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THE
MACHINATIONS
OF THE
**American Medical
Association**

AN EXPOSURE
— AND —
A WARNING

BY HENRY R. STRONG

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ST. LOUIS, Mo.
The National Druggist

1909

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YOUNG MAN

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BY
HENRY R. STRONG.

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... INTRODUCTORY ...



THIS article was begun with the idea of publishing it as an editorial in the NATIONAL DRUGGIST, of which the writer is Editor and Proprietor. But it finally grew to such proportions as to render it unsuitable for that purpose, and hence its appearance in its present form.

Its design is to expose what the writer sincerely believes to be a dangerous conspiracy, which, though primarily directed at the drug trade, will, if successful, affect the people as a whole, and in a most serious and far-reaching way; for it contemplates nothing short of an actual State Establishment of Medicine, the entire administration of which shall be committed absolutely into the hands of the officers of the American Medical Association.

Herbert Spencer in his "Social Statics" says: "There is a manifest analogy between committing to government-guardianship the physical health of the people, and committing to it their moral health." And he argues that the objections to the establishment of a system of religion apply with equal force to the establishment of a system of medicine. And Thomas Jefferson gave expression to similar views.

Fortunately, the Constitution of our country provides against the establishment of religion, but there is no prohibition against the establishment of medicine; and we shall have such an establishment, and that soon, if the medical hierarchy are permitted to have their way.

If there be those who are inclined to regard this statement as sensational, they are asked to withhold judgment until they have read this pamphlet through.

The writer knows that the clique whose arrogance he has rebuked and whose machinations he has here disclosed will accuse him of "attacking the medical profession!" That is an old dodge of theirs, to which they always resort whenever they are called to account for their misdoings. The writer gives way to no one in his regard for the earnest, faithful practitioner, striving to relieve human suffering and to save human life. And he repudiates the charge of attacking him.

The fact is, the writer has not attacked anybody or anything—not even the clique. All that he has done is to show by the published utterances of men high up in the counsels of the American Medical Association that that Association, as it is now being conducted, is not the altruistic, philanthropic institution which its leaders would make the public believe.

If with this exposure there should come a reform of the Association, or that failing, its leaders are thwarted in their evil designs, the writer will feel that he has done a useful public service.

If the clique here appear in an unenviable light, it is their fault, not his. The truth is, he has not made a single charge against them. They have indicted themselves. And if, in the words of Job of old, they accuse the writer of saying bitter things against them and of "looking narrowly into all their paths," he will reply to them as Eliphaz, the Temanite, did to Job:

"Thine own mouth condemneth thee, and not I:
Yea, thine own lips testify against thee."

H. R. S.

ST. LOUIS, JANUARY, 1909.

CHAPTER I

Impending Drug Legislation—The Activity of the Medical Politicians—The Duty of the Drug Trade

Among the many subjects that will come up for consideration and action before the various State Legislatures now in session will be the governmental regulation of the manufacture and sale of foods and drugs.

The right on the part of the States to enact laws having this end in view is unquestioned. It is derived from what is called the "Police Power." The maxim of this power is that every individual must submit to such restraints in the exercise of his liberty or of his rights of property as may be required to remove or reduce the danger of the abuse of these rights on the part of those who are unskillful, careless or unscrupulous.

Now, the drug trade (and we use the term broadly, so as to include the manufacturer, wholesaler and retailer) is neither better nor worse than other classes of human beings, and it should not be surprising, therefore, to find in each of its branches a certain number of individuals who are "unskillful, careless or unscrupulous," and who can not be deterred from wrong-doing except by the fear of punishment.

It is, therefore, not only the right, but it becomes the duty of the States to enact laws to protect the people at

large against these individual incompetents and malefactors; and though such regulation may in its operations occasion annoyance, trouble and expense to the honest and the skillful, yet these ought to submit uncomplainingly to such petty inconveniences, out of regard for the interests of the people as a whole.

It must not be forgotten that people are not always discriminating in their judgments, and often blame an entire class for the misdeeds of the few. Besides, the worst competition that any tradesman or professional man can have, always comes from the cheat or the quack. Hence it can be seen that, even viewing the matter from no other standpoint than that of the narrowest self-interest, it is the duty of every honest man in the drug trade to lend his support and encouragement to any well-intended and intelligent efforts, legislative or otherwise, to rid himself of competition with the "unskillful, careless or unscrupulous." In fact, as the present writer has urged, time and again, druggists should take the initiative in all movements that have this most worthy purpose in view. It is to the credit of the drug trade that it has never been remiss in this particular. Every pharmacy law on our statute books is the work of druggists. These laws were placed there, not at the behests of the people, but upon the recommendation and earnest advocacy of pharmacists, who thus have shown that they were willing to submit to all reasonable restraints upon their liberty of individual action for the advancement and honor of their profession, and out of regard for the health and lives of the people.

Not only this, but druggists have invariably lent their valuable aid to the authorities in the ferreting out and in the prosecution of offenders within their own ranks; no less an authority than Dr. Thos. Darlington, Commissioner of Health of the city of New York, only a few weeks ago, having testified to the earnestness and effectiveness of their co-operation in this respect. As we learn from the

Brooklyn Times, this distinguished official "congratulated the druggists on their determined stand to wipe out cocaine and other evil habits, and he showed how, by such co-operation, the death rate had been materially lowered." He spoke, also, of their aid in the exposure to the public of "the so-called consumption and other fake cures that at one time flooded the market."

Those who are familiar with conditions in the drug trade know that all that Dr. Darlington has said is true, not only as regards the druggists of the city of New York, but throughout the country. The only thing remarkable about Dr. Darlington's tribute is that it comes from a physician, for it is not often that a member of his profession is fair and frank enough to give druggists credit for an honest effort in any direction.

Nor is this willingness to submit to legal restraints and to aid in the punishment of the vicious, confined to the retail branch of the trade, for both the National Wholesale Druggists' Association and the Proprietary Association have denounced the marketing, as medicines, of articles that are likely to be used as alcoholic beverages, or which contain so large a quantity of narcotic drugs that they may contribute to the formation of drug habits among those who take them.

It might be proper to state in this connection that the Proprietary Association represents but a small proportion of medicine manufacturers, since it numbers only about two hundred out of a total of over two thousand such manufacturers in the entire country. However, it is the only organization of proprietary manufacturers; and it thus appears that the representative associations of retailers, wholesalers and manufacturers have all expressed themselves in unmistakable terms on this question, and, moreover, have put themselves on record as favoring laws that will eradicate the evils they have proclaimed against.

This does not, of course, mean that they will open their mouths like unfledged birdlings and swallow unquestion-

ingly any and every proposed law which may be labeled a "pure food and drug bill." It is said that Madame Roland once exclaimed, "O, liberty! how many crimes are committed in thy name!" And the drug trade of the country, in the light of the experiences of the past three or four years, can with reason make the same exclamation as regards "pure foods and drugs."

It must be admitted, however, that the food and drug laws that have so far been placed on the statute books are, in the main, fair and just. Indeed, when one considers that the subject is a purely technical one and that from the very nature of the case our legislators cannot be very well informed thereon, it is a tribute to their intelligence and to their devotion to the trust confided to them that no very serious blunders have been made. And especially is this so in view of the campaign of falsehood and deception, of denunciation, vituperation and abuse, which, during the period named, has been waged upon the drug trade of the country in all its branches. This abuse and vilification, these misrepresentations and falsehoods, did not proceed from ignorant and misguided zealots, as is usually the case in the so-called reform movements, which from time to time sweep over every country. These figured in the crusade to a greater or less extent, of course; but, strange to say, those who were mainly responsible for the injustice—those most clamorous for undue restraints on pharmacy, belong to a sister profession—that of medicine; and unless something intervenes to change the situation, it will be at the instigation and by the lobbying of these same interests that bills for new laws and for amending the present statutes, all imposing unreasonable restrictions on the drug trade, will be introduced and pushed at the present sessions of the various legislatures.

It is because we believe that the protection of the public from the dangers of impure drugs is but a cloak to hide certain schemes of power and profit on the part of a small

clique in the medical profession, that we wish to impress upon the drug trade, in the most earnest and urgent fashion of which we are capable, the importance of awakening to the gravity of the situation, in order that they may forestall the insolent encroachment on their rights which is now impending.

Indeed, it would be the part of wisdom for the drug trade to take the initiative in a movement to perfect the present statutes, and to bring them as nearly as possible into conformity with the National law; and, having done this, to see to it that similar laws are passed in all those States, which, so far, have not legislated on the subject. In this way can they best subvert the evil purposes of the designing doctors to whom we have referred, and of whom we shall have much to say later on.

Let it be understood that we do not charge the medical profession as a whole with these unworthy motives and unscrupulous schemes. Indeed, it is one of our objections to the rôle that medicine has been playing in the matter, that those who have taken the leading parts do not really represent the rank and file of the profession, but have pretended to wield an authority for which they hold no commission.

The attempt thus to impose on the people and our legislatures by trying to make it appear that they represent a united profession is cunningly expressed by Dr. C. A. L. Reed, Chairman of the Committee on Legislation of the American Medical Association in his report to the Association in 1905. He said: "The championship of a measure by your committee is accepted by Congress as the championship of the American Medical Association, which, being the representative organization of the medical profession in the United States, **makes its voice** (that is, the Committee's voice), **in effect, the voice of the entire profession.**"

A similarly audacious bluff was played by this same man (who, be it remarked, is probably above all others

most responsible for the political activity of the Association) in 1907, at the time the President's order was promulgated, giving the medical corps of the navy control of the relief ships. At that time a telegram sent by Dr. Reed to the surgeon-general of the navy, was published in the newspapers so generally and simultaneously, as to warrant the presumption of its having been given out to the associated press at Cincinnati, Dr. Reed's home. The telegram was as follows:

"Your demand and the President's order giving the medical corps of the navy actual control where it has actual responsibility, commands the approval of the one hundred and forty thousand physicians of the United States."

When it is remembered that even at that time the Association only claimed to have twenty-seven thousand members, and that even of that number but a mere handful had any voice in the representation assumed by him, it is hard to understand how he possessed the right to speak for the "one hundred and forty thousand physicians of the United States." The fact is that even at this date the claimed membership of the American Medical Association is but little more than one-fifth of the total number of physicians in the United States, and it would have been impossible for the clique to have "coralled" even that many, but for the work done by the "Walking Delegate," Dr. McCormack, who junkets the country at the Association's expense, practically coercing those doctors into the Association who cannot be persuaded to join. A considerable number of those who are members of the Association are antagonistic to the attitude and actions of the ring; and a much greater proportion, as in all large organizations, take no further interest in the Association than to pay their dues. Hence the claim that these ring-leaders really voice the sentiment of the profession at large is the sheerest presumption.

CHAPTER II

The American Medical Association Adopts the Tactics of the Labor Unions

For physicians as a body we have no other feelings than those of profound respect. As in every class of human beings, there are good and bad men among them—capable and incompetent ones. The good and capable ones go about their own business, doing the best they can, with nothing and no one to exploit. The schemes to which we have referred are the projects of a medical oligarchy—of the bureaucratic ring, which is just as ready to exploit its own profession or its own association, as it is to exploit the public, when it sees a chance for the acquisition of power and profit.

We do not even know that we have any particular personal feeling against the men who compose the arrogant clique that at present controls the votes and coffers of organized medicine, except as they represent a vicious principle of organization run riot.

Human nature is the same wherever it is found. Medical men are no better and no worse than the rest. Given a powerful organization of men—even of physicians, whose ostensible objects are science and humanity—especially where the controlling power is centralized and the members at large practically disfranchised, and there will always, sooner or later, develop a corrupt oligarchy, which becomes more and more despotic in rule, intolerant of criticism, greedy for power and unscrupulous in obtaining it, until at last it delivers the organization over to dishonor and public

obloquy; and then comes the revulsion and the repudiation, in which, unfortunately, the innocent members have to suffer for the sins of the gang.

With the inevitableness of natural laws in their application to class interests, the American Medical Association, laudable enough in its original purposes, has gradually gathered to itself and is now exercising, an arrogant authority and control over medicine, until its boasted organization has become degraded to the mere level of a Trades Union, and an exceedingly intolerant type of Union at that. Under its blighting influence, individual opinion has been strangled and personal liberty burlesqued, so that the doctor of to-day, in spite of the traditional sentiment that surrounds him, stands before the public in the unenviable position of a Union laborer, with whom no business can be done except through the lodge; who strikes at the bidding of the walking delegate, and who is prohibited from buying, selling, handling or even reading anything that does not bear the Union label.

The closed shop is one of the conspicuous features of this Medical Unionism. No one can work that does not have the card, and there is but one way to get the card, and that is, to conform to the arbitrary requirements of the Central Union. To those who do not so conform the Union applies the derogatory epithets of "quack" and "irregular," which are equivalent to the term "scab" in Trades Union lingo. To the public the word "quack" signifies an ignorant man pretending to practice that of which he knows nothing. To the organized portion of the medical profession, its meaning is different and far wider; it means any practitioner that is not in the Union, regardless of his character or qualifications.

A year or so ago, there died in the city of St. Louis one of the foremost surgeons of the world. He was not only an operator of the highest order, but a tireless and exhaustive worker in the field of original surgery. His

fame was co-extensive with civilization. No charges were ever brought against him which in the remotest degree reflected on his qualifications as a surgeon. His skill was acknowledged even by his enemies. He was never accused of having done anything unbecoming the true physician. "The head and front of his offending had this extent—no more!" He dared to think! He refused to mold his opinions and to govern his actions by the arbitrary rules which those he knew to be his inferiors had set up for his governance! In other words, he could not regard the Code of Ethics of the American Medical Association as being inspired, or as having a binding authority on him where his judgment and conscience told him it was wrong. And so, several years ago, on account of some trivial infraction of this sacred "Code," a movement was started to expel him from the local association, which was only defeated by his hastily sending in his resignation. As membership in the American Medical Association is dependent upon membership in the local and State societies, he was not eligible to membership in the National organization. **And so, though he had saved thousands of lives, though other physicians had profited by his matchless art, this brilliant surgeon, this great and able man was, during all these years, an outcast—a medical "scab," not recognized as "ethical" or worthy of fellowship in that body of physicians banded together in the American Medical Association.**

This case is but a single example of its kind. There are hundreds of others. We refer to it, specifically, only as an illustration and because we knew the man and were personally cognizant of the great wrong that, under the guise of "ethics," was done to genius and worth.

This negative, prohibitory side of Medical Unionism has its positive counterpart in the unionistic methods by which these doctors "maintain wages" and endeavor to protect themselves from the natural penalties of incompetence and bad judgment. Price schedules are nowadays

established by almost all medical societies, and those who work for less than the "scheduled prices" are treated in the same way that Union laborers are dealt with for a similar offense. Fines, suspension, and, ultimately, expulsion with all the consequences that follow therefrom, are the penalties for ministering to the sick at a rate lower than the established wage. The unfortunate individual who has not the price is thus compelled to die without medical attention, or become an object of public charity.

Nor, as it appears, is there any way by which these conditions can be reached by the arm of the law. A test case of the kind, only a few months ago, went up to the Supreme Court of Iowa from the county of Bremer in that State. Several members of the Bremer County Society had formed such a "wage schedule," as we have described. Several of its members were indicted for the offense under the Anti-trust laws of the State. When the case came to trial the accused physicians pleaded as a defense the right of "labor" to organize for protection, and the plea was sustained by the trial court. The case was appealed to the Supreme Court which, in a recent decision, upheld the decision of the lower court. **And thus it has been judicially determined that medical combinations are Labor Unions, and cannot be reached by the anti-trust laws of the States.**

If a number of farmers, druggists or grocers, or other tradesmen come together and fix the price of the commodities they sell, indeed, if, as was decided in the famous Indianapolis case, druggists agree among themselves—not to establish—but simply to maintain the prices which the manufacturers of patent medicines or other trademarked articles fix for their products, they are guilty of a criminal conspiracy. But doctors seem to be above the law! There is no restraint on their avarice or cupidity. If the members of one of their associations combine to increase the fee for their services, they are acting within their legal rights. There is no limit to the amount they

may charge. And thus the protection which a beneficent government intended to throw around the wage-earners, the laborers in our factories and mines, to shield them from the aggressions of greedy capital, has been so perverted from its true purpose as to encourage these sham humanitarians, these boasted philanthropists, these smug pretenders to ethics and morality, in as cold-blooded a scheme of extortion as ever banded a lot of freebooters together in a predatory enterprise.

That this Bremer County case is not an isolated example, that this brutal exhibition of inhumanity is not confined to a few individuals or to a single county, is proved (if proof were needed) by a circular letter sent out in March, 1908, by the Bremer County Medical Society to the other associations of doctors in the State of Iowa. This letter stated that it had cost the County Society three thousand dollars for its defense, and on the inference that they were fighting for a principle in the maintenance of which all other organization physicians were vitally interested, they requested contributions to a fund to reimburse themselves for their outlay.

This circular letter, after a recital of the facts which led up to the indictment, contains the following language:

"The sole reason for the agitation leading up to the indictments, was the alleged act of the society in adopting a fee bill, **as has been done in most of the counties of the State**, the schedule of fees averaging considerably lower than in many counties. The principle involved in these cases, as you readily see, is whether physicians have the legal right to adopt a fee bill. * * * The result of this whole matter thus far has been favorable to the medical profession, and every physician in the State (at least those who are members of medical societies), are directly benefited by the holdings of the courts. * * * It seems to the local society only right that we call your attention to the matter, and to indicate that any assistance you may feel disposed to render will be gratefully received."

This remarkable document acknowledges that "most of the counties of the State have adopted fee bills," and that all physicians, and especially "those who are members of medical societies" are vitally interested, and, therefore, ought to share the expense of securing this judicial deter-

mination that a medical society under the law is a "Labor Union."

It bears the signatures of Drs. W. A. Rohlf and O. L. Chaffee, committee. Drs. Rohlf and Chaffee were indicted at the November term of the Bremer District Court on a charge of "conspiracy" for the alleged refusal to assist a certain doctor who happened not to be a member of the Union and who is said to have refused to be bound by the fee bill, in performing an operation on one of that doctor's patients. The same circular letter quoted above refers to this indictment, and says, that it is also of vital interest to organized medicine, since it "involves the right of a physician to refuse to work with another physician."

Hon. Chas. W. Miller, Representative in the Iowa House of Representatives from Bremer County, Chairman of the Democratic State Executive Committee and the editor of the *Waverly Democrat*, was, by the local Medical Trust, considered responsible for the indictment and prosecution of its representatives. It is a fact, that he exposed them in his newspaper and denounced their unholy conspiracy without mincing his words. On an evening subsequent to the indictments, Mr. Miller was walking on the streets of his town, when someone skulked along behind him to a dark place in the street and there assaulted him. The grand jury of the county afterwards returned an indictment for an assault with attempt to kill against a member of the local medical society for the offense described. **And so it seems that the man who has the temerity to expose and denounce the cold-hearted brutality of these organization doctors does so at the peril of his life.**

The Iowa State Medical Association at its meeting in Des Moines, in May, 1908, took official cognizance of the Bremer County situation and appropriated three hundred dollars to help the Bremer County Society to pay the expenses that it had incurred in establishing by a legal tribunal the fact that it was in truth a "Labor Union."

At the same time the Association passed a resolution in which it endorsed "the action of the Bremer County Medical Society, in their efforts to maintain their professional rights," and recommended that County Societies throughout Iowa "extend financial aid to the members of the Bremer County Medical Society, in order to reimburse them for the large sums expended by them in the defense of this case."

The *Iowa Medical Journal* in discussing the contribution said, editorially, in its issue of July 15th, 1908: "Bremer County has borne the brunt of a great battle, the results of which are as of much interest to every man (physician?) in every other county in the State as in Bremer County. The large expenditure of the physicians of Bremer County has laid a burden upon the members of our own organization there that should be lightened by subscriptions from every county in the State."

This Bremer County case is commented on thus at length, because it proves by the evidence of the organized doctors themselves that "fee bills" have been adopted in "most of the counties of Iowa," and that there is nothing unusual about the practice.

The *Journal of the American Medical Association*, the official organ of that Association, Volume L, No. 1, referred editorially to this case, approving the establishment of "fee bills" on the part of the association doctors. In Volume L, No. 11 of the same journal, is an abstract from an article which appeared in the *Journal of the Minnesota State Medical Association*, February 15th, in which we learn that Dr. Hohf, in the original article, "gives in detail a plan proposed by the committee of the Eighth District Medical Society, which includes a 'fee bill.'" In the same journal, Volume XLIX, No. 13, we learn that Dr. Wm. B. Patton in some remarks before the Ohio Medical Association, "after paying due consideration to the altruistic side of the profession and the practice of the individual members, asked consideration to the premise that it is time for

every county society in the State to adopt and live up to a modern medical fee bill." He goes on to tell us that his County Society adopted a fee bill in June, 1906, and states that, at a meeting of the Hamilton County Society "a grievance committee was appointed, to whom all complaints of violation of the 'fee bill' should be referred for investigation." And he tells us "that while it is too early to know what such a committee will accomplish, the very fact that it exists ought to have a tendency to stiffen the back bones of some of the weaker brethren."

Occupying the leading place in the *Journal of the American Medical Association*, Volume XLVII, No. 14, there is an article on the subject of medical fees by Dr. W. O. Bridges, of Omaha, Neb. In discussing this question, he advocated the adoption of fee bills by the county societies throughout the country, and said, "Organization, then, must be the solution of the question. The County and District Societies should do as much in this regard as they do in every other, and I am not so sure that a move in this direction by the State Society for a minimum schedule, which has been adopted by all its component parts, would be in the right direction."

We think we have said enough on this subject to show that the establishment of fee bills is common all over the country, and we have proved the fact by the mouthpiece of organized medicine itself.

CHAPTER III

Medical Black Lists and Defense Funds— The Physicians' Union on a Strike

So closely do these Medical Unions follow the methods of Trades Unions, that in some cases they have even gone to the length of instituting "Black Lists" containing the names of those who owe for medical attention, and the rules of the Unions forbid one doctor from rendering service to a person who is in debt to another doctor until an understanding has been reached with the other doctor and his consent has been given.

We do not know to what extent this practice of making "Black Lists" obtains, but that it is more or less general is evident from the frequent allusion to the same, which we find in the association organs. A specific instance of the kind is found in the city of St. Louis. The St. Louis physicians have a "Dead Beat Directory." It contains the names of fifteen thousand persons who, from one cause or another, have failed to pay their doctor's bills. The book bears the title of the "St. Louis Medical Credit Guide," and is furnished to physicians, dentists and undertakers. It is kept up to date by the issuance of a monthly sheet and will be revised once a year. The fifteen thousand names are chosen from lists used by a collection agency for three years in collecting the bills of five hundred physicians. The book also contains the names of seventy thousand persons who are "good," in the sense that they have property and are responsible.

We read in the St. Louis *Republic* of December 13th, 1908, that a similar directory is in use in Moberly, Mo.

We print herewith from the *Medical World*, Articles of Agreement of the local association at Duquesne, Pa., which were adopted June 13th, 1905, and which the editor of that journal recommends as a model for other societies to follow. He quotes Dr. F. J. Madden, a member of the Duquesne Society, as saying that this "Information List" has saved the physicians many dollars and has proved an entire success. The agreement is as follows:

"ARTICLES OF AGREEMENT.

"Agreement made between the Duquesne Medical Society and the members thereof, as follows:

"We, the undersigned members of the Duquesne Medical Society, of Duquesne, State of Pennsylvania, hereby agree and bind ourselves, subject to the penalties named herein:

"First. Each member shall submit to the Secretary of this Society the names of persons who have persistently refused or neglected to settle their accounts for medical services rendered within a reasonable period, and such other names from time to time as each member may think to his interest.

"Second. The names submitted as per section first shall be arranged alphabetically, to be known as the 'Information List,' and each member of this Society shall be assigned a number by which he shall be known in this List.

"Third. Every member of this Society shall be furnished a copy of the 'Information List.' All names reported by the Secretary shall be added or removed as reported.

"Fourth. It shall be the duty of each member of this Society to inform any person whose name appears on the 'Information List,' applying to them for medical services, that they owe an account to the physician or physicians, reporting their names. Exceptions to this rule may be made as follows: In case of emergency the physician applied to may render immediate medical aid to the extent of one visit to such person, providing the physician rendering the service demands and receives cash payment for the services, pending the applicant's satisfactory arrangement with the physician having reported his name to the Society.

"Fifth. The person so reported shall make application to the physician or physicians reporting his name, pay the amount due, or make satisfactory arrangements for the payment thereof. Then it shall be the duty of the physician reporting said person to issue a certificate on the form prescribed by this Society, certifying that he had paid the account or made other satisfactory arrangement for payment of the same. In this event, it shall be the privilege of any physician to whom said person shall apply and present said certificate, to render medical services.

"Sixth. In the event of the person receiving a certificate of satisfactory arrangement for settlement of his account failing to comply with his agreement made in order to receive said certificate, the name

shall again be placed on the 'Information List,' and each and every member of this Society shall refuse absolutely to render further medical services until the terms of said agreement have been complied with or a new certificate issued.

"Seventh. The following form of certificate shall be used for the purpose set forth in Section 6:

Certificate of the Duquesne Medical Society.

This certifies that Mr.....has this day agreed to settle his account of \$.....by making payment on the.....day of each and every....., until said account is settled in full.

Signed....., M. D

Date....., 19.....

"Eighth. It shall be the duty of each and every member of this Society to render statements to his patrons quarterly on the first of January, April, July and October of each year. Privilege is hereby granted to render monthly statements.

"Ninth. It shall be compulsory upon each and every member of this Society to comply with the conditions of this agreement, also to abide by the minimum fees as set forth in the fee bill adopted, also the Code of Ethics; and upon trial and conviction before the Censors of the Duquesne Medical Society pay a fine of fifty dollars; or expulsion from the Society shall be imposed upon any member who wilfully or negligently refuses to comply with the conditions herein set forth."

It was precisely this very principle carried to its logical extremity and worked out in the cruder methods of a less cultured class which gave rise, a few years ago, to those disgraceful conditions in the city of Chicago during the teamsters' strike, when funeral processions were assaulted, hearses and carriages stoned, and their drivers and occupants turned out and beaten, conditions which so outraged public sentiment that they served more than anything else to bring about an end to the strike. The tactics of these teamsters were palpably brutal, but they had at least the excuse of ignorance and lack of refined training, a defense the medical societies are not able to put up. The refinement of brutality embodied in this movement of the medical societies is, therefore, not less, but much greater than that of the teamsters' union.

There is another phase of this matter which must strike the reader, and that is, how a doctor with any self-respect can surrender his individuality and liberty of action after this fashion. Especially is such a concerted action by physicians reprehensible when one considers the peculiarly intimate relations which the doctor holds toward human life, of which, by the way, these high priests of medicine are so fond of prating. He stands in somewhat the same relation to the public as does the clergyman; and while it is true, of course, that both clergyman and doctor are obliged to have regard to the "hire" by which they pay living expenses, yet what would be thought of the clergyman who refused to perform the burial service over a fellow-man simply because the deceased had failed to pay his church dues, or had left no money from which the clergyman could extort a fee?

Only last year was witnessed the edifying spectacle of the Physicians' Union on a strike for the purpose of coercing the insurance companies of the country to pay the schedule price of \$5.00 for examination fees, and the insurance companies had to come to terms, too. This strike was not a local affair, but extended throughout the country and had the support of all the association organs. The *Journal of the American Medical Association* was, probably, the instigator of the strike, for, as early as May 5th, 1906, editorial reference is made to the efforts on the part of the insurance companies to reduce the fee to \$3.00, and the question is asked, "are we now sufficiently united to resist successfully such arbitrary declaration on the part of the wealthy corporations, or shall we continue to submit and take the pittance that is offered? We certainly believe that we are so united; at least, in most localities, and that we should not submit. As we have recorded from week to week in our news columns, several county societies have already taken action and have refused to accept the new rate. In some instances, every physician of the county has signed an agreement not to examine for the old line

companies for less than the fee received in the past. As one put it, if we accept this forty per cent reduction now, how soon will there be another similar cut? We publish in our news columns," continues the editor, "a protest and a plea on this subject from Dr. J. N. McCormack. Having traveled over the country and having come in close touch with the medical profession, he knows the conditions and the sentiments of the medical profession, and he believes that a united resistance should be made everywhere. From the numerous letters we have received, we believe that he is right, and that action should be taken immediately in every county society in the country."

The fixing of the fee by the organizers of medicine, with its penal provisions of ostracism and ultimate expulsion for violation, would be less open to criticism if it were done frankly and consistently, with no pretense of any other motives or considerations than those of Trade Unions. As the *Medical Sentinel*, an independent journal, significantly says:

"Organized labor believes in physicians fixing a regular scale of prices and abiding by it, under one condition—that the doctors join the local federation of labor and pay dues to that organization. The labor unionists contend that the physicians must submit their scales of prices and rules to the Central Labor Council to be ratified by that body. Otherwise the members of the labor unions will not do business. As one of the labor unionists says, 'If the doctors want to get into the union game on the square, let them buy a stack of chips before the deal is made, and not try to play an extra hand.'"

But there is no indication that the medical bosses have any desire or intention of doing this. With a characteristic egotism and presumption of superiority, they wish to be a law unto themselves, and to have a different law for the "common people."

Now, we would not appear as denying, even to members of the Medical Unions, the right to demand a fair and reasonable charge for the services they render. It is admitted that their incomes on the average are small, and that they come in contact with "dead-beats," just as people in every other business or profession are compelled to do. We

will not even deny their right to make a "black list" and to refuse to attend any whose names appear thereon, if they desire to go to this extreme. **But we do protest, that such action on their part does not accord very well with the eternal and persistent proclamations of philanthropy and humanitarianism, which their official organs are so fond of making! Their conduct in this respect only goes to show the insincerity and hypocrisy of such altruistic professions and bids the citizen to look behind them for some ulterior purpose.**

Association physicians, no more than those who are without the pale, are not immune from damage suits for incompetence or mal-practice. Occasionally some individual who thinks he has been injured by an ignorant or vicious practitioner, and unaware of the obstacles to a fair hearing of a case of the kind, brings suit for damages. In such cases, the individual physician is at no expense in defending himself, for there are society defense funds and physicians' defense companies which provide the money to fight all suits for mal-practice, which make it practically hopeless for a layman of small means to mulct any of these association doctors in damages caused by their carelessness, incompetence or criminality; and especially is this so, when the proverbial impossibility of getting other physicians to testify as experts in such cases in behalf of the plaintiff is taken into consideration.

The way these defense funds are created and conducted may be seen from the following account taken from the *Michigan State Medical Journal*, the official organ of the doctors' association of that State:

"The first year a special assessment of \$3.00 is to be paid. After the first year, dues are to be increased one dollar, this one dollar (collected with the county and State dues, as at present) to be sent by the county secretary with the State dues and State society in the special defense fund. Every member in good standing will then be defended in any suit which may be brought against him, either by his local attorney or by the firm of attorneys retained by the society. The control of the fund will be in the hands of a committee, either

elected by the House of Delegates or appointed by the President, some provisions for oversight by the Council of the State Society being provided. These details remain to be worked out."

The question of a Defense Fund came up for discussion before the Minnesota State Medical Association. That association, while approving of the principle of the plan, doubted its right to impose the necessary assessment upon its members, and referred the matter to the consideration of the county societies for action. In support of the plan, it was urged that in those States in which it has been adopted, there has been a considerable diminution in mal-practice suits, which, however, may simply mean that the public has been coerced by the organized strength of the medical men into passive submission to great wrongs at their hands. **It seems not to have dawned on the minds of these association doctors that such a fund will act as a direct encouragement to carelessness, if not to criminality, for it takes away from the members of these associations the sense of individual responsibility. Knowing that they will not be at the expense of defending suits for mal-practice, the incompetent and vicious members will become more reckless than they otherwise might be, to the possible sacrifice of the health and lives of the unfortunates who go to them for medical treatment.**

The *Journal of the American Medical Association* in an editorial in its issue of September 22d, 1906, entitled "Private Gain vs. Professional Benefits," takes the *Medical Record* of New York (an independent medical journal) most severely to task for what it calls "the attacks of that journal on the American Medical Association." It reminds its owners, Messrs. Wm. Wood & Co., a well known and long established firm of medical book publishers, that it is rated at from three to five hundred thousand dollars, all of which came out of the medical profession, and warns them against allowing any future criticisms to appear in their journal,

mildly threatening that their books will be boycotted if they fail to desist. In conclusion the *Journal* says, "we again suggest to Wm. Wood & Co. that they think over this whole matter, that they consider whether it becomes a firm, which has been able to amass a fortune from the support given it by the medical profession, to allow its publication to oppose a movement endorsed by the best (?) element in that profession, a movement inaugurated for the furtherance of honesty, and for the benefit of the profession and the public." This sentiment has been echoed in several of the other organization journals and was the subject of a resolution by the West Virginia State Medical Association, which, as we learn from the *Journal of the American Medical Association*, Volume XLVII, No. 19, page 1575, "Resolved, That we express the hope that the time will soon come when the American Medical Association will be in position to publish a large part of the medical books used by physicians."

And, finally, their unionistic tactics are seen in their attempts to influence and create class legislation in their own interests. In this respect they are wiser and more clever than their prototypes, the Trades Unions, for they recognize the importance of controlling the political channels of power; they have the necessary intelligence and the organized brains with which to do it, and they *do*, do it. Of this, however, we shall have more to say in another place.

CHAPTER IV

The Rise and Development of the Medical Trust

Following the same natural laws yet another stage, a Union, whether it be a Trades Union or a Professional Union, when it becomes large enough and controls a sufficient number of tributary organizations, is, perforce, obliged to seek other worlds to conquer, and the arrogant and bloated "clique" that is invariably by this time in control of the union of unions, begins to essay the course and rôle of a monopoly, reaching out after everything that can possibly be brought within its "sphere of influence," and implacably striking at everything that stands in the way of its monopolistic ambitions.

At this point the American Medical Association has, within the past four or five years, arrived. Up to that time it had, however distasteful to its controlling clique, tolerated and even affected to profit by the frank and friendly criticisms of the independent medical press—indeed in those days there was little else in the field except an independent medical press. But, no sooner did it see the completion of its own unionistic control of its membership (made doubly sure by the delivery of all the latter's voting power into the central office), and decide to set out on a scheme of monopoly, than it promptly repudiated the medical press that had originated and fostered the organization, withdrew all State association journals from the American Medical Editors' Association, created other State

journals, and started a separate "Editors' Association; and having thus an organ for nearly every State, began in good earnest a campaign of abuse and attempted extermination of the independent journals. **The leaders became intolerant even of suggestion and advice. Any intimation that they were not infallible, any show of dissent on the part of any individual physician or an independent journal brought forth hot denunciations from the clique on the person or publication guilty of such audacious lèse-majesté.**

All this was the prelude to and has marked the progress of the great American Medical Trust.

If any one doubts the intent of the medical ring in Chicago to establish a trust in things medical and pharmaceutical, he has only to piece together the various policies and activities of the ring and see how they fit into one colossal and well-planned scheme of monopoly, whose ramifications reach into every branch of trade and public service that can by the farthest stretch of the imagination be regarded as tributary to the modern conception of medicine. **One by one this octopus has laid and is laying its stealthy tentacles upon every such collateral calling, bent upon absorbing or gaining control of it; and, following the example of other monopolies, where it can neither absorb nor control, it attempts to kill off, either by legislating it out of existence, or by strangling it to death.**

An example of this spirit has already been seen in the attitude of the Association organ toward the publishing firm of Wm. Wood & Co. There was no question raised of the merits of this firm's books. The fact that so many of them had been bought by physicians is proof of their excellence. It was simply a question, first, of administering exemplary punishment to the company for daring to criticise the policies and conduct of the ring; and, second, of obtaining and exercising a monopoly in the publishing

of medical books, as set forth in the quotation cited from the *Journal*. The Association has already undertaken the publication of a medical directory, in which there are several very arbitrary and monopolistic features. And, as we shall presently see, it has broached the question of establishing a chain of pharmacies throughout the country, to be under its control, the purpose being to drive out of business those druggists who refuse to bow submissively to its edicts—a course which would necessarily and logically end in the Association going into the manufacturing business and furnishing the medicines that would be dispensed by its pharmacies.

In truly strategic system, the ring first built up a gigantic and well-ordered machine, the control of which, by a cunningly executed coup, it induced the Association to surrender to a coterie of choice spirits, such as manipulate the wires in every powerful corporation.

There is no longer even any pretense made of allowing the ordinary members of the Association any direct voice in the election of officers or in the conduct of the business of the organization. The voting power, by virtue of the coup to which we have referred whereby the convention was induced to pass a resolution before it knew what it was voting on, was vested in the House of Delegates, appointed from the various State societies. These appointments are controlled from the Central office in Chicago, and the House of Delegates, is, therefore, nothing but a "packed convention," filled with creatures of the ring, pledged beforehand to do its bidding and to carry out its policies. As a natural outcome of this cut and dried arrangement, the Board of Trustees and the executive officers of the Association have succeeded themselves with monotonous regularity ever since this method of voting went into effect, and they will continue to do so as long as it lasts.

Since the acquirement of this power, the clique have exploited their members as the corporation directors do their

stockholders, for their own advancement and glory, always, of course, moralizing about the public welfare, just as corporation magnates prate about the safety of the Nation's commerce. In short, it is easy to see that the course pursued and which is still being pursued by this Medical Combination parallels in many essential respects that which is followed by the great commercial trusts. **And, just as in these latter, the stockholders are mere passive pawns, simply furnishing numerical and moral strength for the manipulation of the magnates, and are in no positive sense responsible for these manipulations, so it is with regard to the membership at large of the American Medical Association.** Whatever criticism we make in this direction is leveled, not against the membership, but against the clique in control; and our only criticism of the membership is, that they passively acquiesce in a course which will inevitably be visited upon their own devoted heads.

Following out the methods of trusts in general, the Association management, represented by a half dozen men in the Central office at Chicago, has instituted a policy of high-handed autocracy toward its own membership. Nowhere is the policy more apparent than in the conduct of its official organ, the *Journal of the American Medical Association*. This organ is ostensibly the joint property of the members of the Association, a subscription to it is included in the membership fee (therein, by the way, violating a postal regulation, for which violation it enjoys a mysterious immunity), and it is supposed to be the medium of communication, ventilation and discussion of everything that is of interest to its members. **As a matter of fact, it is a rigidly censored court circular, into which nothing is by any chance allowed to creep that does not coincide with the plans of the ring, and from which the editor, who is also Secretary of the Association, excludes whatever he sees fit.**

Macauley, in speaking of the *London Gazette*, the official organ of the British Government, said that "it contained nothing but that which the Secretary of State wished the Nation to know." The *Journal of the American Medical Association* occupies the same attitude toward the medical profession. **It contains nothing except what the editor and the little coterie by whom he is surrounded wish the medical profession or the Association members to know. They decide what information the doctors shall have, and pronounce anathemas on all publications that carry the advertisements of remedies which do not meet their approval and endorsement, that pursue policies contrary to their own, or in any other way presume to differ from the ruling powers.**

Attempts have been made at several meetings to secure an examination of the books and accounts of the Association, to which, as a stockholder, every member has a right of access; but thus far it has always been peremptorily refused. At the 1906 Convention, Dr. H. O. Walker, of Detroit, moved the following resolution:

"Whereas, the membership of the American Medical Association, numbering 19,285, is scattered throughout all the States and territories;

"Whereas, the affairs of the Association are so intricate that it is difficult to make them clear to all; and

"Whereas, because of these facts there has arisen the sentiment which bids fair to become disagreeably large unless the causes upon which it feeds be removed, viz.: ignorance of real truth; therefore, be it

"Resolved, that a committee of five, namely, G. Frank Lydston, Chicago; Frederick Holme Wiggins, New York; A. H. Cordier, Kansas City, Mo.; Duncan Eve, Nashville, Tenn., and D. W. Graham, Chicago, be appointed by the House of Delegates of the American Medical Association and instructed, first, to make an exhaustive study of the affairs of the Association, The *Journal*, etc.; second, to employ an auditing expert to go over all the books of the Association; to have power to summon officers and employees of the Association before it, to give needful testimony; and in such other ways as it may deem best to secure all facts necessary for such independent report as may be needful to accomplish its purpose.

"Resolved, that a sum of money be appropriated sufficient to defray the actual expenses of this study.

"Resolved, that this committee report to the House of Delegates at their next session."

Upon the motion of a member of the House of Delegates the resolution was promptly tabled, and in spite of several subsequent motions to reconsider, the matter has been so left. Commenting upon this transaction, the *Detroit Medical Journal* says:

"This refusal to have the affairs of the Association 'audited' at the request of its friends is very difficult to understand. The custodian of a society's property ordinarily demands that his books be audited. Only a dishonest or incompetent accountant resents the visit of an official inspector. It may be said that the accounts of the Association are audited by expert accountants, before the several reports are presented to the House of Delegates. The secretary says that this is done to expedite business. Moreover, the present time is one when every effort should be made to keep things above-board and to avoid suspicion. The aggressiveness of the Secretary and Trustees of the *Journal* has aroused great unrest in various parts of the country, as it was bound to do."

The financial reports have always had the appearance of being juggled for the purpose of hiding something. No business concern in the country would put out, and none of its stockholders would accept, such unbusiness-like statements. It is impossible, for example, to tell from these reports whether or not the *Journal* is making money or losing it, and how much; nor, for that matter, is it possible to obtain any intelligible idea of the financial status of any department of the Association.

Bolstered up with the authority, which its apparently representative character lends it, the Association, or rather the ring which controls it, has attempted to exercise a complete censorship over the entire medical profession. It essays to dictate to the physician not only what medicines he shall and shall not use, but how he shall conduct himself with his fellows and the public, until the doctor who surrenders to its control can no longer call his soul his own. Not only this, but the purpose is well-formed to prevent the members of the Association from even reading any of the independent medical journals, and the privilege which these journals formerly had of making exhibits and soliciting subscriptions at the Association meetings is now denied. A short time ago a ukase was promulgated in the form of a resolution, to the effect, that

"No medical journal or publication can be exhibited (at the Association meetings) that contains advertisements of a drug, chemical or similar preparation used in the treatment of disease, which does not conform to the rules of the Council of Pharmacy and Chemistry of the American Medical Association."

In order that the full purport of this decree may be understood, we will say a few words about this Council of Pharmacy and Chemistry, to whose will the independent journals must submit in all matters pertaining not only to editorial policy, but to business conduct as well, if they would avoid the penalty of proscription at the hands of the Association.

This Council was formed about four years ago, and almost immediately set out with the purpose of arbitrarily regulating the manufacture and sale of medicines in the United States. It announced that it would "immediately examine into the composition and status of all such preparations as are offered to physicians," with the view to the publication of a book, to be called "New and Non-official Remedies," in which were to be included such medicines as may conform to the standard which the Council elected to establish; and that no remedies which do not conform to this standard should be admitted into the book of "New and Non-official Remedies," nor allowed a place in the advertising pages of the *Journal of the American Medical Association*. All of which means, as we shall see later on, that they could not be prescribed by the members of the Association.

The standard thus arbitrarily set up is, in brief, as follows:

First. The manufacturers shall furnish to the Council for publication the names and exact quantities of the ingredients which enter into the composition of their several products, together with their methods and secret processes of manufacture, all of which must be so complete as to enable the Council to verify them and to determine the future status of the articles from time to time.

Second. That every article must have a title indicative of its chemical composition or pharmaceutic character.

Third. That no article shall be admitted to this book whose label, package or circular which accompanies the package, contains the names of the diseases for the treatment of which the remedy is indicated.

Fourth. That no article shall be admitted about which the manufacturer or his agents shall make "unwarranted, exaggerated or misleading statements."

One has only to analyze these rules to realize the audacity of the men who have presumptuously proposed them. They mean that all the valuable trade secrets on which the prosperity of the manufacturers of these medicines is based must be delivered into the hands of this Council, without even the pretense of a guarantee that these trade secrets will be safeguarded. On the other hand, the bold announcement is made that they will be published to the world.

The regulation that "every article must have a name indicative of its chemical composition or pharmaceutic character" would strike at the very root of the proprietary principle. The *Journal of the American Medical Association* would then insist that the members of the Association should prescribe such remedies by their pharmaceutic or chemical designation only, and, as the compulsory publication of their formulas or processes would enable every Tom, Dick and Harry to duplicate the articles, the original proprietor would have no protection, either in his trade-names, in his formulas or his secret processes. **Reduced, therefore, to the last analysis, the proposition of the Council virtually amounts to an attempt at confiscation of property rights in trademarks and trade secrets, rights which are recognized and protected by every civilized nation on earth, and by every class of individuals, except anarchists, communists, and this bumptious Council of Pharmacy and Chemistry of the American Medical Association.**

"No article will be admitted or retained about whose therapeutic value the manufacturer or his agent shall make unwarranted, exaggerated or misleading statements."

What constitutes "unwarranted, exaggerated or misleading statements" must all be left to the infallible judgment

of this Council on Pharmacy and Chemistry. The manufacturer may have clinical reports from thousands of physicians who have used his remedies in actual practice and upon which he bases his claims as to their virtues, but if the Council, whose members may never have prescribed his medicines and watched their effects, happens to think, or is bribed by some rival manufacturer to declare, that these claims are "unwarranted, exaggerated or misleading," the remedy is tabooed, and no member of the Association dares use or recommend it. Again, an agent of the manufacturer, calling on the profession, may make some unauthorized statement regarding a remedy to some physician, who takes it upon himself to report it to the august Council, by whom it is deemed "unwarranted, exaggerated or misleading," and the article is forthwith condemned. But, even if the remedy is given a place among the elect, the Council may change its mind to-morrow and decide to cast it out, and hence, there can never be anything settled or established about its determinations. The Council, we are informed, will not pass judgment on the therapeutic value of the remedies examined, but upon their 'ethical' status only. This is about as cold-blooded a proposition as we have ever seen in cold type, and it utterly explodes the pretense that their action is based on the fear that "the laity, who are not competent to determine whether or not their employment is safe and proper, may be induced to continue their use or recommend them to others, quite regardless of the evident danger of forming drug habits, or of doing themselves serious injury by employing a remedy that in reality may be contra-indicated."

These professions of humane consideration for the laity would be laudable if they were sincere, but, unfortunately, they do not harmonize with the announcement that the therapeutic value of the remedies is not to be passed on at all, but that they will be considered alone from the standpoint of their "ethical" status. The therapeutic value of a remedy is the chief thing that should concern a physician who is

anxious to relieve human suffering, or to save human life. If he believes a certain remedy has value and fits his case in hand, if he be not one of these pretenders to "ethics," he will prescribe it, regardless as to whether or not it will stand the test of some arbitrary ethical standard, or whether permission has been granted for him to prescribe it by any self-constituted body of medical censors.

Commenting on the audacity of the Council of Pharmacy and Chemistry, the *Charlotte (N. C.) Medical Journal*, an independent medical journal, pertinently says:

"Are we living in America or Darkest Russia? Is this the fourteenth or the twentieth century? Are we freemen or serfs? Have we—owners and publishers of medical journals—any rights whatever which the machine is bound to respect? Have we the right to think and speak our sentiments, or are we to be controlled in both by the monstrous machine which would dictate to us and muzzle the press under the denunciation of being 'unclean' or 'infectious' and unworthy of support by the profession? Shall we not be permitted to 'differ with brother Paul' as to the respectability of a pharmaceutical preparation? Who gave this Council the right to dictate to the press what shall and shall not be advertised? This is the most insolent, high-handed and outrageous act of all the brazen acts of the political machine that controls the American Medical Association and its organ."

The *Medical Mirror* expressed itself with equal force on the subject. It said:

"The American Medical Association is a small part of the American profession. The men who run it are a small part of the Association. The Council on Pharmacy and Chemistry is the creature of the dominating clique. This mischievous little council would seem to be a flea on the last hair of the tail of the dog. If the tail, which is short and quite weak, cannot wag the dog, what can the flea do? Nothing.

"This close set of men dares to tell a doctor, who, mayhap, has been using certain preparations for years, that he is entirely wrong in his selection of remedial agents. They tell him he must not prescribe the condemned articles because they do not know the exact number of revolutions the grinding machinery made or the number of minutes a fluid took to run through a percolator."

If it be legitimate for the Association to dictate what remedies physicians shall use, why should it not also dictate what books they shall read? Medical literature is even more permanently and subtly influential in the practice of medicine than of drugs, and the same reasons (or lack of reasons) for arbitrary censorship of the one holds good for an arbitrary censorship of the other. One

has only to carry these plausible propositions to their logical extremity in order to perceive how insidiously dangerous, and how subvertive of all the elementary principles of liberty and progress they are.

Dr. Geo. F. Butler, of Chicago, in an able address before the Mississippi Valley Medical Society, thus voices the protest of all intelligent and self-respecting physicians against the self-assumed censorship:

"It is monstrous for any man or set of men to forbid the use of any method, any instrument or remedy, or any treatment which in the opinion of the attending physician promises success. I repeat, it is an insult to our independence and intelligence that we are not allowed to read any book or medical journal we please at any time or place, whether in a medical society or in the seclusion of our offices, to use any remedy we please, whether it be so-called 'regular,' 'homeopathic,' 'eclectic,' 'alkaloidal' or 'proprietary,' or any method of treatment whatsoever, even though it smack of Christian Science or osteopathy, without being subjected to public ridicule and criticism by a few self-appointed 'authorities' and 'leaders' in medicine."

To give these leaders the right practically to decide what medicines shall be used would be tantamount to the establishment of a State system of medicine. In medicine, as in religion, very little is definitely settled, and the laws of progress require that the State leave all questions pertaining to either subject open for discussion and experimentation, giving every one the right to believe and practice any system or none. Once grant this Medical Trust the power it seeks, and there would be no limit to its aggression.

Already the suggestion has been made to extend the dictatorship of medicine to the matter of diet and hygiene. In a recent article in the *Popular Science Monthly*, Dr. Richard C. Newton, of Montclair, N. J., a prominent member of the American Medical Association, wrote:

"There should be some competent and properly equipped body, like the Council on Pharmacy and Chemistry of the American Medical Association, who will spend the necessary time and trouble to settle the questions, not alone of the physiological diet, but of the proper bodily exercise, of ventilation, heating, bathing, etc., etc., in short, of personal hygiene, as well as the problems affecting the public health, the pollution of streams, and the extinction of tuberculosis."

CHAPTER V

State Examining Boards, the Pliant Creatures of the Medical Trust

Years ago, in the old Puritanical days in New England, when the State governments assumed control of the entire life of their citizens, the attempt was made to dictate the details of living, even to the style of wearing apparel. Even in those times, when government was regarded as essentially a paternal function, and when there was some excuse for it too, such restrictions upon personal liberty were not received with any too great favor by the people. Certainly twentieth century Americans will not be apt to accede with any alacrity to this proposition of Dr. Newton, that organized medicine, through its councils and local societies, shall intrude itself upon the home-life of the citizen and dictate how he shall live, and eat, and bathe, and what not. Such a conception is preposterous, and simply serves to show the length and egotistic madness to which the medical oligarchy have allowed their obsessions to carry them.

Shrewdly recognizing the fact that free education is the specific safeguard against priestcraft and hostile to its schemes of monopoly, the American Medical Association has not failed to exercise its subsidizing and controlling influence in this direction. By virtue of that same specious representative capacity with which its great numerical strength colors it, the Association has assumed an arbitrary censorship over the medical colleges of the country. In September, 1907, the *Journal* editorially advocated

that its Council on Medical Education should have the right to sit in judgment on medical schools and practically to determine whether or not they should be permitted to continue in existence. And this is virtually what is being done, for the Council inspects and reports on every medical college that surrenders itself to its investigation, and those which decline inspection or which fail to satisfy the standards of the Council are subjected to all the tremendous political and economic pressure at the Association's command to force them out of business.

Sometimes there is found a college of sufficient strength and courage to oppose the Council and live. Such, for instance, is the Albany Medical College of New York, whose president, in his annual address of 1907, gave utterance to the following manifesto:

"From what has been said it will be seen that I am by no means in sympathy with the efforts put forth by the Council on Medical Education of the American Medical Association to bring about a uniformity in the teaching of medical schools, for I believe such uniformity to be neither possible of attainment in practice nor even desirable. And I entirely dissent from the methods employed by the Council in striving to determine the relative standing of medical schools, which I believe to be arbitrary, inconclusive, idealistic, rather than practical, and often unnecessary, meddlesome and annoying to the schools, and to those who are carrying on the real work in the places in which they are set, while these gentlemen are investigating them. Such recommendations as that of Dr. Bevan's in his address as Chairman of the Council at its conference last April: 'That State boards of each State should inspect its schools and refuse recognition to those which are not teaching scientific medicine,' I have elsewhere opposed, and shall continue to oppose. Until such time as our medical examining boards are created in a different manner, and are differently constituted from those at present existing in most of our States, it would be, in my judgment, in the highest degree impolitic, inexpedient, unsafe and unjust to place any such responsibility in their keeping."

What the Association cannot accomplish in this direction by direct influence upon the colleges, it achieves indirectly through the State Examining Boards, all of which are practically under its control, the Association being the "holding company" for these minor bodies.

Occasionally, in the pursuit of this policy, it comes in conflict with the courts of the land, and is then made to understand that its methods are not in accordance with

law or public sentiment. This happened in the case of the Barnes Medical College of St. Louis, which the State Board of Health excluded from the list of recognized schools, refusing even to allow its students to come up before it for examination. In granting the college a mandamus to compel the State Board to admit its students to examination, the Court concluded:

“That the action of the State Board, based upon no other or different information and investigation than that disclosed by the evidence, and briefly adverted to above, was without authority, and is oppressive and unreasonable in fact, as applied to the graduating class of 1908; and peremptory writ of mandamus will therefore be awarded, commanding said State Board of Health, and the various members thereof, to accord to the relators and such of them as shall have complied with all other conditions of the Statute of 1907, an opportunity with all convenient speed to be and appear before said Board, and to undergo the usual examination accorded to other applicants for license to practice medicine and surgery in this State, with costs.”

Although the court declared the Board was guilty of oppression in office, and ordered that the students of the complaining college be accorded the right of examination, it can be seen how inadequate is the relief thus granted, when we reflect that the conclusions of the Board at the examinations are absolute, and that when these same students come up before them, it matters not how proficient they really are, if the Board from malice, prejudice or self-interest decides against them, there is no court in the land to which they can appeal for a fair hearing; and thus, though they have prepared themselves for the profession of medicine, they are arbitrarily deprived of the right to practice it, and must seek other means of making a living.

That these ringsters realize how important a place in their scheme of monopoly the State Boards can be made to fill, is evident from the proposition recently put forth by their legislative agent, the adroit Dr. McCormack, and supported by the president of the Indiana Association and by others equally prominent in the counsels of the

American Medical Association, that all physicians shall be compelled to submit to re-examination every five years before being allowed to continue in practice. The most guileless person must be able to see that such a regulation would put into the hands of the ring a club with which every doctor could be driven into the organization and forced absolutely to do the bidding of its leaders, on pain of having his certificate cancelled and his only means of livelihood taken away from him. .

Even as it stands, the State Boards, in their relation to the licensing and regulation of practitioners of medicine, are entirely too subservient to the medical organizations of the States in which they exist, for instead of representing the interests of the public as concerned in the practice of medicine, they have in most instances come to be the arm which official medicine reaches into State affairs for the promotion of its own schemes and enterprises, a view of the matter which organized medicine complacently entertains and brazenly impresses upon the State Boards.

The membership of these Boards, ostensibly in the hands of the Governors of the States, is really dictated by the medical societies of the States, which invariably means the small clique which controls those societies. So that the whole arrangement presents the anomalous condition of the police power of the States being appealed to for the protection of the public against the deficiencies of a certain class of men, and the policemen selected to administer such power being taken from the ranks of the very class against whom the police power has been invoked.

The powers wielded by the State Boards are despotic in character and scope, and are almost wholly directed, not to the ends for which the public sanctioned their creation, but for the interests of dominant cliques in medicine—the shutting off of competition, the furtherance of the political and other schemes of the medical oligarchy, and the extermination of all those influences which interfere with its plans. The board, when appointed, is clothed with

the power of prosecutor, judge and jury. It may rob a man of the benefit of his life-work and study; it decides which are and which are not reputable medical colleges; it directs what system or systems of medicine shall be practiced within the State; and from its arbitrary decisions there is no appeal.

The chief exercise of these powers is seen, not in the weeding out of quacks, charlatans and incompetents from the practice of medicine, for it is notorious that the creation of medical boards has had practically no effect in this direction, but in the ostracizing of all those colleges and individuals that do not meet the requirements dictated to the board by the medical society of the State; and as the State Society is but the local branch of the American Medical Association, the latter is virtually the "holding company" of all the despotic State boards.

Of the dangerous latitude of power vested in the State Boards in their relation to the public aspects of medicine and hygiene, and of the still more daring ambitions of the Medical Trust in this direction, we shall have more to say presently. What we are pointing out just here is the powerful and effective medium which the State Boards afford the Trust for its monopolistic control of the educational and economic interests of the doctor himself.

That the censorship of medical schools is not based altogether upon the paternal considerations openly advanced is evidenced by the strangely inconsistent proposition, emanating from the Legislative Committee of the Association, to exclude the subject of therapeutics from State Board examinations, the reason advanced being that it will place the different schools of medicine upon an equal footing, and thus do away with the objection of the lesser sects to a single examining board.

Therapeutics is defined as "that part of the science of medicine which treats of the discovery and application of remedies for diseases." With such as its mission, the ordinary individual would regard therapeutics as occupying

the most important office in the treatment of the sick. But what does the medical oligarchy care for the sick, when such concern stands in the way of the accomplishment of their selfish designs!

The *Journal of Clinical Medicine* makes the following very pertinent comment on the subject:

“The exclusion of therapeutics nullifies the original object of the creation of these boards, and their only excuse for continued existence—the protection of the people against unqualified practitioners. It makes little difference how proficient a doctor may be in the fundamental branches of a medical education if he is ignorant of the best methods of treating the sick. He may be all kinds of a good anatomist, chemist, pathologist, bacteriologist and several other ists, and yet be utterly at a loss, and useless, as a practising physician—and yet it is precisely that and nothing else in which the community has an interest in him and his qualifications. Instead of excluding therapeutics from these examinations we would suggest that all else except this branch and diagnosis be excluded. The rest could be taken for granted—the medical colleges surely look out for them. What interests the public, in whose name and for whose protection these boards were called into existence, is the ability of the doctor to recognize and treat diseases.”

Of course, the real significance of the proposition to eliminate therapeutics from the examinations is patent to all who are not blinded by the hypnotic passes of the ruling clique. Besides shedding an interesting side-light upon the real motive in seeking college control, the sheer fact that this, their latest suggestion emanates from the ring's late candidate for United States Senatorship from Ohio, and the Chairman of its Committee on Legislation, makes it as clear as noonday that it is a bid for the political support of the Homeopaths and Eclectics. For years these two schools of medicine have been flouted by the Association as “quacks” and “irregulars.” “Ethical” doctors have refused to consult with them or to recognize them in any manner. They have, besides, sought by legal prohibition to prevent them from practicing their profession. But, now that the Association has gone into politics and these “quacks” can be “used,” the past is all forgotten, and the ring graciously proposes to admit them into its fold and to be silent about their sectarian therapeutics in State Board Examinations.

We think they will find that the sop so artfully prepared will be wasted. The Homeopathic and Eclectic men do not seem to be quite the gullible fools that the ring counts upon their being. It is a case of the Greeks bearing gifts. Dr. W. E. Reilly, in the *Medical Forum*, a Homeopathic journal, thus runs his blade through their scheme:

“Having fought us as enemies for over one hundred years, with no apparent results other than stimulating our growth, they have assumed the more dangerous and insidious role of friends, and are now undertaking to give us a little friendly advice along the same line that Satan gave Eve in the Garden of Eden. We are no longer ‘quacks,’ to our faces, but ‘all right doctors,’ except for the fact that we are using the commercial value of the name ‘homeopath.’ ‘Of course we all believe and treat alike, and there should be only one organization; so just come in and join our Association, and then don’t use the word homeopath or homeopathic,’ and continue to try to inveigle us into all sorts of entanglements where our individuality as a separate school or system will be entirely dissipated.”

An Eclectic journal, the *California Eclectic Medical Journal*, is equally frank with them:

“It is true that the old school is using every possible means to down us, and where force fails will attempt to accomplish our ruin under the disguise of friendship. Not this alone; in order to hurt the regular Eclectic and regular Homeopathic schools of medicine, some of them have even shown a tendency to sacrifice their own rights and liberty by favoring laws preventing physicians to dispense their own medicines. Just think of it, does it seem possible that human and professional animosity would go so far as to forget their own welfare and liberty, just because it would perhaps hit other schools of medicine a little harder than their own?”

CHAPTER VI

An Attempt to Muzzle the Press

In its greed for monopolistic power, the Medical Trust would fain crush out the independent medical press. It is doing all that in it lies to accomplish this end. It urges all of its members not to subscribe for independent medical journals, and in case they receive such publications as samples, to throw them unread, into the wastebasket. It cuts off all exchanges with independent journals that dare to criticise its policies. It copyrights all of its own matter, and thus limits the reproduction of its information in independent papers. It enters into unfair competition with them in the advertising field. But, happily, with all this active animus and undermining, the octopus has not yet reached the point where it can suppress independent medical journalism, nor will such a point ever be reached. As the *Journal of Clinical Medicine*, well says:

"You can't wipe out the independent journal without getting the permission of the independent editor and the independent doctor, its reader. There will be things for him to say, wrongs to right, excesses to be abated, injustice to be fought, reforms to be advocated—till medical science has been swept off the footstool by the triumphant dominion of the millenium. And—we have something to say ourselves. So long as we believe that Medicine still falls short of the high ideals that are hers, of the possibilities in the healing and relief of the sick which are within her reach, we shall fight, FIGHT, FIGHT!—for a truer and better therapy, one which shall deserve the confidence of every doctor and which will eventually come to its own—is coming to its own right now."

Incidentally, the ring might take warning against carrying its ineffectual malicious attempts against the independent press too far. The medical press created the Association, and the medical press can undo it again.

If one wishes to picture the condition of the medical profession without an independent press, one has but to conceive the state of a government in which there is no liberty of the press, where no papers are published save those that are subsidized by the State, where no medium exists through which any of the wholesome corrective influences of publicity can operate. Such a condition, we can well believe, would be exceedingly pleasing to the leaders of American medicine, and would vastly simplify their monopolistic schemes. But we are equally convinced that the great rank and file of medicine would never stand for an extremity so utterly opposed to Anglo-Saxon ideas of government. Passive and long-suffering as they are, medical men are not quite so indifferent as that.

But it is not only a censorship of the medical journals that the oligarchy seek to establish. They would extend their power over the public press also, and would make it an infamous crime for a newspaper or an individual to question their infallibility or to criticise their conduct. During the last yellow fever epidemic in Louisiana, in a leading editorial, the *Journal of the American Medical Association* severely arraigned a New Orleans paper for criticising the physicians in charge of the United States Public Health and Marine Hospital Service for failing to combat the pestilence with success. The *Journal* said:

"It is one thing to discuss debatable theories and to expose dishonesty wherever found, but the events of the epidemic cannot by any artifice be twisted into any excuse for this New Orleans paper. * * * The time is close at hand for the creation by statute of a new variety of Treason. * * * If it be treason in time of war for a man to betray his country's military plans, it certainly should be made treason for a man or a publication in time of deadly peril from disease, to foment, by false allegations, public lack of confidence in the government's plan of rescue, and in the integrity and ability of the men (that is, the physicians) who risk their lives to save the community from unnecessary deaths. Than this, no treachery can be more base. Physicians, citizens, and the reputable press should join in asking stringent penalties for this crime against the nation, against humanity."

Treason is the crime of highest degree. The punishment in all countries for the offense is death. And yet it is proposed that the "mere fomenting of a lack of confidence" in certain subordinate government officials (if they happen to be doctors) shall constitute the offense; and this notwithstanding that the Constitution declares that:

"Treason against the United States shall consist *only* in levying war against them, or in adhering to their enemies, giving them aid and comfort."

CHAPTER VII

The Attempt of the American Medical Association to Enlist Legislative Aid in Favor of Its Monopolistic Schemes.

Finally, in the last few years, the Association, following the example of other corporations in the gradual forging of its monopolistic bonds, has essayed to influence the legislative and administrative branches of State and National Government in favor of its schemes, and has recently gone openly into politics for that purpose. To be sure it still shouts its old-time slogan of "the public weal" but in this case it makes the thinnest kind of disguise of its real motives, and openly boasts that it has already made the power of medicine felt in legislative halls, so that, whereas, legislators formerly kept the representatives of the Association dancing attendance upon them for anything they wanted, now these same legislators dance attendance upon the Association's delegates.

Said Dr. C. A. L. Reed, Chairman of the Legislative Committee and late candidate for the United States Senate, in a speech at Chicago, during the recent meeting of the Association:

"When a committee of the American Medical Association went to the Fifty-eighth Congress, their legislative committee said, 'Can't you boil down what you have to say into twenty minutes?' Dr. Reed said, 'There were in that Congress one doctor in the Senate and none in the House.'

"In the Fifty-ninth Congress there were three doctors in the House and one in the Senate, and doctors all over the country had been using their influence, so the committee said, 'Just tell us what you want, gentlemen; take as much time as you like.'

"In the Sixtieth Congress there were five doctors, all told, and because of the same influence we simply went to the Willard Hotel AND SENT FOR CONGRESSMEN TO COME TO US, AND THEY CAME. * * * In the next Congress I have every reason to believe there will be twenty-five physicians."

According to Dr. Reed, it is only by representation in Congress, which he described as being at present "waterlogged with lawyers," that the Association could hope to see its will translated into law.

Already, by special legislation in State and National bodies, it has succeeded in riveting fetters of restriction and regulation upon other industries, amounting in some cases to almost despotic control, while retaining its own sovereign independence unanswerable to any law.

The Pure Food and Drugs Act, in its present form, and all the State laws on the subject, excellent as they are in principle and ostensible purpose, are in practice but distorted pieces of class legislation, showing the fine Italian hand of the Medical Trust, for they apply only to the drugs handled by druggists, and exempt those dispensed by the physician; and in this matter the physician's finger is thicker than the druggist's loins. In so far as these laws apply to drugs, they play, at all points, directly into the doctor's hands, and wherever they thus play into the doctor's hands, they fail of their essential protective effect to the public.

But even with these advantages the clique are not satisfied; for the laws have signally failed to effect the main purpose they had in view, which was the extermination of proprietary medicines. In their blind fanaticism they seem really to have believed that the majority of these preparations were but alcoholic beverages and habit-forming decoctions in disguise, and that the provisions in the laws which compel the manufacturers to state on their labels the amount of alcohol, and the names and quantities of all narcotic drugs which enter into the composition of their remedies, would expose their dangerous character to the public and drive them from the market. When they found how very

few of these preparations were affected by the laws, they were chagrined and disappointed, which accounts for their present activity.

Failing by the Pure Food and Drug Laws to prevent the sale of proprietary medicines, the medical oligarchy has even suggested that journals and newspapers containing advertisements of these preparations shall be denied admission to the mails. Dr. C. G. Williams, in the *Journal of the American Medical Association*, complacently proposes in this respect that "special national legislation, such as the existing regulation against lottery advertisements in newspapers," be extended to meet the case, and this proposition has the endorsement of the Legislative Committee and the official organ, and is part and parcel of their monopolistic scheme.

Like every powerful corporation, the American Medical Association has a legislative fund. Probably like every other corporation, it has really two legislative funds, one open to public scrutiny and the other known only to the powers that be. The *Journal of the American Medical Association* of May 23, 1908, tells of annual expenses for "medical legislation" (whatever that may mean) of \$2,573.22. It can hardly be, however, that this represents all the money spent in furthering its legislative and political schemes, for the Committee on Legislation, of which Dr. C. A. L. Reed was Chairman, in its report to the convention, in 1905 stated:

"It has secured a list of local political leaders of every organized and recognized political party in the United States. The list already embraces the names of several political managers in each of 900 counties, the entire list aggregating in excess of 11,000 names. Through this list the central committee is in position to bring questions of pending legislation to the serious and thoughtful consideration of the men who, in their respective localities, exercise a preponderating influence in determining political action. * * * The political list is arranged so that the dominant politics of each county and of each congressional district is indicated, as well as the political affiliations of each member whose name appears on the list. It thus happens that we are able to move with a certain degree of accuracy in invoking political influence in behalf of such measures as are taken up by your committee. This list will be kept alive by asking for revisions from time to time, es-

pecially after each general election, and will, we are sure, prove to be an effective medium of action in the agitations which are pending in the immediate future."

In June, 1907, it was announced by Dr. Reed that the Association had an emissary in each of the 2830 counties of the country, and that the list of political leaders had been increased to 16,000, to whom circulars are sent, the purpose being, according to Dr. Reed, "to educate them on proposed or pending legislation in which the medical profession is interested." All of which shows that the American Medical Association leaders have not been idle, and that they are not novices in politics.

If this kind of work is being kept up, it must certainly require more than the paltry sum specified in the *Journal's* report to sustain it.

By the way, what a familiar ring that report of the Committee on Legislation has. One might almost hear its identical words falling from the unwilling lips of a witness under cross-examination in the recent grilling of the Standard Oil Company; or find them in one of the literary effusions from the pen of Mr. Archbold displayed for public perusal in the pages of Mr. Hearst's newspapers.

Indeed, one has only to read the following description of the Standard System of political control, taken from a daily newspaper, to see how nearly alike to it is the system of that other self-proclaimed philanthropic institution, the American Medical Association, as outlined in the quotation above:

"In 1896 the statement was made that in one of the secret rooms in the Standard Oil Building, near Bowling Green, New York City, there were complete records of the political standing and complexion of every township in the United States, with the name of every leader of a party or faction, his strength and private reputation, his business success or non-success, and his ambitions. When it became necessary to legislate in a certain direction the Standard Oil Company obtained control of its men so many years ahead of a bill that its fine, oily hand was not suspected. No wonder we have been so long in reaching the octopus."

In further imitation of these commercial monopolies, we find the Association adroitly canvassing candidates for

governorship as to whether, in case of election, they will "approve all rational (?) public health and medical legislation that might be introduced." The veiled threat was made that a failure to approve such legislation would arouse the antagonism of the medical profession. One of the candidates thus canvassed broke through the thinness of the insinuation by sensibly replying that no right-minded man could oppose "rational" legislation of the kind, but added that there might be some dispute as to what constitutes "rational medical legislation." It even sought to bulldoze one of the Presidential candidates in the recent election. One of these candidates, as everyone knows, owns and publishes a newspaper, which, like all other newspapers, carries advertisements of proprietary medicines. A committee of organization physicians wrote the candidate in question, demanding that he expunge all such advertisements from his paper, or incur the enmity of the medical men of the country. Needless to say, the demand was ignored.

In Louisiana a law has been recently placed upon the statute book, through the influence of the organized profession of the State, giving all physicians legally entitled to practice their profession a lien for medical services rendered to any individual on the crops of such person, which should have precedence over all other claims.

But even that is a mere bagatelle as compared with the power and opportunity conferred upon the medical society in Louisiana by the health code. The Louisiana State Board of Health, under the provisions of the State Constitution, is given explicit power to revise and amend the sanitary code. The mere dictum of the board—which means the dictum of its president—who is, of course, a member of the American Medical Association, has the effect of a State law. **In short, the organized profession has, by its old bluff of "public welfare," and by playing upon the public fears of epidemics and contagious diseases, induced the legislative body**

to delegate its law-making power to its representative, in subversion of the fundamental principles of republican government.

It is not surprising that one of the first of these code rules to be thus given the force of law was that druggists must not refill doctors' prescriptions. Incidentally, the Louisiana Board has settled once for all the much-disputed question as to the ownership of the prescription. It has promulgated as law the ruling that the prescription belongs incontestably to the doctor. To be sure, since Dr. Irion was deposed from the presidency and Dr. Dillon succeeded him, this prescription ruling has been modified to the extent that they may be refilled unless expressly forbidden by the physician, which is far more sensible; but this very change of ruling is illustrative of the precarious and arbitrary state of the drug laws in Louisiana. What is permissible one week may be penal the next, and *vice versa*. All that the board has to do is to issue a ukase that black is white, and it becomes white. It is hard to see how a druggist can afford to carry a stock for more than a day at a time, for he never knows whether he is to be permitted to sell what he has.

Much the same kind of absolutism exists in the health code of New York, and of several other States; and this is undoubtedly the state of affairs that the Medical Trust would like to bring about in every commonwealth of the Union. Talk about monopoly—the Standard Oil Company would be a mere unsophisticated tyro in comparison with such a trust.

Lest we be accused of sensational and exaggerated alarmism in this matter, let us hasten to say that this very comprehensive plan of despotic State medicine has already been expressly and explicitly proposed by the American Medical Association. In his oration on "State Medicine" at the 1906 Convention of the Association, Dr. W. H. Sanders, the Chairman of its Section on State Medicines (who by the way is also health officer of the State

of Alabama), formulated and propounded a well-conceived scheme for a State Establishment of Medicine, which was afterwards given the seal of the Association by prominent publication in its official Organ, under date of July 6th, 1907, beside which the most extravagant dreams of mediaeval priestcraft were but mild conceptions of despotism.

The proposition actually and seriously contemplates that State and County Medical Societies shall be vested with the authority of Boards of Health for their respective territories. Its author naively remarks that:

“To endow a county medical society with the authority of a board of health would necessarily require an act of the State legislature; but if the members of the profession in the several States will organize by counties, with the distinct purpose of acquiring this right, it will be conferred.”

Continuing, he says:

“For reasons corresponding with but more imperative than those assigned when discussing county organizations, the medical association of a State should constitute the State Board of Health. * * * By vesting a State medical association with the authority of a State Board of Health, all the difficulties pointed out will be avoided and all the advantages claimed will be secured. When, after due deliberation, sanitary campaigns have been planned and policies fixed, execution should be wrought out under one man.”

Further on, with equal ingenuousness, he says:

“Inasmuch as a State government is sovereign over its county government, it logically follows that a State Board of Health should be sovereign over county boards, a principle that must be applied in practice in order to unite the latter into one homogeneous and effective whole.”

When the full import of this plan dawns on one it makes one gasp. It means that the most absolute and sovereign power over the persons and property of the people shall be vested in a body of medical men who happen to belong to the medical society of that territory. They are not directly or indirectly the representatives of the people, for the people do not elect them, nor are they even appointed by those who have been so elected. Their title rests in the fact that they belong to the

medical society—and the society determines within itself who shall be its members and under what conditions. Each State society is, under the present constitution of organized medicine, an integral part of the American Medical Association, so that the logical outworking of the plan would vest the sovereign health power of “the homogeneous and effective whole,” i. e., of the Nation, in the American Medical Association.

CHAPTER VIII

The Audacious Attempt to Establish a State System of Medicine.

The proposition to establish a State System of Medicine, to create a sort of Medical Priestcraft and to consecrate the American Medical Association ringsters to its service, is not the wild dream of an irresponsible individual, but a carefully conceived and well-thought out plan of an acknowledged representative and leader in the counsels of the American Medical Association, and it has the sanction and endorsement of its official organ. It is but indicative of the ultimate purpose, not heretofore so fully revealed, to have themselves endowed with absolute power over the practice of medicine and all other matters pertaining to the public health.

That Dr. Sanders is not alone in advocating a State Establishment of Medicine is evident to all who are familiar with the discussions at the American Medical Association Conventions, or who read the various journalistic organs of that body. For instance, in a paper published in the *Journal of the American Medical Association*, January 12th, 1907, by Dr. J. N. McCormack, Chairman of the Committee on Organization of the American Medical Association (of whom we shall have more to say later on), that distinguished gentleman says:

"A State Board of Health and a State Board of Medical Examiners, whether joint or separate, should in fact be the executive committee and mouthpiece of the State Societies. * * * And they cannot hope to attain any great degree of usefulness until this is practically realized. "Already," he tells us, "this is often

done by a tacit understanding between the appointing power and the profession (meaning his association) under which the societies suggest and practically nominate their representatives as vacancies occur."

This extraordinary statement amounts, as did that of Dr. Sanders', to a proposition to give a private association of individuals, to-wit, the medical societies, the right to select State officials, and to allow the officials thus selected to be the representatives, not of the people, but of the medical societies; and Dr. McCormack makes no bones of asserting that the purposes of the Association cannot be fully accomplished until this is practically realized.

Dr. McCormack complains that lawyers, as a rule, oppose the extreme legislation he seeks, on the ground that "it is a needless and selfishly designed infringement on the rights of the citizen." He says: "To an extent which I have not observed elsewhere, a strong antagonism to the health and medical laws was found very general among lawyers."

In the struggle of the race for civil liberty and against the tyranny of power in high places, lawyers have often been conspicuous for their defense of popular rights, and there is some encouragement to know that these political doctors cannot deceive the lawyers, even though they have successfully bamboozled a good part of our lay citizens, and in many instances persuaded State legislatures to confer absolute power upon them.

We have not the time to examine all the various State Medical laws to ascertain to what extent this proposed surrender has been made, but we do find that it has been done, for all practical purposes, in Alabama, Vermont, California, Delaware, Louisiana, Maryland, North Carolina, New Hampshire, New York and Wisconsin.

It would seem that with such power as they already possess, they ought to be satisfied. But that they are not and will not be until they are endowed with plenary authority,

not only over the practice of medicine, but over the manufacture and sale of drugs and medicines, and over everything else relating to the public health, is evident from Dr. Sanders' proposal and that of Dr. McCormack cited above. And that they are not the only high priests in medicine who have made this proposal, is evident from a paper entitled, "LAW, THE FOUNDATION OF STATE MEDICINE," by another shining light of the American Medical Association, Dr. Samuel G. Dixon, of Harrisburg, Pa., which we find on page 1926 of the *Journal of the American Medical Association* for June 8th, 1907. He says:

"It is not too much to say that on State Medicine depends the happiness of our people, and the success of our nation. The varied industries on which we depend for our comforts, the wealth which enables us to enjoy them, and the arts of civilization which adorn and diversify our lives are but the fruitage of the tree whose root is health."

Continuing, he says, in answer, probably, to the objection of the lawyers, to which Dr. McCormack refers:

"It is idle to prate of the enforcement of sanitary laws as an infringement of personal liberty. Submission to reasonable personal restrictions intended for the welfare of all is the very foundation stone of civilized liberty."

And he declares that the individual who insists "on what he calls his own rights" when the question of giving to him and his Association the power they seek is under consideration, is "an undesirable citizen of the republic." He then goes on, as does every one of them when discussing this question of larger power for themselves, to eulogize the Japanese army, in which, during the war with Russia, as he claims, the mortality from general causes scarcely exceeded those under ordinary conditions of life, and says of the Japanese physicians that, "in their particular branch of the service, these men were supreme." He then argues for like power to be conferred on the organized profession in this country. The doctor is not content to carry on an educational campaign to bring about the adoption of his views, for he declares that "compulsion, not persuasion, is the keynote of State Medicine." "Let it be understood" he continues,

“that no matter how great efforts we may make to educate the people, unless we have the *lex scripta*—the written law, to fall back on, State Medicine, while it may be a beautiful science, can never be a practical art. * * *

The great majority of mankind are neither wise enough voluntarily to submit themselves to the requirements of sanitary law for the sake of preserving their own health and that of their loved ones, or righteous enough to be willing to exercise self-denial and repress the cravings of avarice to save others from sickness, suffering and death.

* * * But the law we must have. **These laws must reach into all the relations of life.** As their basis they must start with the prompt and accurate registration of births, deaths and marriages, and of the presence of transmissible and communicable diseases, and they must embrace the control of epidemics by domiciliary quarantine; the supervision of the transportation of both the quick and the dead, and the burial of the dead, the construction, heating and ventilation of our homes and public buildings; the protection of water supplies and the restoration to purity of our polluted streams and lakes; the manifold occupations and industries of the people; the protection of food-stuffs, including milk and other beverages, and of drugs, from adulteration and impurity; the education of physicians, dentists and veterinarians, and barring our doors against the introduction of communicable diseases and pestilence from foreign countries.”

He continues: “Thus we have a State system of sanitary administration complete and symmetrical, its head at the seat of power in the State, **untrammelled in the exercise of authority**, reaching down through the subdivisions of county and township to the people; and a department in daily touch with every nook and corner of the State through its faithful allies, the physicians of the Commonwealth.”

“The faithful allies, the physicians of the Commonwealth,” are, of course, only those physicians who belong

to and are in good standing in the State and county associations. And as all of these minor associations are but integral parts of the American Medical Association, **Dr. Dixon's proposition is for the State Establishment of that System of Medicine for which the American Medical Association stands.**

But it is not merely control by the individual States which the American Medical Association extremists desire. They seek also to establish a National Department of Health, the head of which shall have a place in the President's cabinet, and upon which department shall be conferred absolute and complete power over medical affairs not covered by the State laws.

The scope of the proposed Department has been outlined by one of its advocates as follows:

1. It seems desirable that a United States National Department of Health should be established, having as its head a secretary, who shall be a member of the executive cabinet.

2. The purpose of the department should be to take all measures calculated, in the judgment of experts, to decrease deaths, to decrease sickness, and to increase physical and mental efficiency of citizens.

3. It should consist of the following bureaus:

National Bureau of Infant Hygiene.

National Bureau of Education and Schools.

National Bureau of Sanitation.

National Bureau of Pure Food.

National Bureau of Registration of Physicians and Surgeons.

National Bureau of Registration of Drugs, Druggists and Drug Manufacturers.

National Bureau of Registration of Institutions of Public and Private Relief, Correction, Detention and Residence.

National Bureau of Organic Diseases.

National Bureau of Quarantine.

National Bureau of Health Information.

National Bureau of Immigration.

National Bureau of Labor Conditions.

National Bureau of Research, requiring statistics.

National Bureau of Research, requiring laboratories and equipment.

It is urged that \$100,000,000 be annually appropriated to support the Medical Establishment.

To make a show of popular support for this measure, they have organized what they call a "Committee of One Hundred," and have induced many eminent men to lend

their names and influence to the scheme in a manner and for the purpose of hiding the fact that this committee is under the influence and control of the American Medical Association ringsters. The purpose of this committee is to advocate the measure and popularize it with the people. A magazine is published for the purpose of propaganda, entitled "American Health." Knowing the weight which the names of those in high places has with the public, as might have been expected, they early applied to President Roosevelt for his endorsement. A letter came from the President, giving his approval in a general way to any scheme of legislation which promised to preserve the Nation's health, though he carefully refrained from committing himself to the particular plan which was proposed. It would seem that this letter was used in a way to make it falsely appear that the President had given his official endorsement to the project in its entirety; whereupon the President wrote again, declaring that "he emphatically disapproved of a Cabinet Officer being created at the head of a Department of Health, and that he was not willing to have his former letter used to create feeling for a new Cabinet Officer at the head of such a department. So, "please," continued the President, "do not use my letter at all if your body conclude to agitate for a Department of Health." On the principle that half a loaf is better than no bread at all, the agitation for a Cabinet position has ceased, and with one voice they are now crying out for a Bureau of Health along the lines of the President's suggestion. That they will get it, seems reasonably certain, for they induced all of the political parties in the late campaign to endorse it in their platforms, and the only question now is as to the extent of the powers with which it will be endowed.

Such a startling scheme, one so comprehensive and well-laid out, so seriously propounded in the twentieth century and to the American people, is a revelation of the extraordinary state of mind of

these leaders of American Medicine, drunk with power and self-conceit.

If any further evidence be required of the determination of the Association to thoroughly control the situation, let it be furnished by the utterances of its accredited Walking Delegate, Dr. McCormack, as published in its own Official Organ of August 8th, 1908. He says:

“Important actions and results in medical affairs almost universally favorable (to whom?), have followed each other with such rapid succession since the reorganization movement began, that it is difficult to realize that it has occupied less than eight years of time. (He then goes on to describe in detail what has been accomplished.) ‘All of which,’ he says, ‘indicates what may reasonably be hoped for when the profession becomes as thoroughly organized and united, and as wisely led, and the public as appreciative, as will one day be possible. In a large percentage of the congressional districts,’ he continues, ‘the vote is sufficiently close that a properly organized profession can control the result, and the time has come for this influence to be exercised. The average politician has a profound respect for organized vocations which can control votes, and we owe it to humanity to exercise this power to the fullest extent.’”

Of course every man “owes it to humanity” to get himself elected to office. But what we should like to ask Dr. McCormack is, if the entrance of physicians into politics and the legislatures is for the urgent interests of humanity, why does it happen that these would-be legislators, who alone can give humanity what it needs, have to force themselves into office by so much scheming and intrigue?

However, it has been definitely determined that the medical profession shall go into politics—that is to say, the ring-leaders of organized medicine shall. Dr. Chas. A. L. Reed, of Cincinnati, a short time ago discovered that there were only four physicians in both houses of the last Congress of the United States, while the French Congress had ninety-two, and he blushes for the difference. So he started the political bee buzzing at the last convention of the American Medical Association, and incidentally launched his own political campaign. The *Journal*, of course, endorsed the movement, and all the understudies of the *Journal* in the various states, obedient to the hint from the big

boss, have been "whooping it up" for Dr. Reed and for medicine in politics. In their infatuation over the new idea, physicians and medical writers seem to have even lost their sense of humor. The *Evening Mail*, a New York newspaper, commenting on the proposition in a humorous fashion, says:

"To the tasks of political life the doctor can bring his skill in diagnosis, his knowledge of pathological conditions, the ability to jolly the individual, which is half his curative art, and a wide acquaintance with the people and needs of his district. He should make a good legislator. Every successful physician, indeed, is something of a politician in the treatment of his patients. Why should not the converse be true?"

All of which the *Buffalo Medical Journal* gravely thinks "is a just comment, and one that gives forceful reasons why physicians may serve their fellow-citizens wisely in public life."

It was not as a statesman, or in the broad public interest that Dr. Reed and those who were behind his candidacy sought his election to the Senate; but as a physician, and then, not as a broad representative of what a physician stands for as a man among men, but as the delegate of medical bureaucracy.

Certainly, a physician has as much right as any other man to aspire to a public office, but there is and can be no legitimate reason for his being there in his capacity as a medical man. We do not or should not elect men to legislatures because they are of this or that profession or calling, or because they belong to this or that religion; but because they are honest and capable men of affairs and as such are presumed to be competent to handle public questions in a broad and far-seeing fashion, in the impartial interests of all the people; and a movement emanating, not from the people nor even from the rank and file of medicine, but from its bureaucracy, to install physicians in legislative office is, to say the least, an exceedingly questionable, if not a most vicious exploitation of public interests. **If a member of one of our religious**

bodies were to seek public position by virtue only of his membership in that body, no true patriot would vote for him; and it is just as much contrary to the public interests to elect to a responsible position a man who, like Dr. Reed, asked for the people's votes, not as a statesman thoroughly acquainted with broad political questions, but simply as the representative of an organization of physicians, which is seeking to have special laws made for the aggrandizement of its own members.

CHAPTER IX

Some Startling Facts Concerning the Walking Delegate of the American Medical Union

It may not be amiss at this place to strip the mask of patriotism from the face of another of the leaders in this "reform" movement, one to whom we have already referred, and of whom we may have occasion to speak again. We mean no less a personage than Dr. J. N. McCormack, of Bowling Green, Ky., Chairman of the Committee on Organization, and the Walking Delegate of the great Medical Union. His duties, as described by the *Medical Sentinel* of Portland, Ore. (an independent paper), "are to go about the country, nominally to 'organize' the profession, but actually, to feel out the pulse in the various localities, lay the wires, and provide that at each coming session only the ornamental officers shall go to the 'unwashed outside.'" But the scope of his activities is much larger than is here set forth. He is, in fact, the "Legislative Agent" of the great American Medical Union, and in that capacity has appeared before Congress and most of the State legislatures in the interests of the legislative schemes of his Association. He has also, as we learn from the *Maryland Medical Journal*, "visited every state in the Union and spoken before a countless number of both medical and lay meetings." His addresses before the "lay meetings," if we can judge from the accounts in the newspapers, have been most successful. He is suave in manner, of a most pleasing address, and possesses a charm of speech that is almost entrancing, if we can judge from the reports of his meetings, which appear regularly in the official organ.

We will say, however, that all these reports, as well as those which appear in the local newspapers of the towns he visits, are so similar in import and expression that they suggest the idea that they are carefully prepared by the same hand, their general style resembling that of Dr. McCormack himself.

Quoting again from the *Medical Sentinel*, "he has much to say in his nice talks with his audiences about general good behavior of man to man. He tells of the brotherhood of man, of the duty we owe to our neighbors, and gives excellent hints on the way we should behave so that we may improve things in this world, instead of making them worse." He captivates his audiences wherever he goes. Preachers and the members of the W. C. T. U. grow almost ecstatic when they hear him. In an article in the *Journal of the American Medical Association*, February 23d, 1907, Dr. W. H. Sanders, of Montgomery, Ala. (the advocate of the State establishment of his System of Medicine, to which we have already made reference) tells us of the great impression he made on the people of Alabama. Says he:

"The effect of the addresses on those laymen who heard them was profound and highly salutary. Indeed, the enthusiasm of the lay hearers was deeply aroused by the graphic view of the profession, its aims, its struggles, its unselfish and altruistic work, and, withal, its bickerings and jealousies, so luminously told by the speaker. Everywhere the expressions of appreciation and approval on the part of the lay hearers were lavish, cordial and emphatic. As specimens of expressions used, the following are quoted: An Episcopal rector said: 'Doctor, if you will remain here until Sunday, I will insist on your occupying my pulpit.' A lady said: 'Doctor, that is the best sermon I have heard in a long time.'"

After one of his popular addresses at New Orleans, as we learn from the *Times Democrat*, of March 28th, 1908, "A spontaneous outburst of appreciation marked the end of his lecture, and Archbishop Blenk was introduced. The Bishop said that the lecturer had so thoroughly wound himself around his heart that he felt like throwing his arms around him and thanking him in the name of New Orleans. He said that a distinct boon had been conferred

upon the community by Dr. McCormack in his lecture, * * * and turning to the lecturer, he expressed the wish that the blessings of New Orleans and Louisiana accompany him. Rabbi I. L. Leucht, following, spoke complimentary of Dr. McCormack, endorsing his utterances and observing that the doctor and the clergyman should always be friends. Another clergyman, a protestant, Dr. Beverly Warner, declared that 'what we have heard, has stirred our souls, Many of these things we have heard before but Dr. McCormack has crystalized them, as it were, showing them in a way that makes them memorable. I can only reiterate what Dr. Leucht and Archbishop Blenk have said. I pledge my influence and support to help any move by doctors to purge the drug store of the horrors that roost on every shelf, and to brush the cobwebs of superstition from the minds of so many of our men and women. Dr. McCormack's lecture is a message of uplift; it is hope and inspiration.'"

In this lecture, as in all his addresses to the people, Dr. McCormack pleaded for the abolition of the sale of patent medicines, and grew eloquent in describing the "great suffering from preventable sickness and death, and of the drain upon our material resources therefrom, which," he said, "is almost beyond the conception of the finite mind." He then dished out a lot of statistics, telling his audience that during the last year "1,500,000 persons died and 4,200,000 were sick, involving the comfort and material prosperity of 5,000,000 homes and 25,000,000 people." At least, two-thirds of all this suffering, sorrow, death and material loss was preventable, all of which could have been prevented, but for the refusal of Congress and the State legislatures to give medical men (meaning, of course, his clique) the proper "assistance in their unselfish war" against pestilence and disease. He made a particularly eloquent plea for the betterment of public sanitation and was hot in his denunciations of those who pollute our streams and lakes. On this point he said:

"If all infectious discharges from every case now in your State could be collected and destroyed until they all recover or die, and proper attention be given to ventilation, open air exercise and the nourishment of those predisposed to it, you need never have another case unless it be an imported one. You had a large death rate from typhoid fever. This is not only a preventable, but the most typical of the filth diseases. In cities it usually gets into the mouth through infected water. Until the results proved so disastrous as to force better methods, at an aggregate cost of hundreds of millions, cities of the older civilization discharged their sewage into streams and lakes which were the only source of water supply for their own and other populations, and typhoid fever was an annual scourge. Instead of profiting by these disastrous experiences, we are rapidly converting our streams and lakes into open sewers and pools, regardless of the complex sanitary and economic problems thus created for our own generation and the millions to follow us."

He wound up with another strong plea for popular support for an increase of power for physicians, leaving the inference that with the granting of this additional power all the evils he had so graphically depicted would vanish forever.

In view of all this professed concern for the public health, but more particularly as it is affected by the pollution of our water supply and by defective sewage, and when it is remembered that Dr. McCormack is a professed expert on public hygiene, it may astonish those who do not know the man, to learn that he has been prosecuted in his own town for essentially the same offense he so strongly denounces in others. While telling the public that it is a disgrace for any person to have typhoid fever, he exposes, as it would seem, his own neighbors and friends to its ravages. While publicly advocating the strict enforcement of health laws, he apparently violates the health laws of his own community.

In Bowling, Green, Ky., Dr. McCormack, his son, Dr. A. T. McCormack (who seems to be a kind of medical Poo-bah, since he is Secretary of the Kentucky State Medical Association, Secretary of the Warren-Edmondson Counties Medical Society, Secretary of the Warren County Board of Health, Editor of the *Journal of the Kentucky Medical*

Association, Representative of the House of Delegates of the American Medical Association, and a Sanitary Inspector for the State Board of Health of Kentucky, of which his father is Secretary), own an office building. It houses one of the largest business colleges in Kentucky, and a large number of people are daily gathered in it.

As far back as February, 1903, complaint was made to the city health officers that the excrement from the closets in the McCormack building was being run into the open drain instead of into the sewer, thereby endangering the health and lives of the citizens of the town. On February 14th, 1903, the Board of Public Works at a called meeting, took cognizance of this complaint, and it was ordered that the McCormacks be given permission to open a sink for the purpose of connecting the closets of their building with the city's sewer system. The Board of Health was represented at this meeting, and it was stated that Dr. McCormack had been served with notice to cease using the open drain as a sewer, and had agreed to comply with the demand. The authorities, it appears, thought he had kept his promise, until, during the summer of 1907, it was discovered by some workmen that the open drain was still being used. The Bowling Green Board of Health finally caused to be sworn out three warrants for the arrest of the McCormacks, charging them with "permitting a nuisance, source of filth and cause of sickness to exist on their property." Trial was set for September 25th, 1907, but Dr. J. N. McCormack was out of the city (presumably, preaching hygiene and telling his audience that it was "a disgrace to have typhoid fever"), and hearing was continued until October 21st, on which date trial was set for October 23d.

On the latter date all the witnesses were present, and the court ready to proceed with the hearing, when the prosecution was dumbfounded at a sudden and unexpected turn. The McCormacks, unwilling to have the facts made a matter of court record, and before any evidence was taken or they

had offered a word of defense, presented three separate pardons, dated October 4th, from the Governor of the State, each covering one of the offenses charged. Upon the presentation of these pardons the proceedings were stopped at once, for it was of no use to try an alleged offender who was equipped with pardons. It is significant that the pardons were procured nearly three weeks in advance of trial.

Indeed the procuring of the pardons was in itself a tacit admission of guilt. Innocent men neither need nor seek pardons—at least, until every means of clearing themselves has been exhausted. They are more concerned under such circumstances about defending their reputations than they are in trying to evade a small money penalty. Dr. McCormack apparently feared that to proceed with the trial of his case would result in a conviction, and his request for a pardon ahead of the trial we shall accept as a confession that he was guilty of the very crime against human life and public safety against which he has inveighed so much in his harrangues to the public.

The Public Health laws of Kentucky, as printed in the report of the State Board of Health, of which Dr. J. N. McCormack is Secretary, make it the duty of the County Boards of Health to report to the State Board at least once every three months:

- 1st. On the character of the infectious, epidemic and communicable diseases prevailing in the county.
- 2d. The number reported as afflicted with such diseases.
- 3d. As to the action taken by such Boards in arresting the progress of such epidemic and the visible effect of such action, etc.

The report of the State Board of Health for the period covered by the drain polluting episode above mentioned, contains reports to the State Board from every county in the State, except two. **One of these is the county in which the McCormacks reside and were prosecuted, and in which the younger McCormack is Secretary of the Board of Health!**

So much for one phase of the character of this great American Medical Association leader and politician.

Another phase is revealed in his attitude toward the retail drug trade, which trade has often been the subject of his vicious comment and assault. As spokesman for the American Medical Association, while "whooping it up" before the W. C. T. U. at Nashville, Tenn., he said:

"The average drug store in the United States is little more than a saloon for the sale of disguised alcohol and 'dope,' under the pretense of patent medicines. * * * But this is not the worst thing that is going on in the drug stores. * * * Seventy-five per cent of the diseases of young men resulting from immorality are not treated scientifically by doctors, but they are treated by little boy clerks in drug stores, who laugh about these things and make a joke of them, and thus encourage young men to be immoral. And that is not yet the worst either!"

To say nothing of the injustice—the absurdity of a charge so sweeping and indiscriminating leveled against a whole body of his fellow-citizens, one can not repress a feeling of disgust and loathing for the creature who would select an audience of pure and respectable women before whom to discuss so indelicate a subject.

In his report to the American Medical Association meeting at Atlantic City, June, 1907, and published in the *Journal*, June 15th, 1907, he says:

"At every capital visited, I have found a strong force of drug men working under the direction of expert lobbyists representing the National Association of Retail Druggists, backed by the proprietary interests, against the legislation proposed by the profession in the interest of pure food and drugs, with all their expenses borne by that body. In every instance an attempt was being systematically and often successfully made to confuse the minds of legislators by the introduction of decoy bills prepared by their central bureau, but cunningly altered as to wording in the various States to hide their origin. * * * As a real friend of the pharmacist, one who has always been wedded to the prescription method of dispensing, the discovery of this almost universal ascendancy of the quack interests over this trade was a painful one. It evidently means that we have come to the parting of the ways with druggists, and we must arrange to dispense for ourselves, as is being done in other countries, unless prompt steps are taken in a comprehensive way to restore proper relations with them."

No one knows the falsity, the injustice of these charges better than Dr. McCormack himself. It is true that the

druggists have not blindly accepted and shouted for every bill which Dr. McCormack and his fellow political doctors have proposed, but no body of druggists has appeared before the legislature of any State in opposition to the enactment of reasonable food and drug legislation, nor were they "backed by the proprietary interests, with all their expenses paid by that body." As we have shown and as has been proved in the earlier part of this article, druggists have in many cases taken the initiative in such legislation, and have invariably lent their aid to the public officials in the prosecutions of persons charged with violating drug and pharmacy laws.

This remarkable statement of Dr. McCormack's was called to the attention of Mr. Thos. V. Wooten, at the time, Secretary of the National Retail Druggists' Association, who, speaking for the retail druggists of the country, said:

"Just what was the mental condition of Dr. McCormack when he made the statements referred to before the American Medical Association and subsequently at the meeting of the American Pharmaceutical Association, is a conjecture. Those most familiar with the doctor's habits can answer with greatest certainty of being correct in their diagnosis. Judged by the actual facts, however, the doctor's friends must admit that if he was accountable for his actions, he laid himself open to the charge of being a knave or a fool."

Mr. Wooten then related how in December, 1906, the Executive Committee of the National Association of Retail Druggists called a conference of the representatives of the drug interests to prepare a bill based upon and in harmony with the then recently enacted pure food and drug law, for recommendation to the various State legislatures. After stating that this conference was held in Chicago in January, 1907, and that a draft of a State law was prepared, the deviations of which from the National law were only such as were necessary to adapt it for State purposes, except that a provision was added which exempted United States Pharmacopoeia and National Formulary preparations and physicians' prescriptions from certain label requirements, Mr. Wooten continues:

"With these facts before us, as to the conferees, the character of the conference and the contents of the bill prepared as the result of its labors, it is difficult to understand just what Dr. McCormack meant when he spoke of 'decoy bills.' * * * If the provision relating to the exemption of physicians' prescriptions from label requirement is objectionable to Dr. McCormack, as the chief organizer of the American Medical Association, we should be glad to know it, so that proper efforts may be made to suitably amend the laws in this particular. Apparently, the concession to the medical profession was a serious mistake. Dr. McCormack, at least seems to have made it an excuse for falsification and villification of the lowest type."

This letter from Mr. Wooten was given wide publicity in the journals of the drug trade, but brought no denial from Dr. McCormack or his friends, who, by their silence, tacitly admit that he will not scruple to employ misrepresentation and slander when he thinks they will further the machinations of his Association.

Now, the lives and characters of these two men, Dr. Reed and Dr. McCormack, are an open book. The clique which controls the American Medical Association is as familiar with the facts as they are here related, as we are. But no word of censure has been heard from headquarters for either of these men. On the other hand, the official organ of the Association most fulsomely praises them on every occasion. One of these gentlemen is selected by the clique as its candidate for the United States Senate, where, had he been elected, he could represent the clique and push its schemes before that body, and the other before the State legislatures and the public. Their conduct is thus sanctioned and condoned, and the clique becomes responsible for the same. Their policies become the policies of the Association. Their deeds become the deeds of the Association also. And this is the great benevolent, philanthropic, altruistic American Medical Association!

CHAPTER X

The Alleged Altruism of the Medical Trust Contrasted with Its Own Words and Deeds.

It is, we are aware, commonly looked upon as a graceless and indelicate thing to criticise the medical profession; and the political schemer in the high places of organized medicine is always quick to take advantage of this sentiment. No sooner is he attacked for his greed for power and his unscrupulous methods of attaining it than he hastens to hide behind the skirts of the profession at large—the sentimental and picturesque ideal of the profession that the public cherishes in its heart—waxing eloquent about the sacredness of the calling, reciting its long list of honorable men and achievements, and setting forth its noble and disinterested aims. All of which is very true in its proper place, but like “the flowers that bloom in the spring, it has nothing to do with the case,” and simply serves as a means of artfully confusing the issues and directing the limelight still more powerfully upon the schemer’s own person.

As to these attributes of lofty altruism and disinterested philanthropy that popularly attach to the medical man, while we would be the last to belittle the work and spirit of the profession in general, we are not—and we believe that most sane men agree with us—disposed to the opinion that doctors are constituted differently from any other men. Human nature is the same wherever it is found, and in whatever particular occupation it may be engaged. Physicians are no more or less than human, and are actuated

by the same motives, moved by the same considerations, and subject to the same frailties and temptations as any other class of men—with perhaps less, perhaps more, opportunities to exercise those human qualities.

At all events it would seem to be more the part of modesty and sincerity to allow the other party to pass out compliments of this kind. The frequent and rather fulsome assurance given us by certain members of the profession—usually by those who do the least charitable work—of its high aims and altruistic character, irresistibly suggest the shrewd misgiving of the Queen in Hamlet, “the lady doth protest too much, methinks.” And when one penetrates behind the scene a little, back of these dress-parade orations where, off-guard, the leaders hold their councils of war, one sees the contrast between the ostensible and the real motives that inspire the campaigns for the restriction of those things which conflict, with their very mundane interests.

For instance, the *Journal of the American Medical Association*, in May, 1907, in a burst of self-admiration, exclaimed, **“The organized medical profession is caring for all the people all the time. The altruism and humanity of medicine is higher than anything the world has ever hitherto witnessed!”**

Excellent! Doubtless it is in pursuance of this disinterested concern for humanity's welfare that the *Journal* copyrights its every issue, hampering the wider spread of medical knowledge that is presumed to be of value in the crusade against disease and death; refuses to exchange with the independent journals; and with a high hand denies the *Journal* to the Association of Medical Libraries. Probably it is this same philanthropic spirit which moves the *Journal*, while keeping its own knowledge strictly to itself by copyright, to demand that manufacturers shall disclose all of their valuable trade secrets so that the *Journal* may publish them for the use of its readers, to its own and its readers' pecuniary profit.

Certainly, it must be this high altruism and humanity that inspired the protest recently voiced by the Chicago Medical Society, a constituent branch of the American Medical Association, against the Commissioner of Public Health for placing the agencies of protection against contagious and infectious diseases within the easy reach of the indigent of the city, on the ground that it curtailed the incomes of the practicing physicians of Chicago.

It was stated in a paper read by Dr. Whalen that these medical charities amounted to \$2,500 a year for each registered physician, and it was resolved:

"That we regard the action of the Department of Health in these respects as unlawful, unethical, and as fostering the abuse of medical charity; and that we demand that immediate measures be taken by the Council of the Chicago Medical Society to eradicate the abuse of medical charities."

It was also demanded that the Health Department discontinue unnecessary interference with the private practitioner, and thus "cease depriving him of his patients."

The Chicago Medical Society might, perhaps with good reason, have attacked indiscriminate and extravagant public charity on the ground of false economic policy; there are, indeed, a great many, even philanthropic people, who regard it in this light. But these Association physicians did nothing of the kind. They looked at the matter purely from a cold-blooded, mercenary standpoint. Their pocket books seem to have been their only concern. All of which most beautifully harmonizes with that highfalutin' apostrophe of the *Journal*, about "caring for all the people all the time," with an altruism and humanity "higher than anything the world has hitherto witnessed!"

The arrant hypocrisy of the pretensions to philanthropy on the part of these doctor-politicians ought to be apparent to the most guileless individual. The fact is, as we have shown, when talking in their own societies and when the public ear is not attending and when they have

nothing to gain by assuming a benevolent air, they practically acknowledge that they are "out for the stuff."

This selfish motive, this sordid instinct, is perhaps more frequently and clearly disclosed in their discussions of the proprietary medicine question than in anything else—probably because it most directly and vitally affects their pocket books. On every subject there are grounds for honest differences of opinion, and it might well be that they could bring to bear reasonable objections of greater or less weight against proprietaries. Certainly, these remedies are not all of equal merit, and, undoubtedly, there are some worthless, and, occasionally vicious, products of the kind upon the market. Therefore, if the clique used proper discrimination—if the war were against the really worthless or vicious products, or if, even the fight against proprietaries as a class were honestly based upon some real or assumed principle (provided that principle had regard solely for the public health), we would not be disposed to quarrel with them, even though we might dissent from their views. But here, as in nearly everything they do or say, the spirit of avarice and cupidity predominates; and the Iago in their breasts, rendering them insensible alike to the restraints of conscience and the cries of the sick, seems always to be calling out: **"Put money in thy purse!"**

For instance, the *Journal*, May 6th, 1905, urges physicians not to prescribe even the pharmaceutical specialties manufactured and advertised exclusively to them, giving as its reason, not that they are entirely bad, not that they are without therapeutic value, but **"the patient will become acquainted with what the preparation is good for, and will then buy direct,"** and consequently some doctor will be cut out of a prescription fee. There is here a practical admission that the proscribed remedy has, at least, some merit, for the patient would not be likely to "buy it direct," unless he found or thought he found that it benefited him, and to an appreciable extent.

The *California State Medical Journal*, quoted above, in its issue for September, 1905, says:

"Ask any pharmacist what will eventually happen if you give a patient a prescription for one of these proprietaries. He will tell you that in due course the patient, or his wife, or his mother, or his children, or his sisters, or his cousins, or his aunts, or his wife's friends will come into the store and buy more of the same stuff—but without a prescription. **In other words, you have lost a patient.**"

In an article in the *Journal of the American Medical Association*, March 18th, 1905, it is charged "that the druggists are cutting the doctors' throats by selling patent medicines," and an implied threat is made to the druggists in the words that **"they ought to see the propriety of not working against the doctors' interests,"** that is, by selling patent medicines to the people, and in this way cutting the doctors out of prescription fees.

Dr. Horatio C. Wood, Jr., one of the leaders in the present crusade, in the *Journal of the American Medical Association*, June 10th, 1905, makes a calculation of the amount spent only in advertising proprietaries, and says that advertising **"represents just so much as coming out of the pockets of the doctors."**

In an article in the *Journal of the American Medical Association*, September 9th, 1905, doctors are told that it should be a rule that no proprietary medicine should be delivered to the patient in the original package—**this precaution being taken to prevent the purchase of future supplies without a prescription.**

Dr. Horatio C. Wood, Jr., again in the *Journal of the American Medical Association*, June 10th, 1905, speaking of physicians' proprietaries says: **"Indeed, the employment of these fancy-named specialties is a direct temptation to self-medication,"** by which, of course, the doctor is the loser, since it cuts him out of a prescription fee.

In an article in the *Journal of the American Medical Association*, March 4th, 1905, objection is made to proprietaries on the ground that **“they encourage the patient to prescribe for himself, and, as the proprietary manufacturer becomes richer, the physician becomes poorer.”** It is the doctors' interests, and not those of the people that are here considered, it seems to us.

And lastly, it was disgust at the frequent expression of such contradictory and hypocritical sentiments that caused the editor of the *Medical Times* to exclaim:

“This (the proprietary medicine question) is a subject vital to every physician. We merely repeat here the specific statement we have frequently made, to the effect that in one year sixty-two million dollars has been expended in patent medicines, enough to give every practitioner a yearly income of \$2,000. In the face of such facts as these, all talk of humanity, altruism, self-abnegation and the like becomes cheap and nauseating. Such buncombe should give way to homely common sense.”

Let it be borne in mind that here, as everywhere, it is the clique and not the real practitioner who is doing all this talking and who makes confession to these sordid motives. The honest practitioner has but one purpose in view, and that is to bring relief to his patient. And he employs the means which he thinks will best effect this purpose, undeterred by any such fear as that the patient may at some time get the same remedy without an order from him and thus cause him to lose the one or two dollars which he charges for writing a prescription.

If we had the space we could fill a volume with just such extracts, revealing how these association doctors discuss this matter among themselves and in their journals, where there is no necessity for donning the cloak of hypocrisy or to cant and prate about the public good. But we shall waste no more time on this unpleasant business. What we have printed is sufficient to strip this medico-political clique of their altruistic pretensions and to exhibit them in all their cold-hearted brutality.

Now, the fact that the doctor does not wear wings, but walks the earth with the rest of us, and is amenable to the same earthly influences as other men, does not in itself constitute any count against him. It is no discredit to a man that he partakes of our common human nature. There is no reason on earth why the doctor should not be concerned about his income and his other economic affairs, as long as he does not tread upon others' rights in trying to improve them. But it is disgraceful and contemptible when intelligent men in the high places of medicine encourage the pretensions to an altruism and philanthropy which they do not possess and which nobody expects them to possess, for the furtherance of their selfish schemes, and to serve as a cloak behind which to shield themselves from the righteous attack of men, at least equally honest as themselves, who do not make any such pretensions.

Incidentally it may be remarked that these same pretenders to high altruism and disinterestedness are by no means backward in throwing stones at members of other callings, which are very apt to rebound and make ugly cracks in their own glass houses. Charges have been bandied about by the leading spirits of organized medicine with airy recklessness, as we have seen, about the retail druggists; and pharmaceutical manufacturers have been sweepingly condemned for greed and avarice.

"Let me tell you, Cassius, you yourself,
Are much condemned to have an itching palm."

Witness the case of the charge made by Dr. Frank Billings, the high priest of medical ethics and a leader in this great reform movement, against the estate of the late Marshall Field, of \$25,000 for seven days' service. Talk of greed and avarice! What was this but the quintessence of extortion? It is no excuse to plead that the dead man's estate was rich and could pay it. There was absolutely no

consideration of values on which to base such a charge. The services were certainly not worth the money to the sick man, for he died! Nor could the doctor's own time and service be rated at such a figure, for it is at the rate of \$3,572 per day. The only possible basis, that we can see, upon which such a fee could be figured is on the principle of the railroads, of "exacting all the traffic will bear," and if that is not the essential principle of extortion, then we know nothing about economics.

It is not necessary that we risk incurring the opprobrium which, as we have said, attaches to those who turn the light on the frailties of these infallible ones, and, especially, when it has been so effectively done by medical men themselves. Speaking of this very question of extortionate charges, Dr. George M. Gould of Philadelphia, author of "Gould's Medical Directories," "Biographic Clinics," etc., in an address before the Medical Alumni of the Syracuse University, June 11, 1907, pertinently said:

"Of all amusing and yet disgusting things we see every day, the most egregious is the fawning upon and adulation of the rich sick and the sick rich by our hysteria doctors and leading consultants. Thousands of these pitiful patients are being 'rest-cured' out of their money and health with no attempt to learn the causes of their diseases, and with fear that the known causes will become widely known. As a profession we have catered to this gallery-beloved melodrama. Our professors and big-wigs have played the game of strutting before the groundlings and of demanding many thousand-dollar fees for cures that often never cured, and for operations that frequently were unnecessary. The medical profession should long ago have stopped this quackery of \$5,000 and \$10,000 fees. Every one of us knows it is charlatanism."

CHAPTER XI

The Deplorable State of American Medicine.

We have already seen how they themselves admit in their society meetings that their main objection to proprietaries is that in proportion as they are used, the number of their own prescriptions decreases; and, sometimes in lucid moments of realization, sometimes in fits of internal jealousy, to which they are humanely susceptible, they also turn an illuminating ray on each other, and occasionally some particularly glaring blunder sets them in the blaze of public criticism.

We have no particular interest in showing up their failings, except to illustrate the truth that "the way to keep the streets of Jerusalem clean, is for each man to sweep his own door-step," and to demonstrate that the condition of the medical man's door-step is not yet in such a state of cleanliness as to warrant his officious eagerness to perform the task for his neighbor.

That conditions are not ideal in medicine is a matter of general knowledge among medical men; and these conditions cannot much longer be concealed from the public. Indeed, if we may believe Mr. Bok, the editor of the *Ladies' Home Journal*, a public exposure is even now impending. In an address before the Philadelphia Branch of the American Pharmaceutical Association December 3, 1907, a report of which we find in the *Journal of the American Medical Association*, he said: "That it might be of interest to know that in

two editorial offices of the country there is a fearful arraignment against the medical profession, absolutely appalling, in consideration of the names attached. Were that put before the American public it would cause such a distrust of the physician, such an unrest and upsetting of confidence, as has not been known for generations." And he significantly added, "It has been deemed wise not to publish it—*yet!*"

This announcement of Mr. Bok is rather surprising, in view of the fact that three or four years ago he worked hand-in-glove with the American Medical Association crowd, going so far as to prepare the drastic drug bill, bearing his name, and which the American Medical Association clique adopted as its own and urged for passage before the State Legislatures.

In the matter of education, which goes right to the root of the question, if we are to believe the high priests of organized medicine themselves, conditions are deplorable beyond conception.

According to a report of a meeting of the Association's Council on Medical Education, which appeared in the *Chicago Tribune* for April 30th, 1907, it was stated by a member present that:

*"There are on an average, four thousand doctors graduated every year by the medical colleges of America, and about three-fourths of them are utterly incompetent and should never be permitted to practice medicine."

In the same report Dr. Chester Mayer, member of the State Board of Examiners of Kentucky is quoted as follows:

"The evil of incompetent doctors, turned out by inadequate schools strikes down to the roots of the educational system. Primary education often is a farce. I have taught students for years, knowing only too well that they, for the most part, did not understand what I was saying because of the defects in their primary education. Yet these men will be coached for examinations, and will pass them, while they are almost entirely ignorant of the subjects in which they are examined."

Dr. W. T. Means, Chairman of the Judicial Council of American Medical Colleges is reported as having said:

*The *Virginia Medical Semi-Monthly* puts the number at seven thousand.

"Some men qualified as medical practitioners are deficient in knowledge of bacteriology, chemistry, physiology and anatomy. I doubt if some could make a laboratory test for typhoid fever. I have written to twenty-five State Boards and I find that fifty-eight per cent of the men who fail at their final examinations pass on a second examination a few weeks after. In the date intervening, where did they get their knowledge? They did not get it. They were simply crammed with the answers to those questions which it was expected they would be asked, and they answered as parrots, not knowing what they were saying."

Dr. Henry Beates, Jr., President of the Board of Medical Examiners for Pennsylvania is quoted in the public press as having said:

"The failure of twenty-three per cent of the doctors who took the examination for licensure this month (December, 1906) before the State Board of Medical Examiners, proves the crying necessity for an investigation of the actual manner in which the medical college is doing its work. * * * About one-quarter of the papers show a degree of illiteracy that renders the candidates for licensure incapable of understanding medicine."

In the *Bulletin of the American Academy of Medicine*, February, 1908, Dr. Beates characterizes the existing medical college curriculum as monstrous, and declares that its remodeling is the crying need of the hour.

On the same subject, J. Richards Parke, B. Sc., M. D., addressed a letter to the Philadelphia *Public Ledger*, from which the following excerpts are taken:

"We find so-called physicians in practice today who, without a tittle of the patent medicine vendors' commercial acumen, eclipse the latter both in ignorance and braggadocio; and the law governing the admission of candidates to practice medicine being fairly stringent and efficient, the odium of what Dr. Beates so justly complains of rests necessarily with the Examining Boards of the various States. * * *

"The publication by the present writer of a recent work on a medical subject, sold only to physicians, has brought him into contact, through various letters of inquiry from all parts of the country, with the identical condition to which Dr. Beates' remarks so justly apply. The letters not only evince ignorance of what the merest tyro of medicine should understand, but an equal ignorance of the simplest rules of orthography; and this even in large cities and centers of professional literary culture.

"I think it was Maimonides who said that the man who permits the loss of a human life, when he possesses the means of saving it, must be accounted a murderer; and I would unhesitatingly add that the man who undertakes to cure disease, conscious of his absolute unfitness for the task, is not only a

murderer, and of the meanest and most cowardly type, for he carries his devilish deceit and pretense into homes already devastated by sorrow and affliction, but a constant menace to society. Therefore, I bid Dr. Beates Godspeed in his earnest effort to redeem our profession from this deadly reproach. Let the facts be given to the press. Make the evil public, however much the profession as a whole may suffer."

The report of the American Medical Association Council on Education is to the same effect:

"That the United States has far too many medical colleges, the number exceeding those of all the European powers combined, that the average medical knowledge among American physicians is far below that of European doctors; that one-half of the medical colleges of this country are unfit to teach medicine."

Now, when it is remembered that appointments to the Boards of Examiners are dictated by the associations, that in fact these Boards, as a rule, are but the creatures and agents of organized medicine, or, as it has been put by Dr. McCormack, (see the *Journal*, March 9th, 1907, page 896), that they have **"always been, in effect, only the executive committee of the medical society,"** we can see that the blame for the unfortunate conditions is brought directly to the door of organized medicine itself; for since the powers of the Examining Boards, in the matter of granting licenses is absolute, theirs is the fault and they must bear the reproach for turning these incompetent doctors out upon a defenseless people to "practice" upon them.

It is no part of our rôle to defend the medical profession, and especially against accusers within its own ranks; and yet we hope that we may be pardoned for expressing the belief that, deplorable as we know conditions in medicine to be, they cannot be quite as bad as they are here described.

When it is recalled that the Association is demanding that to its Examining Boards (or the Executive Committee's of the Medical Societies, as Dr. McCormack calls them), shall be given complete "supervision of all medical colleges with authority to pass on the entrance examinations of

prospective medical students; to issue or to have issued entrance certificates to medical students; to inspect the medical colleges and to close such (as in their opinion) are not sufficiently equipped or are not doing satisfactory work; at least, to say what medical colleges shall be recognized," (see *Journal American Medical Association*, September 14th, 1907), we say, when we consider the added power they are thus seeking to obtain, and bearing in mind former evidences of their political shrewdness, we should be pardoned for the suspicion that they are indulging in exaggeration, with the hope and purpose of frightening the people into bestowing upon them control, absolute and complete, over all the medical colleges of the country.

Let us repeat that odium should not attach to the entire profession nor even to all members of the Association for the high-handed conduct of the ruling clique. There are thousands of noble men, in and out of the Association, who know that there are gross evils in medicine which ought to be remedied, and if their wise counsels should prevail the activities of the Association would be directed at these evils and not to the up-building of a vast political machine. Many such doctors are all the time calling attention to these evils with the hope that with exposure, serious and earnest efforts in the way of exterminating them will be made. Such a man is Dr. Fernand Henrotin, of Chicago, a man of high character, great ability and national fame, who in an address before the Illinois Medical Association, three or four years ago, said:

"The boodle excrescence on the body medical is a non-malignant, heterogeneous hypertrophy, which has become a deformity. Fellow members, in your heart of hearts, you know the truth lies in the assertion that the almighty dollar is the prime object these days to a greater degree than we of this epoch or our forefathers have known. * * * But why tarry on this unsavory repetition of unpleasant facts known to you all? * * * We have become commercial to a degree rather inconsistent with the altruistic characteristics of our calling. From the man who charges \$5,000 for aspirating a knee joint or for removing a catarrhal appendix and crucifer, the two little fellows who are dividing a \$100 fee on the sly for just as good services on a plough boy, to the one who runs a sanitarium on founders' shares and a salary, we have

been losing sight of the fact that our profession is a quasi public one, attracting an immense amount of attention, and that the personality of our membership should not be allowed to deteriorate, and that, for the benefit of society, we should seek to obtain permanently by living in the proper midline between self-assertion and self-restraint."

In this same matter of commercialism, Dr. Wm. J. Mayo, of Minnesota, especially deplored one particular phase of it—and he spoke with the certainty of personal knowledge, he being a surgeon of considerable repute, to whom doctors all over the country are constantly sending patients upon whom they do not feel competent to operate. He said:

"The one crying evil, which, fortunately, is not widespread, is the giving of commissions; in other words, the selling of the confidence the patient has in his practitioner to some specialist, who, in return, will divide the fee for reference of the case. The one secretly takes money from the patient without his consent, and the other, in order to complete the bargain, charges more than he should. This is equally harmful to the one who receives and the one who gives. Some attempts have been made to justify it, but the very fact that it is secret shows that both parties are ashamed to have it known and is an acknowledgment of its moral obliquity."

Another failing of the modern physician, if we may believe what those who are in a position to know best are saying about them, is his tendency to sink the man in the scientist and to degenerate into a cold-blooded experimenter, as pointed out by Dr. Heinrich Stern in a remarkable address entitled, "Led Astray," delivered at the Portland meeting of the Association in 1905. Said Dr. Stern:

"In his search for that which he considers science—hypothesis and a series of mostly misinterpreted facts which are utterly useless to him in his practical work—the physician of today forgets that he is, above all, the confidant and the comforter of the patient and his family. He forgets that his purpose should be to help the sick and that he must be up and doing. He forgets that the sick individual cares little for the bacterium babble and his numberless theories, but that he desires to get well and to be relieved from aches and pains as speedily as possible. He forgets that he is dealing with an individual and speaks of him as his case only. In his ardent quest for that putative science he has lost the most potent charm of the physician—sympathy, that eternal sympathy for the suffering which is often more effective in alleviating the patient's condition than all pain-soothing remedies. He has become coarse-grained and does not seek to hide

his callousness from the patient; on the contrary, he tries to impress the patient with it, for is this not the surest way to inspire him with awe and reverential respect for himself, the master of the situation who has deeply quaffed of 'science,' with which he is saturated?"

That this is not the isolated opinion of one man is shown by the similar statement of Dr. Hubbard of the Roosevelt Hospital, New York:

"It might be said that there are fads in medicine as there are in less important things in life. The present fashion is the Continental one; the physician lights his pipe and waits for the patient to die; he may obtain an autopsy. His object apparently is to verify his diagnosis. If he discovered that he guessed right, he is satisfied. The comfort of the patient, the cure of the disease, if possible, are minor considerations."

Even in the matter of competency and intellectual honesty it would seem that the profession is anything but perfect. In an address before the Ohio Valley Medical Association last year, Dr. J. L. Wiggins, said:

"It is not the man who is striving to reach a higher plane at whom we are wont to hurl the javelins of our disapproval, but it is the one who, without proper preparation or effort essays to achieve the finished product of master minds, notwithstanding that what they have done was only after years of patient study, work and sacrifice. To our shame be it said, this latter type predominates. There exist in many communities men whose intellects have not been quickened, nor their consciences cleansed, by the advent of Listerism. On the contrary, in spite of this antiseptic age, the commercial microbe sown in the agar of an exaggerated ego, has multiplied."

In an article published in the *Journal* itself, which, however, crept in past the eagle censorship of the editor, Dr. Bayard Holmes, makes this serious charge:

"Modern aggressive surgery has made the hospital into a hotel for the temporary care of the vivisected. All that the surgeon cares for is a room for his patient to occupy during the three or four weeks she is recovering from his incisions. She may then go home and get well, or lead a life of invalidism, as it happens. To cure his patient and restore her to a life of usefulness and happiness is not the modern surgeon's conception of duty. He looks on the invalid as an incumbrance to his hospital, and all the essentials of recovery as unnecessary expense and space-consuming impediments."

It is illustrative of the arbitrary and biased attitude of the editor of the *Journal* that, in replying apologetically to a rather severe rebuke administered to him by a mem-

ber of the Association for daring to publish such an exposure, he assured his critic "that the statements would not have been published had their import been realized." That was one time that the "blue pencil" was caught napping.

Writing upon the same subject in an English journal, Dr. James A. Rigby, of Preston, England, puts the case still more forcibly and plainly against surgery and the modern surgeon:

"Gradually, progressively, almost imperceptibly, there has of recent years arisen in our midst a new tribunal, and one moreover of great power and far-reaching influence; this tribunal is endowed with the power of deciding questions of life and death, and as at present constituted there is no appeal whatever from its decisions, which are practically immutable and irresistible.
* * *

"This terrible power of life and death is thus placed in the hands of an inexperienced youth, practically without any safeguard whatever; for after the operation is over, provided the patient dies, the operator merely requires to fill up a form or certificate furnished by the State, in which there is stated the disease for which the operation has been performed, the nature of the operation, more or less explicitly expressed, with the fatal result. There is an end of the matter.

" * * * There has arisen a class of surgeons, mostly young, often inexperienced in other safer and more rational methods of treatment, and above all, quite callous and indifferent to the true welfare of their patients, whom they look upon merely in the light of subjects to be experimented and operated upon. These surgeons, regardless of age or any other deterring considerations, have no hesitation in embittering the last moments of their patients, by submitting them to what are practically hopeless operations, often under the specious plea of giving them a chance; thus, what should be a peaceful deathbed scene becomes converted into a seance of operating surgeons, nurses *et hoc genus omne*, to whom the suffering patient is merely an interesting case. His obituary notice is another record in the case book of the operating surgeon, who, rightly from his point of view, has, by constant repetition of such scenes, quite obliterated the acute sense of humanity he originally possessed."

It is true that Dr. Rigby was referring specifically to conditions in his own country, but his description will apply with equal fitness to the surgical situation in the United States, as we think the reader will agree after he has completed the reading of this pamphlet. It may not be out of the way to call attention to the fact that the *British*

Medical Journal (which bears the same relation to organized medicine in Great Britain that the *Journal of the American Medical Association* does in the United States), while not denying the facts contained in the paper, most severely censured Dr. Rigby for giving publication to the same; thus showing the identical desire for concealment of these unfavorable conditions as is indicated in the apology of the *Journal of the American Medical Association* above quoted.

Of the public relations to these conditions in the profession, Dr. Waite, in an article upon "The Surgical Situation" in the *Medical Record*, shrewdly says:

"The time has come when a reform movement is bound to be inaugurated. If it does not come from within it will come from without. If we do not reform ourselves we will be reformed, *nolens volens*. The laity are not all fools and the surgical situation is no longer a professional secret. Putting aside all question of ethics, of our duty as a profession toward a confiding laity, the law of self-preservation forces us to take up this question in earnest. That portion of the laity which has not already gone over to Christian Science, Osteopathy and Psychotherapy is casting a critical eye upon the medical profession, and if I mistake not the signs of the times will require a speedy accounting. Let us, therefore, bravely face the situation; let us probe the ugly wound to its very depths; let us fearlessly apply the cautery while it yet remains in our own hands, and while we can make a thorough aseptic operation."

All these warnings and admonitions would constitute an exceedingly hopeful sign if there were strong evidences that the ruling clique had taken notice of them and were earnestly trying to remove the ugly excrescences on the body medical. But in the absence of any such movement, and in the face of an arrogant and complacent proposition on their part to reform and regulate the affairs of every body else with whom they have any dealings, these internal evidences of decided imperfection savor very unpleasantly of snobbery and hypocrisy.

There is another type of short-coming upon which the public light is occasionally turned—quite by accident as a rule, because doctors' mistakes and crimes are usually buried with their victims and there is little chance of getting

an Association physician to testify against a fellow member, unless he happens to have a personal grudge to pay—and when they are so exposed they shed a flood of light upon the much vaunted infallibility of the medical man. We refer to the commission of actual blunders in surgical work.

Not infrequently, since the inauguration of abdominal surgery, cases of malpractice have been brought against surgeons because in sewing up a wound they have left sponges and other articles in the abdominal cavity, endangering the patient's life and necessitating a second operation. It remained, however, for the defendant in a recent case of this kind in a western state to establish a defense that ingenuously gave away the entire situation. **He admitted the offense, but pleaded that he "used ordinary skill"—in other words that the leaving of articles in the abdominal cavity was such an ordinary occurrence that it came within the allowance of the law which limits the obligation of the surgeon to the exercise of ordinary skill.**

This remarkable defense was set up by one of those physicians' defense companies to which we have made reference, and upon the strength of it we wrote to a well-known collaborator of medical literature who made the research, and have his reply that he "found several hundred cases recorded in medical journals, and it was not confined to the uneducated or careless operators, but has happened to the best cultured and leading surgeons of both hemispheres. Further, the articles left in the abdomen are not limited to sponges—forceps, spectacles, eyeglasses, wedding rings, towels, etc., have been left. In one case the abdomen was opened four months after the operation and a towel was found, dry and nicely folded, just as it came from the laundry."

And this, as it appears, is regarded as ordinary skill by these medical autocrats who are seeking a State Establishment of Medicine, the jurisdiction of which shall

extend to the most private details of our daily lives, with themselves to dispense and administer it!

Speaking on the subject of sewing up foreign substances in the abdominal cavity Dr. H. S. Crossen, in an address before the St. Louis Medical Society, says:

"To one not familiar with the subject it seems past belief that we would carry into the abdominal cavity any object, the removal of which is not provided for with absolute certainty. And yet, that such is the case is abundantly proven by the long list of cases in which sponges, forceps and other sundry articles have been removed from the abdomen during convalescence or at the post-mortem table. Many cases have been reported, and there are many more cases that have not been reported, since, for obvious reasons, the accident is not given publicity, unless there is a special reason for doing so. In any large body of surgeons, a little experience meeting in which testimonials are freely given, will show a number of cases in which this serious accident has occurred."

Again, there is an article in the *Journal of the American Medical Association*, July 20th, 1907, by Dr. Archibald MacLaren. After giving a number of recorded instances and reciting a few cases gleaned from his own personal experiences, he says:

"Before leaving this subject I would like to report part of a conversation which I had recently with Dr. Maurice Richardson, in which he said that he had on several occasions operated on the patients of other surgeons and had removed forgotten foreign bodies, and that, to the best of his knowledge, **these people were never told what had been the cause of the local inflammation or abscess which had needed further surgical care. We know that this excellent rule is not always followed by surgeons of equal standing, as it should be whenever possible.**"

This must be another instance in which the scrutinizing gaze of the *Journal's* editor was momentarily turned away or else when it had become weary with its constant and censorious watching, for it is hard to imagine that he would willingly have allowed a paper containing such damaging admissions to appear in his publication, unless, perhaps, it was with the purpose of impressing upon his readers that "the excellent rule" of never telling the patient what was the cause of the local inflammation or abscess that necessitated the second surgical operation, "is not always followed as it should be, whenever possible."

Nor is surgery the only field where such blunders are made. Not so many years ago ten prisoners at the Bibilio Prison, Manila, died of bubonic plague because the prison doctor inoculated them with bubonic cultures instead of cholera serum. In justice to the prison doctor it should be said that the error was due to a careless act of "a commission of eminent doctors" visiting the prison, who (innocently, of course) put the culture tubes into the rack where the cholera serum tubes belonged.

The shortcomings of the medical profession are not even confined to ignorance and carelessness. Even in the matter of morals their skirts are not so clean that their leaders can afford to indulge in the task of washing other people's linen, at least in public. Among the numerous crimes and misdemeanors which these leaders have not hesitated to lay at the door of the druggist is the heinous one of retailing drugs and giving advice for the procuring of criminal abortion. Yet even in this matter they can scarcely be said to come into court with clean hands.

Dr. John M. Grant, a most excellent physician, and a man of the highest character, who could not possibly have had any other motive than the desire to remove from his profession an odium which attaches to it, in a paper read before the St. Louis Medical Society, declared that over thirty-five per cent of pregnant women have abortions performed upon them—some observers make the percentage still higher. As to the responsibility for the crimes, Dr. Grant says:

"There are two classes of people who are guilty of producing these abortions. One class consists of the notorious midwives and doctors who for love of filthy lucre murder these unborn babes. These persons are so debased and so lost to all that is true and noble in life, that they are held in utter contempt and abhorrence by every right-thinking man. The other class consists of certain members of the medical profession who are generally considered to be men of repute. It is a disgrace to our profession that any member of it should have so conducted himself as to justify the suspicion that he was an abortionist. Yet, if common report be true, certain men are guilty."

The Michigan State Board of Health reports substantially the same condition of affairs in that State, putting the proportion at thirty-four per cent.

Dr. Henry G. W. Reinhart, Coroner's Physician for Cook County, Illinois, in 1905, was quoted in the *Chicago Daily News*, of December 7th of that year, as saying:

"Criminal operations are performed in every city in every State. They are performed by doctors holding certificates to practice; certificates that can be revoked. The crime can be punished in most States, if not in all, by imprisonment; the profession can be purged of malpractitioners of the criminal kind, and the purging can be done by the profession, as a matter of house-cleaning. But it isn't done, and it won't be done as long as so-called 'reputable physicians' (who haven't been exposed by their professional brethren) will do a 'dirty job' for \$100, and will sign a fraudulent death certificate. It is a business that pays, pays big, and the political doctor never yet was known to have interfered with any phase of professional activity that pays big fees!"

Dr. Rudolph Holmes, who made an investigation of the subject, thus stated, before the Chicago Medical Society:

"I have come to the conclusion that the public does not want, the profession does not want, the women in particular do not want, any aggressive campaign against the crime of abortion. I have secured evidence. I have asked different physicians, who either had direct knowledge of crime or who could testify to the prisoner's general bad reputation, to come and testify, and they promised to come, but when the time for trial is at hand no one appears. On the other hand, reputable members of the Chicago Medical Society regularly appear in court to support the testimony of some notorious abortionist. * * * In a certain county society complaints were lodged with the censors concerning three physicians known by reputation and deed to be professional abortionists and the censors refused to take action."

Dr. Walter B. Dorsett, in an address before the Association in 1908, said:

"Self-induced abortion, or abortion produced by a fashionable or fad doctor, is, as we know, a fruitful cause of horrible pus cases in which we are now and then called to operate. This fad doctor is one with a lucrative practice, and is often 'the lion at social functions.' He it is who empties the uterus in cases of emesis gravidarum without first racking his precious brain in trying all recognized remedies and methods to check the vomiting. He it is who finds so many cases of contracted pelvis where it is utterly impossible to do anything but an early abortion to save the woman's life. He it is who finds so many cases of retention

of menses, that require dilation and curetment. He it is who finds the urine 'loaded with albumin,' necessitating an immediate emptying of the uterus to prevent death from Bright's disease. Such men and women prostitute the profession of medicine and should be exposed."

Dr. Montgomery Russell in the *Kansas City Medical Record*, points out that:

The law leaves it entirely with the judgment of the medical profession to determine when it is necessary and warrantable to procure abortion. There is no immorality in producing abortion therapeutically if it gives a chance of saving the life of the mother, when, if it were not done, it would be almost certain that both mother and child would perish."

Here one sees the wide latitude of opportunity and excuse and, hence, the strong temptation which the law puts into the hands of the medical man in this matter, such as is experienced by no other class of men or women, with whom abortion is always a crime. We reiterate, doctors are no better or worse than other men; therefore it is not surprising, but quite natural, that with this opportunity and ready justification, the crime of abortion should so generally prevail.

It must not be supposed that these charges of abortion lie against physicians as a class. Happily, for the honor of humanity and the profession, such physicians are comparatively few and far between. But they exist among the doctors, certainly to as great an extent as among the druggists, if not greater, and considerations of decency at least should forbid any man from twitting another with having a homicide in his family who himself numbers a murderer among his own.

Organized medicine—or rather the clique of politicians who pretend to represent organized medicine—has lost no opportunity of attacking the drug trade. Like the ancient church dignitaries in the issuance of their anathemas, they have cursed it in all and every of its functions. And it is a noteworthy fact that in every one of the counts in their rather voluminous bill of complaints against it, they are themselves conspicuously wanting in that prime principle of

equity that requires a complainant to come into court with clean hands.

Their walking delegate, Dr. McCormack, of Kentucky, as we have already recorded, has been going up and down the country endeavoring to make it appear that the druggist is responsible for the growth of alcohol and drug addictions.

In October, 1899, Dr. T. D. Crothers, of Hartford, Conn., read a paper on "Morphinism Among Physicians" before the New York Medical Association. As a noted authority on morphinism, Dr. Crothers' statements are entitled to serious consideration. He reported that he had secured the history of 3,244 physicians, residing in the eastern, middle west, and some cities in the west, of whom twenty-one per cent were found to be using spirits or opium persistently. Ten per cent, outside of this number, were using opium or other drugs secretly. He also reported that from the personal observation of a number of city physicians who have large acquaintance with medical men, from six to ten per cent were found to be either secret or open drug and morphine habitués. The following paragraph is quoted verbatim:

"These figures appear to be approximately correct, and show that from six to ten per cent in this country are opium inebriates. This is considered a conservative statement, considering the fact that drug takers, and physicians in particular, are secretive and conceal their use of drugs, especially when it implies weakness and reflects on their social standing. * * *

"I can not stop without calling attention to the fact that morphinism is increasing among physicians. The reports from private asylums and public hospitals show that within five years medical men form a considerable part of their inmates. Specialists of nerve diseases sustain the same fact. The young and middle-aged men are the most common victims. Often they are from that class of delusional therapeutists who want to prove everything by personal experience, or who have exalted conceptions of the power of drugs, and believe that researches in that direction will open the road to a physical millennium."

At a meeting of the Association, in discussing a paper on this subject by Dr. A. J. Pressey, of Cleveland, Dr. Crothers declared that:

"The subject of morphinism has a personal interest for every physician, because it is one of the most frequent addictions among active workers in the profession. From some studies made five years ago, and which have since been fully confirmed, I am convinced that at least fifteen to twenty per cent of the physicians in active practice are victims of morphine and spirit taking."

This estimate was considered too large by some members present, but Dr. Crothers in replying to them said that the facts may be startling, but the evidence on which they are based are incontrovertible. The question irresistibly suggests itself as to what kind of a standing in equity such a state of affairs gives to the charge of the medical clique that the drug trade is responsible for the drug habit. But this is not all; and again we rest our case on the testimony of the medical profession itself.

Another medical writer, Dr. C. E. Patterson, in the *Medical Summary*, asserts the same truth, and further places upon the doctor the blame of starting many a case of drug addiction. He says:

"I am sorry to say that of any one class of men who are addicted to drugs and liquor, the medical profession takes the lead. And I am sorry to say, further, that the physician of today is altogether too ready to pull out that little gun of his and shoot every patient that has a pain, thus endangering the formation of a drug habit."

To the same effect is Dr. Oscar L. Peak, of Springfield, Mo., in the *Missouri Journal of State Medicine*:

"There is no doubt that thousands of persons have been started in the downward course of the drunkard by the direct act, advice or sanction (and I am ashamed to say too often by the example) of their family physician."

The fact of the matter is that the testimony of the heads of sanitarium for drug victims is practically unanimous that in almost all cases the habit began with a doctor's prescription, and we quote the words of but one of these directors as being substantially the burden of them all:

"In looking over my case reports covering the last eight years, I find that the most common cause of the morphine habit is the medical prescription given for the relief of bodily pain. As long as the patient is ignorant of what he is taking the danger is not so great, but when the drug is given to him to use

as he sees fit, a case of morphine addiction is almost sure to result. A physician who places a hypodermic syringe in the hands of a patient for use in chronic painful trouble should certainly be severely criticised, unless that trouble is hopelessly incurable."

Dr. L. F. Kebler, Chief, Division of Drugs in the Bureau of Chemistry, of the United States Department of Agriculture, in a recent paper on the "dope" question, said:

"With the passage of laws of the above character (*i. e.*, for the suppression of the drug habit), local sales of these dangerous agents are usually materially reduced. The druggists as a class worked for the passage of such laws and welcome and assist in their enforcement. * * * There are still, however, considerable amounts of both cocaine and morphine illicitly sold, used and consumed within jurisdictions possessing such laws. * * *

"The various restrictive laws do not as a rule restrict the doctor in prescribing these drugs in such a manner as to make conviction easy, except in flagrant cases, and it is common knowledge that there are some so-called doctors who make a practice of writing prescriptions for very small fees for these life-wrecking drugs."

Now, we submit that if the clique was unselfishly desirous of doing a real public service, if it had even the ultimate good of the science of medicine at heart, it would first effectively reform its own profession before starting out to reform the drug trade, even admitting that this trade is as guilty as it is charged with being. In any event, in the light of these disclosures, the clique would not brazenly demand that to its hands or those of the profession in general, shall be entrusted the complete control of the habit-forming drugs, with the unregulated power and authority for their prescription and administration.

One of the most insistent grounds upon which the custodians of medical ethics have attacked the proprietary remedy is that of its secret formula. With large assurance they demand that the manufacturer place upon his label always the constituents and proportions of his preparation. This, of course, also, in the interests of the public health and safety! It is doubtless in the same interests that the physician hedges his own prescription around with every device of language and symbolism to prevent the patient from

reading its contents, and becomes highly offended if his patient should be impudent enough to ask what he is giving him. The sentiment of the physician on this point is aptly and ingenuously expressed in an article by Dr. A. C. Ragsdale, read before the Southern Illinois Tri-County Medical Society:

"I adopted a plan when I began practice which I think should be adopted generally, that of never allowing a patient to know what he is taking. There are thousands of reasons why the patient should not know what he is taking. It is none of his business. He pays you for exercising your knowledge in his behalf and does not employ you to give him a course of training in medicine. **If you have to write a prescription, put it in Latin or some form that will not be understood by the patient or his friends.** How many patients have become drug fiends by knowing what was prescribed for them? How many prescriptions have been refilled without the physician's knowledge or consent? I might go on and enumerate dozens of causes, and the next day some commercial rat would call on you and say, 'How do you do, Doc? How's practice. Say, Doc, I've got a sure thing for so and so, and I'll just leave you a sample, and I'd like to send you a pound or two in your next order.'"

Note how subtly the consideration for the patient's possible habit-forming is sandwiched in among the real arguments, as a sop to the ethical and paternal proprieties of the case.

So bitter does the self-constituted guardian of the public and the profession become that he does not hesitate to attack the personal character of medicine manufacturers as a class. Dr. Phillip Mills Jones (who, by the way, once a militant antagonist of the American Medical Association, has lately been thrown the sop of a place on the Board of Trustees and been hypnotized into innocuousness), has this to say about this subject:

Don't believe anything that any manufacturer tells you, unless the Council (who of course are beyond suspicion) tells you the manufacturer is telling the truth. There is not one of them that has not, deliberately or inadvertently, lied to our profession, and misstated either the composition of some of his wares or their active value."

That would be a terrible accusation if it were true. But it will be hard to make the public believe that all medicine manufacturers are dishonest, and, unfortunately,

for its trustworthiness, the testimony of Dr. Wiley, who must at least be accredited with truthfulness equal to that of the Council (and certainly it cannot be said that he is prejudiced in favor of the manufacturers), is directly opposed to Dr. Jones' wild assertion. Dr. Wiley, is reported in the *Rochester Times* as saying:

"I estimate that fully ninety per cent of manufacturers and dealers in drugs and foods in this country are today obeying the law to the best of their ability, an estimate based on careful inquiry and upon chemical analysis of sampled products."

The embarrassing feature about Dr. Wiley's statement is that it places Dr. Jones and those who have made similar misstatements, in the very Ananias Club to which they would have relegated the manufacturers.

CHAPTER XII

The Medical Trust and the Drug Trade.

With a big flourish of their own trumpets, and a waving of their banners bearing the high-sounding inscriptions of "Altruism," "Paternalism," "Public Safety," and the like, the medical clique, making a play for political recognition, go before the public in support of the Pure Food and Drug laws to protect the citizen from impure foods and drugs. From that point of view, a truly excellent and public-spirited proceeding! **But can any man with a spark of logic in his make-up offer any reason—we will not say a good, but simply a plausible reason—why, from the same point of view, the public weal requires that drugs reaching them by the hands of druggists who presumably know something about drugs, and whose reputations are at stake in handling pure products, should be guaranteed or safeguarded by the State, while those which reach them through the practicing physician, who knows next to nothing about drugs, and to whom an impure article can never be traced if he does dispense it, calls for no such protection?**

We give it up. Under the present propensity of the doctor to dispense his own medicines, it is estimated that at least two-thirds of the drugs consumed by the public reach it through the hands of the physician. **Which presents the farcical anomaly of a pure drug law, which does not apply to two-thirds of the drugs**

that are distributed and consumed; and those two-thirds, as we have shown, moving through the very channels where there are no natural or economic safeguards to regulate them. Even physicians' prescriptions, which were not specifically exempted by the National law, were arbitrarily exempted by Dr. Wiley, who appears thus to have wrested the law to his authority for the express purpose of favoring his brother physicians.

Will someone rise to explain why the drug trade should be hedged about with all sorts of restrictions, and the medical profession be as gods, choosing good and evil? Can one class be a gang of thieves and the other composed only of infallible saints?

The fact is, it is not really so much a matter of class honesty as it is of temptation and opportunity to do wrong and of liability to err. Allowing that the physician, for his own interest, is concerned in curing his patient and thus in using pure drugs, the fact remains that he is almost entirely without pharmaceutical knowledge and therefore unable to judge of the purity of his drugs, and hence he is an easy victim to the dishonest manufacturer. The pharmacist is obliged to take a two to four years' course in pharmacy and to pass a rigid examination in it before he is permitted to dispense; but the medical man does not study pharmacy at all. In an address before the Ohio State Pharmaceutical Association last July, Prof. J. H. Beal, formerly Dean of Scio College of Pharmacy and a Drug Inspector for the State of Ohio, a man of the highest character and ability, stated that "by enquiry it had been learned that some manufacturers actually carry two grades of certain pharmaceuticals, one a high priced brand conforming to legal standards and offered only to druggists, and another much cheaper brand made exclusively for the physicians' use" an eloquent commentary upon the point we are here arguing.

Prof. Beal further states that while engaged in the work of drug inspection he, from time to time, visited the offices of dispensing physicians with the view of ascertaining the

quality of the drugs they carry in stock. The results of this partial examination, he says, were surprising. "The elixirs, syrups, fluid extracts and similar pharmaceuticals were of the cheapest and poorest kind, and, if dispensed by druggists, would have subjected them to prosecution." Continuing, Prof. Beal says: "One of the most frequently occurring faults is deficiency in alcohol or in some other expensive ingredient. In some instances elixirs have been found so low in alcohol as to be in a state of fermentation. * * * Compressed tablets and similar ready-made prescriptions occupy a prominent position in many offices, some of them embracing combinations provocative of merriment to one familiar with the possibilities of the tablet form of medication. Judging from the hardness, insolubility, and other physical properties of certain samples examined, they should be practically as efficacious medicinally as quartz pebbles of equal size and shapes. * * * In some offices there are to be found tablet combinations of codeine with phenacetine and other drugs, which were purchased for less than the quoted wholesale price of codeine alone; quinine pills for less than the cost of quinine alone, etc. Comment on such medicaments seems unnecessary."

It might be urged that the same law that guarantees the quality of the drugs handled by the pharmacists acts equally as a safeguard to those dispensed by the physicians. But this is only partly true, for according to the National law and the State laws modeled after it, provision is expressly made for deviations from the established standards, provided the "standard of strength, quality or purity be plainly stated on the bottle, box or container thereof." And besides, as we have seen, physicians' prescriptions are exempted entirely from legal regulation. And so, even if the drugs bought by the physician conform strictly to legal requirements at the time of their purchase, there is nothing to prevent him from diluting or otherwise decreasing their strength, or even from adulterating them, if he be so inclined, before they are actually dispensed. Besides, most

drugs deteriorate with age, and there are no inspectors going around to investigate the doctor's stock of medicine.

It has even been threatened by Dr. Phillip Mills Jones, of the *California State Medical Journal*, that unless the drug stores yield to the Association's demand to give up handling proprietary medicines, the Association will establish a chain of drug stores owned and controlled by the medical profession, in which the prescriptions of its members will be filled. Inasmuch as the prescription business does not exceed ten per cent of the trade of the average drug store, the demand to relinquish the sale of proprietary preparations is equivalent to a demand to give up one of the druggist's chief means of livelihood and with no pretense of offering anything to compensate him for that which he is called upon to relinquish.

To be sure, we have no great faith in the success of such a co-operative scheme, and even if it should temporarily succeed, it would inevitably breed internal dissensions among the physicians; yet it is significant of the real animus of organized medicine against the drug trade, and the lengths to which it will carry its hostility to anything which interferes with its pocket book.

Failing to make any very serious impression on the druggists of the country by these threats and bulldozings, the crafty clique then appear to have reversed their tactics, and we now find them throwing out the deceptive bait embodied in what is known as the "U. S. P. and N. F. Propaganda." They are aware that this appeals to the professional ambition of the true pharmacist, and evidently imagine that they have made a master stroke. But we think they will find that the druggists are not to be "tenderly led by the nose as asses are." The scheme has indeed a most seductive appearance, but we believe it will turn out to be a delusion and a snare, so far as the interests of the pharmacists are concerned. Even if the bosses succeed in getting physicians generally to prescribe U. S. P. and N. F. preparations, it can never benefit the druggists to any great

extent, for the reason that the large pharmaceutical houses, with their hundreds of representatives constantly calling on the doctors, will educate the physicians into prescribing their several brands, with the result that the druggists, if they fill prescriptions exactly as they are written, will be compelled to carry all these various makes in stock.

In proportion as pharmacists resist this imposition and refuse to stock the goods of some particular house, when they have the identical articles of some other manufacturer's make on their shelves, it is as clear as noon-day that that manufacturer is not going to retire whipped from the field, but that in self-defense he will endeavor to persuade the doctor to buy his pharmaceuticals direct; and to the extent that this is done, the propaganda for U. S. P. and N. F. preparations will be converted into a propaganda for self-dispensing by physicians. And so, to view the matter from whatever direction, it would seem that the scheme is more in the interests of the dispensing doctors and the large pharmaceutical manufacturers than of the pharmacists. It has indeed been frequently charged that the relation of some of these large houses and certain members of the ruling clique are suspiciously intimate, and what if it should turn out that this U. S. P. and N. F. propaganda, beautiful as it seems in theory, is really being secretly worked in the interests of the big manufacturers?

But even if that be not the case, and we do not make the charge, there is great danger, provided the scheme meets with no setback, that the Medical Trust will eventually make these preparations themselves and will dispense them through the chain of pharmacies which, it has been threatened, will be established. And thus it appears that the druggists, to the extent of their co-operation in the seductive measure, may be the instruments of their own undoing.

It cannot, therefore, be too strongly impressed upon the druggists that they cannot reasonably hope for any benefit from this or any other scheme which the medico-politicians

may propose. These schemers do not represent and cannot control the members of their own Association, to say nothing of dictating to the entire medical profession. And their contracts are worthless, because they cannot "deliver the goods." They occupy a position not unlike that of usurpers in a government, with this difference—they have no power to compel obedience to their decrees. And hence, no faith can be placed in any promise they may make which pretends to bind the profession as a whole, or any great portion of the same. And as they represent, speak and act for themselves only, druggists should not hold the profession as a body responsible for their conduct. With physicians as a class, the closest relations should be established, and with them, druggists should work in complete harmony, always bearing in mind that the one profession is but the complement of the other, and that the man who would seek to sow dissensions between them is an enemy to both.

CHAPTER XIII

Ignorance of Prescription-writing Responsible for the Existence of Proprietaries.

With egregious inconsistency the medical politicians seek to have prescriptions containing morphine and cocaine exempted from the law requiring such drugs to be labeled, yet wish to compel the observance of the law when these same prescriptions are refilled. If it is for the public welfare always to know when it is taking morphine and cocaine, then it is just as necessary in one case as in the other. Nothing could more plainly demonstrate the mercenary motive of the whole business—the purpose being, as in the case of the proprietaries, to compel the public to come to the doctor for a prescription.

But, perhaps, the most conspicuous and amusing manifestation of the inconsistency and hypocrisy of these attacks by the medical oligarchy on at least one branch of the drug trade is seen in the contradictory attitude which the former occupy in relation to proprietary preparations. The two-fold position taken by them in their condemnation of proprietaries is, first, that the proprietaries are in themselves, in the main, mischievous things in the practice of medicine, in that their formulae are often secret; they are not always what they claim to be; they are usually inferior to the official drugs; they breed in the physician the lazy habit of prescribing what is convenient rather than what is ideal, etc., and second, that they are indirectly mischievous because they tend to take medication out of

the hands of the physician, where it inherently belongs, and place it in the hands of the laity. Yet in their discussions of the subject among themselves they gravely and ingenuously admit as one of the prime causes of the use of proprietaries a factor which, if they but had the wit to see it, annuls both of their star arguments against the proprietary and virtually puts them out of court.

Dr. Horatio C. Wood, in an address on this subject before the Academy of Medicine of Columbus, Ohio, gave voice to this admission in the following words:

"No condition exists without cause and there must be some strong reason for so general a use of these preparations. It is incredible that mere convenience in prescribing can explain such a widespread popularity without some other influence at work. One great reason for the flourishing of this business is to be laid at the door of the profession directly, that is the ignorance of the action of drugs and of methods of combining them. The subject of therapeutics is all too imperfectly taught in our medical schools, while that of prescription writing is almost completely ignored. If you will look over the examinations of various State Boards you will find lower marks in prescription writing than in any other subject."

Dr. M. Howard Fussell, writing in the *Journal of the American Medical Association*, and speaking of the shotgun prescription, said:

"The greatest reasons for this defect in our practice, it seems to me, are ignorance, indolence and cupidity on the part of the physician, manufacturing chemist and pharmacists, due to faulty training or to the deliberate putting aside of facts well known at graduation, because it is much easier to follow than to originate; cupidity due to the desire for unusual financial returns, which can seldom come from scientific practice of medicine and pharmacy."

Dr. O. T. Osborne, of Yale, in an article in the *Journal of the Art of Therapeutics*, declares:

"It is not because each and every practitioner desires to put gain into some pharmaceutical firm's pocket, it is not because each druggist wishes to load his shelves with pharmaceutical and patented preparations, that these firms and their preparations are constantly multiplying, but because not enough time is spent in the study of therapeutics in the undergraduate and post-graduate medical schools."

Writing on the subject of proprietaries and the reasons for their extended use, the *St. Paul Medical Journal* says:

"There are many physicians, particularly among recent graduates of some of our best medical schools, who cannot write prescriptions at all. The Board of Medical Examiners have observed many candidates who passed excellent examinations in other branches, display hopeless ignorance in their answers concerning materia medica, and particularly, prescription writing."

The Editor of the *California State Medical Journal*, September, 1905, says:

"That a large number of physicians have never seen the Pharmacopœia, have never used it, never were taught anything about it. * * * It is now time, gentlemen of the medical profession, that we should study a little of the Pharmacopœia and teach ourselves a little of what we should know."

Dr. Alfred Stengel, before the Philadelphia Medical Society, December 27th, 1905, said:

"The cause of the extraordinary use of proprietaries is largely due to the delinquency of the medical profession."

Dr. Frank G. Wheatly, says:

"If better results are obtained from using them (i. e., proprietaries), it is because the average physician does not know enough about medicine to write a prescription. And, he continues, 'medical schools should produce graduates who can write prescriptions.'"

Dr. Frank Billings, of Chicago, one of the Chief Priests in the Temple of organized medicine, in an address before the Association (see *Journal of the American Medical Association*, Vol. XLV., No. 23), said:

"What is the cause of the nostrum evil? There are several. First of which, pharmacology and therapeutics are neglected, relatively, in our medical schools. Anatomy, physiology, pathology, diagnosis, etc., are emphasized, and, too often, the usefulness and limitations of drugs are neglected. If the student were fully taught the physiologic action of drugs, the art of prescribing, etc., * * * he would not have to depend on proprietary medicines."

All of these gentlemen assert that the **cause** for the existence of proprietaries lies in the ignorance and incompetence of the doctors themselves. Under such circumstances, one would naturally think that, knowing the cause they would seek to remove it, and in this way eradicate the supposed evil which flows therefrom. But we find no evi-

dence of any considerable movement towards their own improvement. They seek rather to destroy a class of remedies, which, by their own confessions of inability to write prescriptions, it would seem, now constitute a desideratum in medical practice.

It would naturally be supposed, by one who had not read the history of the race or studied human nature, that men possessing so many weaknesses and infirmities themselves would be generous and tolerant to the shortcomings of their fellow-men, and especially when their own calling is to relieve human suffering and to save human lives. But all history shows that intolerance has found its most cruel development in professions like that of medicine, in which there is so little of real, absolute and definite knowledge; and so we should not be surprised at these manifestations of bigotry and fanaticism on the part of organized medicine, when from their own admissions, we realize the crudity of their knowledge, the extent of their ignorance and the fatal boundary which limits their own information.

It would occur to the man in the street that the drug trade need not offer any further argument against the organization physicians' invasion of its province than this which they have themselves furnished. An ordinary sense of shame, to say nothing of a lurking sense of humor, one would think, would stop the mouths of these reformers of pharmacy, at least until they had reformed their own ranks to a point where they were not fain to confess that as a class they knew nothing about pharmacy. But the man in the street unfortunately does not know the temper and character of the high priests of ethical medicine—as perhaps he does not understand just what they have at stake.

We do not hold a brief for proprietaries. We are not now arguing for or against them. We look upon the proprietary question simply as a detail. But we are intensely concerned in the spirit which would legislate out of existence a thing which has at least as good a standing in court as that which tries to put it out. So far, we do not know that

any considerable complaints against these remedies have emanated from the public. Strangely enough, all such complaints have come from the class whose pockets books they injure.

No one would find fault with these American Medical Association leaders, if, believing proprietary medicines were a menace to the public health, or even if they were moved only by selfish considerations, they should try to *persuade* the people to stop taking them, but it is an entirely different matter when without any request from the people, they seek to enlist the governments of State and Nation in their policy of extermination. No one who understands human nature can be made to believe that they are going to all this trouble and are so exercised about the public health from purely disinterested motives, as they seek to make it appear.

Lord Halifax, speaking of a similar class of philanthropic pretenders who flourished in his time, said:

"These methods will ever be suspicious; it will never be a natural thing for men to take such extravagant pains for the mere sake of doing good to others. To be content to suffer something for a good end, is that which many would do without any great repugnance; but where a man can honestly propose nothing to himself except trouble, change and loss by absence from his own affairs, to be violent in the pursuit of so ill a bargain is not at all suited to the languishing virtue of mankind so corrupted. Such self-denying zeal in such a self-seeking age is so little to be imagined, that it may without injury be suspected."

Identically the same inconsistent and dog-in-the-manger attitude is being exhibited toward the efforts of the opticians of the country to obtain public recognition and regulation of the practice of refraction. These leaders, themselves, in utterances as numerous and authentic as those we have cited concerning pharmacy, confess that as a class they are profoundly and disgracefully ignorant of the science of optics, and incompetent to practice refraction. Yet they arrogantly maintain that refraction is an integral part of the practice of medicine, and bitterly resist every attempt on the part of those who are really competent to practice

it, to restrict its practice to qualified opticians. They well know that under existing conditions (save in those states where the optician has carried his point), there is no bar to prevent any one from practicing refraction and that every traveling fakir who chooses to carry a trial case may fit glasses; in no State has medicine ever been able to enact a statute restricting the fitting of glasses to itself; yet, it persistently opposes the efforts of the qualified optician to provide for the general regulation of the practice, rather than surrender what it calls the "principle" that refraction is a part of medicine—which means, of course, that the people must be warned against paying their good money to anyone but a doctor for such service, although he knows nothing about it.

CHAPTER XIV.

The Real Cause of the Medical Trust's Activity.

What is the real underlying cause of all this agitation and activity on the part of organized medicine, ostensibly in the interest of the public health? In all matters pertaining to the industrial activities of the world it is a pretty safe proposition to seek for causes and motives in economic conditions, and this case is no exception to the rule. As we have elsewhere insisted, the medical man is no more or less than human, and his shoes pinch him in precisely the same spots that other men's shoes do. The truth is the doctors find that their living expenses have advanced within the past few years and that their incomes have not kept equal pace with that advance. In fact, in spite of generally prevailing prosperity, the average income of American physicians has progressively dwindled until it is now a liberal estimate that places it at \$700 a year. Only a few weeks ago, in a case under the writer's observation, an advertisement placed in a medical journal for an assistant at a salary of \$100 a month brought, in the very first mail, no less than eighty replies from men eager to jump at the chance. These letters were not, as the advertiser had contemplated they would be, from young men looking for experience, but from those who had been in the practice of medicine anywhere from ten to twenty years, who found it impossible in their practice to make anything like the income offered by the advertisement.

Looking abroad to discover the causes of the hard conditions under which he labors, the physician finds a various set of influences at work curtailing and attenuating his income. Inside his own profession he finds that the indiscriminate multiplication of medical colleges, conducted both as money-making ventures and as agencies of advertisements for the faculty, results in the turning out of medical graduates by the thousand every year to compete with an already crowded calling. The *Journal of the American Medical Association* reported that in 1907 there were no less than 7149 new physicians registered throughout the country; unquestionably in 1908 the figures rose far above this mark. And even in the absence of any statistics, it is a matter of common observation that the profession is everywhere seriously overcrowded.

Another cause, for which the profession is itself largely responsible, is the spread of free dispensaries and other agencies for the free dissemination of medical services and material that has grown so markedly in the last ten years. Whether this feature of medicine be in the nature of a public good or a public evil is not the question just here; it unquestionably cuts into the income of the practicing physician. And it is worth remarking, in passing, that both this and the undue multiplication of medical colleges, are instances of the greed of a certain proportion of the profession for popularity and practice overreaching itself.

A further fruitful cause of the wane of the medical man's earning capacity for which he is only passively responsible, its positive aspect depending upon that natural progress of human intelligence of which the medical profession constantly forgets that it is only a specialized part, is the rising tide of popular dissatisfaction with medical science, as evidenced in the growth of such cults as Christian Science, psychotherapy, hydrotherapy, osteopathy, etc. This loss of confidence is exactly parallel in its reason and course to the similar process which in the old days affected the

priesthood of the church. It is not so much a subtraction from the function of medicine as an addition to it, with which the medical profession has failed to keep step. The growing popular intelligence, coupled with the popular intuition (a force never to be lightly despised), feels that the explanations and methods of medicine, useful enough in their time and sphere, are no longer adequate for the broader conception of health and disease. And when the leaders in medicine, instead of accepting and measuring up to the new standards, set about to discredit and prohibit them, the public can hardly be blamed for suspecting that it has an interested motive in thus "protecting" by law what it can no longer justify by reason.

Now, it is quite true, as we have said, that this economic stress is an exceedingly real and serious condition with the medical profession, and it is quite natural that it should cast about for the reasons and the remedies. But it does not warrant any bitter railing against the conditions themselves or any unfair measures for combatting them. To meet natural competition by seeking to crush out all competition is both immoral and short-sighted, a course for which the public will not stand, and for which it will ultimately wreak reprisals. **The doctor should consider that the real causes of his position lie within himself as one of a class. His obstinate unadaptiveness, his blind egotism, his long years of priestly authority and prerogative which he sees slipping away from him and is frantically trying to preserve, the readiness with which he sees the mote in his brother's eye while blind to the beam that is in his own eye: these are the things that are alienating public confidence from him and causing him to feel the alienation in the shape of the economic pinch.**

CHAPTER XV

The Signs of a Coming Revolt Against the Medical Oligarchy

We have already said that the unfair and short-sighted course pursued by organized medicine in its frantic efforts to retain its priestly oracle and the emoluments that go with it would ultimately arouse, in the rank and file of the profession itself and in the lay public, a storm of revolt and reprisals that would make the last state of the profession worse than the first. There are not wanting signs and evidences, both among medical men and with the public, that such a revolution of thought and attitude is actually in progress; and unless the medical profession's *soi-disant* counsellors and rulers read the hand-writing on the wall and change their short-sighted course, the disgust with their methods will precipitate a repudiation of medicine and medical men in which, unfortunately, much that is good and useful and many that are honest and conscientious will be made to suffer with the ring-leaders of evil.

This is not an idle dream, born of a hostile mind in which the wish is father to the thought. It is sober truth, abundantly evidenced by the authentic published utterances of men of repute within and without the profession.

With this public dissatisfaction and loss of confidence, we are not here particularly concerned. It is known of all men. We shall content ourselves with furnishing evidence of the revolt against the oligarchy which is now in progress in the profession itself; ay, even in the very ranks of the

Association. And we shall confine ourselves to the published utterances only of men of the highest standing and who are part and parcel of organized medicine. Impotent though they are under the present scheme of organization to exert any influence by their votes (for the members in general have no voice whatever in the selection of the officers of the Association or in dictating its policies or conduct), they can wield the pen and have the independence and courage to wield it, too—and with good effect, as we shall presently see. And it cannot be long before an awakened and enraged profession will rise in its might and drive these money changers from the sacred temple of medicine. This revolt on the part of independent physicians is the bright star of hope in the medical firmament at the present time. It shows that there are some members of the Association who will not “crook the pregnant hinges of the knee where thrift may follow fawning;” and it gives assurance of a coming reform in the profession itself, which may result in its rehabilitation in the popular esteem, as well as in a higher and better science and practice of medicine.

One of the most outspoken and courageous of these protestants is the *Medical Record*, of New York. We do not think it would be invidious to say that that paper stands at the head and front of medical journalism in America in ability, popularity and influence with the profession. It is esteemed by physicians everywhere as a dignified and conservative journal. Discussing the aggression of the oligarchy, a short time ago, it said:

“There is loudly expressed disaffection with the present management all over the country, from Texas to Michigan and from the Atlantic to the Pacific, disaffection which is assuming definite form in the organization of new State medical societies owing no allegiance to the national body. There is even serious talk of a rival national association. The leaders in this revolt confound the Association with its temporary rulers—a confusion which is shared by these same rulers—but they forget that the great body of the Association is composed of earnest, honest men, caring naught for medical politics, and as yet barely awakening to the fact that they are governed by unwise men, who, wittingly or unwittingly, are dragging down the medical profession of the country into the mire of disunion. When once they are fully

alive to the dangers which threaten their organization they will not be slow to make a change in methods, if not in men."

Two years ago the *Medical Standard*, a journal whose utterances are always tempered with moderation and dignity, declared that:

"The ring in control of the Association's affairs is pursuing a course as foolish as it is reprehensible; it can hardly hope to foreclose its assumed mortgage on the intelligence and rights of the medical men of America, who have become very weary of dancing attendance on the royal medical family at the sessions of the American Medical Association, and weary also of relying on the Association organ for such recognition as the organ, in its superlative wisdom, may deign to bestow."

The *Medical Sentinel*, concerning the loyalty of whose editor to organized medicine there is not the least shadow of suspicion, thus characterizes the Medical Bureaucracy:

"Quite a number of people think they are in the ring which controls the *A. M. A. Journal*. As a matter of fact, a half-dozen or at most a dozen people are all who know what the *Journal* is doing.

"Reports are sent out yearly of what is done with the very large sums of money which pass through the office of the *Journal*—about a quarter of a million dollars—which read as nice as for years have the life insurance reports. Other medical publishers can not exactly see how so much money is being expended."

The *Texas Medical Journal*, which is of a little more fiery disposition, is still more outspoken on the subject:

"It was Daniel who interpreted 'mene, mene, tekell upharsin!' I paraphrase it, 'Octopus, you have been weighed in the balance and found wanting' to boss things and run the 'mersheen,' and you are up against it.

"By reference to another part of this issue it will be seen that a resolution introduced in the House of Delegates by H. O. Walker, of Detroit, at the recent Boston meeting, asking for an investigation of the financial management of the Octopus was laid upon the table! Such is the autocratic power behind the House of Delegates. The House controls the Association; the Trustees the House, and the Secretary-Editor the Trustees. Witness a resolution adopted empowering the Trustees to change the place of meeting elected by the House of Delegates—if it didn't suit 'em. Thus the power of nullifying the action of the House is put in the hands of the Trustees, which means the Secretary-Editor—the Czar! The fact that an investigation was shut off gives ground for suspicion that there is something—what is it?—that will not bear investigation. The 23,000 members and the 100,000 physicians not members have a right to know what is done with the \$275,000 annual revenue and the \$25,000 annual profit on the *Journal*. But they are denied this right, and are

told to 'shut up.' That is about what McCurdy and McCall, and Perkins at first told the policy-holders. They lost their heads. That is about what Louis XVI told the rabble when they asked for bread. That is about what Charles I told Parliament. That is about what poor, weak little Nicholas has told the Douma. Charles lost his head, Louis lost his, and the Czar will lose his. The handwriting foretold the fall of Babylon. It foretells that of the Czar of all the medical profession!"

A Southern writer in the *Charlotte (N. C.) Medical Journal*, with the spirit of the South in his blood, pertinently says:

"There is a fight being made on the independent medical journals. * * * Now the Council on Pharmacy or its great admirers want us to let them say what remedies we shall use. Truly it is a gloomy outlook, if those things come to pass. All independent thought and investigation is killed. The great Council on Pharmacy will think and investigate for us, while the equally great *Journal of the American Medical Association* will dish out to us such articles as they in their wisdom think we should read, while (to use an expression of one of our forefathers) we can lie supinely on our back and do as we are told by the bosses."

The *St. Louis Medical Review* has this to say:

"The independent doctor is waking up. From now on he will do all in his power to keep any man who is willing to wear the collar of oligarchy from holding any office in his local society. We should see to it that independent, fearless men are sent as delegates to the American Medical Association; men who will not be bulldozed, but will fight in the House of Delegates for what they believe will most likely serve the interests and promote the welfare of the whole medical profession. There is a rapidly growing feeling of dissatisfaction and resentment anent existing conditions in our Association. The feeling is becoming very general, that unless the medical clique which now controls the Association is eliminated, the Association must suffer irredeemable damage. The clique can and should be eliminated. What shall we do about it?"

Dr. C. A. Bryce, the editor of the *Southern Clinic of Richmond, Va.*, thus gives expression to his warning and protest:

"Come up a little closer, brother doctor, and let us tell you what is going on if you are not already posted. You have read and seen enough about the various trusts organized here and there, and you know that they live by destroying the individual or independent concern. They must make him their slave, or put him out of business—and unless they can control him they will destroy him. Now, if you do not know it, we will tell you that there is a MEDICAL TRUST, with its head at 'One

Hundred Three' Dearborn Street, Chicago, Ill. It has a powerful weekly publication and an abundance of money (possibly some of yours), and its chief business and effort just now is to crush out of existence every independent medical journal in the land, and later on when they have crushed your independent journal and your only defender they will whip you into submission, so that you will only be allowed to read a journal that they print for you, and prescribe just such remedies as the Council on Chemistry and Pharmacy of the American Medical Association may allow you to prescribe. Now this is no appeal to you for sympathy, nor support for us or our publication individually, but it is a statement of facts which you can easily verify if you will carefully look into the mass of literature that is sent to every doctor that can be reached by the manager of the *Journal* of the A. M. A., one Geo. H. Simmons, either directly or through one of its sub-satellites, known as State journals, one of which seems to have sprung in existence in this city. The American Medical Association at this time and its *Journal* run by this reformed homeopath, Simmons, and reinforced by its 'Walking Delegate' or 'Organizer,' one McCormack, recently pardoned by the Governor of Kentucky for an alleged violation of the health laws in Bowling Green, are all at work in Virginia with the avowed purpose of breaking up independent medical publications and throttling free-thinking physicians."

The following from the *Medical Sentinel*, is also quite to the point:

"A hint to the A. M. A. Our esteemed contemporary, the *Virginia Medical Semi-Monthly*, is not noted for being sensational, but rather for being about as conservative as a medical journal established over thirty years ago would be, in old Virginia. But it takes decided exception to some of the work that is being done by the *A. M. A. Journal*. It regards it as being a little too much on the order of the oil and steel trusts—not a dignified, altruistic proposition, such as should be the case with a journal the property of physicians of the nation. It insists that it cease to antagonize the honest convictions and rights of a great mass of the loyal members of the profession. Otherwise the time will come, as with some of the insurance companies of the day, when searching inquiries will be made which may threaten the downfall of the now mighty organization."

And, finally, how well is the situation described in the following extract from an editorial in the *St. Louis Medical Review*:

"Now, we notice with disquietude and regret the spread of an increasing tendency toward a spirit of medical aggrandizement. It seems to us as though history was repeating itself in a remarkable parallel with the aggrandizement, in the earlier middle ages, of the ecclesiastical power. The struggle between the civil and ecclesiastical authorities in England, which began to smoulder in the reign of Henry I and burst into flame in that of Henry II with the Constitutions of Clarendon, which

were passed to check the constant encroachment of the ecclesiastical into the jurisdiction of the civil power, was the direct and inevitable consequence of the aggrandizement of the clergy. When any vocation placed in an especially philanthropic relation to the public as a result of the public's helpless dependence upon it, begins to admit among its motives for seeking special legislation 'the interests of the profession,' it is becoming a menace of the worst kind to the public good. Right there lies the spirit of 'Commercialism,' so much berated, in the most dangerous form, no longer confined to sporadic cases, but epidemic and virulent. In no medical legislation of any kind, should 'the interests of the (members of the) profession' be a motive force. The moment we lose sight of the fact that the beneficent professions as such are the servants of humanity, that moment we become charlatans. Public good, and that alone, is the sole justification for all and every legislation along medical lines. The organ that bases, even partly, its opposition to any one of these crying evils on the ground of 'the interests of the profession' is in our judgment betraying the cause it professes to espouse and fostering an evil even worse than the one it condemns. So far as we are concerned it has forfeited all title to our respect or consideration."

We could fill a volume of such extracts taken from the columns of the independent medical journals to show that the tide has turned against the high-handed, autocratic and domineering clique at Chicago, and to prove our assertion that they neither fairly represent the profession at large, nor even the membership of their own association.

Let us reiterate, that these are not our words or opinions; they are echoes of what is being thought and said by members of the medical profession itself throughout the country, "mutterings of the storm," as one medical writer expresses it, which will surely burst unless the administrative wind changes. President Roosevelt's warning prophecy to the lawless rich of the country may well be paraphrased to apply to these greedy power-seekers of the medical profession, who are exploiting both their own calling and the public in their selfish interests:

"If you gentlemen are not willing to accept the action of the conservative class, which is ready to afford protection alike to the rich and the poor, I will say to you now that when you have disposed of us by your machinations you will find yourselves face to face with a people which believes it has been deprived of its rights and a mob which does not have the least respect for riches. You can take your choice."

In Germany this consummation has actually come to pass. Everyone knows that in that country the paternalistic spirit is carried to far greater lengths than in any other civilized country, and the organized medical profession there, taking advantage of it, had law after law passed, bestowing special privileges upon themselves, their appetite for such legislation growing by what it fed on, until even the German people, accustomed though they are to implicitly obey the paternal mandates of the State, rose in revolt, and as a final result wiped off the statute books all laws of every description that in any way protected the practice, with the consequence that quackery abounds there to an extent to which it does not obtain in any other civilized country in the world.

It cannot be supposed that the people of this country are any less quick to resent their own legislative exploitation by the medical profession than the Germans have proved themselves; and if the schemes of the Medical Bureaucracy be carried to the lengths that are sought, the American people will show no more discrimination than did their Teutonic cousins, but will lose faith in and punish the whole profession for the conduct of the few.

While we repeat these warnings, and agree thoroughly with the prophecy they contain, we have no blood-thirsty desire that they may be allowed to come true. So far from the wish being father to the thought, we earnestly hope that the threatened storm may be averted. Especially are we reluctant to see the good men and things that belong to medicine swept into the tide of revulsion, and repudiation brought down upon the profession by the unscrupulous, rule-or-ruin ring that now controls the Association. Unfortunately, however, as long as the rank and file remain silent in face of the doings of this powerful clique, its voice, as it has been arrogantly asserted "is in effect the voice of the entire profession."

We commend to the attention of the profession, and to its universal adoption, the sane and earnest counsel of one

of medicine's own honored mentors, the President of the Medical Society of Virginia, in his annual address to the Society:

"Medicine must purge itself of these reproaches or respond to the bar of human judgment, which is today condemning the false standards of commercial life, the standard of get money, no matter by what means, but get money. The golden calf has been elevated before, shall we fail to recognize the false god in its new semblance? Let us put our own house in order; let us cast out the beam from our own eyes first, then remove the mote from the eye of our neighbors."

CHAPTER XVI

The Drug Trade and Its Duty With Regard to Drug Legislation.

Whatever may be the final denouement within the medical profession itself, or as between it and the public, we vigorously insist that the time has come for the drug trade to accept the Medical Trust's own ultimatum, expressed through its mouthpiece the *California State Journal of Medicine*, and so frequently echoed by Dr. McCormack in his peregrinations, "that medicine"—as represented by the bureaucratic ring—"and pharmacy have reached the parting of the ways." There is absolutely no community of interest between the present organization of the American Medical Association and the druggists of this country, and it is worse than supine, it is suicidal, to permit the Association to dictate the conditions and regulations of the druggists' calling. The druggists can no longer afford to look dumbly and complacently on while the medical camel insinuates, first his inquisitive nose and last his huge aggressive body, into the room of the druggist, crowding out the lawful occupant. In short, the hour has struck for the drug trade of the country to rise and take out of the hands of the Medical Trust, with a show of the teeth if necessary, the conduct of its own business to which it is rightfully entitled, and to put an effectual stop, once for all, to the impudent encroachments of the Trust upon its constitutional rights. Too long has the drug trade been upon the defensive; it is high time that it took the aggressive, and forced the arrogant leaders of the medical monopoly to

show cause why they should not be driven from a field where they have no sort of right or standing.

There have doubtless been several considerations which have influenced the drug trade in its passive attitude toward the officious interference of the Medical Trust, the common factor of all of which is, that druggists have been too ready to accept the Trust's own estimate of itself and its characterization of its own action. These considerations we have attempted to dispose of in the foregoing review, and believe that we have effectually demonstrated their unsoundness.

If, for example, the motives that have actuated the crusade for the regulation of the drug trade had really been, as the American Medical Association leaders have so loudly and insistently proclaimed them to be, a sincere concern for the welfare of the public and an altruistic desire to serve humanity, then, no matter if a rather excessive zeal had been shown for humanity in the abstract and somewhat scant consideration for that concrete portion that comprises the drug trade, there would be something heroic and public-spirited in the quiet acquiescence of the druggist in that which injures his business and wounds his self-respect. And inasmuch as a large proportion of druggists have been deceived by the Medical Trust into this view of the matter, they must to that extent be credited with this mistaken heroism and public spirit.

But we believe we have conclusively shown that this much vaunted altruism and paternalism is but a demagogic slogan raised by the political clique to serve the very end which it seems to have done, namely, to lend the color of public interest to its own selfish and greedy purposes, and thus to head off the opposition which ought long ago to have nipped its schemes in the bud. Under such circumstances the druggists' passive acquiescence, instead of being sublime, becomes ridiculous; instead of a public duty it is a public betrayal.

From the one viewpoint, if the druggist will not assert himself in the defense of his own calling and livelihood, he cannot expect anyone else to do so; from the other, if he surrenders real public interests to a cunning demagogy, he must expect in the end the public obloquy.

Again, if the campaign of the alleged reform which the Medical Trust has been zealously prosecuting in almost every calling but its own, and especially in that of the druggist, had really represented, as its leaders have made it appear, the united, spontaneous, and enthusiastic sentiment of the entire medical fraternity throughout the country, then, even though the druggist might have had his doubts as to the genuineness of the philanthropic motives advanced (especially when he saw that not one of the blows struck by the bureaucrats in behalf of the downtrodden public hurt the doctor's pocket book or his liberty or anything that is his), it might still have been the part of wisdom in the drug trade to submit, with what grace it could, to the actions of a numerous and ubiquitous class whom, in the nature of things, it could not with impunity resist. But such is not the case.

If our analysis of the situation has shown anything at all, it has certainly made it clear that the ring in control of the American Medical Association no more represents the profession at large—or even its own membership—than Messrs. Rockefeller, Archbold, et al., represent the thousands of individuals who happen to hold stocks and bonds in enterprises controlled by the Standard Oil Company. That just as the Standard Oil Company, and similar large corporations, use the aggregated holdings of these thousands of persons to give them the necessary weight in Wall Street to carry out the magnates' financial schemes, so the American Medical Association officials use the aggregate membership of the thousands of doctors throughout the

country to give color of representation to their own schemes of power and aggrandizement. So long as they are allowed to exploit this hypothetical color of authority, it is a real power; as soon as it is proved to be sheerly hypothetical, they are robbed of their "big stick" and reduced to the exceedingly vulnerable condition of a few avaricious individuals preying upon the public. With the proofs of this state of affairs before it, the drug trade should find no difficulty in dislodging the Medical Trust from its wrongful dictatorship in the sphere of pharmacy. At all events it should let no mistaken idea of the backing of the Chicago ring, and no groundless fear of hurting the individual doctor's feelings, stand in the way of a vigorous fight for its own possessions.

Once more. If, independently of the foregoing considerations, it were really true that the medical profession, as represented by the American Medical Association leaders, by its high record of intellectual and moral superiority, had earned the right to pose as guardians and reformers of the druggists' household, then the drug trade, knowing too well its own sins and shortcomings, however much it might chafe (as human nature is prone to do) at having them pointed out and reproved by another, might perhaps be commended for bowing its head meekly to the reproof, and profit by the chastening.

But out of the profession's own mouth we have established what every well-informed druggist knew for himself—that the doctor, both as a class and as an individual, is no better and no worse than any other type of man, and that the academic fiction that medicine includes pharmacy as the whole includes a part is, in actual experience, a pleasant farce. All of the phases of the drug business in which the Trust, pretending to speak for the medical profession, seeks to exercise "reform" and "regulation," represent, in fact weak spots in the doctor's own position. They admit that, as a class, his knowledge of pharmacy and drugs is so shamefully meagre that he can hardly write a prescription

properly (which, of course, the druggist knew all the time); yet they would compel druggists to give up the sale of proprietary medicines and throw all kinds of legal restriction around his business, while exempting the physician from all such regulation. They confess when confronted only by fellow doctors or when writing in medical journals which doctors only are supposed to read, that in their own calling they number the greatest percentage of drink and drug addicts, and that their prescription of these things causes the largest proportion of these addictions in others; yet, when talking to the people or the legislatures, they charge this crime on the druggists and assert the right, on that false ground, to wield absolute dictation over the sale and distribution of all habit-forming drugs. If the situation were not so serious, it would be funny!

For these reasons, fully elaborated in this review, we lay upon the drug trade of the country the necessity and urgency of taking the initiative in whatever further regulation of its business may be desirable. As we said in the beginning, it is but right and proper that regulation of the drug trade should be had, not only for the sake of the public, but to rid the honest and worthy members of the trade of competition with its vicious and incompetent elements.

What constitutes such reasonable regulation, we shall not attempt here to outline. Sufficient to say that after long consideration and discussion, our Congress has put upon the National statutes a law designed to that end. We do not regard that law as without some defects, but those can be cured in time. It has been on the statute books but about two years and is now being tried out. Only a comparatively few cases have yet come up under it, and, so far as we know, the court of highest resort has not yet passed upon it in any of its phases. That it has been measurably effective for the purposes for which it was intended, we have on the authority of Dr. Wiley, who, as we have seen in the

earlier part of this article, says that fully ninety per cent of the food and drugs now supplied to the people come up to the rigid requirements of the law. That the other ten per cent falls below the laws' demands is no fault of the law, but simply means that the officials have not had time as yet to ferret out and punish those who violate it; all of which means that the law now on the statute books is sufficient for the end it has in view. That law, of course, applies to interstate commerce only, and though in these days it seldom happens that any manufacturer confines himself to a single State and therefore practically all foods and drugs have thrown around them the protecting care of the National law, yet it is desirable, in order that no loop hole shall be left for the dishonest manufacturer or dealer, and to make doubly sure that the internal commerce of all the States are properly safe-guarded, that each of the States enact a food and drug law of its own, as thirty of them have already done.

But, in order to save manufacturers and dealers from harassment and needless annoyance, trouble and expense, all these State laws should be built upon the plan of the National law. They should conform to it as nearly as possible in all its requirements. The definitions and language should be the same. In short, there should be no more deviation from the National law than is necessary to adapt it for State purposes.

Most of the State laws so far enacted come pretty near to these requirements. Those that deviate therefrom, should be amended so as to make them conform. And any laws of the kind which may be placed on the statute books of those States that have not yet legislated on the subject should likewise have the National law as their pattern and example. To obtain this much desired end should be the determination of the united drug trade. That such a result is not what the American Medical Association leaders want, everybody knows. Hence, it becomes the duty of the

drug trade to be prepared to fight for their rights and against the medical hierarchy which seeks to control everything pertaining, not only to the practice of medicine, but everything relating to the manufacture and sale of all kinds of drugs, in its own selfish interests.

We have seen the kind of men who are seeking to obtain this great power. We are aware that their calling gives them a standing and influence, and gains for them a hearing before the people and the legislatures out of proportion to their actual strength or to their moral or intellectual worth. We have seen how successfully their Walking Delegate, Dr. McCormack, has been pulling the wool over the eyes of the people in every part of the country. We know they have organization, brains and money and that all these will be used to secure the ends they aim at. They realize that it is a fight for their lives. They have made great promises of pecuniary and other benefits to their followers as the price of their leadership. They know that they must succeed or lose their fat jobs. That failing to win, they will have to relinquish control over three or four hundred thousand dollars worth of property which the Association owns; that they will not have the handling of its yearly revenue of nearly \$400,000; that they will have to go to work and take their places in the ordinary rank and file of practicing physicians, a most desolate prospect, for they could hardly expect to earn as much in the legitimate practice of medicine as they have earned in playing their game of medical politics. Having, thus, all to lose, they may be expected to fight hard, and their warfare will, as in the past, be one of misrepresentation and falsehood, of appeals to hate, ignorance and prejudice, all carefully concealed by the cloak of a pretended altruism and philanthropy. We have been at some trouble to strip them of their false pretensions, and have shown them up as they are, in all their naked ugliness. It will be the part of the drug trade to let the people and the legislatures see them as they are here shown to be.

For a time, therefore, it behooves all who are in any way connected with the drug trade to play the part of practical politicians. We do not recommend the druggists to copy, in toto, the tactics of the Medical Trust; for if they do, there will inevitably grow up an arrogant and corrupt oligarchy in drug organization as there has in medicine, with equally disastrous results.

Nor do we advocate any policy of reprisals against the medical ring. It is written that "he that appealeth to the sword shall perish by the sword," and this wise dictum, verified by the history of all ages and all countries, in its literal application to the sword, is infinitely truer and has received even greater exemplification in its application to the law, at least where a man or a class seek by such appeal to advance his or its own interests at the expense of the people as a whole. And besides, as already intimated, it would be exceedingly unjust and unwise for druggists to wreak reprisals upon the entire medical profession for the sins of the bureaucratic ring, lest haply they be found to be fighting against their own best friends, for such we believe the rank and file of physicians to be.

But druggists may at least imitate the Medical Trust to the extent of uniting their forces, making an aggressive fight in their own interests, and taking shrewd advantage of all synergistic influences in the cause of justice and fair play. These methods are not less legitimate or less effective, but rather more, when enlisted in behalf of the right than when employed for the wrong. "Be ye therefore as wise as serpents and as harmless as doves." The bogeys that have so long fooled the people and frightened the druggists have been exposed and demolished. It is time for the drug trade and the public to arise and come into their own.