildare had to be the embodiment of the greatness in American medicine.

Cohn pointed out that not only did his writers have to be generally respectful toward the medical profession, he and Wilson had to ensure the technical accuracy of the procedures that were shown. That did not rule out dramatic license in depicting diseases and their cures. An assumption of the storytellers was that as long as something was possible—even if it wasn't probable—it could be used. But to make sure that the plot was indeed possible and to warrant that procedures were authentic, Cohn and Wilson did hire a physician as a continuing advisor and brought in specialists every now and then.

The importance of this technical realism was never questioned. Cohn equated it with cinematic honesty: "First, you have to imbue these things with a degree of integrity. And somehow or other if you don't practice integrity, there seems to be a false premise and the first thing you know is you fall on your ass. The audience can feel it, the doctors will jump on it."

Still, Cohn and Wilson insisted on the same principle that had guided the producers of *Internes Can't Take Money*: despite the emphasis on accuracy, a Kildare film had to go beyond the drama of medical tech-

nology. The producers' belief from the start was that Blair General Hospital should serve as a broad stage for examining human relations. And, in fact, they considered a hospital a terrific locale for a human relations approach. As Cohn put it, "When you're dealing with life and death, when a mother comes in and says, 'My child is dying,' where can you find a better situation?" Note the gender here. The central figures in distress did tend to be women.

Most of the elements that were to comprise the Kildare movies could be seen in *Young Dr. Kildare* and its immediate successor, *Calling Dr. Kildare*. Blair General Hospital stood squarely at the center of things. Moving through Blair were several regulars aside from Kildare and Gillespie: Jimmie's dad, Dr. Stephen Kildare; Jimmie's mother, Martha Kildare; Blair administrator Dr. Walter Carew; Gillespie's gruff but lovable nurse, Molly Byrd; Kildare's sweetheart, nurse Mary Lamont; and, for comic effect, ambulance driver Joe Wyman and his gossipy girlfriend, Sally the switchboard operator.

Several plot patterns that became conventional were there at the start as well: Kildare's insistence on sticking his neck out to help a physician or patient (or both) in the face of a difficult medical and/or personal problem; bureaucrat Carew's (futile) threats of disciplinary action against the talented but unorthodox intern; Gillespie's obstreperousness toward Kildare but his eventual display of affection and pride in Kildare's ability and humaneness.

The doctor's impoverished status as an intern was also a recurring theme, most prominent in his inability to marry Mary for lack of funds to support both of them. Kildare displayed a high-minded reluctance to ask any woman to play second fiddle to his career, and so he kept his pursuit of Mary low-key. Over and over it was emphasized that Kildare's noble dedication to healing transcends personal love. In *Dr. Kildare's Strange Case* (1939), for example, Kildare risks losing Mary to a wealthy surgeon and forgoes a five-hundred-dollar-a-month research position at the prestigious Messinger Institute to stay at Blair (for \$20 a month) and hone his skills as a "diagnostician" with Gillespie, whom he hopes some day to succeed.

The doctors' concentration on medical diagnosis allowed the writers to incorporate detective work and psychological drama into their plots. Hard-boiled detectives were a Depression film favorite, and, Faust noted

slyly, "there are as many Kildare stories as there are detective stories that can be given a medical twist."³⁶ Kildare's occasional performance of skillful surgery in Blair's impressive operating theater added an aura of high technology to the proceedings. Peppering every film were comments—often by the hortatory Gillespie—about the nature and role of the physician in American society.

Dr. Kildare's Strange Case is as good a film as any to highlight these comments. Basic to Gillespie—and to the series—is the idea that a physician is born, then shaped. ("You are a born doctor," he scolds Kildare. "Use your eye, heart, brain, instincts.") Ever mindful of eternal verities, Gillespie knows that, ultimately, whether a person lives or dies "is up to heaven." Still, he and Blair's other doctors believe that as physicians' knowledge progresses, they must work constantly, even dictatorially, to keep patients alive. When a desperately ill patient refuses an operation, Kildare forces it on him and is vindicated by Gillespie even though the patient dies on the operating table. "That patient had one chance in a hundred of getting through the operation," blusters Gillespie, "and one chance in a thousand of living without it! We'd be pretty poor doctors if we didn't do anything humanly possible."

Doing anything humanly possible even extends to dictating the personal morality and life-styles of patients. For instance, Gillespie, concerned about the blood pressure of a fiftyish man, berates his patient for "living too young." He urges the man to leave his mistress and return to the quiet of his family.

Reviews of the Kildare films in both the general and the trade press recognized the predictable patterns that acted out these ideas about the doctor's wide-ranging potential and jurisdiction. They reported the patterns matter-of-factly and implied that the audience picked them up too. *Time* magazine said admiringly that the "professionally precise" series had a "tried and true" formula that was "furnishing satisfactory entertainment to U.S. cinemillions."³⁷ And the politically liberal *Commonweal* encouraged readers to see *Dr. Kildare Goes Home* (1940). Its reviewer avoided Lewis Jacobs's procrustean tendency to label doctor films of the 1930s as fitting into a cycle of anger about the medical profession. The review said that the movie entertained by predictably invoking comfortable verities and progressive dreams to an audience whose world had turned inside out:

. . . *Dr. Kildare Goes Home* is so full of the milk of human kindness and worthy ideas on socialized medicine that it deserves your attention. Furthermore, we see so little of Lionel Barrymore these days that his return to the screen . . . is most welcome. Stressing again that the doctor's business is alleviation of pain and postponement of death, this continuation of the Kildare series takes Dr. Ayres to his home town where he starts a clinic with three unemployed young doctors and makes some intelligent statements on preventative medicine. Dr. Barrymore also growls a few sane remarks on marriage and its purpose that come as a surprise considering the flashy kind of escapist entertainment that Hollywood is dishing out in these hectic postwar, prewar, war days.³⁸

It was clear to culture-watchers that the young physician had struck a sympathetic chord among the American public. In Los Angeles, the movie's technical advisor found his medical practice swelling so much after word of his film involvement got out that he could no longer consult for the studio. People wanted to call on Dr. Kildare's doctor.³⁹ In fact, "Calling Dr. Kildare," the title of the third film (1939), became a popular cliché. Even radio performers such as Jack Benny used it to get an easy laugh.

So Metro's Kildare factory was run in high gear. As was the fashion with hit series, the studio required on-screen and behind-the-screen personnel who had started with the show to stay with it. The same cast, the same director (Bucquet), and the same screenwriters (Ruskin and Goldbeck) worked on the first nine movies in the bunch. Faust himself plotted six of those films, paying his personal physician for advice on the medical portions. In addition, he created short stories and novels about Jimmie Kildare that never made it to the screen but helped fan the public's interest in the young physician. In one optimistic letter to his agent he wrote, "I have the feeling the Kildare stories can be made to last indefinitely."⁴⁰

Two Crises

In 1941, though, the well-oiled Kildare engine began to falter under two crises. The first started when Lorraine Day, who played Kildare's Mary, told the front office that she wanted to go on to bigger things. Day felt

stifled on the Kildare treadmill. She wanted meatier roles and she wanted them in "A" pictures. Louis Mayer kept putting off her requests, but she was so dogged that Carey Wilson finally agreed to arrange her departure. For Day, it would ultimately mean leaving MGM in search of better parts.

But what to do with Mary? After careful consideration—and perhaps reflecting their anger at the actress—Metro's top brass decided to have her killed. More than that, they agreed to the most melodramatic time possible, her wedding day. The title of the ninth film, *Dr. Kildare's Wedding Day* (1941), encouraged the sunny thought that Kildare, who had graduated from the poverty of internship to become Gillespie's assistant, would finally marry Mary. Fans were sorely disappointed. Instead of seeing the couple off on a honeymoon, they saw Mary get run over by a truck a few hours before the nuptials. And, they watched her die after telling her bereaved fiancé, "This is going to be much easier for me than it is for you. Poor sweet Jimmie."

Predictably, Kildare's creators found a way to tie the melodramatic death to a medical theme. Kildare's loss turned into a powerful message about the physician's obligation to subordinate his personal problems to the needs of his patients. *Variety* phrased it well:

The shock, the bereavement, threaten to halt the career of the brilliant young medico. The old doc [Gillespie], with much guile as well as finally with honest appeal and recital of a parallel tragedy in his own life, brings his protege back to hospital labors. Sad, the story, but uplifting and inspiring in its devotionals and the subordination of personal affairs to a creed.⁴¹

Ironically, it was an actor's subordination to a very different creed that sparked the second crisis, with an altogether less satisfactory ending for those involved. In 1942 Lew Ayres informed his draft board that he was a conscientious objector to armed combat in World War II. The actor who had gained initial fame for his anti-war portrayal in *All Quiet on the Western Front* said that from childhood he had espoused a "Christian doctrine of non-resistance to evil." He believed firmly, he said, in the doctrine's "world healing possibilities." He offered instead to do non-combatant service in the Medical Corps; he had experience working with the Red Cross in Los Angeles. That was refused initially. Ayres was sent to an Oregon labor camp for conscientious objectors.⁴²

A *New York Times* editorial of the day observed that it took a lot of courage for someone as famous as Ayres to hold that position in the midst of the nation's most patriotic war.⁴³ But the film industry wasn't as understanding. Executives at Metro feared that Ayres's pacifistic stance would affect business. There were some early signs in different parts of the country that this was so. For example, in Hackensack, New Jersey, the Fox Theater manager said he withdrew the newest Kildare film, *Dr. Kildare's Victory*, after receiving more than a hundred telephone calls threatening a theater boycott if it were not removed from the double bill.⁴⁴ Believing that a trend was developing, MGM president Nicholas Schenck huffed, "Lew Ayres is washed up with us since he's washed himself up with the public."⁴⁵ *Variety*, fueling the fire in a front-page editorial, labeled the actor "a disgrace to the industry."⁴⁶ Some exhibition chains began to cancel film bookings of all existing Lew Ayres films.⁴⁷

But it soon became evident to MGM executives that they had overreacted. For one thing, the company had more than one million dollars invested in films starring Lew Ayres, and it made little economic sense to dismiss them so abruptly. So, it did not take long for Metro executives to announce that they had conducted an "impartial" and "comprehensive" survey of public opinion in theaters around the country and found little resistance to Ayres films. A studio official even suggested that the public had shown more tolerance in the matter than had theater executives.⁴⁸ Accordingly, the three Kildare flicks that were making the theater rounds at the time continued to be shown.⁴⁹

Yet MGM was firm that no other movies with the actor be made. Substituting someone else as Kildare was out of the question; studio executives felt that Ayres was irrevocably identified with the doctor in the mind of the audience. So the next installment in the medical series, which had already begun shooting, was reshaped at a cost of \$100,000. The screenplay was rewritten; Kildare references were removed; and the central character was transformed into a Dutch physician.⁵⁰

Frederick Faust, whose unfilmed Kildare scenarios would have to submit to the same fate or go unused, was initially furious that the actor who played his heroic medico should refuse to bear arms. His resentment cooled as he learned that Ayres did eventually join the Army Medical Corps, serving courageously as a non-combatant under fire during a number of Pacific beachhead invasions. Ironically, it was as a

non-combatant in the Second World War that Faust met his own end. He got involved as a correspondent for *Harper's* magazine. Unarmed except for a club cut from an olive tree, the fifty-two-year-old writer was shot in the chest while advancing with troops during the 1944 invasion of Italy.

Two years before that, MGM executives had decided how to salvage their lucrative medical series. The idea was to let it go on by keeping the same cast (sans Ayres) and using Dr. Gillespie (Lionel Barrymore) as the central character. With direct creative control remaining with Cohn, Williams, Ruskin, and Goldbeck, the five Gillespie films that emerged from 1942 through 1947 were similar in approach to the Kildare installments. Each movie's three subplots allowed the interweaving of medical mystery (amnesia, mental illness) with melodrama. These were punctuated liberally with scenes in which Barrymore growled comically at the hospital staff, interns (especially Van Johnson in four pictures and the Chinese actor Keye Luke in five), and a succession of patients (most often women or children). The proceedings also gave Gillespie several opportunities to perorate along established lines about the role of the physician in society. In *Dark Delusion* (1947), for example, the old man reminds a young physician falsely accused of malpractice that the public has the right to demand a lot of the medical profession:

Who's ever fair to a doctor? Does your Hippocratic Oath guarantee that your patients are going to be fair to you? Or does it just obligate you to be fair to them? And remember: A doctor must sink or swim; he must quit or carry on. And a good doctor should always have the courage to make that decision!

Dark Delusion marked the last film in the Gillespie series. Two years later, though, MGM mined its Kildare lode in yet another way. With Ayres back from the war and looking for work, the studio teamed him and Barrymore in a syndicated half-hour radio series, *The Story of Doctor Kildare*. It retreaded the Blair General Hospital routines yet again. This time, though, the cast was new aside from Ayres and Barrymore. The production staff was also new, and writing was done on a freelance basis.

The introduction opened with the announcer shouting, "The Story of Doctor Kildare," then shifted to Ayres reading the Hippocratic oath. "Whatsoever house I enter, there will I go for the benefit of the sick, and

whatsoever things I see or hear concerning the life of men, I will keep silence thereon, counting such things to be held as sacred trusts." The announcer, reclaiming the mike, called the program "an exciting, heart-warming series." He then described the setting: "Blair General Hospital, one of the great citadels of American medicine. A clump of gray-white buildings planted deep in the heart of New York, the nerve center of medical progress, where great minds and skilled hands wage man's everlasting battle against death and disease. Blair General Hospital: where life begins, where life ends, where life goes on."

The stories that followed were not nearly as exciting or literate as the introduction implied. The writers typically set a melodramatic situation with a medical pretext—an asthmatic orphan, a fainting truck driver, Kildare needing to perform emergency surgery on himself—against attempts at comedy that took Barrymore's blusterings to even greater lengths than the Gillespie films did. Ayres, who believed that the Kildare films were "soapy," thought the radio show was even more so, even though he wrote a few of the episodes.

The series held on until 1952, but it never ignited anything like the public enthusiasm that the films had sparked. Still, a generation had come to know the pathways and ideals of modern medicine through the eyes of Jimmie Kildare. Moreover, a formula of popular culture had crystallized. The setting was the large metropolitan hospital, a place where a Grand Hotel of interesting patients could reasonably show up. The main characters were two physicians, a neophyte and an older sage, with nurses, orderlies, and the hospital administrator revolving around them.

The patterned plots acted out themes that both glorified establishment medicine and placed heavy responsibilities on it. Doctors were society's champions in the modern struggle against death from disease. The public had the explicit right to demand a lot from their scientific warriors. Physicians had to do all that was possible, even in the face of personal sacrifice, to help patients. And they had to know the importance of getting professionally immersed in patients' problems, of showing that they care even while using increasingly impersonal technologies.

These depictions fit the perspective that the American Medical Association wanted to convey about the health care system. As the organization most involved in reshaping the structure and image of American medicine in the early twentieth century, the AMA was clearly

interested in media visions that would help its cause. Yet, as we have seen, the creation of Jimmie Kildare was not a direct result of promotional efforts by any part of the medical establishment. It was, in its most basic sense, the formularized response to a storytelling need by a prolific American writer whose path happened to cross medicine's.

At the same time, the impetus for the Kildare formula cannot be laid fully at the feet of an independent creator. Frederick Schiller Faust was clearly influenced by his era's public messages about medical science, perceptions that the AMA and its affiliates were working to mold. Just as clearly, producers at Paramount and MGM were quite concerned with staying in tune with the medical establishment when it came to depicting health care heroes.

This concern reflected the studios' general policy toward institutions in their pictures, a decision to swim with the mainstream when it came to matters of professional portrayal. In Metro Goldwyn Mayer's case, it seems that caution about offending organized medicine was also a specific response to the AMA's public anger about previous films. AMA film critiques seem to have reinforced the producers' decisions to stay in the medical establishment's good graces when it came to a bread-and-butter film series.

A convergence of a number of mainstream interests at a particular point in time, then, served to cultivate Kildare and catapult him onto the nation's screens. A decade later the Kildare name would attract even larger numbers to a television version of Blair General Hospital. In the meantime, though, as the movies and radio gave way to television as the nation's most shared storyteller, a creator with some similar interests to Faust would try to place his own stamp on the form. The upshot, the most popular doctor show of the 1950s, would try to push medical storytelling in what its creator felt was a very different direction from the course Faust had set.