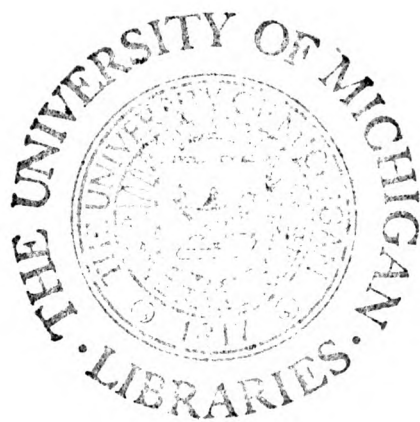


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The MEDICAL TRUST UNMASKED



BY JOHN L. SPIVAK



1964 New York City phone
book shows neither publisher
Siegfried NOR author JOHN L.
Spivak.

THE MEDICAL TRUST UNMASKED

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BY
JOHN L. SPIVAK

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PUBLISHER'S INTRODUCTION

VARYING attempts have been made within the last two or three decades to explain the remarkable slump in public estimation which has fallen to the lot of the medical profession particularly in the United States.

Our older readers will remember George Bernard Shaw's daring preface to his *The Doctor's Dilemma* which so disturbed public opinion in the British Isles many years ago. Not that the change in public sentiment began with Shaw; but his genius sensed the growing dissatisfaction with a hitherto almost venerated body of men, and he crystallised it into literature.

Recognizing that physicians were not necessarily a class of super-men, distinguished by transcendental virtues, he remarks of their honor and conscience:

They have as much as any other class of men, no more and no less. And what other men dare to pretend to be impartial where they have a strong pecuniary interest on one side? Nobody supposes the doctors are less virtuous than judges; but a judge whose salary and reputation depend on whether the verdict was for the plaintiff or defendant, prosecutor or prisoner, would be as little trusted as a general in the pay of the enemy.

To offer me a doctor as my judge, and then weight his decision with a bribe of a large sum of money and a virtual guarantee that if he makes a mistake it can never be proved against him, is to go wildly beyond the ascertained strain which human nature will bear. It is simply unscientific to allege or believe that doctors do not under existing circumstances perform unnecessary operations and manufacture and prolong lucrative illnesses.

The astounding revelations—supported in every case by documents and authorities—in the following pages, furnishes unquestionable evidence that the honor and conscience of the medical profession at large, so far as America is concerned, have progressively

deteriorated even from the menacingly low level at which Shaw found them.

The anti-social viciousness of an occasional reprobate amongst medical men—though grave enough—is not to be wondered at in a day when the old-fashioned characteristics of culture, personal excellence, balanced development, integrity, and a liberal wisdom, are no longer required or expected of the individuals of this one-time noblest of professions. Commercialism and machine-age morality bother not overmuch with the refinements and niceties of conduct.

When, however, we find grossness, unscrupulousness, and even viciousness organized into a gigantic structure held together with secret pledges and agreements for their practical perpetuation, and in a body of men entrusted with some of the most sacred and intimate obligations, and with absolute sway in the question of life and death, our indignation rises beyond the bounds of tolerance. We cannot conceive that the reader of the following pages can have any other reaction.

It must not be supposed that this book holds any rancor or malice against the individual physician. There are thousands of estimable gentlemen in the profession who—if they dared—are as ready as we are to denounce the shocking national scandal against which this book is directed.

They will welcome any concerted action to free the profession from this vicious thralldom, and restore it to public confidence.

Many physicians have read the manuscript and, with practically no exceptions, approve of its purpose.

A democracy is a mockery which shelters an evil or mass of evils of such terrific potency, and nothing but the most vigorous action by those of us who love liberty and decency can remove this national disgrace.

L. S. S.

PREFACE

For more than a quarter of a century the cry has been raised that the nation's health is in the hands of an unscrupulous medical trust.

And for 25 years the mocking answer has been:

"Prove it!"

It never has been proved. Here and there individuals stifling in the grip of the trust pointed to a fact here and a fact there—enough to convince themselves, perhaps, but not enough to convince others, including the legal authorities with power to start prosecutions.

In the following pages we will present proof in the form of facts and documents that the American Medical Association, with headquarters at 535 North Dearborn Street, Chicago, is the most powerful trust ever organized in the history of the world.

We will show that its power and influence menace the public health and endanger the Constitutional guarantees of freedom.

Here we can touch in a cursory manner only the "high lights" of this amazing monopoly. In the evidence to be presented in the succeeding chapters will be found proof of the charges made. The organization is so vast, and its ramifications so interlocked that it is necessary, if the scope of the book is to be presented even in a fragmentary form, to make broad statements proof of which must be given later.

To support some of the charges we offer incidental proof, sufficient in itself to startle the country from its lethargic attitude toward this trust.

We will present facts and documents to prove:

1—That the American Medical Association controls virtually all medical and health activities in the United States.

2—We will name the state medical societies which have achieved complete monopolies in medical and health matters, and present the laws in these very states, which forbid monopolies.

3—We will show that the code of ethics of the American Medical Association, to which all members must bow, is little less than a conspiracy against the public, and that it tends to obstruct the true course of justice.

4—We will present the cleverly worded contracts, signed by thousands of physicians throughout the country in which they agree not to testify against fellow members who are sued for malpractice.

5—We will show that the American Medical Association tells governors of many states whom to appoint to health supervising posts.

6—We will present documents to prove the shocking and menacing extent of commercialism in the sale of drugs and medicines.

7—We will show that United States government officials help to maintain and extend the monopolistic power of the American Medical Association.

8—We will show that thousands upon thousands of dollars are spent by the American Medical Association in lobbying, and that political officials who do not obey its dicta are terrorized by threats.

9—We will show that physicians who do not conform to the American Medical Association's plan of things are hounded and persecuted.

10—We will show that this association, having secured a stifling grip upon all things medical in this country, is now extending its power into other countries.

These few points are sweeping in scope. To these will be added many, many other items too numerous even to be detailed in a summary, but sufficiently startling to amaze the nation.

We shall show that from its very inception, the American Medical Association planned to secure a complete monopoly under the pre-

tense of doing it "for public welfare." In the prosecutions of the most powerful trusts and monopolies in the world, the defendants invariably claimed that the stifling grip was actuated solely by a desire to benefit the public. The courts decline to entertain such pretense, but this old and threadbare assurance has been used by the American Medical Association, and used well to achieve its goal; but when one digs a little under the veneer of "public service," one finds selfish interests seeking their own ends. This is not theorizing; we shall present evidence in support of these statements.

The development of this organization, which has grown within the past twenty-five years to the point where it menaces the health, life and liberty of the American citizen, is a fascinating tale, for it discloses the machinations of a group of shrewd men who took an inconsequential society and spun a gigantic spider's web from it that now casts its shadow upon the entire nation. The details of how this web was spun, how the organization operates, its extent, ramifications, influence and power are astounding, for this trust not only works through its own branches but also through the wealthiest and most influential "independent" organizations active in health work.

Medical and health activities are indissolubly bound with the practice of medicine, and to gain control of these activities, the American Medical Association had to dominate medical practice at its source: the medical schools, and the subjects taught there. If, to this, could be added the power to revoke the license of a physician already in practice, then the control would be complete from beginning to end. That the American Medical Association achieved such control will be shown; more, we shall present evidence to show that this autocratic organization has been the means of putting out of business those medical schools which did not obey its dictates.

From its very inception, the American Medical Association discoursed frequently and extensively about "promoting the science and art of medicine" as its motive for existence; actually, and the records still exist, which we shall show, the chief objectives of this society were to better the finances of its members, to join them together in closer bond for self protection. And these motives are

dominant to-day despite all the pretty phrases that the nation is stifled for its own good.

In those early days when, guided by the group of shrewd men, the A. M. A. set out on its swashbuckling career to dominate the nation, it incorporated as a non-profit making association, and received the benefits of such an incorporation. That it is a profit making corporation we shall show with figures from their own books, figures which the A. M. A. keeps under lock and key.

This association, with its branches known as state medical societies, its councils, sections, and committees, extends into every state in the union, into every city, town, and hamlet in the United States. In those few places where the control is not yet complete, the organization is fighting grimly to obtain the power necessary to complete the control that can be used to stifle competition, though federal anti-trust laws ban associations that can stifle competition. We shall show that this monopoly operates in restraint of trade, though federal anti-trust laws forbid combinations in restraint of trade. We shall present details to support these assertions. We shall name the states wherein monopolies have been granted to the American Medical Association, and present the laws of these very states which forbid monopolies.

What is the talisman that enabled this trust to foist itself upon the nation and "get away with it"? This very natural question leads us to the much-talked-about code of ethics of the American Medical Association. So much has been written about this code and so little is known about it; yet this is the talisman, and its strength lies in just one word: Silence! The secrecy engendered by this pall of silence keeps the public in ignorance of vital facts which threaten its very life. Physicians universally adhere to the code for many reasons, chiefly, because it protects them from the consequences of their ignorance or carelessness.

From under this blanket of silence has come all the blather which the medical trust has spread far and wide; with this protection it has achieved its present high pinnacle. This astounding document, the code of ethics, will be presented to the reader, for it plays an important part in the operations of this menacing monopoly.

But startling as this document is, it is not so startling as the second line of defense the medical trust erected in its desperate effort to protect itself from the consequences of its ignorance. We shall show that almost half of all the doctors in the United States are bound by agreements not to testify against their colleagues who may be sued for malpractice. We shall exhibit photographic copies of the contracts that you may see for yourself the situation existing in anti-trust America; more, we shall name the states where physicians are bound by agreement so that you may know exactly what chance you have of the justice guaranteed to you by the laws of your state, if the attending doctor should maim or kill the one nearest and dearest to you.

So terrific is the force of this silence, so fearful is the average doctor of becoming a pariah among his fellow practitioners if he breaks the code, that the truth of what happens in the sick room seldom leaks out. The code enjoins upon the doctor a Public-Be-Damned attitude. "We cannot disclose that a man's leg has been amputated needlessly because of a wrong diagnosis. He could sue us and the public would lose confidence in our ability to treat. Our interests first; our protection first: the public be damned!"

We shall present evidence of this attitude, for among other things we shall show that the most noted surgeons in the country have placed themselves on record in their own handwriting of having amputated legs and arms needlessly—and the chances are that the victims of such atrocities do not know to this day that they are crippled for life because the surgeons did not diagnose their cases correctly.

We shall present evidence that doctors who do not abide by the medical trust's dicta are hounded and persecuted; that even law makers in legislatures are terrorized by threats of concerted action against their political careers if they do not fall in line with the American Medical Association's desires.

The training of doctors, controlled by this monopoly, must come in for attention, for the practicing physician's knowledge is of importance in that it throws a searing light upon one of the reasons the code of silence is so rigidly enforced. In this respect we shall

present evidence to show that doctors are turned out like machine-made commodities, to kill or cure their way to an honored place in society, without really having had a chance to use their own common sense about the innumerable drugs they were taught to prescribe. These very physicians who control the nation's lives go through a course of study like automatons. The very medicines they are taught to prescribe are filled with false claims as to therapeutic value, which the professors admit are false but nevertheless teach. These are not our statements. They come from leading teachers of medicine in the largest trust controlled medical schools in the country.

These are but a few of the conditions which will be dealt with which directly involve the American Medical Association. But there are related subjects of almost equal importance to the nation, adjuncts to the practice of medicine. And one of these subjects is the sale of medicines for which fraudulent claims are made by the largest pharmaceutical houses in the world. The facts about the commercialism of medicine will shock the country and the legal authorities, for to make greater profits these huge concerns are stuffing the nation with harmful medicines—an assault against the health of the nation which cannot be tolerated by a people valuing its lives, its liberty and its progress.

The American Medical Association is aware of this condition, yet it advertises in its official publications medicines manufactured by these very pharmaceutical houses. But revenue must be had from some source to maintain the “non-profit making” business, so the A. M. A. is not above advertising matter which it knows was condemned by the United States government.

These are grave charges in this outline of some of the items which will be presented. Before offering any facts in support of the charges made, it is essential to a clear understanding of this monopoly that the reader know what the American Medical Association is. Briefly, it is a national organization composed of state medical societies. The state societies are composed of county or district medical societies. A member of a county or district society automatically becomes a member of the state society, and, in turn,

of the American Medical Association. About 90,000 physicians, out of the approximate 150,000 in the United States, are members.

The second essential fact for the reader to grasp before he can realize the full menace of this monopolistic organization is the extent of medical knowledge to-day and how it is taught. We will present facts to show that the practice of medicine, being a very lucrative proposition in most cases, is greatly on the increase. Statistics show that every year sees an increased enrollment of more than 1,000 medical students. Hospitals, too, are on the increase, more than 100 new hospitals being added yearly to the thousands now in this country. The number of sick, as will be shown by figures, is appalling.

We are a nation of sick people, addicted to consulting doctors who prescribe medicines, pills and drugs to cure ailments which half the time are incorrectly diagnosed. We shall presents facts to prove this.

But these items will be taken up in their proper places. At present it is important to see whether this monopolistic power wielded by a closely banded group is of benefit to the public or a grave menace.

THE MEDICAL TRUST UNMASKED

CHAPTER I

THE MENACE OF THE MEDICAL TRUST

*Chaos and incompetence are fostered and protected at
the expense of human life.*

IN the practice of medicine there are two foundation stones. If these are firm, then the claims made by doctors are sound; if not, then, like the proverbial house built on sand, the claims must topple to ruin.

The first foundation stone is diagnosis. The second is treatment.

The question of diagnosis has been aired frequently. Physicians rarely tell the sick one the nature of the illness, because in most cases, the physician either does not know or only has a faint suspicion. We shall present facts and statistics to prove this.

But for a passing illustration, here are the words of an authority upon diagnosis. Richard Clarke Cabot, Professor of Clinical Medicine of the Harvard Medical School, says:

"How would the private physician like to undergo a scrutiny (examination of records, methods, commercialism, etc., by proper authorities) of his records, his laboratory, his methods of examination?

"And how would he come out under it?

"My impression, from a fairly extensive experience with private physicians' methods, leads me to believe that they would resent such a scrutiny, even if it involved no invasion of the patient's private affairs, and that they would not show up favorably in the art of physical, chemical or psychological diagnosis."

Statistics show that half of all cases are wrongly diagnosed. Consequently, the wrong treatment must have been given. Few

hospitals make public diagnosis and post mortems of patients for fear that the facts of incorrect diagnosis would drive them out of business. Few physicians anywhere throughout the country will dare to make diagnoses of 100 general cases and let them bear up under rigid examinations. Ask your doctor to submit to such a test.

We shall present statements made by famous physicians at meetings held by the American Medical Association, proving that the assertions just made are not mere ramblings. These statements were made by noted doctors, officials and members of the American Medical Association.

Since, then, diagnosis is so uncertain and precarious a thing, the treatment of wrongly diagnosed cases must inevitably be dangerous to the life and health of the patient. Assuming, however, that the diagnosis is correct, we come to the second foundation stone of medical practice: treatment. Does the doctor know what to prescribe? Is he taught how to use his mind about medicines or is he turned out like a machine?

These are the facts:

From his earliest student days, the prospective doctor is taught certain subjects. He is made to follow certain, well-defined grooves. He is not allowed to think for himself, nor is he given the time to discover whether the medicines he is taught to prescribe, are really of benefit. He is told that So-and-So says that this should be done in That-and-That illness; So-and-So says that this chemical combination has beneficial effects when the patient is suffering from That-and-That disease.

Medical students are machines, turned out into a world to kill or cure their way to an honored place in society. Is this statement exaggerated? Let the Dean of the Harvard Medical School speak.

Dr. David L. Edsall, in an address before the annual congress on Medical Education and Medical Licensure, spoke plainly to the American Medical Association about machine-made students. He said:

"Almost all subjects must be taken at exactly the same time, and in almost exactly the same way, by all students, and the amount

introduced into each course is such that few students have time or energy to explore any subject in a spirit of independent interest.

"A little comparison shows that there is less intellectual freedom in the medical course than in almost any other form of professional education in this country."

So much for machine-made doctors. Dr. Edsall continues:

"I was, for a period, a professor of therapeutics and pharmacology, and I know from experience that students were obliged then by me and by others to learn about an interminable number of drugs, many of which were useless, some probably even harmful, some others relatively valueless, because they were still discussed in some text books, which had never been officially discarded and were sometimes asked about by State Boards of Medical Examiners."

These are the words of an authority upon this subject, not only about machine-made doctors, but about the control that the medical examining board has upon the medical curriculum. And these boards of examiners, as will be shown, are in most instances, the American Medical Association.

To continue further on the teaching of drugs:

Cushny, in the preface to the "Text Book of Pharmacology and Therapeutics" speaks plainly about the host of useless drugs and medicines taught in the medical schools. He says:

"For as long as he (the medical student) has to learn the supposed virtues of a host of obscure substances, he will tend to use them in practice. This, in turn, necessitates their inclusion in the pharmacopeia, which again perpetuates them as subjects of teaching."

With these few instances, details of which will be presented later, we see that the state of medicine is somewhat uncertain at its best; that the medical practitioner is turned out by the colleges to repeat formulas like a parrot; that he goes through life prescribing drugs that are useless or harmful. Seldom is he given opportunity to investigate for himself and to use his own common sense about the values of medicines.

This is the state of affairs we find existing in the United States

to-day; and into the hands of such machine-made practitioners, making pretensions to knowledge that their more honest professors say they could not have, the health and lives of the people of the United States have been placed. How, then, with their admitted ignorance, does the machine-made medical practitioner escape the penalty of malpractice which is bound to result from his ignorance? How have the thousands of doctors "got away with it?"

We have said that the secret lies in the code of ethics and the official title of this famous little concoction is, "The Principles of Ethics of the American Medical Association." This will be given in detail later. For the present, one choice paragraph is presented to the reader for it will tell him how the ignorant, bungling doctor "gets away with it."

Under the caption "Discussions and consultations confidential" this bit of ethical jam is impressed upon doctors:

"All discussions in consultations should be held as confidential. Neither by words nor by manner should any of the participants in a consultation assert or intimate that any part of the treatment pursued did not receive his assent."

Silence! Secrecy! Conspiracy!

Does not this constitute conspiracy against the patient? Suppose an attending doctor gives your child a medicine which killed it because he diagnosed the case incorrectly. What does the code enjoin upon another doctor who may be in the consultation room and witnesses it?

Silence!

The bereaved father has the legal right to make the bungling physician pay because of this malpractice, but how can the father bring the doctor before the bar of justice? What is this silence if not a conspiracy to obstruct justice?

To these men, sworn to silence, has been given the complete control over the lives and health of the nation!

It is fitting that we now present some facts to show just what is meant by a state medical society achieving a monopoly over all things medical. As an instance, let us present one of the states, for

the state medical societies taken together, is the American Medical Association. The first state in alphabetical order is: Alabama.

The Constitution of this state says:

"The legislature shall provide by law for the regulation . . . of associations . . . so as to prevent any of them . . . from . . . preventing reasonable competition in any calling, trade, or business."

Statutes were enacted in accordance with this provision. Any association preventing reasonable competition in any business consequently is liable to prosecution. The question now is: Does the state medical society prevent reasonable competition; in other words; is it a monopoly? These are the facts:

Alabama has a population of almost two and a half millions. At the latest census, there were 2,284 regular M. D.s in the state. Out of this number, 1,664 are members of the Medical Association of the State of Alabama.

Almost half of all licensed doctors in the state are not members of the American Medical Association. The doctors who are not members presumably are as reputable as those who are. They are respected citizens who pay taxes, vote, and generally exercise the prerogatives of citizens as guaranteed by the Constitution and the Bill of Rights. Nevertheless, the state medical society, part of the American Medical Association, has been given complete control over all things relating to medicine and public health. The health and lives of two and a half millions of people are in the hands of a small group of men, about 50 per cent. of all the regular doctors in the state.

The state medical practice act provides that:

"The Board of Censors of the Medical Association of the State of Alabama . . . is constituted a State Board of Medical Examiners. . . ."

The state board of medical examiners holds the power to grant licenses to practice medicine, for it examines all applicants. This board is given the power to make its own rules and regulations as to whom it will examine and upon what subjects. If a student

wishes to practice medicine in that state, he must study at a medical college meeting with the state medical society's approval. Naturally, the state medical society, being a branch of the American Medical Association approves only of colleges which the national organization approves. That no applicant will be considered eligible for examination unless he is a graduate of a medical school approved by the American Medical Association, is one of the rules of this board.

The process is simple: the state medical association appoints a Board of Censors, choosing it from its own ranks, and this subsidiary organization is given the sole power to say who may and who may not practice medicine in that state. The wishes of half the doctors in the state who are not members of the American Medical Association, are not consulted.

At this point, it is important to bear in mind that the courts have defined "monopoly" as "the sole power, or power largely in excess of that held by others, to control some particular business or calling."

With this definition before us, we proceed:

The medical practice act also provides that any applicant who seeks a certificate to treat human beings "by any system of treatment whatsoever" shall be examined as to his fitness according to rules set down by the Medical Association of the State of Alabama. To refuse any but M.D.s the right to practice, would raise the constitutional question of interfering with the right of a citizen to follow a lawful pursuit. So the question was neatly avoided by what is legally known as a "joker." This "joker" provides that you may follow any system of treatment you choose but first you must pass a regular M.D.'s examination!

Here are the exact words: the applicant must be examined in "Chemistry, anatomy, physiology, etiology, pathology, symptomatology and diagnosis of diseases; obstetrics and obstetrical operations; gynecology; major and minor surgery; physical diagnosis; diseases of the eye, ear, nose and throat; and hygiene and medical jurisprudence."

It was legal chicanery of this kind which was denounced by the Illinois Supreme Court in 1921, when it declared the Illinois medical practice act of 1917 unconstitutional because the requirements for the professional education of drugless healers were discriminatory and inequitable.

Besides giving the state medical society full power to determine who shall and who shall not practice medicine in that state, the medical practice act also gives it the power to revoke the license of any physician in the state.

Among the reasons sufficient to revoke a license is "unprofessional conduct of a character likely to deceive, defraud or injure the public in matters pertaining to health."

The state medical society thus holds the Big Stick. With this provision, the state medical society can whip doctors into line.

The medical practice act further provides that "the board shall have the right to determine all questions as to the sufficiency of the complaint, as to its procedure and as to the admissibility and weight of evidence."

This provision completely seals the airtight monopoly.

A doctor who incurs the enmity or displeasure of the American Medical Association is hauled before its picked body to answer the charge of unprofessional conduct or some other charge. His livelihood, the fate of his family, his name and career are at stake. With incomparable irony he is accused of "deceiving the public," or of malpractice, both of which are being done daily by thousands of physicians, as the evidence to be presented in these chapters will show. The unlucky physician, knowing the monopolistic power of the American Medical Association, faces his accusers, only to find:

The state medical society's picked body has the power to determine what testimony the accused may offer in his own defense! Not only this, but the state society's picked body has the sole power to determine the value of the evidence which the doctor offers! And to cap this travesty upon justice, the state society's picked group acts as his judge and metes out the penalty!

A name dishonored; a career ruined; a livelihood destroyed. Power like this in the hands of a monopolistic group!

What doctor in the state would dare to say or do anything to incur the enmity of an organization so all-powerful? What doctor to-day who has been in practice for a year or even less, can show his cases, diagnosis and treatment, and not be afraid of the charge of bad practice? But—even this is not the complete picture of the monopoly.

The state medical association determines the standing of the college from which the applicant graduated. In so determining the standing, the state medical association announces that it is guided by the rating given that college by the American Medical Association. We shall present evidence to show that most of the other states do likewise, when the medical examining board is composed of A.M.A. members—and most of the boards are so composed.

Consequently, if a student wishes to practice medicine, he must go to a college approved by the American Medical Association, otherwise he will not be allowed even to take an examination. With this stifling grip upon medical colleges, there can be but one inevitable result: medical colleges which the American Medical Association does not approve of, go out of existence because students will not attend them. There is no use studying at a college frowned upon by the all-powerful A.M.A. The student knows in advance that he will not be given a chance to show whether he can pass the examination to practice.

This shows a pretty complete monopoly over all things directly connected with the practice and teaching of medicine. But there are innumerable other health activities in every state not directly connected with medical practice; for instance, the state board of health, whose activities deal with sanitation, schools, general health supervision, etc. Supporting the state board of health is the police power of the state, which means that the full police power of the United States can be called upon if needed to enforce its orders.

In whose hands would such tremendous responsibility be placed? In the hands of public spirited citizens or into the hands of a small

group, part of a national organization seeking its own ends? The answer is found in this astounding fact:

The State Board of Censors, the group picked by the state medical society to decide all questions concerning medical matters, is also the State Board of Health, with all the vast power this title carries.

In a few words: every health activity in this state is completely in the hands of the state medical society, a branch of the American Medical Association.

This is what is meant by a complete monopoly achieved by the American Medical Association, through a subsidiary body. We shall show that this state is not a lone instance; that, in fact, most of the states in the union are similarly controlled by their state medical societies.

So much for monopolistic power wielded by the American Medical Association. But we have made other charges and have announced our intention of presenting instances to support some of the assertions. We have charged that the American Medical Association, bent upon making huge profits, advertises medicines in its scientific pages, which have been condemned. One instance in support of this charge will be given.

We offer a photographic reproduction of the far-famed elixir, "Crazy Water," as it appeared in a full page advertisement in the American Medical Directory, issued by the American Medical Association for the benefit of physicians and the much-concerned-about public.

This delicious beverage cannot be surpassed. It is good for many things, especially increasing advertising revenue. Here is what the American Medical Association has in its own files about "Crazy:"

"CRAZY MINERAL WATER.—One hundred and twenty half-gallon bottles of water labeled 'Crazy No. 3' were declared adulterated by the federal authorities. According to the officials, this water which, according to the label, was the product of the Crazy Well Water Company, Mineral Wells, Texas, was adulterated because it contained a filthy, decomposed and putrid animal substance."

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AMERICAN MEDICAL DIRECTORY

CRAZY
WATER
 (CONCENTRATED)

A natural water from the pure mineral rock of Mineral Wells, Texas.

Named by the pioneers who discovered its valuable qualities 40 years ago.

Gentle. Effective, Pleasant

This natural water is rightly called "Nature's Aid to Nature." It encourages the organs of elimination to function naturally and regularly. It does not require an increasingly larger quantity to be effective. Pleasant to the taste when properly diluted.

"Filthy and putrid" was the verdict of the United States Government when it confiscated gallons of Crazy Water, yet here is part of a full page advertisement appearing in the American Medical Directory, published by the American Medical Association, which sings the praises of this crazy beverage—for a price!

A further search in the A.M.A. files discloses the following:

Ten years ago "Crazy Well Water Co.," used to advertise as follows:

"**CRAZY WELL WATER.** 'Crazy' Mineral Water is a wonderful eliminant. Use it for Rheumatism, Constipation, Liver Disease, Nervous Indigestion, Diabetes, Bright's Disease, Insomnia, etc. If you cannot get 'Crazy' Water from your druggist or grocer we will supply you in case lots only."

If you have a mother-in-law who is a nuisance, try "Crazy" on her. It seems to cure everything. Let the crazy public use it for all these diseases, and let the American Medical Association use it to increase its revenue from advertising so that it can continue the work of tightening its monopolistic stranglehold upon the nation's health. This is but one of the shining advertisements which will be adduced.

We have also charged that there is commercialism in medicines which is endangering the nation's health. We shall present evidence of shocking commercialism. We will show how millions of men, women and children in this country are being crammed with pills and petrified with drugs so that huge pharmaceutical houses may increase their profits. We shall present proof that the American Medical Association is fully aware of this commercialization of harmful drugs and medicines. We shall show that noted scientists, whose words are accepted by the American Medical Association and by the United States government, have denounced such medicines as a menace to health and lives, and that nevertheless these medicines, fraudulently claiming to be of benefit, are sold to-day through the United States mails despite postal regulations forbidding fraudulent claims.

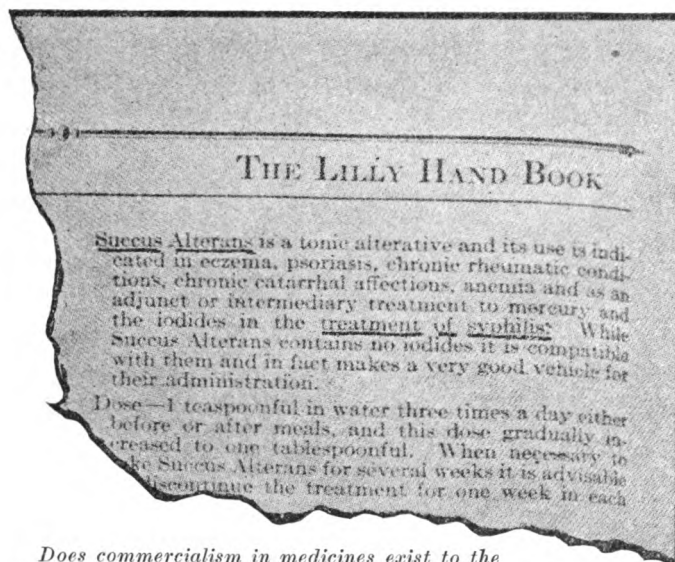
For the purpose of illustrating this charge, we present a photographic reproduction of a page from Eli Lilly's catalogue advertising the concoction Succus Alterans. Eli Lilly and Co. is one of the leading pharmaceutical manufacturing houses in the world.

Succus Alterans has been viciously denounced by the Council on Pharmacy and Chemistry of the American Medical Association, a body of noted scientists teaching medicine and pharmacology. What this noted body of scientists said about this product is important:

"Succus alterans is a preparation which has been put on the market for some years by Eli Lilly & Co., as a remedy for syphilis. The serious character of this disease and especially the deplorable results that ensue from its improper or insufficient treatment, should make a firm hesitate to advise any treatment which experience has not demonstrated to be at least as efficacious as that which is generally accepted and well proved.

"Those who consented to experiment with the new remedy soon found that the claims to curative properties were unfounded, but the strong commercial interests backing it have prolonged its life to the present time.

"Authorities on syphilis either say nothing about the preparation or mention it merely to condemn; but the proprietors of the nostrum not only continue to assert that it is practically a specific in syphilis,



Does commercialism in medicines exist to the extent of endangering human lives? Here is one instance of a concoction sold for years by Eli Lilly & Co., one of the largest pharmaceutical houses in the world. Read the startling statement in this chapter by a group of eminent scientists, about this alleged remedy.

but now recommend it for various derangements of the blood and all sorts of skin diseases.

"The exploitation of such a preparation is deserving of strong censure."

Imagine the unfortunate victim of syphilis who scrapes his pennies together in a frantic effort to pay for a cure. The terrors of the disease haunt him. He knows, and the doctor knows, that unless he is cured or the disease made inactive, he faces with impotent despair a life of horror which can end only in a terrible death. Before his very eyes, and the eyes of his loved ones, the disease eats its way through his system, if he is not cured. The brain is affected; with the years he grows insane, perhaps helpless, babbling, slobbering, until he rots into a filthy, stinking mass of flesh and bones—a spectacle of what might have been a healthy, useful citizen.

But the doctor whom he visits has read the claims made by the manufacturer of Succus Alterans. Instead of treating the patient with the only medicine science has evolved, he gives the patient a preparation vouched for by an interested manufacturer, who profits a few cents and sacrifices a human life. The disease runs its course, and the patient is doomed.

The United States government has many regulations governing the sale of material for which fraudulent claims are made. Succus Alterans and advertising matter for it, are sent through the mails and have been sent during the years since it was first denounced. The fact that Eli Lilly & Co. still list the product is sufficient proof that doctors throughout the country still prescribe it.

How many lives have been ruined because of such commercialism in only one preparation? How many families have lost their bread-winners because fraudulent medicines are prescribed by doctors?

This is but one instance; many, many more will be presented so that even the most doubting Thomas may be convinced, so that the postal authorities may see what is passing under their very eyes.

In the incidental illustrations to support some of the charges made, the reader, the legally constituted authorities of the states involved, and the federal government, may judge for themselves whether some of the acts of this amazingly powerful organization, constitute conspiracy. The reader may also judge, from the definitions of monopoly, whether the operation of this organization through its branches, the state medical societies, as well as operations direct from its headquarters in Chicago, constitute monopoly.

In succeeding chapters detailed facts will be presented to support all our assertions.

Disraeli, England's great statesman said: "Public health is the foundation upon which repose the happiness and power of a country. The care of the public health is the first duty of a statesman."

William Howard Taft, Chief Justice of the United States Supreme Court, said: "The care of the individual and family health is the first and most patriotic duty of a citizen."

In all lands and countries, statesmen, thinkers, and public spirited

men have realized that a nation's health is its most precious possession. Without health it cannot progress. Without liberty no government can long exist.

Monopolies are a menace to free government. That has been held by the courts and is so self-evident that it needs no further proof. What more dangerous monopoly, then, can exist than one controlling a nation's health? These vital truths should be borne in mind while studying the facts presented.

Your health and life, the health and lives of those near and dear to you are involved. A little monopolistic group, turned out like machines by medical colleges, ignorant in the main, as the facts show, of diagnosis and treatment, hold the power to dictate to you what you must do with your body, with your health. This group has already achieved and is rapidly securing greater legal recognition. This means that it can force you through the police power of the state or of the cities, to obey its orders.

CHAPTER II

A PROFIT-MAKING TRUST

The noble profession of medicine has degenerated into a business with loose principles and questionable morality.

IF your life were absolutely controlled by a private corporation—

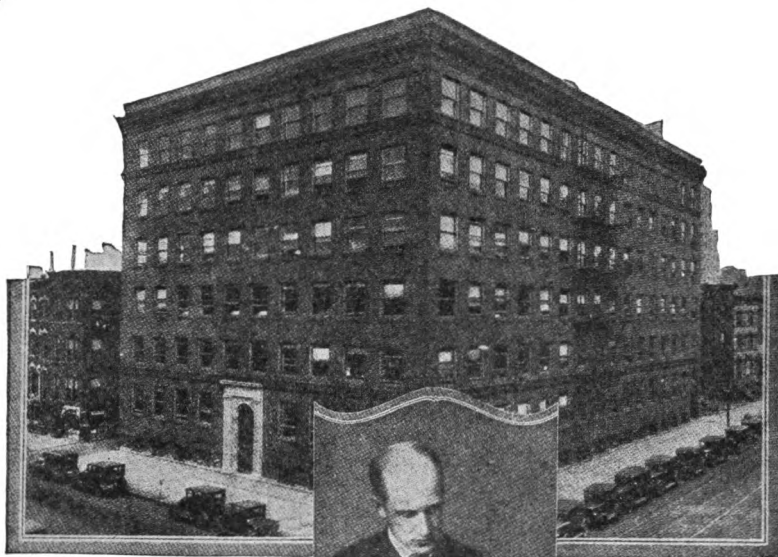
And you knew that when a member of this corporation crippled you or killed some one dear to you, that the other members are sworn to secrecy and silence lest you discover the truth—

Would you consider such an organization a vicious menace to your life and happiness?

Yet this describes but one of the activities of the American Medical Association.

To offer evidence, as we shall do, that it is merely a profit-making trust instead of a "non-profit" making organization, that its power is achieved at times through interlocking directorates, is insufficient. It is necessary to show, which we shall do, that it is a vicious trust, a menace to the health and lives of the American people. The evidence concerning its manner of work we shall present, but essentially it must be casual since it would prove dull reading to the average reader, for such proof entails a mass of detail, but should the medical trust care to challenge our charge that it is a trust within the meaning of the law, we shall be most happy to go into any court of law and present the details.

As a result of the methods and machinations of this association, thousands of men, women and children are sacrificed every day upon the altar of medical practice, and the truth about this shocking state is hidden under a cloak of secrecy and silence erected by the



*Headquarters
American Medical Association
Chicago, Ill.*



*Insert:
Dr. Richard C. Cabot*

The million dollar citadel of the medical trust. This steel and concrete headquarters of the American Medical Association was so constructed as to withstand attack from any source. Built strategically at the corner of North Dearborn Street and Grand Avenue, Chicago, it is invulnerable from the corner sides, and the adjacent buildings on either side are at least one foot away so that no entrance can be effected by tunnelling from one building to the citadel. The doors within this extraordinarily guarded building are made of steel and the glass partitions are interwoven with steel netting. The doors lock automatically and can be opened only by the release of an electric contrivance guarded by an employe. Papers disclosing the trust's operations are stored in tempered steel cabinets which are kept in reinforced concrete and steel vaults.

The insert shows Dr. Richard C. Cabot, who said, "How would the private physician like to undergo a scrutiny of his records, his laboratory, his methods of examination? My impression, from a fairly extensive experience with private physicians' methods, leads me to believe that they would resent such a scrutiny, and that they would not show up favorably in the art of physical, chemical or psychological diagnosis."

A. M. A. The number of sick in the United States is appalling, and since so many thousands are dependent upon this tightly organized bund, it is essential that the people know precisely how the truth is kept from them when their lives are wrecked by bungling treatment. It is only on rare occasions that the truth leaks out as to what actually happened in the sick room. Suit is then instituted for malpractice against the bungling physician, but associate doctors do not dare to tell the truth, for that would violate their code of ethics and bring upon themselves the hatred and retaliation of their fellow practitioners.

Details showing exactly how this conspiracy and silence is worked will be presented later, but as casual proof to support these startling charges, we offer the words of an authority upon the matter: Dr. Ernest A. Codman, of Boston, Mass. Dr. Codman is a nationally known surgeon, a Fellow of the Scientific Assembly of the American Medical Association, and a registrar of the American College of Surgeons. On March 5, 1924, at an A. M. A. conference, he uttered a few plain words about the inefficiency of most physicians and surgeons in the United States. He said:

"I have said that I was an expert in hospital inefficiency. My sole public duty is acting as registrar for an activity of the American College of Surgeons called the registry of bone sarcoma. This enables me to keep in touch with hospital inefficiency, through some of the best men in our profession—that is, through those that register their bone sarcoma cases.

"Before proceeding further let me say this, that we have now collected from the most efficient surgeons and hospitals in the country notes on some 400 odd cases of supposed bone sarcoma.

"All of these 400 registered cases, with few exceptions, are records of error or failure.

"I have many of the foremost surgeons and pathologists in the country convicted in their own handwriting of gross errors in these cases.

"Legs have been amputated when they should not have been and left on when they should have been amputated."

When Dr. Codman finished these charges the solemn conference was considerably upset. Physicians and surgeons knew his words were true but this was the sort of subject that was taboo. It was dangerous to make such a statement for if any of the 400 odd victims were to learn that they were crippled for life because of the ignorance of these noted surgeons, staggering suits for malpractice could be instituted against these leading lights in the medical profession.

The matter was hushed up as quickly as possible, and Dr. Codman was not asked to address the meeting again!

This is but one of the conditions fostered by the medical trust. Here is a noted surgeon who has in his possession confessions in the handwriting of the ablest surgeons in the country that they crippled patients. Do any of these 400 victims know that they have been needlessly crippled for life? Do any of the men, women and children on this terrifying list, doomed to hobble on crutches for the remainder of their unhappy days, know that their lives were wrecked because a surgeon with a grand reputation failed to diagnose the case correctly, and ashamed of his ignorance, cut legs off because he did not know what else to do?

These are only a *few* records of *one* disease. Can you not then imagine the thousands upon thousands of persons maimed, crippled, killed due to similar ignorance, if *all* the diseases which were not correctly diagnosed and treated, were honestly recorded?

This inkling of what is happening behind the closed doors of the physician's office or the surgeon's operating room inevitably arouses the query: "If these facts are true, how do these thousands of bungling doctors get away with it? Somebody surely would have put a stop to this long ago!"

The answer, as we pointed out already, lies in the code of ethics.

promulgated, fostered and nursed by the American Medical Association. This code enjoins silence upon A. M. A. members as to what happens in the sick room, and thus hides the bungling under a pall of silence. As to why some one has not taken steps to end this atrocious condition, the answer will be found in the facts presented: that virtually all health officers, medical examiners, supervisors over medical colleges, hospitals, etc., in almost every state in the union, are themselves members of this organization and themselves adhere to the code of ethics, which enables every one of them to "get away" with atrocities.

Before the material relating to the viciousness of this trust can properly be presented, the natural question, "How does this organization operate in its vast control?" must be answered.

The origin and development of the American Medical Association presents an amazing story and to conceive the vast extent of this organization, with its unequaled power, it is necessary that the reader grasp the forces that brought it into being, its development, ramifications and activities.

The decade around 1850 witnessed the beginning of America's commercial domination of the world. With the country's terrific development, combinations of capital first formed what is now so feared and fought: the trust.

In that period, the practice of medicine was not so firmly barricaded behind a wall of silence. There were few even rudimentary laws governing the healing art, and the regulars of those days encountered severe competition from innumerable quacks who hung out shingles and practiced as "doctors." The regular M.D.s who had worked so hard for the right to administer pills, were righteously indignant. It was an unwarranted interference with their means of livelihood, and a few of the regulars concluded that they had better get together and do something to protect their economic interests.

The Spring of 1846 found a convention of harassed doctors meeting in New York City to decide upon some concerted action to protect themselves from these inroads. After a lot of talk the conven-

tion adjourned to meet again in Philadelphia the following year. This second meeting in 1847 gave birth to what was to grow into the great Trust.

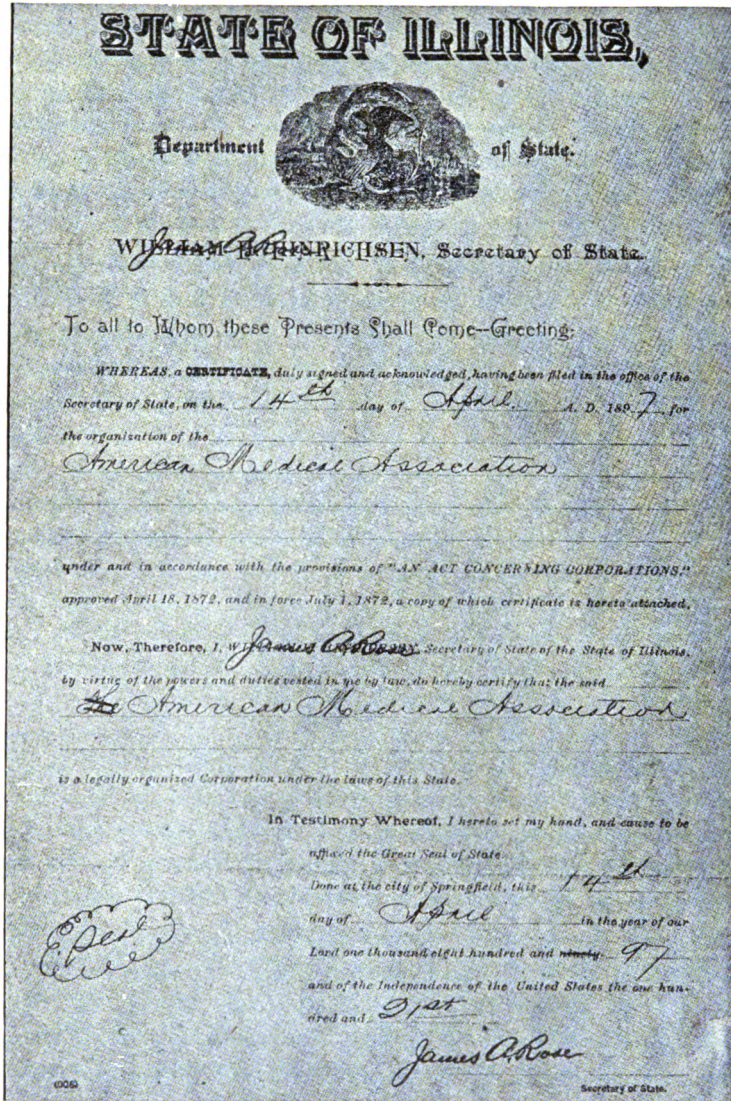
The concern of the doctors at this and at succeeding conventions was and is their personal protection. In those days their objects were a bit more plainly voiced than to-day, when self-aggrandisement is coated under the guise of solicitude for the public. A resolution was adopted at this convention. It read in part:

"Inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the medical profession in this country must at all times have a professional influence and supply more efficient means than have heretofore been available for . . . exciting and encouraging emoluments and concert of action in the profession. . . . Be it resolved," . . . etc.

The name of this Philadelphia baby delivered by the harassed doctors, was the "American Medical Association." This baby, however, was weak and all the doctors could not help it, and though it had the croup and coughed and wailed and was even on the point of death a number of times, it managed to survive. In 1897 a dose of incorporation, labeled with a pretty official seal, was given it but even that did not help. It was not until 1901 when the Association met at St. Paul that a group of shrewd men took hold, reorganized the society, and, seated firmly in the saddle, sallied forth to ride roughshod over the American people.

The real American Medical Association did not begin to function on a large scale until after it was incorporated. A three dollar investment, plus a thirty cent seal legalized the puny spider that was to achieve such gigantic proportions. On March 16, 1897, three gentlemen, upon payment of \$3 to the State of Illinois received a paper showing that an organization called the "American Medical Association" was incorporated in that state "not for pecuniary profit" but "to promote the science and art of medicine."

Five years after it was incorporated, at the annual meeting, some doctors, amid considerable laughter, wanted to know exactly what was meant by their announced object of promoting "the science and



The beginning of the "Medical Trust." This photograph shows the original articles of incorporation of the American Medical Association, at first a weak organization which later developed into the most powerful trust ever organized in the history of the world. Shortly after the A. M. A. was legally incorporated, the group of shrewd men at its head began the scheming and conniving to maintain absolute control of all medical and health matters in the country. (Photo from the archives of the State Capitol, Springfield, Ill.)

art of medicine," and this resulted in the filing with the Secretary of State at Springfield, Ill., the real objects of the organization, so that doctors would know exactly what they would gain by joining the Association. These revised articles show the inception of the ambitious plan to obtain control of medical and health activities through a tightly banded group working in harmony for monopolistic goals. This grand scheme is recorded as follows:

"The object of this Association shall be to federate into one compact organization the medical profession of the United States . . . of safeguarding the material interests of the medical profession . . . of securing the enactment and enforcement of medical laws . . . of directing public opinion in regard to state medicine . . . etc."

This dead "give away" stood for two years. During this period, the reader should bear in mind, the nation was hotfoot on the trail of trusts. After the Sherman Anti-Trust Act in 1900 the various states rapidly followed the Congressional lead and also passed state anti-trust acts. The objects of the American Medical Association, as quoted, were recorded in 1902—just in the midst of all the anti-trust legislation. With laws being passed to curb organized and potential trusts, with prosecutions constantly in swing in the courts against monopolies, the recorded plans of the A. M. A. proved somewhat embarrassing. So in 1904, realizing that the articles as they stood, disclosed too much, an amendment was again decided upon, namely, to eliminate the detailed aims and reinstate the pleasant but vague "to promote the science and art of medicine" as the general objective. This vague phrase still stands to-day.

We shall not present in detail this organization's growth and development but will content ourselves with outlining briefly how the net is spread from the Chicago headquarters, through subsidiary branches, to include every state, city, town and hamlet in the United States in the control of medical and health activities. The procedure follows:

The national organization, at its annual meeting, plans the year's activity. Delegates from its state branches, and from sections and councils, return to their respective societies to carry out the plans.

The state societies (the main avenues through which the American Medical Association control is enforced) likewise have subsidiary bodies to carry out A. M. A. policies within the state. The state subsidiary bodies are in the form of committees, handling specific jobs within the state, such as a committee on propaganda, another on defending members charged with malpractice, a third on making doctors toe the line as dictated by the A. M. A., etc. The county or city societies, in turn, also form committees to put over policies decided upon by the state society.

But, besides the A. M. A., there are a number of very powerful, wealthy organizations operating as separate and independent bodies, which are active in health work. These "independent" societies receive their chief financial support from the United States government, from state and municipal governments, and from individuals ranging from the multi-millionaire to the poor citizen who contributes his much needed dime during a drive for some health charity.

Millions of dollars are spent every year by these organizations. They exercise tremendous influence upon the lives and health of the people. In the past they pursued their work independently, but recently, due to A. M. A. efficiency, they "co-operated" so that their sundry activities line up with one or a few directing heads to decide policies decided upon by "co-operation."

In the control of united "independent" organizations, an interlocking directorate is frequently used. An interlocking directorate exists when an officer or a member of one society is on the directing board of a supposedly separate organization. It is obvious that if an officer of one corporation is in a position to direct the policies of a separate association, the separate organization will be directed so as to harmonize in policies and aims with the original clique.

An interlocking directorate is one of the easy ways to demonstrate in a court of law, that a trust exists. The American Medical Association, advised by shrewd lawyers, avoids whenever possible, interlocking directorates. Sometimes, of course, there is a slip, as we shall demonstrate.

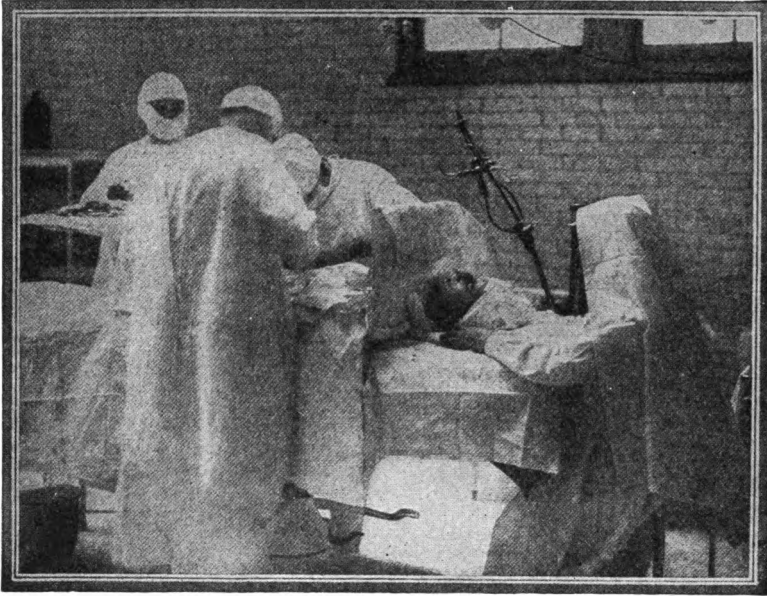
Before showing the vast influence achieved by "co-operation" between the A. M. A. and powerful "independent" organizations, it is advisable to quote Joseph E. Davies, an authority on how trusts try to avoid penalties imposed by law upon monopolies. Davies made a detailed study for the United States government on trusts, trust laws, and unfair competition. He says:

"The device most available for evading the Anti-Trust Law was the looser and unwritten form of agreement generally described as a 'gentleman's agreement.' This device became known somewhat later as the system of 'co-operation.'

"The fundamental idea of such co-operation was to procure a substantial harmony in policy . . . without specific written or oral agreements, but rather by tacit understanding."

The United States Supreme Court, however, declined to be fooled when a trust called its activities by some less odious name. In one now famous decision, it held that a foul odor called a perfume is nevertheless a foul odor; in other words, a monopoly, no matter what its pretensions might be, must be judged not by what it claims to do but by whether it accomplishes the prohibited results in the Anti-Trust Laws. It does not matter, this highest court held, whether such prohibited results are achieved by "co-operation" or by signed contracts to control a business or profession.

Almost any topic dealing with medicine and health could be chosen for an example of how the American Medical Association, "co-operating" with "independent" organizations, "procures a substantial harmony in policy," but we choose hospitals for the illustrations since the work in these institutions includes almost every activity in the practice of medicine and its allied fields. In a hospital are found doctors and surgeons, nurses and dentists, X-ray technicians, laboratory workers, dieticians—any field that touches the art of healing. Consequently, hospitals are of vast importance to the nation, not only because they are places where the sick go with prayer and hope of relief, but as places where the values of medical practice and its claims can be tried out.



This picture visualizes the charge made by Dr. Ernest Codman, that he has over 400 of the country's leading surgeons convicted in their own handwriting of having amputated legs needlessly, due to diagnosing the cases incorrectly.

Hospitals, then, being of such importance, will be dealt with in detail in a succeeding chapter, but at present, since our aim is to show the power wielded by the A. M. A. over the powerful "separate" organizations, we merely consider hospitals as an instance of "co-operation" directed by the medical trust.

First of all, we charge that:

Hospitals are controlled by medical schools.

Where the hospital is not controlled by a medical school, efforts are under way to bring it under such control.

When you enter such an institution you enter a place controlled by a medical school attached to some medical college. You enter a place where you are subjected to experiment and observation by a medical school. It does not matter whether the hospital is a private

institution operated by an individual for personal profit; it does not matter whether it is a public institution supported by money given it by state and municipal governments. The fact remains that you enter a place where the medical college dominates.

These very hospitals controlled by medical schools naturally take over the faults of the schools. The budding doctor who interns in a hospital is not really taught his business any more than he is properly taught in the medical schools. Many of the hospitals are not well equipped to handle the cases that come to them, and still more—thousands of them—have what is known as the “closed shop”; that is, if your doctor is not one of the bund attached to the hospital—making a living from the patients sent to that hospital, then he cannot send you there even if your life hangs in the balance! Again let us quote from Dr. Codman’s startling address to the medical conference. It sheds a ray of truth upon a dismal state of affairs:

“Among our most inefficient hospitals,” said Dr. Codman, “are some of our teaching institutions. Too many teach medicine by precept rather than by example, and too many are inclined to attempt more than they are equipped to do efficiently. They are like many of our busy professional brethren who attempt to care for more cases than they can care for well, rather than let a less conspicuous rival care for the simple ones.”

This state of affairs, then, exists in hospitals which are controlled by medical schools. The very hospitals your taxes help to support may decline to let you enter even though your life may depend upon it; because the doctors on the staff of the hospital do not want “outsiders” sending cases there, for then the outsider would get the fee for treating the patient in the hospital! Many hospitals permit an “outside” doctor to send a patient to the hospital but have a rule that only hospital physicians may treat him!

State boards of medical examiners, as we explained, control medical schools.

With this fact clear, we now make the following statement:



"Hospitals are under the control of medical schools," admitted Dr. S. S. Goldwater, president of the American Conference on Hospital Service and Director of Mount Sinai Hospital of New York. In these pages you will find exactly how the A. M. A. exercises its control over both hospitals and medical schools.

The medical examining boards in almost every state in the union are composed of A. M. A. members or officials—persons who toe the A. M. A. line.

Consequently, if—

1—Medical schools control hospitals.

2—State medical examining boards control medical schools.

3—The American Medical Association controls medical examining boards.

Then—

The American Medical Association really controls hospitals.

The web with which the A. M. A. has encircled hospitals, medical schools, etc., in its control over the nation's health and lives, will be dealt with in detail later. Here we simply present the admission by a leading authority on the subject in the United States: Dr. S. S. Goldwater, president of the American Conference on Hospital Service. As head of this conference, and as director of Mount Sinai Hospital of New York, one of the largest in the country, he is in constant touch with all angles of hospital administration and control. Dr. Goldwater, addressing this conference recently, made the startling admission that "Hospitals are under the control of medical schools."

Since hospital administration, treatment, ethics, etc., are dictated by the American Medical Association, then allied organizations active in hospital work must bow to the A. M. A., for the doctor is master of the sick room and all who enter must obey him. This, of course, is a general assertion, proof of which must be presented later because of space limitations here.

If hospital activities, direct and indirect, are controlled by the American Medical Association, then it is of vast importance that you know that the largest "independent" organizations in the country are subservient to the A. M. A.

These "independent" organizations "co-operate" with the A. M. A. This amazing monopoly does not have to include the "independents" in its direct control. The "independents" must do as

they are told in medical and health matters or they will not be permitted to meddle.

At a national conference on hospital service, one gets a panoramic view of these powerful bodies active in medical and health work. We present, as an instance, the conference held last year.

Attending this conference are representatives from the wealthiest and most influential health organizations in the country, bodies which spend millions of dollars every year and influence the lives of every man, woman and child in the United States. These conferring organizations fall into six distinct groups:

First, representing the United States Government, delegates from the medical departments of the United States Army, United States Navy, and United States Public Health Service.

Second, representing hospital organizations, delegates from the American Hospital Association, the Public Hospital Association of the United States and Canada, and the Board of Hospitals and Homes of the Methodist Episcopal Church.

Third, representing directly active medical and surgical organizations: delegates from the American Medical Association (the controlling influence); the American Association of Industrial Physicians and Surgeons, the American Institute of Homeopathy, the National Tuberculosis Association, the Association of American Medical Colleges, and the Federation of State Medical Boards of the United States.

Fourth, representing nurses' associations, delegates from the American Nurses Association, the National League of Nursing Education, and the National Organization for Public Health Nursing.

Fifth, delegates from the American Association of Hospital Social Workers.

Sixth, delegates from the American Dietetic Association.

Besides these national organizations there are numerous other groups, smaller in size but nevertheless wielding terrific power in medical and health matters. As an instance of what is meant by an interlocking directorate, we offer the following:

(We offer Alabama because this state was presented as an example already of absolute monopolistic control of all medical and health activities in its territory; any other state dominated by the medical bund would offer like facts.)

Let us look at the list of state health officials. The first name we find is:

Dr. S. W. Welch, of Montgomery: State Health Officer.

This gentleman, then, is the power dictating the health activities in his state.

We next find that Dr. S. W. Welch is an officer of the Alabama State Medical Society, the A. M. A. branch for that state.

We also find that Dr. S. W. Welch is chairman of the State of Alabama Board of Censors (the body with power to grant and revoke licenses to practice medicine).

So far we find that this American Medical Association official holds extremely important posts in the medical and health activities of his state; let us see if his important controlling power extends to national organizations influencing the medical life of the country.

We find that Dr. S. W. Welch, of Montgomery, Alabama, is an officer of "The Council on Medical Education and Hospitals of the American Medical Association." This Council is the A. M. A. branch through which the medical trust controls the nation's hospitals and medical schools. The prodigious power wielded by this branch will be dealt with in detail later.

The state medical examining board in every state in the union holds astonishing power. This board is the Big Stick. Its influence embraces almost everything conceivable in medicine from simple practice to running medical schools and hospitals. These state medical boards have an organization known as the "Federation of State Medical Boards of the United States." It is supposed to be an independent organization, meeting periodically to discuss difficulties and plan for "harmony of action" to use Davies' phrase. Details about this organization, too, will be given later, but for the

purpose of the point we are now making, let us see whether the interlocking directorate includes this "independent" organization also.

We find that this same Dr. S. W. Welch of Montgomery, Alabama, is President of the Federation of State Medical Boards of the United States.

Is there any need to go farther in this inquiry to determine whether the A. M. A. has officers in controlling positions on the directing boards of those organizations dominant in the control of the nation's medical and health activities?

Who would think that an officer of the A. M. A. branch, which holds an airtight monopoly on medical and health activities in its state, would be the directing genius of the A. M. A. group formulating A. M. A. policies for hospitals; of the A. M. A. group dictating what the medical colleges shall teach, and of the "independent" group wielding the Big Stick in making doctors obey the A. M. A.?

Yet this is what we see in the case of Dr. S. W. Welch, offered as an example.

With this brief outline of how the A. M. A. dominates "independent" organizations engaged in health work by means of "co-operation" and interlocking directors, we may now turn to the A. M. A. system of delegating various functions to branches which handle specific fields of work. At a later time we shall have to refer to some of these branches and their activities. With the most important we shall deal in detail.

The medical trust defines itself officially as follows:

"What is the American Medical Association?"

"It is the national organization of the medical profession and is made up of the combined membership of the various state medical associations, which, in turn, are made up of local (district or county) medical societies. More than 85,000 physicians are members of the American Medical Association, among them being the leading members of the medical profession of the country."

This "non-profit" making organization is so vast that its operation is divided into numerous subsidiary sections and councils to handle certain phases of its work on a national scale. These subsidiary bodies are responsible to the national organization. The policy of the national organization in any given line of activity is based upon recommendations made by these branch sections. The officers of these branches report periodically to the electoral body of the A. M. A. These reports consist of brief summaries outlining the nature of the work accomplished during the preceding year, the expenditures, and the plans for the succeeding year.

The importance in the lives of 120 millions of human beings of the operations of these A. M. A. branches can be seen from the nature and scope of the work they handle. The reader will see that there is scarcely a subject related to the healing art which is not included in the mesh. What few things are "outside the pale" of direct control are handled by the "co-operating" national "independent" organizations.

Of these various branches we present a few for illustrative purposes. They are:

The Council on Pharmacy and Chemistry. The A. M. A. officially summarizes the activities of this body as one which "investigates and passes on medicines used by physicians."

The Council on Health and Public Instruction, which "co-operates with other organizations interested in public health."

The Section on State Medicine and Public Hygiene. The title of this branch is self-explanatory. State medicine means the control by the state or the federal government of various activities involved in the practice of medicine.

Section on Preventive Medicine and Public Health. This title, too, speaks for itself. This branch is devoted to advancing the use of "preventive medicines." Serums and vaccines are its strong forte. The power and influence of this section, supported by the whole A. M. A., is brought to bear upon federal, state, and municipal governments.

Let us digress for a few minutes to examine to what extent the traffic in "preventive medicine," and in serums, vaccines, anti-toxins is carried on.

In December, 1926, before the Annual Conference of Illinois Health Officers, held at Alton, Dr. Mathew Pfeifferberger, President of the Illinois State Medical Society, said: "Prevention practiced to its utmost will create more work for the physician and not diminish it, for the full time health officer will be educating his community constantly. There will be more vaccination, more immunizing, more consulting and use of the physician. His services would be increased many fold.

"I am informed that epidemic and endemic infections cause only 12 per cent of all deaths and that this percentage is declining rapidly. Only 15 per cent. of all children would ever get diphtheria, even under epidemic conditions, while 100 per cent. are prospects for toxin-anti-toxin. The percentage who would get smallpox, under present conditions, is even less; but 100 per cent are prospects for vaccination. Scarlet fever will soon come in for its 100 per cent. also, as it may for measles judging from the reports on that disease. Typhoid fever is disappearing due to sanitation, but vaccination should be used when the individual travels into unknown territory and countries."

Might we not ask is this "public health" or "public exploitation?"

And the following excerpts from his Presidential Address before the Ohio State Medical Association (June 1920) of Dr. J. F. Baldwin, are disturbingly revealing.

"At the present time the profession is being overwhelmed with traveling representatives of manufacturing drug houses, who, in addition to all sorts of drugs, are foisting upon us serums and vaccines and preparations of various organs, practically none of which have been demonstrated to have any value whatever, and most of which are known by intelligent physicians to be worthless or worse. I had a little correspondence some time ago with one of these manu-

facturers, and though he admitted that the best men in the profession did not use such preparations, he seemed happy in telling me how many million doses he had sold to the other kind in the course of a year.

"The treatment of diseases, or their prevention, by antitoxins, serums and vaccines is still very largely in the experimental stage, with grave doubts as to the value of the vast majority. Unfortunately much of our literature on these subjects, including statistics, is furnished by the manufacturers who are interested, above all things, in the financial aspects of their production. One of the most prominent general practitioners in Ohio called my attention some months ago to the fact that even diphtheria antitoxin acquired its reputation when the doses used were so small as would now be regarded as entirely inadequate, and those doses given at a stage of the disease in which their administration is now looked upon as practically useless.

"A number of years ago there was a grave epidemic of diphtheria in Philadelphia. The epidemic was proving remarkably fatal when a firm of manufacturing pharmacists appeared and, with the claim that the antitoxin had not been properly administered, proposed to the officials that they would take charge of the situation, would furnish antitoxin free of expense, and would supervise its administration, provided merely that they should be permitted to use the statistics which they would thus obtain. Their proposition was promptly accepted; the antitoxin was used with a free hand, but the statistics were never published! I refer to this merely as an illustration of the purely commercial attitude of the manufacturing firms. Statistics can be of no possible value when the unfavorable ones are suppressed and only the favorable ones published. It is an old legal aphorism: 'Falsus in uno, falsus in omnibus'—'false in one thing, false in all,' and that maxim should be rigidly applied to all such reports, statistical and otherwise."

The Council on Medical Education. This Council, as we shall show, dictates what the medical student shall be taught when he attends a medical college. This is the branch of the A. M. A. which



Organizations, direct or allied, which may try to break from A. M. A. domination are quickly brought into line. For instance, nurses' organizations attempted to free themselves from the stifling control held by this organization. Shortly after this was tried, Dr. Ray Wilbur, former president of the A. M. A., said, "In the matter of nurses' education, there has been a serious situation but I think we can see our way clear to get more cooperation than we have had in the past from these various organizations."

has been instrumental in putting out of business medical colleges which did not meet with its approval.

These are but a few of the councils and sections by means of which the American Medical Association operates its monopolistic control throughout the country. There are other councils too, but space forbids including these numerous lesser, though important bodies, even casually.

Those organizations, direct or allied, which may try to break from A. M. A. domination, are quickly brought into line. For instance, nurses' organizations attempted to free themselves from the stifling control held by this organization. Shortly after this was tried, Dr. Ray Wilbur, former President of the A. M. A. and now a member of the Council on Medical Education and Hospitals, informed the A. M. A. Board of Trustees—

"In the matter of nursing education, there has been a serious situation there, in that there has been a tendency on the part of the nurses' organizations to get the whole problem of nursing education out of the hands of the medical profession—I think we can see our way clear to get more co-operation than we have had in the past from these various organizations."

How health propaganda that vitally affects your life and the lives of those dear to you is controlled by A. M. A. branches "co-operating" with medical schools (controlled by A. M. A.) and state health departments (also controlled by A. M. A.) is shown by the admission of Dr. John Sundwall, of the University of Michigan:

"The University of Michigan co-operates with a committee of the State Medical Society and representatives of the State Department of Health—on timely health topics."

These systems of "co-operation" where the A. M. A. controls the medical and health policies that affect your life could be increased indefinitely so as to include every state in the Union and almost every city in the United States, but these few examples will suffice to show how the scheme is worked. So great is this control, hidden under a barrage of propaganda to hide its inefficiency, that the United States government tired of it and told the A. M. A. a few

pertinent things. This happened recently when Dr. R. A. Bolt, consultant physician to the U. S. Children's Bureau, said in an address:

"The time has come when the public is going to demand performance and facts rather than propaganda.

"I think we are in a very difficult position in regard to our whole health program in this country. There is not a concord of opinion. The medical profession is suspicious that these movements we discuss (public health) are edging in on their private prerogatives . . ."

So much for A. M. A. "co-operation" and the propaganda that cloaks it.

CHAPTER III

CONTRACTS AND AGREEMENTS TO DEFEND MALPRACTICE

*Banded Together As They Are By An Agreement to
Defend Each Other In Case of Malpractice, You Are At
the Mercy of Bungling and Incompetent Physicians and
the Consequences of Their Criminal Acts In the Oper-
ating Room and Sick Room.*

INNUMERABLE crimes, innumerable tragedies of lives ruined and lives lost are hidden under a thick smoke screen prepared and spread by the American Medical Association. Under the heavy black clouds thrown by the code of ethics, the screen behind which the shameful deeds of the profession are hidden, is an exceedingly grave situation that menaces the life of every citizen in the United States. But the secrecy and silence enjoined by this code, dreadful as it is in its consequences to the average citizen, is but one of the steps taken by the organized medical trust to protect its members from the folly of their ignorance.

There are in the United States today some 70,000 physicians—almost every other doctor in the country—who are banded together by *agreements* and *signed contracts* in a conspiracy against the public with a scheme that tends to obstruct justice.

The American Medical Association, originally organized to promote the financial security of its members, has obtained tremendous monopolistic power, and with this power has come arrogance that has urged it to go beyond preserving the economic interests of its members. It has sought ways and means to protect its members from the consequences of their criminal acts in sick room and oper-

ating room, and various schemes to protect the incompetent and ignorant were devised.

Before presenting facts and documents to show how the schemes are worked, let us review one case from the time of illness to the verdict in court so that you may see exactly how the medical trust has combined against the public and the true course of justice. This instance is but one of thousands occurring daily in the United States. We deliberately choose one which is not an extreme example.

Tom Saunders is an average citizen, hardworking, steady, reliable. He is married, has a little child, and is the sole support of his family. For several days his work at the shop had been seriously hampered by pain in his right wrist—the working hand. One night he came home complaining more than usual and finally decided to spend a few of his hard-earned dollars to see a doctor. Doc Miller over at the corner house down the block had been there for years so Tom guessed that he must be pretty good. After supper he wandered over for an examination. The physician studied the hand, felt Tom's pulse, looked at his tongue, poked his chest, and gave him a prescription.

Now, the ways of doctors are mysterious to the layman, but the title carries with it considerable dignity and respect, and Tom, duly impressed by the poking and the thumping, took the prescribed medicine religiously—and felt no better. The wrist still hurt and, though he could not afford it, a few days later found him again ringing the physician's bell.

"That durn hand still hurts, Doc," he said with an apologetic grin as though it were his own fault.

The physician examined the wrist again but could not diagnose the trouble; but, it would not do to tell that to the patient, for then the doctor's reputation would be injured, so he asked Tom to stay away from work the following morning and show up at the hospital to have the hand X-rayed. Saunders showed up, the X-ray was taken, and on the following day he was informed that a little bone

seemed to be infected and that "this was probably the cause of the pain." How it became infected neither the doctor nor Tom knew, but at any rate, Dr. Miller advised that the bone be scraped. Saunders, being a good citizen with complete faith in the knowledge supposedly inherent in the title "Doctor," thought that it sure was a tough streak of luck to be laid off from work for a week or two, but there wasn't anything to be done about it except follow the physician's advice.

During the week that passed after the bone was scraped the patient could not tell whether it was the old or the new pain that hurt, but by this time a slight infection developed from some "inexplicable" cause and Dr. Miller had to reopen the wound and scrape the bone again. A few days later the still faithful Saunders developed fever and Dr. Miller sent him to a hospital.

It was then that another doctor was called in for consultation and Dr. Miller, who was in charge of the case, announced that the infection had spread to the forearm and was so serious that unless Saunders wished to risk dying it would be necessary to amputate the arm at the elbow.

The dazed fellow, horror-stricken on his bed in the hospital ward, heard the announcement that doomed him and his family, the words that spelled a cripple's life and the end of his ability to support wife and child. But life even as a cripple is better than death, and he consented to the operation.

Two weeks later while convalescing, his now haggard eyes staring hopelessly into the drab future that loomed before him, he heard two doctors conversing while walking down the corridor. The words of one came to him: "It seems to me that the Saunders case is another instance of an unnecessary amputation. It was questionably handled from the beginning. The X-rays in the first place showed but the faintest——"

The physician's words became an indistinguishable murmur as he walked on, and Saunders found himself open-eyed, his spine

clammy with cold sweat from horror at the news. Was it possible that his arm had been cut off needlessly, that his means of earning a living had been taken from him because Dr. Miller had diagnosed the case incorrectly and had striven to hide one blunder with another and more terrible one? The helpless man's face grew ashy with despair. It was dreadful enough to lose an arm, but to have lost it needlessly!

"We have collected from the most efficient surgeons and hospitals in the country notes on about four hundred cases of supposed bone sarcoma.

"All of these four hundred registered cases, with few exceptions, are records of error or failure.

"I have many of the foremost surgeons and pathologists in the country convicted in their own handwriting of gross errors in these cases.

"Legs have been amputated when they should not have been, and left on when they should have been amputated."

—Dr. Ernest A. Codman of Boston, *Fellow of the Scientific Assembly of the American Medical Association, in an address.*

What an indictment of the medical profession! Out of its own ranks comes this damning statement which is typical of the many more which appear in these pages.

A fellow patient on the public bed alongside him asked, "Did you hear that?"

Saunders had heard. That evening, when his wife whose whole home life had been wrecked by the family catastrophe came, he told her what he had heard. The patient alongside the despairing Saunders and his wife said that they could sue the doctor for malpractice, but Saunders had no money to hire a lawyer. It was not until long after he had left the hospital that he found an attorney willing to take the case on the possibility of getting a fee if the suit were successful.

Weeks and months passed, for Saunders' attorney encountered difficulty in finding doctors willing to tell what they thought of the manner the patient had been treated. None of the leading physicians in the community cared to arouse hatred and possible retaliation from their fellow practitioners by violating the code of ethics, by being branded as one who would testify against a fellow doctor. But after long search several physicians were found and the case came to trial.

The court room was crowded as Saunders walked to his seat. His eyes, which so often had turned to look, turned once more to the empty sleeve at his side hiding the stump of arm, a useless chunk of flesh. Dr. Miller was already in court staring at his erstwhile patient haughtily, for the suit was a reflection on the physician's ability. His name and reputation were at stake and he was fighting desperately for them. If the suit was lost the physician knew the papers would blazon it on the front page; if it were won he could smile and say, "Poor fellow, some one told him I had not done the best possible for him, but actually I saved his life. If I had not amputated his arm he would be dead by now."

The trial opened. Hospital records showed diagnoses. Saunders' witnesses testified. They swore that in their opinion the treatment given was wrong, that with this-and-that treatment similar troubles had been checked or the disease completely eradicated. The defense then presented its case. Noted physicians, known personally both to judge and jury, took the stand. They offered evidence

which qualified them as experts in the field of medicine upon which they were about to testify. Under oath all of them asserted that in the light of medical knowledge the treatment Dr. Miller gave Saunders was what they themselves would have prescribed had they attended the case. They swore that if Saunders' arm had not been amputated he would have died.

These expert witnesses for Dr. Miller were well known "ethical" practitioners and despite the jury's natural sympathy for the unfortunate Saunders, it was convinced that the weight of testimony given by these experts favored Dr. Miller. The jury was charged and retired to deliberate. But—and here was the tragedy of the trial:

How was this court and jury honestly seeking to render a just verdict to know—

1—That the attorneys who so valiantly fought for Dr. Miller were not his attorneys but were hired by an insurance company to defend the doctor and save the company from paying a huge sum for malpractice.

2—That Dr. Miller was a member of the State Medical Society which had joined forces with the insurance company to defend him; that the members of this society were insured with this private company in a scheme known as the "group insurance plan."

3—That the doctors who testified so volubly were hired by Dr. Miller's State Medical Society (branch of the American Medical Association).

4—That these expert witnesses were paid by the State Medical Society to testify favorably for Dr. Miller.

5—That these expert witnesses furnished by the medical society and paid by the medical society were co-members with Dr. Miller in the "group insurance plan."

6—That these very expert witnesses had signed contracts with the insurance company that they were to do everything in their power to help the insurance company in the event one of the group was sued for malpractice.

*The fury
of the jury--*

*--and
You?*

You have received professional services. And you are held
to answer for them.

To whom? A jury of your peers? Selected from profes-
sional men, returned in the service of your practice, acquainted
with the secrets of full cooperation from the patient to secure
good results, and guarantors of the propriety of your treatment?

No! A jury of twelve men and women, selected from every
walk of life, who will not know your secrets, who will not know
the results of your work, and possibly devoid of even average
common sense.

Sample advertise-
ment by the Fort Wayne
Co. to arouse fear in the physician
lest he is not properly protected against
the consequences of his bungling. Note the
partisan appeal that the doctor will not be judged by
his equals but by laymen! These pages contain shocking
facts about witnesses produced by insurance companies and
medical societies to defend an accused physician. The exposed
scheme menaces your life and safety.

7—That such a signed agreement is really an agreement not to testify *against* the accused physician but to *testify in his favor*.

8—That if many such suits were lost the rates which these experts will have to pay for their own insurance as members of the group plan will sky-rocket and they themselves will be losers, and as a result these experts have been testifying not only for the insurance company and their fellow member in the group plan, but for themselves!

How could the jury seeking to render an honest verdict do so if they were ignorant of these facts? If this judge and jury knew that these expert witnesses were members of the secret agreement group with Dr. Miller, would they have placed any faith in the testimony? Or would they have been horrified and shocked to learn of this scheme to keep them in ignorance and frustrate the intent of the law to mete out impartial justice?

But neither judge nor jury knew these zealously guarded facts kept secret by members of the medical trust. And the result was, the overwhelming weight of expert testimony favored Dr. Miller. Hence, a verdict for the defendant was rendered in favor of the man who crippled Saunders, and ruined him and his family.

Dr. Miller, jubilant amid the congratulations of his fellow physicians left the court room while Saunders, bowed with despair, with wife and child clinging to him stumbled from the room to a life of misery and despair, his empty sleeve flapping aimlessly. Their ways part, Saunders and his family to face the bleak years ahead of them—Dr. Miller to continue his practice (what a well chosen word *practice* is)!

Does this little story sound like an impossible nightmare? Then study the facts and documents in this chapter for they prove that conditions such as this story pictures exist in almost every state in the Union—that almost every other doctor you know is a partner to just such a scheme.

If you live in any of the states named below, the cards are stacked against you as they were stacked against Tom Saunders.

...operation.
 mission. See F. C. Headington, Bu
 Buick Co., 231 East 161st st.

**PUBLICITY PERSON, HIGH CLASS, WANT-
 ED TO PLACE ETHICAL PROPAGANDA
 BEFORE GENERAL NATIONAL PUBLIC TO
 CREATE A PROFITABLE CLIENTELE FOR
 A WELL KNOWN PHYSICIAN AND PRI-
 VATE HOSPITAL IN NEW JERSEY FOR
 THE TREATMENT OF NERVOUS AND MEN-
 TAL DISORDERS. CAN FURNISH STATIS-
 TICAL DETAILS AS TO SUCCESS AND
 CURES SO FAR ATTAINED—ABSOLUTELY
 BONA FIDE. PERSON REPLYING MUST
 BE MORALLY RESPONSIBLE AND ORIGI-
 NAL—ABLE TO PLACE THIS BEFORE THE
 PUBLIC GENERALLY IN A NEUTRAL
 MANNER AS NOT COMING FROM HOS-
 PITAL OR DOCTOR. STATE FULL DE-
 TAILS AS TO EXPERIENCE AND REPUTA-
 TION IN FIRST LETTER. NO DRIVE DE-
 SIRED. Y 182, HERALD TRIBUNE.**

**SALESMAN, experienced diamonds, watches
 and jewelry, for Christmas retail trade.
 Y 175 Herald Tribune.**

**...class reference
 ...territory**

A sample of methods used by ethical medical advertisers appearing recently in a local paper follows:—Courtesy The Quest.

The state medical societies (branches of the American Medical Association) can produce an array of expert witnesses to defend the bungling physician who is a fellow member. And these are the same men who control the medical and health activities in their states!

There are 32 such medical societies out of the 48 in the entire country which are parties to this amazing scheme. The total number of doctors involved is 67,857.

These are the states the members of whose medical societies are bound by agreements and contracts to defend each other in the event one of them is sued for malpractice:

DOCTOR, read carefully and learn what you will receive for Thirteen Dollars, if you join the Chicago Medical Society.

Think of it, for \$13.00 per year you get medico-legal protection; membership in the Chicago Medical and Illinois State Medical Societies; and the Illinois Medical Journal. Membership in the above makes you eligible also to membership in the American Medical Association.

§ 1. Membership in the Chicago Medical Society. The Chicago Medical Society is the greatest local medical organization in the world. Its membership comprises three-fourths of the reputable members of the profession resident in Cook County and the number is increasing annually. Affiliation and association with this large and representative body of men is of great value and importance to every physician.

The weekly bulletin issued by the Chicago Medical Society is sent to all members. It contains abstracts of papers read at the Central Society meetings, details of meetings of affiliated and branch societies, and matters of interest from a scientific and economic standpoint.

§ 2. Medical Defense. Out of each \$13.00 of annual dues paid, the trustees of the Chicago Medical Society are required to turn \$1.50 over to the "medical defense committee" for the protection and defense of members of the society against whom suits for malpractice or damages may be brought. For years the Illinois State Medical Society has been meeting all expenses of such litigation—that is, attorney's fees, costs of appeal, etc.—for its members.

How physicians combine against the public. This is a sample of advertising matter sent out to drum up membership by offering the bait of protection against bungling. Note the compulsory deduction from annual dues for medical defense to protect the member from the consequences of his ignorance or stupidity.

Arizona	Kansas	Mississippi	Pennsylvania
California	Kentucky	Missouri	Tennessee
Connecticut	Louisiana	Nebraska	Texas
Delaware	Maine	New Jersey	Vermont
Georgia	Maryland	New York	Virginia
Illinois	Massachusetts	Ohio	Washington
Indiana	Michigan	Oklahoma	Wisconsin
Iowa	Minnesota	Oregon	Wyoming

Later we will show that in these very states where the doctors are banded together they have complete control of all medical and health activities—in other words, the lives of three-fourths of all the people in the United States are in the hands of a group sworn to secrecy for their own protection as to what happens in the sick room.

To defend members charged with ruining patients or with killing them, money is necessary. These state branches of the A. M. A. need money to hire attorneys, witnesses, pay court costs, etc., and the doctors in the clique contribute it for their mutual defense. The amounts vary from \$1 to \$10 a year taken from membership dues for the specific purpose of medical defense. The allotment deducted from the dues depends upon several factors, chief among them being the number of suits generally brought in their states and the cost of defending them.

Sixteen of these states get their defense money from such specific allotments. In some states deduction of a certain amount from the annual dues for medical defense is *compulsory*.

Twenty-eight states out of these thirty-two grant defense as part of the regular benefits derived from being a member of the American Medical Association. Membership alone is sufficient to insure the physician that he will be defended by the whole closely banded fraternity should he ever be sued for malpractice. Is it any wonder then that physicians flock to the standard raised by the A. M. A. of "promoting the science of medicine"? It pays to be a member!

Out of these 32 state medical societies, 21 pay all expenses necessary to defend the accused physician. This includes lawyers' fees, witnesses, costs, appeals, etc.

Twenty-four of these societies furnish expert witnesses to testify on behalf of the accused member. Eighteen of these societies pay all expenses incurred by such witnesses as well as special remuneration for testifying favorably, said remuneration running as high as \$50 a day! (Remember the Saunders example!)

Though all of these state societies defend their members, not one of them openly indemnifies the member should the suit be lost. To indemnify the member would make it so obviously a closed combination that it might conflict with the law from the standpoint of criminal conspiracy. We said openly indemnify, for one state evolved a scheme to defend and indemnify its members. That state is California. The clever scheme is exposed in another chapter.

How it pays all the members of the American Medical Association to "co-operate" closely with the insurance schemes cannot be presented better than to quote from a confidential report submitted by the Board of Trustees of the A. M. A. to its electoral body at its meeting in Dallas in 1926. In this report, the Board of Trustees assured the electoral body that the A. M. A. was still seeking to eradicate malpractice suits.

"It cannot be too strongly insisted that the prevention of claims is the objective sought," reads the report, "and not merely the adjustment of such claims as arise or the indemnification of physicians against loss.

"Losses to the profession are equally great, whether a claim or judgment be paid by the physician or by the insurance company, and as claims increase, losses to the profession will also increase. If a claim or judgment is settled by the physician, he alone is the loser; if settled by the indemnity company, the profession as a whole—or at least the indemnified members of it—is the loser, losing not only the amount paid the claimant, but also the expenses

of operation of the insurance company, together with such profits as the company earns on business of this class."

"*What,*" then asked the medical trust in a letter sent to its various state branches, "*can the American Medical Association do to reduce the number of malpractice suits?*"

The answer came swiftly and it throws in clear relief the attitude of the organized physicians towards its dear public. You will note that there is no word about protecting the public from bungling and incompetent physicians. You see only a selfish desire to protect themselves from the wrath of patients who might discover that their lives have been wrecked.

The chief answer garnered from the various state associations by this question was:

"Make the physicians adhere closer to the principles of ethics."

That is—put the screws on them and make sure that the policy of silence is enforced rigidly.

Another suggestion was:

"Impress upon members their duty to one another. Bring them in closer contact and bring them to realize what some disparaging remarks about treatment or operation may mean to another member."

The Bureau of Legal Medicine and Legislation of the A. M. A. persistently sought for a solution to the same problem. This bureau sent out a letter to the component state societies of the A. M. A., and asked pertinent, confidential questions. (The replies to these questions are in the files of the Bureau of Legal Medicine and Legislation of the American Medical Association.) One of them was:

"How can the American Medical Association best serve its constituent state associations in protection and defense against claims based upon alleged malpractice?"

Here is one of the answers:

"Have some provision where, if it be shown that a physician

encourages or incites parties to institute suits, *it would result in expulsion.*"

That is—inaugurate terrorism!

Here is another suggestion made by these staunch fighters for the much-abused public:

"By urging group insurance." (Remember the Saunders case!)

And still another:

"Encouraging medical defense through medical organizations rather than through commercial organizations."

In other words—make all the members party to the accused physician's loss so that no one will dare to talk!

Group insurance is the nth degree of combining for personal gain though it endangers the public at large and hampers the course of justice, which the medical profession and the insurance companies have devised. This astonishing scheme, in full force in about twenty of the state medical societies, and numerous county medical societies, works as follows:

Members of either a county or a state medical society take out a blanket indemnity policy that covers all the physicians in the group. The blanket policy, a photographic copy of which is shown on another page, specifically makes the physicians agree that every member of the group insured under this plan is to assist the insurance company *in every way possible in the event one of the group is sued for malpractice.* This promise to assist is simply another way of agreeing *not to testify against a fellow member*, for if one of them does testify against a fellow member, then he is not doing everything possible to assist the company and the company can refuse to indemnify the physician on the ground that one of the group violated the contract!

Whether an insurance company could refuse to pay the indemnity if a fellow member testified against another member, was discussed by Watts, Gentry, and Lee, of St. Louis, a firm of nationally known lawyers whose advice on this question was sought by a medical

(NOTE: Blank space in copy of policy contract below now completed in original Policy held by Trustee, and indicate name of Grantor, Agent or Insured, and date of Policy. Effective date individual subscriber's coverage shown in Certificate on Reverse hereon.)

**Physicians' and Surgeons' Liability Policy
GROUP FORM.**

AETNA

LIFE INSURANCE COMPANY,
ACCIDENT AND LIABILITY DEPARTMENT.

HARTFORD, CONNECTICUT, (HEREIN CALLED THE COMPANY)

IN CONSIDERATION OF THE PREMIUM HEREIN PROVIDED AND THE DECLARATIONS HEREAFTER SET FORTH:

Does hereby Agree to Defend and Indemnify

AND OR EXPENSE ARISING OR RESULTING FROM CLAIMS UPON THE ASSURED FROM DAMAGES TO PERSONS OR PROPERTY FOR WHICH THE ASSURED MAY BE LEGALLY LIABLE, AND ANY SUCH DAMAGES INCURRED BY THE ASSURED, THAT MENACES YOUR LIFE. THIS "NO FAULT" CLAUSE IN THE GROUP INSURANCE POLICY ISSUED BY THE AETNA LIFE INSURANCE CO. STATES:

"Each assured shall at all times render to the company all assistance in his power." This means that no doctor in the group insured can testify against a fellow member charged with ruin-

ETNA

LIFE INSURANCE COMPANY,

ACCIDENT AND LIABILITY DEPARTMENT.

HARTFORD, CONNECTICUT, (HEREIN CALLED THE COMPANY)

IN CONSIDERATION OF THE PREMIUM HEREIN PROVIDED AND THE DECLARATIONS HEREINAFTER SET FORTH

Does hereby Agree to Defend and Indemnify

The root of the scheme that menaces your life. This "notic" clause in the group insurance policy issued by the Aetna Life Insurance Co. states "Each assured shall at all times render to the company all

The root of the scheme that menaces your life. This "no-tolerance" clause in the group insurance policy issued by the Aetna Life Insurance Co. states "Each assured shall at all times render to the company all co-operation and assistance in his power." This means that no doctor in the group insured can testify against a fellow member charged with ruining your life or killing someone one dear to you unless he breaks the contract! Aetna will even defend a bungling physician who, while drunk or filled with dope, ruins your life!

(17) Acting by reason of the liability of any Assured as proprietor in whole or in part of any Hospital, Dispensary, Clinic

GENERAL AGRICULTURE

[illegible]

12. If and in so far as the applicant is assured to enforce a claim for damages covered by this Policy, he shall immediately forward to the company every statement or other document upon which the same shall have been served on him, and the company shall, without

society which was considering taking up this form of medical insurance. This firm, after explaining at length what may result from group insurance, concluded:

"So far as the insurance being more effective is concerned or so far as securing better co-operation is concerned, we beg to suggest that if anyone of the group covered by a particular policy should happen to be the second physician in the case and should be disposed to make trouble for the preceding physician, he could do so just as well as if there was no group insurance and the additional entanglement might arise that *the insurance company would claim that by reason of a breach of the contract on the part of the second physician, the whole plan was spoiled and it would be released from its obligation.*"

Out of all the societies whose members are thus linked together, some twenty state medical associations have embraced the group form of insurance. In some states the entire medical society adopted the scheme; in others only some of the county societies adopted it. In such states as Connecticut, Maine, New Jersey, New York, and North Dakota, the majority of members are linked together in the group form.

There are approximately 150,000 physicians in the United States of whom about 100,000 are engaged in active individual practice. The others are graduates interning in hospitals, physicians no longer practicing, etc. Hospitals too, are insured against acts committed by staff physicians.

The extent of this mad scramble to protect themselves from the results of their ignorance and stupidities by insurance can be seen from the fact that individual practitioners and hospitals pay about \$5,000,000 every year in premiums for such protection. These figures are arrived at by the following computations: The lowest average premium paid by the individual practitioner is about \$20. (In most cases it is much higher.) Or about \$2,000,000 a year. From the number of beds in the thousands of hospitals throughout

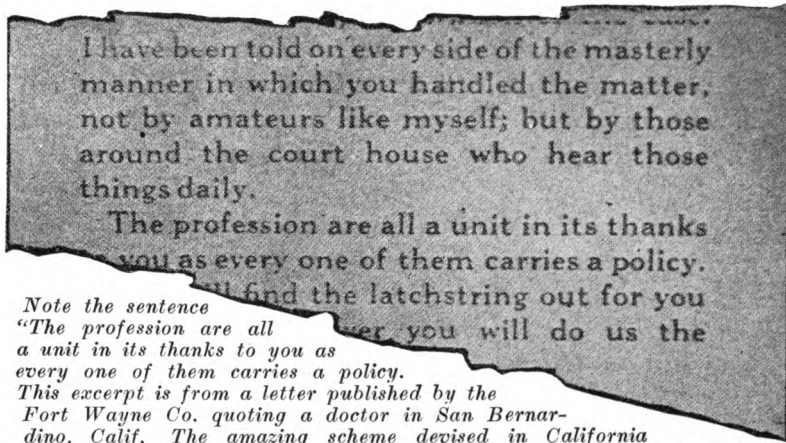
the country and the insurance rate on these beds, the premiums for hospitals aggregates about \$3,000,000 a year. Or a total of \$5,000,000 yearly for protection against financial loss, should patients ever learn of the bungling atrocities perpetrated upon them.

These millions of dollars poured into the coffers of insurance companies is a flaming confession on the part of doctor and hospital of the fear that his bungling may be discovered!

As an instance of the huge profits made by companies engaged in this lucrative business we need point but to the Medical Protective Company of Fort Wayne, Indiana, which specializes only in medical insurance. This concern started in business in 1908 with a capital of \$75,000. It is now worth over \$2,500,000, and engages in activities in every state in the Union.

Insurance companies, being run by hard-boiled business men who figure carefully all the chances they take, insure only "ethical" physicians, preferably members of the American Medical Association. The reason is obvious: There is less chance to lose a suit if an "ethical" physician is accused, for an "ethical" physician is one who abides by the A. M. A. code of ethics, and other "ethical" physicians, co-members with him in the medical society, are not likely to testify against an "ethical" brother!

Abortionists, for instance, are not considered "ethical" nor good risks, for the possibility of convicting them is too easy, should prosecuting officials care to start anything. An abortionist is generally known to his brother practitioners, though they keep quiet about his activities. When a woman calls at a doctor's office or goes to a hospital for treatment that can result only from a badly performed abortion, the record of the case shows who had previously treated her—and the abortionist becomes known. Hospital files, too, hold such records in permanent form, and since the contract signed by hospitals with insurance companies provides that the companies have the right to examine records, it is very easy for the companies to learn which physicians perform abortions and then refuse to insure them.



Note the sentence
 "The profession are all
 a unit in its thanks to you as
 every one of them carries a policy."
 This excerpt is from a letter published by the
 Fort Wayne Co. quoting a doctor in San Bernar-
 dino, Calif. The amazing scheme devised in California
 against public welfare is exposed in this chapter. Extract from Fort
 Wayne Company's Advertising to Physicians.

State authorities supposed to prosecute abortionists can follow the same procedure if they care to learn which physicians are addicted to this practice, but the law-enforcing powers wink sleepy eyes in this as in other medical matters. The medical bund is too powerful apparently even for the law to meddle with.

No one can reasonably question the authoritative standing of Dr. Austin O'Malley, who, in the preface to his book "The Ethics of Medical Homicide and Mutilation" makes these appalling revelations:

"Obstetrical text-books unfortunately, are written . . . by men who lack all training in ethics other than that inculcated in childhood out of the mental vagaries of the women in the household; and these authors prescribe therapeutic homicide as if it were a drug in the American Pharmacopeia. . . . Since the civil law does not prosecute a physician for therapeutic abortion on an inviable child, most physicians deem such an act not only permissible but scientific, and they hold that if a man's conscience will not let him kill a fetus to alleviate maternal distress he is guilty of malpractice."

Complete Protection For Professional Acts

ÆTNA Group Physicians', Surgeons' and Dentists' Liability Policies provide protection against loss arising or resulting from claims or suits based upon the professional acts of the assured, excepting, of course, criminal acts or acts committed while under the influence of intoxicants or narcotics. Even if such an allegation is made the Aetna will defend the assured until, if ever, it is shown that the allegation is true. Claims arising by reason of the use of any X-Ray apparatus for diagnostic or therapeutic treatment by Physicians, Surgeons or Dentists are excluded from the policy, but this

*Aetna
Insurance Company
Protects Doctors,
Surgeons and
Dentists
From
Consequences
of
Professional
Acts.*

This amazing advertisement issued by the Aetna Life Insurance Company speaks for itself. Note that even if the doctor commits a criminal act while under the influence of intoxicants or drugs, "Aetna will defend" until, "if ever, it is shown that the allegation is true." That is, until the case is lost! This diabolical scheme is devised to protect incompetent, bungling physicians from the consequences of their criminal acts.

The secrecy resultant from the code of ethics has made malpractice suits rare—usually caused by an accidental phrase dropped by a physician aware of the truth. Many doctors go bungling their way through life, maiming and killing, yet always protected by the code of ethics, and never facing a suit. Often physicians, placing complete reliance on the code of ethics neglect to renew their policies. Consequently the benefit to be derived from such insurance has to be impressed upon the doctor.

One of the heaviest advertisers is the Fort Wayne Company. This organization works "hand in glove with the American Medical Association" as one of its managers whispered confidentially to me. The advertising issued by this company is shrewdly calculated to awake fear in the physician lest he suffer grave consequences if he is not protected by medical insurance. The advertisements portray vividly how a life of endeavor may be ruined by one badly managed malpractice suit and (the ads point out insinuatingly) don't forget that this company "works harmoniously with state medical groups." The doctor is no fool and he understands what "harmony" in a malpractice suit means.

Most companies insuring physicians follow the same appeal in their advertising matter but we present the Fort Wayne Company's efforts chiefly because they are by far the shrewdest. One of the pet ones issued by this organization is a little pamphlet "The Seal of the Profession." It contains a number of letters written by physicians who had been sued and whose cases were successfully defended by the company. These letters are unquestionably authentic though the name of none of these physicians is given, for that would make public embarrassing truths.

In one letter from St. Louis is the following sentence:

"This company works in perfect harmony with our Defense Committee and the officers, I personally know, are anxious to conduct their business in harmony with the spirit of our organization."

Does the doctor have to be told in just so many words what this means?

And this sentence written by a grateful doctor in San Bernardino, Cal.:

"The profession are all a unit in its thanks to you as every one of them carries a policy."

To the layman and to the law-enforcing officials who may read these excerpts from satisfied doctors, they may sound innocent enough, but perhaps a new and significant light will be shed if we tell you something about the "harmony" in these states.

We take Missouri first:

The population of this state is approximately three and a half millions. At the latest census there were 5,806 physicians in the state. Out of this number 3,328 were members of the State Medical Association.

We will not go into details to demonstrate how fewer than two-thirds of all the doctors in the state control medical and health activities to the exclusion of the other third who do not happen to be "in the swim" by membership in the American Medical Association, for we are interested in this state solely in the defense scheme evolved by the bund for its own benefit, regardless of the effect it may have upon public welfare.

The State Board of Health in this state consists of seven men appointed by the Governor. This Board holds the power of licensing and revoking licenses of physicians. Four out of these seven are members of the medical trust, or—*hold the voting power necessary to swing anything they may desire and overrule the opposition of the three non-A. M. A. members on the Board.*

These are merely incidental facts to bear in mind about the medical control. We now come to the safeguards erected by this state branch of the medical trust to protect its members should one of them be sued.

The State Medical Association of Missouri organized and now conducts very efficiently a medical defense bureau for its members. Every member of the state society, or—*every physician in the state in whose hands is the control of health and medical activities*, is entitled by virtue of membership alone to medical defense from this tightly banded group. This branch of the American Medical Association not only defends its members but provides expert witnesses to testify in behalf of the doctor who is sued for malpractice! (Again we remind you of the Saunders case.)

In other words, the 3,328 physicians in this state who hold the control of medical and health matters, which includes hospital supervision, medical practice, etc., are bound together to assist each

other in the event one of them is sued for bungling the treatment of a patient!

We leave it to you: What chance has the citizen when he sues a physician when all these 3,328 doctors who absolutely control medical and health activities in the state, are lined against him? It is to the benefit of each of these doctors whose money runs this medical defense scheme that the malpractice suit be won by the accused doctor—the sooner the better, for if the suit is lost and an appeal has to be taken, it means a greater expenditure of their own money.

We offer this only as an instance of a condition found in most states throughout the country. The reader can now see the significance of the Fort Wayne advertisement that "This company works in perfect harmony with our Defense Committee."

Let us now examine California, as another case where a grateful doctor writes to the company that "The profession are all a unit in its thanks to you as every one of them carries a policy."

California has a population of approximately three and a half millions. There are 8,363 doctors licensed to practice medicine. Out of this number 3,735 are members of the state medical society, the A. M. A. branch, or—a great deal fewer than half of all the doctors in the state.

As in the preceding instance, we touch only casually upon the control exercised by a small percentage of the doctors in the state over medical and health activities to the exclusion of the majority of practicing physicians.

In California, the Governor appoints ten physicians to constitute the medical examining board. As we pointed out in preceding chapters the medical examining board is one of the most important ways of exercising control which the medical trust has achieved. Control of a medical examining board means control over the admission of physicians to practice, control of medical curriculums, medical colleges, hospitals, etc. Hence it is very interesting to note that *nine out of these ten men are members of the State Medical Society* and have almost unanimous power to enforce anything that the state

medical society may wish. One of these nine is the vice-president of the State Medical Society! The State Board of Health consists entirely of State Medical Society members—a situation found in almost every state in the Union.

We thus see that fewer than half of all the doctors practicing medicine in this state are in absolute control of all medical health matters.

With these facts in mind we may proceed to the combining of this small percentage of physicians in a scheme to protect each other against citizens who may sue for malpractice.

There are apparently two powerful medical and health organizations in this state. We say “apparently” because both are actually *one* masquerading as separate bodies. These two are the State Medical Society (official branch of the American Medical Association) and The League for the Conservation of Public Health.

So high-sounding and solemn a name as this league possesses, with lay members as well as doctors, is certain to be heeded when its representatives appear before the state legislature and urge laws to give increased power to the medical trust branch. Consequently, in 1921, this league was taken into the A.M.A. fold *via* the California branch. This public-spirited-sounding league is now the chief factor in medical trust propaganda in this state and the controlling factor in running hospitals in accordance with A.M.A. desires.

Bearing in mind that these two organizations are actually one, the following becomes doubly significant.

The State Medical Society and this “independent” league have upon their payrolls the ablest lawyers in the state to advise them how to achieve their goal. Business men, workers, etc., naturally will not contribute money to the State Medical Society so the League is used to get the money necessary to extend and maintain A.M.A. domination. It costs money to fight battles for the medical trust, it costs money to bring persons before legislatures and the

money should come from laymen, for the physician will not give it. So this branch of the clique gathers the shekels on the ground of "conserving the public health!"

But—how is the course of justice obstructed?

As early as 1909 the California Medical Association organized to defend its members against malpractice suits. For a time the society even indemnified its members, but this looked too much like a brazen conspiracy, for if a doctor testify in favor of an accused fellow member of their mutual indemnity insurance plan, he is too obviously testifying to save his own money! The shrewd lawyers hired by the medical society must have advised against it, for in 1924 the California branch of the A.M.A. dropped not only the scheme of indemnifying its members but of defending them altogether. That is—*this is what happened so far as the public and the authorities were concerned*. Actually, this public washing of medical defense and indemnity followed the very quiet organization in 1923 (the year before) of a sub-organization of the state medical society called The Medical Society of the State of California. It is supposed to be separate from the A.M.A. branch which is known as the California Medical Association. *This sub-organization took over the work of defending and indemnifying its members*. What they actually did was to organize an insurance group among themselves, and presumably cut off from the medical association, the branch of the A.M.A. could not be accused of harboring so brazen a scheme!

The avowed purpose of this suborganization is "*to eradicate as far as possible the source of malpractice suits.*"

Not a bad scheme, eh?

Coupled with this plan, a number of county medical societies, branches of the state medical society, took out group insurance with private companies, thus protecting themselves to an even greater degree with signed contracts not to testify against fellow physicians!

With these methods for "eradicating the source of malpractice suits," is it any wonder that the Fort Wayne Co. advertises sig-

nificantly the letter from the San Bernardino physician that "The profession are all a unit in its thanks to you for every one of them carries a policy"?

Again we leave it to you: What chance have you when this monopolistic organization is so thoroughly bound to silence as to the treatment given you in the sick room? What chance have you when the doctors who control medical and health matters in your state stand to lose their own money if their fellow member is not acquitted of the charge of malpractice? How do you think the members of this band will testify when faced with the alternative of telling the truth and losing their own money and friends, or not telling the truth, saving their own money and remaining an "ethical" member of this tightly banded group?

You answer it. We leave it to you!

These few facts we have presented from the mass in our possession arouse very grave questions:

If you, Mr. Average Citizen, know of a man who committed murder and you do not inform the proper authorities, you face a long prison term for "aiding and abetting" a criminal to escape prosecution. But the all-powerful medical bund has so arranged its affairs as to enjoin silence upon doctors in case they know that a patient has been killed because of the attending physician's ignorance or carelessness.

Is there, then, a special set of laws for doctors?

Are they not responsible for criminal acts equally with the layman?

Turning back to Pliny, the distinguished Roman naturalist of the first century after Christ, we find ourselves disturbing the ashes of an ancient controversy.

Dr. Howard W. Haggard of Yale University, in his very recent book: "Devils, Drugs and Doctors" reminds us—"The Romans at first had no laws to punish malpractice, poisoning, and the manipulation of wills by hired physicians. Pliny mentions some of the

abuses which resulted from the inadequacy of legal protection. He says: 'It is at the expense of our perils that they learn, and they experimentalize by putting us to death, a physician being the only person that can kill another with sovereign impunity. Nay, even more than this, all the blame is thrown upon the sick man only; he is accused of disobedience forthwith and it is the person who is dead and gone that is put upon trial.' "

The modern transference of the blame takes the very familiar form: "The operation was a pronounced success, but the patient died."

Is their power—that of the doctors—supported by silence and secrecy, so tremendous that the law is helpless?

Are they beyond the pale of laws that say: All men are equal before the bar of justice?

Or is Justice blind when the American Medical Association is concerned?

We have presented facts to show that every other physician in the United States is partner by agreement and contract to a conspiracy of silence that can only hamper the course of justice, that they are partners to a scheme that menaces the safety of every American citizen.

CHAPTER IV

THE AUDACIOUS "CODE OF ETHICS"

No One Knows the Tragedies That Are Enacted Daily in the Spotless Operating Rooms of Hospitals Throughout the Country. Over All Such Operations Hangs a Pall of Silence—the Heavy Silence of the So-Called "Code of Ethics" of the American Medical Association.

THOUSANDS of ignorant, careless physicians are daily ruining countless lives and remain undetected and unpunished, safe to continue their depredations upon the helpless sick appealing to them for relief.

That this situation could exist is scarcely believable; yet the safety behind which these bungling doctors hide is a code formulated and enforced by the American Medical Association, a code which is unquestionably the most audacious, shocking document ever conceived in a law-abiding country. It imposes a system of professional conduct which is obviously a conspiracy against public welfare and against the laws prohibiting any act tending to hamper the course of justice.

The official title of this document is "The Principles of Medical Ethics of the American Medical Association." At no time in the history of the world has a private corporation ever had the temerity to offer such a code to its members, much less enforce it so rigorously.

This much-talked-about but little-known code can be fully appreciated only from its text, salient excerpts of which are presented in this chapter so that the reader may see the gravity of the danger to himself, to the public at large, and to the laws of the country.

Perhaps a single instance illustrating the workings of the code will show the reader more clearly how it affects him, and for such illustration we offer the case of the unfortunate Frank Bailey. It will show that the code of ethics is actually a veil of silence in which the medical profession enshrouds itself for its own protection, with unbelievable disregard for the public and the nation's laws.

Frank was fourteen years old, a bright, cheerful, happy little kid who had just started his first year at high school. His parents doted on him for he was their only child. One day the boy complained that his gums hurt, and when his mother questioned him she learned that they had been sensitive for several days. Upon examination she found the gums swollen and very painful to the touch. She sent him to the family dentist who diagnosed the trouble as Vincent's angina, a disease caused by a known germ which attacks the gums—not a serious disease by any means, for thousands of people are afflicted with it and recover, but a troublesome, painful disorder. It can be diagnosed easily and cured with proper treatment.

The dentist treated Frank twice a day. For brief periods the pain vanished only to reappear again. The dentist failed to make much headway for the attack was virulent. With the passing days the boy became more sick, walking about with an agonized air, for the gums throbbed incessantly.

Though the dentist assured his mother that the disease was not serious, she worried and insisted that the boy go to a specialist—no matter the cost—and to a specialist he went. The fat-fee expert treated him with the same medicines used by the cheaper dentist. As the days dragged by the boy's resistance lowered rapidly and the pain from the inflamed gums became excruciating.

"Doctor," he begged on his next visit, "for Heaven's sake give me something to stop this pain. I can't stand it any longer. It is driving me crazy."

The specialist nodded his head amiably and scribbled something on a prescription blank.

"I am giving you an order for allonal," he said. "It's a mild drug which will help you to sleep and so forget the pain. While you sleep your body will have a chance to recuperate its lost vitality. Take a tablet every two hours."

The boy's mother bought the allonal at the corner drug store, and within a few minutes after taking the first five grains, Frank's head grew heavy; he drowsed and fell asleep. In about two hours the throbbing pain awoke him and again he took an allonal tablet—and slept again. This he repeated six or seven times.

By that time he was hazy, dopy, lost to his surroundings. Occasionally he awoke with the sense of throbbing pain in his gums and dozed off again. His mother talked to him but he was unable to wake sufficiently to answer coherently. His mother put her hand to his forehead and found it warm to the touch. She was worried lest he have fever and telephoned to Dr. Winston, a well-known surgeon-physician in the neighborhood, and begged him to come over at once. The doctor appeared, lifted Frank's head and shook his own head.

The boy's eyes presented a strange sight. The pupils were dilated and he seemed to have become cross-eyed. The pupil in the left eye fluttered in the extreme upper left corner of the eye and the pupil of the other eye seemed paralyzed in the extreme lower right corner. A glassy look had spread over both eyes.

The doctor asked few questions. He felt Frank's pulse, watched his respiration, asked how long he had been that way, and then suggested that the boy be taken to the hospital where he could be examined more carefully.

The worried parents acquiesced, and in the descending darkness of the evening an ambulance drove up to the house and the semi-conscious boy was whirled to the hospital. Dr. Winston said the case looked serious and suggested calling in a consultant, Dr. Benthall, a specialist in internal medicine. Dr. Winston suggested X-Rays of the head, which were promptly taken and developed. He and Dr. Benthall held a brief consultation.

This activity had consumed several precious hours. The distracted parents were still waiting in the hospital reception room for the physician's diagnosis. It was late at night before Dr. Winston approached and said:

"Your boy seems to have a tumor on the brain. There is nothing to be done except to operate and try to remove it. If we do not operate, he may die."

Maddened with worry and grief, the father signed permission for the operation and the surgeon-physician left. "To delay," he said, "might make the whole operation useless."

It had all happened so suddenly. Dr. Winston had not been told that the boy had been suffering from an inflammation of the gums and that he had been taking allonal. The diagnosis and the decision to operate had been so swift that the parents were still in a daze. In the meantime events moved with startling rapidity in another section of the hospital.

In the brilliantly lighted operating room the boy lay on the table, semi-conscious. Dr. Winston rolled up his sleeves. A nurse bustled about sterilizing instruments, sharp, shiny knives that shot fire from their blades under the fierce rays of the light. The anaesthetist stood at the boy's head ready to administer ether.

Dr. Benthall suddenly leaned close to the boy's face and smelled his breath. He opened the boy's mouth and felt the gums. He shook the patient, and Frank opened his eyes sleepily.

"Have you been taking anything for the pain, my boy?" he asked kindly.

"Yes, sir," the boy mumbled drowsily, "allonal," and dozed off to sleep again.

Dr. Benthall turned to Dr. Winston whose sleeves were already rolled up.

"Did you notice the odor from his mouth?" he asked politely. "I think he has Vincent's and I am inclined to think that he is suffering from allonal poisoning. He has been taking it to put

him to sleep. I believe that is what produced the symptoms of a tumor."

Dr. Winston, who had decided upon the operation, glared at him. It was a reflection upon his ability to diagnose a case. Surely, he knew what allonal poisoning was, and he knew what looked like a brain tumor on the X-Rays. Dr. Winston disagreed somewhat curtly, and Dr. Benthall bowed and relapsed into a discreet silence.

Dr. Winston gave the signal for the ether and in a few minutes the boy was unconscious.

The cutting began in ominous silence. Dr. Winston cut deeply, angrily. He was worried at the lack of faith in his diagnostic ability displayed by his colleague.

Let us draw the curtain over the details of this affair. Suffice it to say that no tumor was found, but when the discovery was made it was too late. The nervous and angry physician had cut deeply and well. The boy inhaled more ether and—

The anaesthetist who held the boy's pulse remarked that the beating had stopped.

Dr. Benthall felt the pulse. The boy was dead.

The searing light in the operating room was ghastly as the doctors washed their hands. The nurse again sterilized the instruments, red with blood. In silence the physicians donned their coats.

Dr. Winston's failure to diagnose a simple case of allonal poisoning, his refusal to listen to the last minute discovery of the consultant he himself had called, had resulted in the death of the boy, the infliction of untold sorrow upon broken parents—but the ethics of the medical profession enjoined the doctor, a witness to this atrocity, to silence, for the code of ethics of the American Medical Association specifically states:

"All discussions in consultations should be held confidential. Neither by words nor by manner should any of the participants in

a consultation, assert or intimate that any part of the treatment pursued did not receive his assent."

So it was that in silence Dr. Winston broke the news to the parents. The consultant stood by gravely consoling the bereaved mother and father. The parents were paralyzed with horror. They could scarcely believe that their only child was dead, the boy whom they had kissed but an hour earlier. The doctors stood dumbly as mother and father stumbled blindly through the still hospital corridors and out into the night.

They were alone in the world. Their one joy in life lay somewhere in that ghastly tomb of the sick and the dying, stark, cold, with blinding lights beating upon the cold features which but a few days ago had smiled and laughed.

The unhappy family never learned the truth. It never rose before them in their lonely old age to gnaw at their hearts, for the conspiracy of silence enjoined by this amazing code had effectively silenced the tongue of the witness to the tragedy.

This is but an example which could be repeated by the thousands. Few, if any, hospitals in the country would dare to make public the diagnoses of cases and the results disclosed by post-mortems. They dare not for it spells ruin. No man knows the tragedies that are enacted daily in the spotless operating rooms. Over all such operations hangs a pall of silence, the heavy silence of the code of ethics. Few doctors would dare to make public their diagnoses and treatments, for such publicity also who invite ruin. The whole business of healing the sick, controlled by the medical trust, has had to hide its pretensions under the cloak of silence lest the pretensions become known, and an angry and outraged public rise in its just wrath to demand restitution.

Dr. Winston's ignorance and negligence obviously bordered on crime, but such crime by a licensed doctor can be punished only by the civil courts, such as judgments for malpractice. But the doctor who was present at the operation is criminally responsible for his silence, for any citizen who knows the perpetrator of a crime and

fails to inform the authorities, aids and abets the crime. By adhering to the code of ethics of the American Medical Association, doctors enter into an agreement which tends to foster crime. Any agreement tending to produce or hide crime is punishable by the laws of every state, and the exponents of such an agreement, as well those who adhere to it, are consequently criminals in the eyes of the law.

It is obvious that any organization demanding of its members adherence to such a code values the member's reputation more than the human life. And it is to such an association that the control of health and medical matters has been given in this country.

Dr. Norman Barnesby, a physician who had served with the United States Army, the United States Public Health Service, in hospitals, in clinics, etc., and who had ample opportunity to study the code in actual operation was aghast at the crime it hid. In an effort to call attention to this grave situation he wrote a book called "Medical Chaos and Crime" and in it he lifted his voice in a futile warning to the nation. A few passages from this volume aptly express the situation:

"Particularly do I wish to stigmatize the spirit of false ethics and infallibility that the medical profession alone has succeeded in preserving intact, a memorial of the myths and inhuman practices of our medieval prototypes," wrote this doctor.

"Too many lives have already been sacrificed upon the altar of medical pretension.

"Surgeons are but men, influenced by various motives, subjected to strong temptations. Granted a license such as no other body of men possesses, and restrained only by general social and economic laws, and such interpretation as they choose to give to their self-imposed code of 'ethics,' is it to be wondered at that they assume an arrogant superiority toward the general public, and hence often come to value lightly the health and even the lives of the helpless folk who are so completely in their power?

"The code of ethics must be radically changed. The present



"Crime is inevitable so long as doctors abide by the American Medical Association's code of ethics," is the conclusion of Dr. Norman Barnesby, noted New York surgeon. Dr. Barnesby has had ample opportunity to study the workings of the code from the inside during years of active practice. "The ethics to which doctors subscribe smell to the high heavens," this surgeon informed the author. "It is a disgrace to any country vaunting civilization." Details of the code of ethics are given in this chapter.

regulations are both degrading and dangerous, and here, I fear, legislative enactments of a very decided character are needed.

"The physician who prostitutes his professional trust to protect and shield a brother practitioner should unquestionably be punished.

"Humanitarianism must take precedence over criminal clannishness."

This is a cry from the inside—a cry that expresses in no uncertain terms just how some doctors feel about it. But in most cases physicians find themselves in a situation where they must adhere to the code of silence or risk ruin at the hands of their fellow practitioners.

The code instructs the physician in his behavior under all professional circumstances, his conduct toward the patient, toward his colleagues, toward consultant physicians, and so on.

One of its first injunctions is:

"Every physician should identify himself with the organized body of his profession as represented in the community in which he resides. The organization of local or county medical societies, where they do not exist, should be effected, so far as is practicable. *Such county societies . . . should be made instruments . . . for the maintenance of ethical standards, and for the promotion in general of the interests of the profession. . . .*"

This is patently a desire to organize physicians in closely affiliated groups with the chief objects of enforcing the code of ethics (silence) and promoting the "interests of the profession." Without such close combinations the American Medical Association would fall apart. Without the enforcement of ethical standards, its arrogant power would become obvious to the public. The people would learn the truth. It is very important to the American Medical Association that doctors in a community organize. Hence organization is one of its first injunctions.

Such county societies, to produce the amazing Trust which the American Medical Association has become, should, the code of ethics

states, "place themselves in affiliation with their respective state associations, and these in turn, with the American Medical Association."

This is precisely what happened during the past twenty-five years, and today there is scarcely a bit of territory in the United States with a few physicians which is not organized into a medical society, part and parcel of the private corporation controlling the health and lives of the nation.

The A. M. A. code must be adhered to by every member, but state societies usually have codes of their own to supplement the national code. This is permissible so long as the state code does not conflict with the corporation's code. It never does conflict: usually it is infinitely bolder. Space forbids quoting from the various state society concoctions, though a whole volume could be written about them.

The paragraph quoted in reference to the case of Frank Bailey who met his death at the hands of an ignorant surgeon, and the silence enjoined upon the consultant physician is not the only paragraph detailing physicians' deportment. The code specifies just how doctors are to conduct themselves under all kinds of circumstances. For instance, should a doctor be summoned to the bedside of a patient originally treated by a colleague, the physician is told to keep his mouth shut about the first doctor's treatment, should it have been bad. This policy of silence is enjoined even if the treatment had been endangering the patient's life! That any private corporation should have the audacity to demand allegiance to any such code in view of the conspiracy laws on the statute books in every state in the union, is scarcely believable. But—here is the injunction:

"The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder, nor should the course of conduct of the physician directly or indirectly tend to diminish the trust reposed in the attending physician."

In plain words this means that if a doctor walk by a sick bed in a hospital ward and sees that the attending physician is prescribing incorrectly, even endangering the patient's life, he is to keep his mouth shut! He is to breathe no word that the attending physician is not treating the case properly; he is to breathe no word that the attending physician is ruining the patient's life! If the attending physician is about to carve the patient in the operating room, the doctor who knows that such procedure is dangerous and uncalled for is told to mind his own business! That, in a few words, is what this astonishing paragraph means—and the doctors throughout the country are sworn to abide by it!

Furthermore, if you are being treated by a doctor and he is ruining your life and you have a personal friend, a physician, and this friend drops in to find out how you are getting along, your doctor friend is told to avoid speaking about your illness, about the treatment the attending physician is giving you! The visiting doctor is silenced. Here is this almost unbelievable injunction:

"The same circumspection should be observed when, from motives of business or friendship, a physician is prompted to visit a person who is under the direction of another physician. Instead, such visits should be avoided, except under peculiar circumstances, and when they are made, *no inquiries should be instituted relative to the nature of the disease, or the remedies employed*, but the topics of conversation should be as foreign to the case as circumstances will admit."

This paragraph needs no comment. It speaks for itself and shows the lengths to which an arrogant monopoly can go when not checked.

Also, if you are under the care of a doctor and are dissatisfied with him and want to try another doctor, the new doctor is ordered not to attend you unless he "consults" with the first doctor. Here is the paragraph:

"A physician ought not to take charge of, or prescribe for, a patient who has recently been under the care of another physician,

in the same illness, except in case of sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in due form."

But—should a new physician have come in on the case, he is enjoined to cast no reflection on his predecessor! Should the new doctor learn that his predecessor has been treating the patient badly, or has been giving medicines which endangered the patient's life, he is told to keep quiet! Above all, the patient must not learn the truth!

Says the code:

"The physician acting in conformity with the preceding sections should not make damaging insinuations regarding the practice adopted, and, indeed, should justify it if consistent with truth and probity. . . ."

What an astounding thing is this paragraph: If you can possibly justify the former doctor's method, do so; if you cannot, shut up! That is exactly what this part of the code enjoins!

As to the public, the American Medical Association has something to say about it, too, in the code of ethics. Here it is:

"A peculiar reserve must be maintained by physicians toward the public in regard to professional questions, and as there exist many points in medical ethics and etiquette through which the feelings of physicians may be painfully assailed in their intercourse, and which cannot be understood or appreciated by general society, neither the subject matter of their differences nor the adjudications of the arbitration should be made public."

In other words: Tell the public nothing about the system of ethics. The poor fools cannot understand medical "etiquette" and the forces that necessitate the doctor's behaving according to the American Medical Association code. Keep away from the public. Have that peculiar reserve. (The public is composed of laymen—

and what do these common persons know about the necessity of keeping quiet about the doctor's professional activity; what does the public know about the necessity of keeping quiet lest this very public learn of the wholesale bungling and butcheries, and institute suits for malpractice?) Tell them nothing unless it be salve in the form of propaganda! Be a High Priest and keep the rabble in its place!

That "peculiar reserve" certainly is peculiar. On one hand the medical trust feeds the public with reams of propaganda about its efforts to benefit the public—and on the other hand it maintains this very "peculiar reserve" about things that most vitally affect the public's welfare: the code of secrecy, the organization to protect itself, the secret agreements and contracts not to give the patient a fighting chance to learn the truth about atrocities committed upon them! This reserve is so very peculiar that it smacks of criminal conspiracy as defined in the laws of the land!

Occasionally some article in the code is altered, but never radically. Essentially it is the same today as it was years ago, and it is the most astounding conspiracy against the health and lives of the nation ever conceived. Treason against the nation is generally interpreted as armed rebellion, or acts leading to armed rebellion, and is punishable severely, but there is a greater treason than armed rebellion and that is the insidious machinations of a small tightly banded group, joined together with codes of secrecy to hide their operations, and proceeding under cover of such secrecy, to do as they will without regard to some of the nation's laws.

This is treason, and the sinister force is rapidly securing power meant only for the police power of the State, power which enables it to dominate absolutely the lives of the American people and to do with these millions of lives what the private corporation wishes.

This code is reminiscent of secret societies, clandestine meetings. It is essentially un-American. It is on the face of it calculated to produce crime. It is a conspiracy against the public which should be eradicated if the people wish to protect themselves and their liberty.

The question aroused by these excerpts from the code presents itself: What is the purpose of such a document? And the answer is: Self-protection.

All members of this powerful trust swear to abide by the code, the backbone of the American Medical Association's power. The chief aim of the code is to enforce silence. With the veil of silence, the truth about the state of medicine, the glaring errors made by physicians and surgeons, the bungling, the atrocities perpetrated upon patients, all are shrouded in secrecy. Without such silence, the truth would become known and the physician would face ruinous malpractice suits.

In a previous chapter we presented startling facts as to how the medical profession was organized to hide the truth of what happened in sick room and operating-room from the patient, or, should the patient learn the truth and institute suit, how the profession was safeguarded from adverse testimony by mutual defense schemes not to testify against fellow members charged with malpractice.

Self-aggrandisement marks most of the medical trust's actions. Hence, violations of the code of ethics are often construed as "behavior unbecoming to a physician," "professional misconduct." Professional misconduct is sufficient to cause a physician to be haled before the board of medical examiners (usually composed of A. M. A. members) to answer charges which may result in revoking the unfortunate doctor's license to practice medicine.

Today, the medical bund, arrogant in its vast powers, is attempting to secure punitive powers to use against rebellious members. Those few physicians who dare to protest against the stifling power held by the ruling clique could not be expelled from the organization so long as they were members of the state society. Now the A. M. A. seeks to revise the various state by-laws so that it will have the power to expel a member even if the state society declines to do so.

Between such power to expel and the power of the boards of medical examinations to revoke licenses, the physician is in a tight

wedge. Dr. Alexander R. Craig, of Chicago, in an address recently to the secretaries of the various state medical associations composing the American Medical Association, said bluntly:

"Any member of the organization . . . who disregards the ethical standards of the organization and who will not respond to the appeals of his confreres to conduct himself as a gentleman and a physician . . . should be disciplined by his county society."

This statement, coming from a high official of the A. M. A., and the effort of the A. M. A. to take unto itself punitive powers over the heads of the state societies, marks the inauguration of a system of terror in so far as the doctors are concerned. To be ejected from the A. M. A. is a serious thing to a doctor, for it means that he loses the benefits accruing from such membership, such as mutual protection from malpractice suits, the assured silence of his fellow members, etc. Hence it is obvious that these efforts by the ruling clique are but other ways to secure dominance not only over the public but even over its own members, and make them step to the tune whistled by this private corporation.

These instances show the encroachments made by the medical trust in its efforts to become ultra-powerful.

The grave danger that lies in the present situation cannot be over-estimated. The 120 millions of men, women and children in the United States are at present absolutely controlled by this tightly organized group of physicians. These doctors are bound to silence. Patients who visit them do not know that the cards are stacked against them in this game of life and death.

Obviously, with a code such as the American Medical Association fosters and enforces, crime is inevitable. Ignorant, careless physicians and surgeons can go through life bungling their way, literally massacring thousands of unfortunates who go to them seeking help, and escape undetected and unpunished, safe in the knowledge that the code of silence protects them, safe in the knowledge that fellow practitioners will not disclose the truth of what happened, safe

in the knowledge that the system of mutual defense binding 70,000 medical trust members, protects them.

Every state in the union has laws against conspiracy, and every state in the union has laws severely punishing any attempt to hamper the course of justice. There is not a state in the union which has not a law severely punishing attempts to interfere with the giving of honest testimony in the event of a trial.

Yet here is a powerful private corporation openly enjoining a silence upon its members which can only hamper the course of justice.

Perhaps it is not amiss to close this chapter with Dr. Branesby's observations. This fearless physician gave much thought to the state of affairs resulting from this code of ethics, and his conclusions are:

"I am persuaded that the remedy lies in a full abolition of all codes and practices inimical to society, and a complete re-organization of the system on the lines of legislative supervision or other responsible control."

Legislative supervision strikes the keynote. The state governments and the federal government must take cognizance of this condition which fosters crime and menaces the lives and safety of the people.

CHAPTER V

PERNICIOUS ACTIVITIES OF MEDICAL LOBBIES AT WASHINGTON

How the American Medical Association Has Established Catpaw Organizations to Achieve Its Legislative Aims, and How Its Secret Sources and Connections in Washington are Used Against the Public Welfare.

LIKE a devastating army of ants marching toward a fruitful harvest, the doctors throughout the United States organized as the American Medical Association, have swarmed upon federal and state capitols with pleas, exhortations and demands that into their hands, and their hands only, be placed the sole dictatorship of the nation's medical and health activities.

The persistent march of the medical men during the past *twenty-five years* towards legal control has produced a joyous harvest for them, for in many states they are entrenched as the sole power to dictate what the people shall do with their health. And where they are so entrenched, competitors in the healing art have been driven out and eliminated as fee-receiving factors, and the golden harvest of fees for treating the sick, has been left to fall into the laps of the regular drug and medicine mongers.

Before attempting to describe the political lobbies maintained by the American Medical Association in Washington and in the state capitols, the trickery, scheming and conniving which the trust uses in many instances to establish itself legally as the controlling body in the country's medical and health activities, I should like to tell the story of Joe Townsend, because what happened to Joe has happened to thousands of war veterans, and affects their lives as well as their families and friends.

I first met Townsend in the first-line trenches on a cold drizzling night. We had both been ordered to reconnoiter the 400 yards that separated us from the German lines. Neither of us knew what we were supposed to look for, but we had received our orders, so we crawled out onto the cold, slushy ground, scarred with shell holes. It could not have been more than a few minutes after we had left the comparative safety of the trenches, when, without warning, a flame of fire belched forth from the enemy side. In the flash of the ghastly light I saw Joe, a few feet away, hurl himself into a large shell hole. There wasn't another one near me so I made one scared dive for his hole and flopped into it before the firing really started with the answers from our heavy guns.

The firing lasted for several hours—interminable hours, it seemed to me as we lay in the cold slime, for the night's rain had turned the loose earth into a muddy pool half filled with water. It was not the most cheerful place in the world, with us lying in the mud, with the rain ceaselessly falling, and the roar of the guns exploding in our ears. Neither of us said a word for some time; then Joe turned towards me and remarked dryly:

"Let's button up our collars, Kid, or we'll catch cold!"

That, I think, gave me a better picture of Joe than I could have got from a lifetime of ordinary friendship. And during those two hours that we lay there I came to know him pretty well: a hard-working, conscientious citizen, the type which is the backbone of this country, convinced of the righteousness of the country's cause, and willing to make any sacrifice for it.

Of course Joe and I got back safely after the firing ceased; but a few days later I heard that he had gone out on another reconnoitering tour and had been found, some hours later, with a bullet through his intestines, and a raging fever in his veins. I heard that he could not possibly live. He was sent back to a field hospital, and I was moved to another sector and so lost track of him.

About three years ago I saw a man in front of a Broadway restaurant, a sallow-faced creature, badly dressed, and shivering with

the cold. I stared at him, scarcely believing my eyes. I accosted him and he turned around, looked at me, and smiled his hearty greeting:

"Wasn't that a hell of a war, Kid?"

In the restaurant I learned his story. He had spent three months in a hospital, had been invalided home and after additional treatment had been discharged as cured.

"You don't look any too well," I volunteered.

"I'm not," he agreed. "And yet I ain't sick. But I'm not the same as I used to be. I get pains in my heart, but the government doctors insist it's got nothing to do with the wounds I received in the war, so they won't bother with me. I guess they think I'm trying to rook Uncle out of a pension or something."

"Why don't you go to a government hospital," I suggested. "They ought to take you in."

"Listen, Kid," and he smiled in his old whimsical way, "this government of ours ain't doing nothing it don't have to. They needed us when we lay around in that God-damned frozen hole that night, but now that they don't need us we can go to hell so far as the politicians are concerned. I'm not a panhandler, so I'm not hunting charity hospitals or charity clinics."

Somehow or other Joe managed to hang on to life, always penniless, always seeking help from doctors when he could raise the money for fees. About a year later, when I dropped in to see him one day I learned that he had gone to a government hospital. I went there wondering what had happened.

"Kid," he greeted me in splendid humor, "never judge a movie till you see the hero kiss the dame! I was all wrong about Uncle. He didn't give us a bonus, and some officials did get a lot of graft, and some of the food was rotten; but, Kid, this government of ours ain't such a bad government. They passed a law a little while ago

ordering hospitalization for any and all war veterans whether their sickness was due to the war or not. So now I'm entitled to treatment even though the doctors say my illness can't be traced to the war."

Joe beamed at the pathetically little thing the government had done for him.

In time he came out of the hospital, got a good job and went to work. Occasionally I would see him.

One day he met me with a scowl on his face.

"Say," he blurted out, "you meet a lot of doctors, don't you? What do you know about this bunch of sawbones who call themselves the American Medical Association?"

"What's the matter with them, Joe?"

"Here's what's the matter: One of us veterans gets sick and he goes to a government doctor or to a government hospital. The government pays for treatment, see? Now this takes away the fees from these members of the American Medical Association, so they get sore, see? Now they're trying to get Congress to repeal the law giving veterans treatment when they get sick.

"This bunch of doctors figure that we were good meat for the cannons when the country needed us, but now that we ain't needed any more, they want to let us drift. Any vet with guts to him is too much of a man to go panhandling for charity from a doctor or a hospital, but he feels he's entitled to treatment from the government. How many of us vets can afford to pay doctors and hospital bills? And how do we know whether our sickness was started by the things we went through in the war or not? I think something ought to be done about this crew for I hear they have a lot of pull in Washington. Our Post has taken action on it."

That is the little story—an ordinary tale of what happened to one of the boys who came through the maelstrom of madness and death, and who, sick and penniless, had been helpless until the

government had offered to take care of its defenders and established the Veterans' Bill in 1924.

Surely this is not much that the richest and most powerful nation on earth could do for them, yet we find the American Medical Association fighting bitterly to repeal this mark of appreciation because A. M. A. members stand to lose a few dollars in fees!

It was this fear that brought forth loud wailing from the organized medical trust. A bitter fight was launched, when the bill was passed, with all the forces of the A. M. A. back of it, to cause its repeal so that the trusts' members could get the money the government was paying to its physicians. Denunciations of this act were issued and broadcast by the A. M. A., the opposition centering about the fact that since the law was passed some 14,000 veterans had appealed for aid to the government. The cost of the aid given was estimated at about \$5,000,000—and this sum the private corporation wanted for its own members. Further, it expressed the fear, in its appeals to its members for concerted action to force the repeal of the bill, that as the years go by and "as veterans of various wars become better acquainted with the privileges granted them . . . the number seeking treatment . . . will greatly increase."

Hence the medical bund holds that "unless this objectionable law is repealed (report of the A. M. A. board of trustees), practicing physicians and hospitals must look forward to the withdrawal of a larger and larger part of their clientele by subsidized government physicians and government hospitals."

When the A. M. A. collective pocketbook is touched it forgets its usually overwhelming desire to benefit mankind and comes out openly for its own financial interests!

But the activities of this corporation in its own behalf include other matters which profoundly affect the lives of the American people. For some twenty-five years the medical trust has been trying to establish itself legally as the sole power to dictate medical and health activities, and in many states this goal has already been

achieved. And in this effort the medical trust has employed the trickery, scheming and conniving mentioned earlier.

Legislators are bombarded with appeals from "disinterested" lay bodies, which have been organized for this very purpose by the A. M. A.; cunning plots are concocted to hoodwink legislators and grab control of the business of healing; lawmakers are deceived into passing laws for this corporation by auxiliary bodies of the A. M. A. masquerading as independent societies; political funds are raised to "put across such measures as it desires; and, to cap these astonishing intrigues, secret sources of approach to "proper" people in Washington are utilized to protect the interests of the corporation.

Such activities point to a grave situation. The people of the United States, legislators, and Congress must take cognizance, for the nation faces a closely organized clique supposedly active in furthering the art of medicine but actually participating in gigantic political intrigues to expand its powers and protect its investment.

"It is very easy to look at these questions from our standpoint, but the valuable thing for us is to look at them from the viewpoint of the public. The American public demand the right to regulate their own affairs. They demand the right to regulate railroads, corporations, labor unions, and the control of their own health, and when we as the medical profession assume the attitude of dictating to them what they shall do, it is dangerous. . . ."

It was thus that Dr. W. G. Ricker, of St. Johnsbury, Vt., solemnly warned a conference of A. M. A. delegates that the medical dictatorship was going too far.

Such dictatorship, of course, is directly in line with its announced intention (when incorporated) of bettering the financial conditions of its members. The American Medical Association does not like competition, whether from practitioners of other systems of healing or even from the United States government employing regular M. D's.

In those states where the medical bund is entrenched in complete or almost complete domination, competitors in the healing art have been hounded and prosecuted in an effort to drive them out of business.

Take, for instance, the spectacle in the State of Ohio recently. In its efforts to ruin those doctors whom it disapproved of, the state branch of the American Medical Association, through the state prosecutors, opened a drive on alleged "irregular" doctors. Spies were hired to report on the "suspected" physicians. Some 2,000 doctors were thus spied upon and the reports resulted in 504 arrests. Some were convicted. How easy it is to convict with the bund testifying against a doctor has been explained in a preceding chapter. Thirty-five cases had to be dismissed for lack of evidence, pure instances of persecution instead of prosecution.

But though these thirty-five doctors were freed, the damage had been done. The papers had published the story of the arrests. Was the state branch of the medical trust made to pay for the anguish the doctors had received? Were they made to pay for depriving these doctors' patients of the right to be treated by the accused physicians? They were not, for the medical trust branch had worked shrewdly; the arrests and prosecutions were conducted through the state government, and hence the state was responsible and not the medical trust branch!

Of course the doctor could sue the state for false arrest and the ruin of his business, but with all the doctors in the medical bund lined against him, how would he come out after a lengthy and costly legal battle? You answer!

It is an easy matter, then, to see just what the medical trust can do when it acquires considerable legal power, for as a legal entity of the state, it can work in perfect harmony with other legal parts of the state, and in due time drive out those practitioners whom it disapproves of. And with competitors eliminated, the harvest of fees for treating the sick comes directly to members of the trust!

Or consider the medical colleges throughout the United States

which are absolutely under the domination of the medical trust. That medical school which does not toe the line set by the A. M. A., which does not follow the curriculum outlined by the A. M. A., is doomed! During the past twenty years, since this corporation became the dominating power, the number of medical colleges throughout the United States has been cut in half! There used to be about 160 medical schools. Today there are about 80. Details of how medical colleges and hospitals have been wiped out by the A. M. A. will be presented in a succeeding chapter. This paragraph is merely an incidental illustration as to what the medical trust has done in this particular field since it has achieved its monopolistic control.

Federal and state anti-trust laws were designed to curb self-seeking corporations, striving to stifle competition for their own financial interests. Free competition is the only assurance to the public that it will not be forced to pay exorbitant sums for essential needs, yet we find the American Medical Association, despite the anti-trust laws, deliberately embarked upon an orgy of political intrigue to establish itself as the sole legal power authorized by the state to dictate to the people what they may do with their bodies and their health. With such legal power, including the licensing and revoking of licenses of physicians, this association is in a position to stifle all practitioners of the healing art who meet with its disapproval.

Through such dictatorship and elimination of competition, the trust establishes itself as offering the only system legally allowed to treat human ills. *It is but one step, should the monopoly become complete in the remaining states, from stifling competition to dictating minimum fees for service.* And this very thing, regulation of prices, which the anti-trust laws sought to avoid, will have come to pass.

The anti-trust laws very clearly forbid monopolies and organizations tending toward monopolies, yet the lawmakers seem to be indifferent to the grave consequences that may result from permitting this corporation to continue its dictatorship.

At the Chicago headquarters of the American Medical Association is a highly efficient bureau of legislation which keeps in direct touch with federal and state legislative activities. In Washington, this corporation has its sources of approach whenever it wishes to have a law passed or to defeat one antagonistic to its ultimate aims. The legislative machinery used by this corporation is far too complicated and detailed for place in a book of this kind, but an interesting side-light on its operations was recently given by Dr. Frederick R. Green, of Chicago. He said:

"Most health problems are state and local problems, and their solution, insofar as they can be solved by legislation, come under the police power of the state. *The most important part of our machinery must always be the state medical society working through its legislative committee, or, as in California, Oregon, and Washington, through auxiliary bodies.*"

The legislative manipulations for the American Medical Association are handled by the Bureau of Legal Medicine and Legislation. Each state bureau has its own legislative committee, which "cooperates" with the national bureau. At the Chicago headquarters the clique keeps a watchful finger on the medical legislative pulse of every state. This bureau spends large sums of money in its activities, as was already pointed out.

(It is this very bureau which sought suggestions from state branches of the trust as to what the headquarters could do to "eradicate malpractice suits" against its members.)

The nation's capitol is a strategic place for a corporation to have a firm hold. At various A. M. A. conventions, state and national legislation was discussed. During the 1924 session of the A. M. A. at Atlantic City innocent delegates from state branches expressed a desire to appoint a regular, full-time representative in Washington to safeguard the trust's interests. The desire was conveyed to the board of trustees of the A. M. A.

The trustees held a meeting and considered the suggestion. *The*

delegates did not know that the A. M. A. already had secret sources of approach to proper persons, and the trustees did not want to make this information public even to their own delegates, for the more secret such matters are, the better the "proper" people can work for the trust's interests. But the delegates had to be told why the trustees frowned upon the suggestion, and this explanation casts light on the corporation's activities in the national capital. In its confidential report, the A. M. A. trustees said:

" . . . The Association already had connections in Washington through which information could be gathered and contacts established for the purpose of safeguarding the interests of the medical profession as they might be affected through legislation."

A very diplomatic statement! Just what are these connections which this powerful private corporation has in the nation's capital which the trustees are so confident can take care of the necessary legislation?

Are not the people of this country whose lives and health are at stake desirous of knowing? Is it not time for Congress itself to take note of these "connections" which a corporation's trustees are certain are sufficiently powerful to safeguard its interests?

But state and local legislation is even more essential than federal, for most medical and health activities come under state jurisdiction, and the state branches of the A. M. A. are constantly active in these fields.

As instances of the intrigues pursued on these occasions, we offer the following:

Several years ago an injunction feature was added to the Texas medical practice act, giving the A. M. A. state branch even greater power than it had hitherto enjoyed. The medical society, after securing the injunction measure, was at a loss what to do with it: whether to start prosecution at once of doctors it disapproved of or to prepare the public for such acts. Preparation, in the guise of an "educational" campaign, was decided upon. The sort of

education the Texas Medical Association was interested in costs money. A large sum was needed, and the call was sent out that some \$50,000 had to be raised. The money appeared, and it was used "*To secure, if possible, the defeat on election day of every office seeker who had indicated opposition . . .*" to A. M. A. bills, A. M. A. medical education, A. M. A. health measures as sponsored by the Texas branch of the medical trust, etc.

As part of the work to defeat political candidates whom the A. M. A. opposed, a state-wide investigation of every political candidate's record on medical questions was carried on, ranging from the Governor to the man running for county sheriff.

Dr. Thomas J. Crowe of Dallas, Secretary of the Texas Board of Medical Examiners, is the authority for the above quotation. Dr. Crowe informed a gathering of A. M. A. officials how Texas does its work in maintaining control. He concluded:

"That these campaigns were very effectual we have had ample evidence, since many of those who had opposed public health legislation in the 38th legislature were defeated at the polls; and it was further emphasized when the 39th legislature quickly rendered *hors de combat* the chiropractor biennial bill."

We thus see a group of closely organized men, members of a private corporation, granted special favors because of its alleged public service, playing politics with a high hand in its efforts to maintain its control and to extend it, if possible. We see here funds used to terrorize political candidates so that they will not dare to oppose this corporation's desires.

But suppose a doctor should dare to oppose the medical bund? What would happen to him? A very natural question, which may be answered with the case of Dr. John J. O'Reilly, of Brooklyn, N. Y.

Dr. O'Reilly is an established physician of many years' standing and a member of the American Medical Association, but one of those few members who refuse to permit the ruling clique to lead him by the nose. Several years ago the medical bund in New York

state were agitating for a certain bill which would give them greater control not only over the healing art but over individual practicing physicians. Dr. O'Reilly opposed the bill.

The medical society took Dr. O'Reilly aside and talked to him in kindly fashion, trying to point out the error of his ways. But Dr. O'Reilly was not convinced, so an official of the medical clique told him bluntly that if he persisted in opposing the wishes of the society, he would suffer consequences he did not expect; in short, *he would be crucified if he did not stop bucking the trust!*

But O'Reilly presupposes Irish blood, and Irish blood presupposes a fighting nature. Instead of being frightened by the threat, as so many physicians throughout the country have been frightened, he sat down and wrote a letter to the medical journals, outlining his views and his reasons for opposition. O'Reilly did not know the extent of the A. M. A. power. That letter never saw the light of day.

When it dawned upon him that he could not place his case before the medical profession through their journals, and believing that the proposed bill was a menace to the people, he sent another letter to the lay press, telling the whole story and concluding with the threat that had been made against him.

"What would you think," he asked, "of a State Medical Society leader who warned me of crucifixion if I persisted in opposing a medical practice act?" (Letter dated May 1, 1922.)

Dr. O'Reilly was not "crucified." The light of publicity is one thing the medical trust does not want. So much for the fighting O'Reilly, and it gives the reader a notion of the tactics pursued by the medical bund.

There are other tactics, as the following will disclose:

The State of Maine Medical Society is one of those with a highly efficient medical defense scheme. In this state, the A. M. A. member who fails to pay for mutual defense is in danger of losing his

membership in the organization. Consequently the doctors are very closely bound together for their mutual interest and protection.

With this in mind, the following becomes important to the welfare of the people dominated by this clique:

There are three distinct health boards in Maine: the State Board of Health, supported by the taxpayers of the state; the Public Health Association, composed of all local health societies throughout the state; and the State Medical Association, branch of the American Medical Association.

Of these three, the state medical branch exercised control over medical activities, but lacked domination over health matters.

Hence, officials of this branch schemed to secure control over the two independent health boards and thus dominate the entire state's medical and health activities.

Instead of offering a mass of detail to show how this was accomplished, we can do no better than to quote Dr. B. L. Bryant, of Bangor, Maine, an official of the A. M. A., who informed other A. M. A. officials exactly how Maine achieved its control. Dr. Bryant said, after discussing general health and medical control in his state:

"The next proposition was how to get control of the two health boards. (State Board of Health and Public Health Association.)

"In looking over our membership we found that several individual members had been very active in health work. In fact, two of them had been chiefly instrumental in putting our present excellent laws on the statute books. Another was president of the Public Health Association.

"So we decided to appoint a separate committee of public relations and put on that committee members most active in health work. So on this committee we placed the health commissioner, two of his counsel, the president of the Public Health Association, a former

president of our own prominently identified in health work, the editor of our Journal, and the secretary of the Association.

"At their annual meeting this committee was at once made the advisory board of the Public Health Association. *With three members of the state board of health, we are in a position to bring about the closest co-operation in all state health work.*"

What a pretty scheme and what astonishing intrigue! The citizens of Maine, supporting the state board of health, the citizens contributing to the local health societies, the legislators making laws to govern the activities of these three separate bodies—all had decided *not* to place them under the control of the state branch of the medical trust. But the A. M. A. wanted such domination and it got it! And the people of Maine even today are probably ignorant of the fact that the state branch of the medical trust is the real controlling factor in health and medical matters in their state!

Let us offer one more instance of intrigue, but before presenting it, it is advisable to review the meaning of "monopoly" as defined by the courts, and to consider whether the evidence of political intrigue, scheming and trickery does not point to a dictatorship within the meaning of the anti-trust laws.

The courts have defined monopoly as "*the sole power, or power largely in excess of that held by others, to control some particular business or calling.*"

Previous chapters have shown how branches of this private corporation now hold such "sole power, or power largely in excess of others" in controlling the medical profession. Nevertheless, lawmakers wink at this state of affairs.

But perhaps these solons will not wink so much if we conclude this chapter with several official statements by this private corporation of how these very lawmakers are hoodwinked by the medical trust into passing laws for the clique!

The example offered is the one developed by the medical bund

of deliberately organizing catspaw societies to masquerade as independent bodies composed of "disinterested" laymen, and as such bodies to appear before legislatures and plead the cause of the medical trust!

Let us visualize, for instance, a state legislature considering a bill to make it illegal for any healer to practice medicine without being a licensed M. D. The bill has been introduced at the instigation of the medical society and aims to eliminate competitors in the business of treating the sick.

A legislative committee, appointed by the legislators, meets to consider evidence pro and con and to hear public opinion. First the M. D's appear and testify that there is only one system of medicine which is of benefit to mankind and that practitioners of the drugless healing systems should be outlawed as a menace to society. The drugless practitioners are on hand with their answers. They present individuals who testify to the benefits they have received from drugless treatments. They present thousands of affidavits from people who swear to similar benefits, and who insist that they be given the right to go to drugless healers and not be forced to consult M. D.'s in the event they become ill—which would happen if the drugless practitioners were outlawed.

The legislators are in a quandary. It is obvious that the drugless healers and the medical men are both actuated by self-interest. The witnesses for both sides are prejudiced for their sides.

Just at this time there appears before the committee a group representing a lay organization. They introduce themselves as "disinterested" men and women, representing a society having only the interest of the public at heart. None of them practices medicine or drugless healing, so they seek no personal gain.

Here, then, the legislators have people to listen to who are not swayed by personal motives in testifying one way or the other. They are "disinterested," and consequently what they say is worth more to the legislators than most of the evidence and appeals of both sides. And the "disinterested" lay organizations puts itself

on record as being opposed to drugless healers and favoring their being outlawed.

And often the result of such "disinterested" testimony is the passage of a pro-medical trust bill.

How are these legislators, honestly seeking to gauge public opinion, to know that these representatives of a "disinterested" lay body had been organized by the medical bund for the very purpose of appearing on such occasions and urging pro-medical trust bills?

How are these legislators to know that the shrewd manipulators of the medical trust's legislative activities saw that "disinterested" testimony would exercise tremendous weight, and deliberately set out to organize such "disinterested" lay bodies to hoodwink the legislators under the guise of representing unbiased public opinion?

Would the legislators have paid attention to these lay men and women had they known that their organization had been born in the mind of the medical trust's leaders? Would attention have been paid if the legislators knew that the medical trust depended upon such lay societies to carry on exactly such legislative campaigns for the benefit of the medical trust?

Is such intrigue difficult to believe? We offer as an instance of such a catspaw organization the nationally known one of the Friends of Medical Progress, prominent as a determined advocate of medical trust bills and expansion. We use admissions in preference to details because they are even more convincing!

Dr. John M. Dodson, executive secretary of the Bureau of Health and Public Instruction of the A. M. A., informed a medical trust conference recently how this organization was born and why. He said:

"Largely through the activity of Dr. Cannon, the chairman of the committee on Protection of Medical Research (another A. M. A. branch) for many years, there has been organized, with headquarters in Boston, a Society of Friends of Medical Progress, made up in large part of lay people whose purpose it is to promote the best interests of medicine in every way.

The Propaganda for Reform

IN THIS DEPARTMENT APPEAR REPORTS OF THE JOURNAL'S BUREAU OF INVESTIGATION, OF THE COUNCIL ON PHARMACY AND CHEMISTRY AND OF THE ASSOCIATION LABORATORY, TOGETHER WITH OTHER GENERAL MATERIAL OF AN INFORMATIVE NATURE

HORSE DUNG ALLERGEN-SQUIBB, HOUSE DUST ALLERGEN-SQUIBB, LE PAGE'S GLUE ALLERGEN-SQUIBB AND STREET DUST ALLERGEN-SQUIBB NOT ACCEPTABLE FOR N. N. R.

Report of the Council on Pharmacy and Chemistry

The Council has authorized publication of the following report.

W. A. PUCKNER, Secretary.

Among the allergic protein preparations of E. R. Squibb & Sons, offered as a means of determining specific hypersensitiveness, are the following: Horse Dung Allergen-Squibb, stated to be the protein from the dung of the horse; House Dust Allergen-Squibb, stated to be the protein from ordinary house dust; Le Page's Glue Allergen-Squibb, the protein isolated from "Le Page's Glue"; Street Dust Allergen-Squibb, stated to be the protein from ordinary street dust.

The composition of house dust varies with the contents of different houses and with their location; therefore the protein obtained from house dust must vary widely. Similarly, the composition of street dust is dependent on the material that goes to make up the dust on streets in different localities. Le Page's Glue is a product of unstandardized composition; hence there is no guarantee that the protein isolated from Le Page's Glue is uniform. As the composition of horse dung, house dust, glue and street dust is indefinite, it is irrational to test the hypersensitivity of a patient by means of a stock preparation; instead, an extract should be prepared from material which is likely to correspond with that to which the patient is sensitive

In consideration of their indefinite composition, the Council finds Horse Dung Allergen-Squibb, House Dust Allergen-Squibb, Le Page's Glue Allergen-Squibb and Street Dust Allergen-Squibb unacceptable for New and Nonofficial Remedies.

Photographic reproduction of article in the Journal of the American Medical Association, November 7, 1925, recommending the preparation by physicians of products for inoculation prepared from house dust, street dust, glue, etc.—Courtesy Citizens Medical Reference Bureau.

"I would urge all of you here to take an active interest in this new organization. It is quite obvious that material . . . coming from a lay organization is far more effective . . . than is material coming from physicians or any group of people having a direct interest. We believe this organization will be more effective than a medical organization."

The Board of Trustees of the American Medical Association viewed this catspaw society as follows:

"In 1921, there was established in Boston a committee of laymen for the protection of medical research. This was the expression of an interest which the committee of the American Medical Association had been considering for nearly ten years. The Boston committee developed later into the organization called the Friends of Medical Progress, later renamed the Association for Medical Progress, with headquarters in New York City. A good deal of the burden of carrying on public instruction and defeating dangerous legislation will probably be carried on in the future by this organization of laymen."

These excerpts from Dr. Dodson's address and the report of the A. M. A. trustees speak for themselves. They are offered for the consideration of those legislators who are pestered every year by "disinterested" laymen seeking to have laws passed to increase the power of the medical trust. If the legislators will look behind the "disinterestedness" of these individuals and societies, they will find, looming in the background and holding a tight hand over the reins, the Medical Trust.

CHAPTER VI

BARTERING HUMAN LIVES FOR DOLLARS

You Are in Danger of Being Poisoned by the Harmful, Fraudulent Medicines and Vaccines Marketed by the Largest Drug Manufacturers in the World and Denounced Even by the American Medical Association.

Do you remember the influenza epidemic a few years ago when the pestilence stalked across this country, leaving in its wake thousands of dead? Do you remember those days when men walked the streets helpless, not knowing who would be the next to be carried away by that appalling scourge?

Few of us will ever forget those days. The medical profession worked like slaves but they were impotent in their ignorance. Medicines failed them just when a despairing people lifted its voice in appeals for aid, only to find that medical science could not cope with the situation—that if a victim's resistance had been weakened and his constitution unable to fight the disease, he was doomed.

It was in those days of dread that pharmaceutical manufacturers flooded the market with quickly prepared products, asserting that the serums and vaccines were of value in fighting the scourge. At few times in the history of pharmaceutical houses have manufacturers more clearly, more boldly, shown greater unscrupulousness and disregard for human lives in their mad desire to make and pile up excessive profits.

These concoctions were useless; most of the doctors realized their uselessness, but the manufacturers, willing to barter lives for dollars, embarked upon intensive campaigns to persuade physicians

to buy the stuff and inject it into blood streams already overworked in efforts to rid the body of poisons. While a nation pleaded for aid, while public gathering places were being closed for fear of spreading the contagion, while everything that human ingenuity could devise was employed to combat the plague, these merciless manufacturers made frantic, fraudulent claims for their products so as to coin fortunes from the gasping cries of dying men.

This is not our charge! So outrageous was this commercialization that the American Medical Association attacked the useless influenza and pneumonia serums and vaccines advertised and sold "to make hay while the sun shines."

Consider the case of Henry Eddleston's two-year-old daughter, for similar events occurred in hundreds of homes during those days.

It was at the height of the epidemic, when hospitals were crowded with dead and dying, when there was scarcely a house in the land which had not felt the terror which crept upon people unaware, that the Eddlestons first noticed that their daughter was feverish. The anxious mother telephoned Dr. Russell Blaine, the family physician, but hours passed before he came. Doctors were busy in those days.

When he finally arrived he examined the little girl. The child's pulse was high, her respiration slow. He studied her lungs and heart action with his stethoscope, and turned:

"I'm afraid the child has influenza——"

The mother uttered a frightened moan. Dr. Blaine continued with a helpless wave of his hand:

"There is no need to worry. That will not help. You must keep her from tossing, if possible, and you must take excellent care of her."

"Shall we send her to a hospital?" the mother asked tearfully.

The physician shook his head. "The hospitals are crowded. You

can't get private rooms. You can't get nurses. The wards are packed. Everyone is overworked and if you can keep her here I think she will get better attention. I'll instruct you in detail what to do. Just take good care of her during the next couple of days when the crisis will come. I'll drop around again to see how she is getting on."

The child grew worse as the long hours of the night wore on. But while the parents sat in ceaseless vigil anxiously waiting for the turn of Fate's wheel, another tragedy was being enacted, this time in Dr. Blaine's office.

Physicians, whether they be good or bad, do not relish finding themselves on a case where they know they are helpless. It is advisable in most instances to hide their ignorance and impotence, but during the influenza epidemic this ignorance was too apparent to the nation; doctors sat around in their moments of rest, wondering what to do, seeking for some miracle which might show them the light. While in this frame of mind Dr. Blaine received several advertisements from reputable pharmaceutical houses stating that they were marketing a serum which was excellent as prophylactic against and a remedy for influenza and pneumonia.

The house was well known. It was not a fly-by-night concern seeking to get rich overnight. The doctor had purchased many of its medicines, and, distraught by the epidemic, he purchased the advertised products. The assurances of their value were so convincing.

When Dr. Blaine next visited the Eddlestons he had the much-advertised serum with him. He saw that the child was worse. The medicines that he had given seemed to have produced no beneficial effect. The parents were hollow-eyed from the long vigil. Mrs. Eddleston was in tears.

"Isn't there something that can be done, doctor?" she pleaded.

"We are doing the best we can," he assured her wearily. "The only thing I am afraid of is pneumonia complications, and we can

prevent that by a serum recently evolved. It came just in time to be of use in this epidemic."

The doctor knew that all he had was the interested word of the manufacturer trying to sell his product; the doctor knew that the value of influenza and pneumonia serums and vaccines had not been established, yet he was helpless in the face of the disease's ravages—and this reliable manufacturer was so certain in his assertions as to the product's value.

From his little leather bag he took needle and syringe. The child moaned weakly. Eddleston assisted the physician, for the mother was incapable of cool attention. The strain had been too much for her. And as she sat huddled in a chair the physician bent over the bed and injected the serum.

A cry of pain issued from the little parched lips as the child felt the needle enter her arm. She opened her eyes weakly, moaned, and closed them again.

"I'll drop around again shortly to see the effect," Dr. Blaine said as he left.

For two hours the parents watched the labored breathing, the flushed face that grew darker, the little hands that groped blindly to clasp the mother's fingers while the child tried to raise herself from the hot bed, gasping for breath.

Tears dripped to the coverlet from the mother's eyes, and even as she tried to compose the child she noticed how blue the lips and face were. And as the mother rose in startled horror, the child gasped weakly and lay still—dead.

There is no need to relate the harrowing details, the hours forever seared in the souls of the broken parents; there is no need even to damn the doctor, who, desperate in his ignorance, had been persuaded to try a serum in the hope that it would live up to the manufacturer's claims; but there is need to damn forever the merciless

manufacturers who, to pile up profits, had placed upon the market a serum for which they made false and fraudulent claims!

These manufacturers, dealing in human lives, are the ones to be pilloried for deliberately pushing a concoction timed to appear when a nation pitifully sought aid from its scientists—a concoction sold under false claims, a concoction that may have taken an untold number of lives; a criminal effort to coin dollars from the blood of helpless babies gasping their last breath.

So shocking did this commercialism in biologic products become that the American Medical Association decided to warn its members not to heed the claims made by interested manufacturers trying to sell serums and vaccines, without closely investigating the products.

“The danger of commercialized therapeutics has been enormously increased by the introduction of biologic products,” the Association declared in one of its official pronouncements. “These substances offer a rich field for the commercially minded. . . . The influenza epidemic of last year was widespread and fatal in character. . . . However, there were more than enough manufacturers ready to place any product on the market with specious claims which could not be positively denied. Vaccines, serums, proteins—all were advanced with such glowing statements as to their properties that only those physicians who kept their feet firmly on solid ground could resist the appeal.

“Now we have another epidemic . . . and the manufacturers ‘make hay while the sun shines.’”

Consider, if you please, the activities of Parke, Davis & Co., of Detroit, the largest pharmaceutical house in the world. This concern, like other huge pharmaceutical houses, maintains close touch with outbreaks of diseases for which it peddles medicines. Whenever an epidemic breaks out, it is on the job.

We mentioned the influenza epidemic and the dreadful toll taken in human lives. At the height of this scourge, this house marketed a product of which more will be said shortly. It sent letters to

physicians in the afflicted territories, opening these communications with:

"Influenza, we learn, has appeared in your section," and continuing:

"Pneumonia Phylacogen has been found to be a dependable means of preventing and treating pneumonic complications of Influenza. In one large city it became a routine measure to give all persons affected with influenza an injection of Pneumonia Phylacogen as a prophylactic of pneumonia. The results were remarkable. Not only did the cases improve rapidly, but in a great majority of them pneumonia did not occur."

Excluding the fact that pneumonia might not have occurred anyway, without the injection, we here see the largest pharmaceutical house trying to sell to doctors in an afflicted territory a product for which they make certain claims, which we have placed in italics.

The Council on Pharmacy and Chemistry of the American Medical Association examined and tested "phylacogens" when the products were first being pushed vigorously by the manufacturers. When the letter from which we quoted came to its attention, the body issued the following warning to physicians:

"There is no scientific evidence to show that they (phylacogens) possess any specific prophylactic virtue. To recommend their use in cases of influenza as a prophylactic against pneumonia is unwarranted, and the physician who acts on the advice of the manufacturer must assume responsibility for the results. In case of mishap he cannot fall back on the manufacturer; he will find no scientific evidence to support him."

This statement is from leading scientists in the country and was called forth when, at the height of the epidemic, pharmaceutical houses battered at the doctors' doors to sell them products for which therapeutic claims made by the manufacturers were unwarranted, according to the American Medical Association itself!

What tragedies are enacted daily in thousands of homes because harmful medicines, serums and vaccines are sold so that the firms

Pneumonia Phylacogen

This Phylacogen is prepared from various strains of each of the four types of pneumococcus isolated from typical pneumococcic infections. It is indicated not only in pneumonia but in any infection where the pneumococcus is primarily involved, epidemic influenza for example. Instead of beginning with 1 cc subcutaneously, in pneumonia it may be advisable in some cases to give $\frac{1}{4}$ cc every four hours during the day for the first two days, and larger daily injections thereafter.

For Quality, Specify "P. D. & Co."

Phylacogens Condemned

By American Medical Association.

"There is no scientific evidence to show that they (phylacogens) possess any specific prophylactic virtue. To recommend their use in cases of influenza as a prophylactic against pneumonia is unwarranted, and the physician who acts on the advice of the manufacturer must assume responsibility for the results. In case of mishap he cannot fall back on the manufacturer; he will find no scientific evidence to support him."—From report on "Pneumonia Phylacogen" made by the Council on Pharmacy and Chemistry of the American Medical Association.

Here is a deadly parallel that tells the story of "Pneumonia Phylacogen," a serum used to combat influenza. Above is a photographic reproduction of part of one of Parke, Davis & Company's advertisements of the serum. Below is the text of the official A. M. A. condemnation of phylacogens.

may pile up their millions! And what farces are played upon the people, even upon the doctors themselves by these houses that grow fat upon the blood of the sick! We say *farces* deliberately, for even while these houses barter lives for dollars, they issue suave statements about their "ethical policies," their "honor." Take, for instance, Parke, Davis & Co.'s statement of policy:

"We want no benefit, no matter how great, no matter how profitable, if it cannot be gained honorably, and if after gaining it we cannot hold up our heads among our fellow men."

Compare this with their pushing a product denounced by the A. M. A. itself!

Or consider a few other instances of how drugs, serums, vaccines, etc., are sold. This firm markets an extract for injection supposed to be of value to women "in delayed or scanty menstruation." It is called "Corpora Lutea" (Soluble Extract). The claims made on the trade package, and in Parke, Davis's "Manual of Therapy" (free to physicians who want to study medicine as taught by this manufacturer), set forth this product as "a symptomatic remedy."

The scientists composing the Council on Pharmacy and Chemistry of the A. M. A. examined and tested this extract. Their verdict was that the "*claims made or the actions and uses of the preparation do not make clear the essentially EXPERIMENTAL status of the article and are therefore misleading.*"

New medicines are brought into the world by every pharmaceutical house seeking profits. How then is the physician to know which are good and which bad? Parke, Davis & Co. tells them:

"Realizing the great responsibility which rested upon us, we began in 1900 the organization of a Staff of Medical Co-Workers. What does this staff mean at the present time?

"It means that 2,400 physicians in the United States are co-operating with us daily in testing out new products. In this group are to be found many of the ablest specialists and general practitioners in the medical profession of America.

"A new chemical synthetic, biologic product, glandular agent, or pharmaceutical preparation, developed in our research laboratory, is first subjected to thorough animal experimentation, and then we turn the product and the laboratory data over to one group or another of these skilled men. The product is tried out thoroughly at the bedside and in the hospital, and sometimes two or three years of exhaustive experimentation is conducted before we attempt to say whether or not it has justified itself."

Do you realize what this means? It means that a private concern seeking to place upon the market a product so that it can increase its own profits utilizes SECRETLY the services of 2,400 doctors to experiment upon the sick at the bedside and in hospitals, to determine whether the product is of any value!

True enough, data on animal experimentation is offered to physicians, but every doctor knows, if he knows anything, that though a chemical, a drug, a vaccine or a serum may produce certain reactions upon an animal, there is no certainty that it will produce like reactions upon a human being. Nevertheless, 2,400 doctors—and, mind you, 2,400 doctors working with only ONE pharmaceutical house—take drugs, vaccines, serums, and inject them into the patient's blood to determine for the manufacturer whether it lives up to expectations!

How many lives have been sacrificed by such atrocious human experimentation? How many men, women and children have been laid in untimely graves by this procedure to determine the value of a concoction prepared by a large pharmaceutical house?

These doctors—who are they? Their very names are kept secret by this company!

Doctors have gotten away with "murder" because of the abominable code of ethics fostered upon the medical profession. Silence enshrouds physicians' professional deeds, and, with this great conspiracy of silence to protect them, these 2,400 physicians dare to

Experimenting upon human beings! Nothing more shocking has been placed before the public for a long time than this boast that 2,400 doctors are SECRETLY experimenting with virtually untested products for the benefit of Parke, Davis & Company! Have you ever been "experimented" upon?

Research which reached 1900 the Medical Co. this Staff in time?

It means that 2400 physicians in the United States are co-operating with us daily in testing out new products. In this group are to be found many of the ablest specialists and general practitioners in the medical profession of America.

A new chemical synthetic, biological product, glandular agent, or pharmaceutical preparation, developed in our research laboratory, is first subjected to thorough animal experimentation, and then we turn the product and the laboratory data over to one group or another of these skilled men. The product is tried out thoroughly at the bedside and in the hospital, and sometimes two or three years of exhaustive

For Davis & Company offered a product to the world until it is rejected to the most Physicians may be sure that it has been standardized only that it has been made to conform to the highest possible degree of purity, and that the utmost of science has been utilized in its manufacture, but also that its therapeutic value has been demonstrated beyond any question of doubt.

PARKE, DAVIS & COMPANY

experiment with virtually untested products upon living human beings "*at the bedside and in hospitals!*" What a tragedy is medical practice "for the benefit of the people" when, 2,400 doctors risk maiming and killing their patients by using them as subjects of experiments to prove the value of a product fostered by a commercial house.

Who are these doctors? Where are they? What were the concoctions they received from Parke, Davis & Co. and what are the case records of the persons unwittingly made subjects for experi-

mentation? How many "murders" would the case records disclose? Is it not time that duly constituted authorities investigated this shocking admission?

How do you know whether you yourself, or one near and dear to you, has not been made the subject of such an outrageous experiment?

Such is this "House with a Policy"—Parke, Davis & Co., of Detroit, the largest pharmaceutical manufacturers in the world!

The American Medical Association itself fully realizes the extent of the dismal, unscrupulous methods pursued by pharmaceutical houses to increase their profits, especially in biologic products. The commercial houses often ignore the interests of the people, even of the medical profession to which they pander.

Take, for instance, the following report of the Council on Pharmacy and Chemistry to the Board of Trustees of the A. M. A. on "cooperation of the pharmaceutical houses":

"At the opening meeting of the House of Delegates last year, President Arthur Dean Bevan suggested the desirability of greater cooperation between the large pharmaceutical houses and the Council on Pharmacy and Chemistry. . . . The difficulty has been, and always must be, the fundamental antagonism between objectives that are largely commercial on the one hand and purely scientific on the other. . . .

"The profits to be made by a pharmaceutical house . . . are usually large—sometimes enormous. . . . It is not surprising . . . so long as physicians unthinkingly accept and prescribe them solely on the manufacturer's valuation.

". . . Pharmaceutical firms have found it profitable to promote . . . 'specialties,' unscientific or ordinary mixtures of pharmaceutical or biologic products sold under trade names. . . .

"The object—and duty—of the officers of the pharmaceutical houses is primarily to pay dividends to their stockholders. Through

skilful advertising or the persuasiveness of 'detail men,' they are able to induce physicians to prescribe their controlled products, on which there are large profits. . . ."

This is the opinion of men who devoted years to studying pharmaceutical preparations, how the products are popularized, and the profits made from them—the dollars piled up in exchange for lives!

We will consider only one more preparation manufactured and marketed by this huge firm, for space forbids offering the numerous instances of useless products sold under false pretences which this and other firms market. We include this example as a shining illustration of just how accurate this pharmaceutical house is in its "careful examination, testing and experimentation" before offering the product to the public and the doctors.

A very widespread complaint at certain seasons of the year is hay fever. The pharmaceutical house which will discover a prophylactic or a cure for hay fever holds a fortune in its grasp. Hence, almost every large pharmaceutical house in the country seeks a cure for hay fever, for it means that hundreds of thousands of men, women and children will buy it, with resultant increase in profits to the firm selling the stuff.

Parke, Davis & Co. is but one of the firms offering a prophylactic and treatment. It recently placed upon the market four pollen extracts "for the diagnosis, prophylaxis, and treatment of hay fever." These extracts, to give them their technical titles, are: Pollen Extract Gramineæ, Chenopodiaceæ, Ambrosiaceæ, and Artemisias—names which in themselves are enough to give anyone hay fever!

The Council on Pharmacy and Chemistry asked Parke, Davis & Co. for evidence of the rationality of the product. Bear in mind, if you please, before you read the following report by these noted scientists, that this large house "tests all its products, carries on extensive researches, and then offers the substantiated product to

physicians." And until such verification comes through, the firm claims it does not market the product, that it would rather discard the concoction if it is not found suitable.

When, in response to the query, Parke, Davis & Co. sent its evidence, the Council on Pharmacy and Chemistry found:

"From the evidence received it appeared that the pollen preparations which this firm markets are based almost entirely on the work of one investigator.

"In view of the fact that actual practice of those who have had most experience in the use of pollen extracts is not in accord with the views of this investigator, and considering further the lack of corroborative evidence presented by Parke, Davis & Co. for these mixtures . . . the Council has felt obliged to deny recognition."

We find here a strange situation. Here is a drug and medicine mill, working to increase its profits, which markets not one but many products denounced as useless by a group of impartial scientists. We find that despite these denunciations this company still sells these medicines regardless of the effect they may have in lives ruined and lives lost.

The Council on Pharmacy, consisting of the ablest scientists in their particular fields in the country has denounced these concoctions as sold under fraudulent claims. Is this in itself not sufficient for federal authorities—post office officials—to investigate the charge that these houses are using the United States mails to sell products for which untrue claims are made? If these drugs and medicines are useless, if they do not come up to the manufacturers' claims, is this not using the mails to defraud? Is this not a direct violation of the postal regulations? Is this not in direct violation of state laws forbidding advertisements of any sort which make false claims?

It is not our object to incite prosecution of any particular concern, for most pharmaceutical houses are guilty of marketing useless products for which they claim therapeutic values, but it is our

object to place before the duly constituted authorities and the people of this country the facts, which they must have, if they are to protect their lives.

So many hundreds of thousands of people throughout the United States have been accustomed to taking the words of doctors. So many hundreds of thousands of people today lead sickly lives or moulder in their graves because of faith placed in products for which therapeutic claims were falsely made, or because stupid doctors, protected by the code of silence, prescribed medicines upon recommendation of pharmaceutical houses.

No one has described the vicious schemes by which these pharmaceutical houses barter lives for dollars better than the American Medical Association itself. Not long ago, Dr. Arthur J. Cramp, director of the Propaganda Department and Bureau of Investigation of the A. M. A. who made a study of how pharmaceutical houses carry on their work, uttered the following startling statement:

"The advertising director of a large pharmaceutical manufacturing house recently contributed an article to a magazine devoted to the art of advertising. In explaining the method employed by the manufacturing pharmacist for stimulating a demand on the part of the physician for drug products, he said:

"He gets out extensive literature. He advertises freely in the medical journals, he sends out letters and pamphlets through the mails. He trains a staff of detail men and has them call personally on physicians. Other ways and means are employed with intelligence and discretion to create a demand among physicians for the new and improved products of the manufacturer.'

"Should the physician's experience and study tend to cause him to use drugs less and other therapeutic aids more, the advertising campaign of the pharmaceutical manufacturer may be counted on to counteract this tendency. Of such advertising the authority just quoted said:

"It keeps alive the practitioners' confidence in medicinal agents. It defeats the tendency frequently exhibited toward therapeutic nihilism."

"The modern advertisement, then, is selling copy—an appeal that creates a demand—rather than offering copy, or mere notification of where already existing demands may be fulfilled. But there is a further factor that puts the advertising of drug products on an entirely different footing from that of the advertising of other merchandise. . . .

"The exploiter of drug products has Nature as an assistant; the purchaser is seldom, if ever, able to be sure whether any beneficial effect that may follow the use of certain medicaments is due to the drug or to the healing power of Nature itself. The human mind is so constituted that it is much more prone to give credit to artificial agencies (in this case drugs) than to natural agencies; the seller of drugs reaps the benefit of this common weakness."

So much for official A. M. A. recognition of the extent and viciousness of commercialized medicinal products.

But Parke, Davis & Co. is not the only house engaged in such work. We have in our possession products manufactured by almost every pharmaceutical house of consequence in the United States, for which claims were made which the A. M. A. Council denounced as false and unsubstantiated.

There is no need to fill these pages with example after example, statement after statement; nor is there need to pick products marketed by small pharmaceutical houses who hope to acquire vast wealth through drugging the people. We offered Parke, Davis & Co. because it is the largest house of its kind in the world. As additional evidence we offer an illustration or two from Eli Lilly & Co., of Indianapolis, the second largest pharmaceutical house in the world, a house whose products are often accepted with almost Biblical faith by physicians throughout the country.

In a previous chapter, as an instance of what we proposed to prove, we offered one of Eli Lilly's products—the far-famed *Succus Alterans*, which was viciously denounced by the Council as dangerous and useless.

This house also has a "policy." They all have. The policy of Eli Lilly is:

"The ethical policy of Eli Lilly and Company demands that there be no secrets from the profession. . . . The full and complete formula is always given for every Lilly product. *No extravagant therapeutic claims are made.*" (Remember *Succus Alterans*, claiming to be useful in the treatment of syphilis!) No extravagant therapeutic claims, indeed!

This policy adds: "*Therapeutic statements are based upon the observation and experience of the medical profession or our own scientific provings.*"

This is vastly interesting when we consider another of their famous concoctions, Uterine Sedative Elixir, which is compounded of cramp bark, goldenseal, Jamaica dogwood, saw palmetto and pulsatilla.

With the exception of goldenseal all these drugs are ignored in the standard work on pharmacology!

Here we have a combination of drugs smacking of the witch's caldron. Scientific experience relegated all but one of these drugs to oblivion because they were useless or worthless, but Eli Lilly had to include them because their ethical policy insisted that their products be based "upon the experience and observation of the medical profession!"

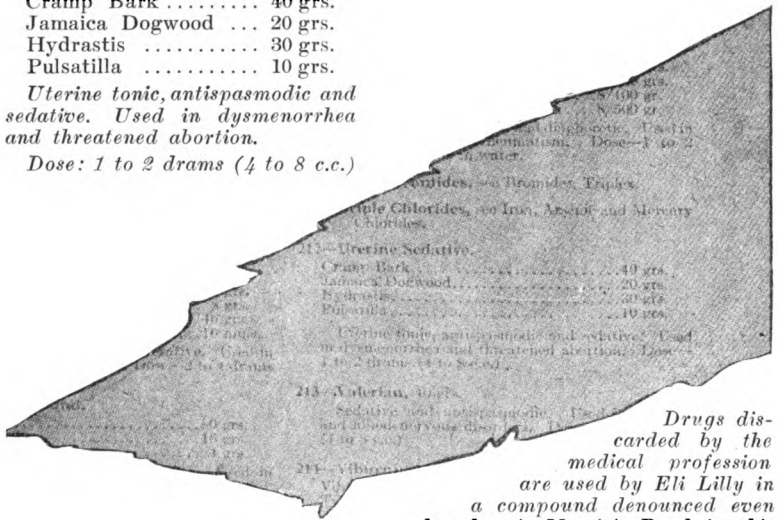
The Council examined and tested this product and issued the following statement upon it:

"... The results of careful examination by the Council on Pharmacy and Chemistry of the therapeutic claims made for most

FORMULA FROM ELI LILLY

212 - UTERINE SEDATIVE

Cramp Bark 40 grs.
Jamaica Dogwood ... 20 grs.
Hydrastis 30 grs.
Pulsatilla 10 grs.
*Uterine tonic, antispasmodic and
sedative. Used in dysmenorrhea
and threatened abortion.*
Dose: 1 to 2 drams (4 to 8 c.c.)



*Drugs dis-
carded by the
medical profession
are used by Eli Lilly in
a compound denounced even
by the A. M. A.! Read in this
chapter what the American Medical As-
sociation had to say about this absurd concoction sold to a gullible public!*

of them (such concoctions as the Uterine Sedative Elixir) show that these claims are not sustained by reliable clinical experience.

“The fact is that the popularity of a preparation of this kind is purely an artificially created one. A nostrum containing, let us say, extractives of some little used or worthless drugs is put on the market and heavily advertised. Should it be advertised in a manner to make it sell, a host of imitations appear and the large pharmaceutical houses put out substitutes for it. The uncritical physician does the rest.

“He prescribes it indiscriminately in the class of cases for which it is advertised. Naturally, a certain proportion of the patients who take it recover, and the recoveries are credited to the nostrum. A vicious circle is thus established and the demand for the stuff increases. . . .

"In the meantime, the manufacturers have reaped a harvest at the expense of both the public and of the medical profession.

"And the manufacturer's excuse for putting such absurd 'specialties' on the market is that physicians prescribe them!"

What a shocking condition this discloses! Here we have useless concoctions sold to a gullible public under false therapeutic claims; worse, we have the official statement by the A. M. A. that doctors themselves, stupid fools who apparently have no more inkling of what they are doing than trained seals, prescribe these things, and then seek protection from the consequences of their ignorance in the medical profession's policy of silence!

Is there need of continuing with these illustrations to prove that fraudulent concoctions are flooding the country, doing inconceivable, irreparable damage to the health of the nation?

The American Medical Association is extraordinarily powerful. It is a trust, but the work done by its Council on Pharmacy and Chemistry has been productive of much good, and it can be productive of even greater good.

The American Medical Association has its legislative committees in every state in the union. It has its sources of approach to "proper" people in Washington. It has as its members every medical man employed in the United States Army, Navy, and Public Health Service. Its power and its influence are tremendous.

This organization's own chosen body examined these and hundreds of other pharmaceutical preparations and denounced them as being sold under false and fraudulent claims. The American Medical Association claims to be working for the "benefit of the people." Whether this claim is justified or not is discussed in other chapters. But there is one thing that it can do if it wishes to support its claims that it is interested in public welfare, and that is to use its extraordinary power and influence both in Washington and in every state in the union to force postal authorities and state authorities to end this shocking commercialization of pharmaceutical

products which they themselves admit are causing untold damage to the nation.

Each year delegates from every state medical society in the country, delegates from the nation's medical and health bodies, delegates from the American Medical Association's numerous councils, delegates from the A. M. A.'s sections and bureaus, gather for their annual convention. Plans, policies and procedures for the ensuing year are mapped out and followed religiously. The wisdom of the organized medical profession gathers to determine what to do for the profession and "the people."

These conventions can do no greater good, can accomplish nothing more likely to earn the respect of the people for whom they claim to be active, than to use all of their tremendous power to get in touch with the proper officials and eradicate this pestilence of commercialized fraudulent products which annually is taking so large a toll in human lives.

This should not be difficult. The laws are very clear. Postal laws prohibit the advertising or sale of goods through the mails for which false and fraudulent claims are made. There are state statutes which prohibit false marking of manufactured things. Most of the states throughout the country have definite laws punishing manufacturers who circulate or advertise false or misleading statements of things they offer for sale.

These laws are virtually the same in most states. It is unnecessary to name all the states having such laws, for, with but few exceptions, all cover the same ground even as to wording. We offer one such law as typical of those found in most of the states; that of the State of New Jersey:

"Any person, firm, corporation or association who, with intent to sell or in anywise dispose of merchandise . . . to the public, or with intent to increase the consumption thereof . . . makes, publishes, disseminates, circulates, or places before the public or causes, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in this State, in a newspaper or

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MICHIGAN'S DEPARTMENT OF HEALTH

JOUR. M.S.M.S.

MICHIGAN'S DEPARTMENT OF HEALTH

GUY L. KIEFER, M. D., Commissioner

THE ECONOMIC SIDE OF IMMUNIZATION OR TREATMENT

At a recent meeting of physicians the suggestion was made that if various immunization programs sponsored by various public health agencies were carried to their logical conclusion it would have the effect of curtailing the amount of medical practice available to physicians. In this connection there are several well established facts to be kept in mind.

No immunization program yet proposed in Michigan has been made sufficiently complete to reduce the sickness or death rate of the state as a whole. Local immunization in towns, schools or institutions have been the direct cause of the total absence of smallpox and diphtheria in these restricted areas. The county medical societies of four counties sponsored the immunization of all the school children of their respective counties. The result was a reduction of one-half the diphtheria deaths. In spite of the years of demonstration of the effectiveness of vaccine virus, over 500 cases of smallpox occur annually in this state; it is plain to see that the complete elimination of any of these diseases from this state is not an end near at hand.

The making of people immune to disease is the field of the private practitioner of medicine. Only in cases of indigency, emergency or for the demonstration of its value to the public is it sound policy for public health departments to do this work. Therefore, when this desirable state of immunity is conferred upon people it will be the direct result of the services of their own physicians.

Let us see, then, what the cold figures concerning this type of practice show.

In this state there are 100,000 people born annually. They are practically all susceptible to diphtheria from the moment they are born. They are highly susceptible from the age of six months until they are immunized. If these infants were all immunized, and for this service the physicians received from \$5.00 to \$10.00 per case, the net income would be from \$500,000 to \$1,000,000. Michigan has 5,000 cases of diphtheria annually. If the physicians received for their services, exclusive

of all other costs, an average of \$50.00 per case the income from this source would be \$250,000. The increase in physicians income from diphtheria would be from one-quarter to three-quarters of a million dollars, if we would immunize all children against this disease soon after they are six months of age, instead of waiting until they are stricken with the disease and then treating them.

Some maternity hospitals are vaccinating with vaccine virus all babies born in their institutions. Babies under ten days old very seldom have any general reaction and the immunity usually lasts for the whole lifetime of the individual. It is estimated that one-third of all births in this state occur in hospitals. If all hospitals were to establish this rule as part of their regular procedure, it would mean an addition of 30,000 immunized people in the state each year and an additional income of at least \$60,000 to the physicians or hospitals.

When the 100,000 people born every year in Michigan are vaccinated against smallpox at birth, the income to the physicians would approximate \$200,000. The 500 cases of smallpox that occur every year, treated at an average of \$50.00 per case, bring physicians \$25,000. Thus the physicians, by adopting the practice of vaccination at birth, would increase their income by nearly \$200,000.

We have taken diphtheria and smallpox as examples of the economic advantage of immunization, but the same conditions apply to other diseases and to other public health measures.

With persistent educational work by the physicians and the Michigan Department of Health, these immunization programs will succeed in reducing the number of these preventable diseases and increasing the earning of the physicians who actively sponsor this modern type of practice.

SUMMER RESORTS

Summer resorts, and their proper sanitary supervision, have come to be a topic of perennial interest to everyone concerned with the public health. The increasing tendency to migrate during the warm weather—and the modern facility of mi-

Courtesy Citizen's Medical Reference Bureau.

other publication, or in the form of a book, notice, handbill, poster, bill, circular, pamphlet or letter or in any other way, an advertisement of any sort regarding merchandise . . . or anything so offered to the public, which advertisement contains any assertion, representation or statement which is untrue, deceptive or misleading, shall be guilty of a misdemeanor."

Federal and state governments are very strict on this, and many a man is languishing in prison today who violated the postal regulations.

Here we have clear instances of medicines sold with claims which noted scientists throughout the United States, after due investigation, study and experimentation, denounced as false, fraudulent, and sold under misleading claims.

There are hundreds of them now on the market.

The laws are clear. The evidence is clear.

What are federal and state officials going to do about it?

What will the American Medical Association, with all its power, do about it?

CHAPTER VII

SECRET AGREEMENTS BETWEEN HOSPITALS AND PHYSICIANS

*Silence and secrecy shroud the spotless operating rooms,
and the fatal mistakes of blundering doctors are care-
fully concealed.*

THE most calloused indifference to the suffering of dying men and women is found in thousands of hospitals throughout the United States, whose "ethical" conduct is dominated by the American Medical Association.

The very hospitals which the public helps to maintain by tax exemption, or even by financial assistance from municipalities—the very institutions erected with a great fan-flare of publicity about "public service," follow a policy of seeking dollars first and helping the sick only as a secondary part of the business of running the institution.

This custom of squeezing the last penny possible from the sick who fall into their hands has spread so widely as a result of medical healing having been turned into "Big Business" ventures.

The average citizen is under the impression that hospitals, since all of them are semi-public institutions are of benefit to the community where they are established. But the facts are that *out of approximately 7,000 hospitals in the country about one out of every three absolutely refuse to accept patients from doctors who are not attached to the hospital's staff.*

Since about 90,000 doctors in this country are not so affiliated with hospitals, this means but one thing: that the hundreds of thousands of patients treated by these 90,000 doctors are likely to be

trundled from hospital to hospital when in dire need of aid, before they are given attention. It means that the doctor not on an institution's staff is often forced to call as a "consultant" some doctor who is attached to a hospital staff, to make sure that his patient will be allowed into a hospital. It means that the patient will have to pay the consulting doctor's fee. And it means that after the patient has finally been given a room, that his sickness will usually be found to need all sorts of examinations, nine out of ten absolutely unnecessary, which are called for chiefly by the desire of various "specialists" on the hospital staff to get their rake-off at the expense of the helpless sick.

It was not so long ago when, as a reporter on a New York newspaper, I had occasion to learn of this disgraceful system of conducting hospitals, and I tell this tale, in preference to other evidence unearthed during the investigation into the A. M. A. monopoly upon the business of healing, because when I witnessed this I knew nothing of medical tactics.

The city editor called me over one day, and said that there was supposed to be a good "human interest" story in a family on East 74th Street. The name was Drayton. That was all the city editor knew about it.

The address he had given me was of an ancient apartment house sheltering some twenty families. I climbed the musty stairs to the Drayton's flat, and knocked on the door. A prematurely aged and withered woman answered my knock.

"Is Mr. Drayton in?" I asked.

"Who are you?" she countered heavily.

There was a sense of helplessness, of utter hopelessness in her manner which only the poor in their direst moments experience.

I explained who I was, and the reason for my call.

"Come in," she said monotonously.

I followed her in and received my first intimation of the reason for her lethargic air.

In a corner of the darkened living room was a pine-board casket with a few pitiful flowers strewn over it. Two little girls holding each others hands stood by the box, silent, dazed, as though wondering in their innocence what catastrophe had struck this former contented family, why their mother's eyes were red from weeping, why the casket stood so silently in the corner of the darkened room.

"Sit down," the woman invited in the same monotonous tone.

"That's my husband," she said calmly, pointing to the box covered with the rapidly fading flowers. "He will be buried this afternoon."

"What happened?" I asked, wondering what had occurred to bring this misery upon the family.

"Nothing," she said. "He died of pneumonia. He got sick last week, and we called the corner doctor, who said he had to go to a hospital. The doctor called an ambulance, and they took him to a hospital. I don't know which one, but he died before they brought him there. That's all."

And apparently that's all there was to the tale. But somehow I felt that it was not all, that there was a story back of this tragedy of the man who died before they brought him to a hospital. So many die before they are brought to hospitals, and no one outside of the family thinks anything about it. I thanked the woman for her courtesy, and for the story she gave me, and left her to call upon the doctor.

I shall not give the doctor's name here because he is still in practice, and the power of organized medicine is powerful enough to make him rue the day he spoke more than he should have spoken, but this doctor told me a tale that at first I found difficult to believe.

The physician, whom we shall call Dr. Selby, was called to attend Drayton early one afternoon. Upon arriving he found that the

man was ill with pneumonia, but fortunately, it was a case which had been caught in time. With the proper treatment, and rest, the chances were greatly in his favor of being well again within a couple of weeks. The doctor so informed Drayton and his wife. The family had little money, but what they had they willingly volunteered to pay if he could be pulled through. He was the only breadwinner in the family, and unless he was able to return to work the family would face starvation.

The Drayton's were unable to pay for a private room, but the doctor said there should be no difficulty in getting him into a public ward, where he would receive almost as good care as in a private room.

An ambulance was called from a nearby hospital, a semi-public institution. The ambulance surgeon upon perceiving the poor quarters occupied by the Drayton's said that the hospital was filled up, but that he would take the patient there if the doctor insisted. The doctor did insist, though he was not a member of that hospital's staff.

The hospital authorities, when the patient arrived, blandly stated that they were filled up. The ambulance driver carted the patient to another hospital which, hearing that Drayton wanted room in the public ward, and that the attending physician was not one of its staff, also discovered that it was filled. And so it was in other hospitals.

Drayton who had been jogged for more than an hour over the pavements,—this dangerously sick man who above all else needed rest and quiet, rapidly grew worse, and died. By the time the ambulance arrived at the fifth hospital he was dead, and the ambulance trundled him back to his home.

When Dr. Selby heard of it he knew exactly what had caused the death. He knew why there had been no room in the hospital. He knew that he faced the closed shop policy, the policy that refused patients from doctors who were not on the staff of the institution. Dr. Selby knew that the hour's jogging was the chief cause of

Drayton's death, the jogging the man was forced to undergo because the cliques controlling the hospitals were not interested in patients sent by doctors not attached to the hospital, especially when these patients were poor.

This practice by doctors, that noble fraternity working for "the benefit of mankind," of establishing closed cliques caused the death of Drayton, brought untold suffering to his wife and two helpless children, doomed them to go through life poverty stricken, and dependent upon the little mite their mother might earn.

Murder had been committed—it cannot be called by any other name—a home had been wrecked; children made helpless because cliques of doctors had so organized that they would not accept patients who were not sent by doctors within the clique.

Unbelievable, isn't it? Yet this is a condition existing throughout the United States, even in your very town. Unbelievable, isn't it? that you who pay taxes so that hospitals may be maintained at public expense, you who pay taxes so that even private hospitals may be exempt from taxation because they are "beneficial to the public," face the possibility of being carted from hospital to hospital because your doctor does not happen to be one of the group controlling the hospital, and that you are likely to die before some hospital is found willing to take you in!

Whether or not you believe it, we will adduce some facts which will open your eyes to a situation developed as a result of efforts of physicians to so organize themselves that they will be able to squeeze the utmost possible from the patient who falls into their hands.

Ministering to the sick has become Big Business, not only to individual practitioners, but to institutions like hospitals.

The business of medicine is so good under the medical trust's system of healing, that an average of 1,000 new doctors are added yearly—and these are only the pick of all who strive for a license,—just how many strive can be seen from an average year's enroll-

ment. In 1925, for instance, 18,000 enrolled in medical colleges. Looking at tongues and poking chests for \$5 or \$10 per poke is not a bad ambition!

The conditions existing in the many thousands of hospitals throughout the land are virtually alike in many respects, especially in methods devised by the medical fraternity, slaving away "for the benefit of the people." One of the notorious schemes is the delightful one of squeezing the sick and the dying by calling "specialists," and splitting the fee which the "specialist" gets. A more outrageous imposition than this has seldom been inflicted upon a people dominated by a clique utilizing every available means to enrich itself at the expense of the sick.

That the decent element in the medical profession is keenly aware of this unethical practice of fee splitting is apparent from the following excerpt from the Indiana State Medical Journal.

"We wink at the transgressions of fee-dividers who have large and lucrative practices, and who are supported by a large number of spineless physicians who, figuratively speaking, sell their souls for a mess of pottage. . . . Incompetents build up large and lucrative practices through fee-splitting, and the man who pays the largest commission is very apt to get the business, no matter what his qualifications may be. . . . Physicians who accept, and even expect, a commission for business referred to specialists are not going to consider critically the question of qualifications of the specialist with whom they are going to do business."

Speaking of the close associations of fee-splitting with the incompetent surgeon, Dr. Rudolph Matas of New Orleans, makes the following comments:

"He is a new and more subtle type of quack—a real crook—the product, paradoxical as it may seem, of the modern advances of surgery or rather of the opportunities that it offers for evildoing. . . . They resort to all sorts of subterfuges to lure the patient to the operating room and do not hesitate to perform any operation, whether indicated or not, provided it will bring them the coveted



The "Savage Rite of Vaccination Illustrated in Action"
"The Medicine Man Performs His Savage Rite"
From Harper's Weekly, February 24, 1912.

fee. . . . Some men of this type do not hesitate to remove normal and inoffensive organs. . . . In these combinations, the crook disguised as the family physician, plays the role of confidence man who makes the diagnosis, creates the alarm which leads to an operation and then extols and lifts to the skies his secret partner, more often an obscure and unknown recruit from the ranks, but occasionally a colonel or a general in our army.

"These are only a few samples of the fifty-seven varieties of bogus surgeons and fee-splitters who, under the cloak of an honorable profession, are nothing but a band of looters and outlawed camp followers."

Another scathing indictment of these shabby "tricks of the trade" appears in the September, 1929, issue of *Current History*, by Dr. James Fairchild Baldwin, who speaks out of his fifty-five years of experience as a doctor, teacher, writer, and lecturer. We can quote merely his concluding words:

"For many generations the medical profession has been looked upon as altruistic; and even yet there are undoubtedly many physicians who are superior to the propaganda of the fee-splitting specialists. The number of such honorable members, however, is unquestionably rapidly diminishing, so that in very many communities not a single one can be found who is above suspicion, while in many cities it would be impossible to find even that minimum number which could have saved Sodom from its unfortunate fate.

"In a nutshell; such conspiracy tends to general professional demoralization, to many incomplete or unnecessary operations and resulting failure to secure complete recovery, to high fees, to unmerited praise of incompetent specialists, and to an enormous number of deaths."

This widespread custom is comparable in its pettiness only to the one in most hospitals of milking the helpless patient out of all possible money upon various "examination" excuses.

Take the average man who is advised by his physician to go to a hospital. Upon arriving he finds himself advised to undergo innumerable examinations, nine out of every ten unnecessary, and advised chiefly because it will bring more money to the hospital, and to the numerous "specialists" attached to it.

At a recent meeting of the American Medical Association, this custom aroused even the chairman of the American Conference on Hospital Service, Dr. Frank Billings, of Chicago, who said:

"Within the last two years a relative of mine, not under my professional charge, was treated in a hospital in Chicago. He was there 22 days. His laboratory bill for roentgenology, blood chem-

istry, and so forth, was \$220—and nine-tenths of it was not necessary.

“I have known that to occur with other people not related to me in any way. It is an injustice.”

Dr. Billings concluded with expressing his belief that such injustices were mighty important matters: and it is doubtful whether any of the hundreds of thousands who have been in hospitals, or who have had relatives in hospitals, will disagree with him on the importance of the injustice of being made to pay ten times as much as is necessary for hospital attention.

Concerning another, and far graver hospital custom which affects the lives of patients too closely to be ignored, Dr. Ernest A. Codman, of Boston, Fellow of the Scientific Assembly of the A. M. A., who had ample opportunity to observe matters from the inside protested against the fear by physicians and surgeons attached to hospitals, of keeping careful tabulation of cases handled by them. This fear is due chiefly to the appalling number of wrong diagnoses made upon patients. These wrong diagnoses, as hospital records disclose, show that many people advised by the physicians to subject themselves to operations have lost limbs needlessly; that diseases which they were supposed to have had existed only in the fee-fruitful imagination of the surgeon anxious to operate and collect.

It is unknown, because of this failure to keep accurate detailed records, just how many patients have been ruined for life, or actually have been killed, because of operations performed as results of incorrect diagnoses.

It does not take much imagination to visualize the proportion if all records of hospital deeds were available. If such figures were made public it would disclose a situation that would dumbfound the entire country so supine before the smoothly operated autocracy which dictates to you precisely what you should do with your life, and which is endeavoring by all available means to establish its

monopoly so that none but its members will have the power to treat the sick.

The increase in the number of hospitals throughout the United States discloses an appalling number of sick, and is a startling commentary upon the public health, under the domination of medical healing as dictated by the medical trust.

In 1906 there were 2,411 hospitals in the United States. At present there are 6,896, or almost three times as many. *One-third of these are operated by laymen for profit; that is, laymen are the executive heads of one out of every three hospitals in the country!*

Most of these institutions erected by laymen, or nurses, as well as one out of every three other hospitals, even state, municipal, and city, have what is known as the "closed shop," that is, a clique combination to keep out all patients from physicians who are not on the hospital's staff.

This is a grave situation, considering that almost every one of these hospitals receives special benefits from the state, or the city, because the institution is supposed to be of benefit to the people. These closed hospitals as a rule are exempt from taxation. But if the citizen knew that a hospital declined to take him in when he was sick, simply because his doctor was not attached to the institution's staff, he might think more wisely of permitting tax exemption to hospitals, operated by nurses, or laymen, for their own financial interests.

In a recent census of hospitals in the United States, each institution was asked to send a list of resident physicians, internes, and whether or not the superintendent or administrative head was a physician. This census more than anything else disclosed how treating the sick has become a big business proposition, not only for doctors, who make a living out of treating the sick, out of exorbitant charges for operations, and out of other items, but for laymen who perceived the vast possibilities of hospitals as money-making propositions.

The census disclosed that the total number of physicians attached to hospital staffs throughout the country was about 70,000. When one considers that this is fewer than half of all the doctors in the United States, one wonders what the other 90,000, who are not attached to hospitals, do when they want to send patients to an institution.

Hospitals were also asked questions concerning procedure at their institutions. One of the questions was:

"What is your policy regarding the use of the hospital by physicians not on either the attendant or the consulting staff?"

The answers were signed by superintendents, medical directors, or nurses, the actual heads of the hospitals.

Two thousand eight hundred sixty-seven of the general hospitals, supposedly free to determine this policy, answered. State and federal institutions are not counted.

The independent hospital associations, consisting chiefly of those receiving benefits from their communities, reported that about one out of every three (28%) declined to receive patients from doctors who were not attached to the hospital staff.

Individually owned, and partnership hospitals: one out of every four (23%) refused doctors the right to send patients if the doctor were not on the institution's staff.

Church hospitals: thirty-nine per cent, or about one out of every three, refused entrance to patients of doctors not on the hospital staff.

City hospitals: eighteen per cent, or approximately one out of every five, refused patients from doctors if the doctor was not attached to the institution's staff.

These figures are astounding in view of the fact that almost every one of these hospitals is exempt from taxation; every one of these hospitals receives special favors from the city. Particularly is this

true of hospitals operated by municipalities maintained by taxes paid by residents of the city. It is a searing commentary upon the control of the business of healing by the organized medical clique when they so exercise their power that the very people who maintain and support the institutions are not allowed in when in dire need of hospital attendance, simply because the clique in control of the hospital wishes to receive all the financial benefits accruing from treating patients!

Out of the approximate 7,000 hospitals in the country, 2,034 sent in other data requested in the questionnaire, but made no answer to the particular question of whether they were open or closed to general practitioners. Just why they avoided answering this question the reader can easily surmise.

It should be borne in mind that the percentage of hospitals in all probability is much higher than the actual figures just quoted. These figures are rock-bottom percentages, and it is well known that in many, many instances hospitals supposedly with an open shop system, that is, allowing any doctor to send patients, actually do not abide by the announced policy. When they do not want to receive a patient sent by a doctor not on their staff they are simply "filled up"; and the doctor with the dangerously sick patient in the ambulance is often forced to plead with several hospitals before the patient is finally admitted.

How many cases of such diseases as influenza, pneumonia, and so on, which necessitate quiet and rest, have been carted from hospital to hospital while the doctor knocked at institutions' doors only to be turned away! How many men, women and children have been brought to untimely deaths because of the failure of semi-public institutions to take in patients in time to give them the needed rest and attention! To whose doors must these untimely deaths be laid, if not to the organized medical cliques, who, seeking their own financial revenues, refused aid to dying men and women?

The hundreds of hospitals which frankly admitted that they were closed gave reasons for their policies. Among these reasons were:

"It is our private hospital."

The conclusion to be drawn from this is that, "We will do just as we please, despite the fact that the public helps to support us."

Another was:

"We cannot allow patients in, for as soon as the patient enters he becomes ours."

In other words, to allow patients treated by outside doctors would keep fees from the doctors attached to the hospital,—fees which the clique wants. Even *within* the ranks of the medical profession is found this petty throat-cutting, this seeking for fees without considering the welfare of the patient.

Hospital growth in the United States during the past twenty years has been tremendous. There are at present in the United States 6,896 hospitals of all types. These hospitals are more or less constantly filled, and the average yearly attendance is almost three-quarters of a million patients.

Out of these 6,896 institutions only 2,648 are directed by doctors!

Hospitals which the American Medical Association does not approve of as places for the sick to go, are simply ignored in its published list of acceptable hospitals. Physicians in the locality where such a hospital is not approved of, and members of the county medical society, naturally govern their sending of patients accordingly.

By thus excluding hospitals which do not toe the A. M. A. line, the medical trust sabotages them, since its own members are not likely to send patients to unrecognized institutions. Other physicians in the community, too, are unlikely to send patients to institutions disapproved of by the county medical society, for reasons which have been explained in previous chapters.

The American Medical Association cannot be forced to include the names of those hospitals which it wishes to boycott from its list. Its judgment is a private matter, so this private corporation can do as it pleases.

Legal responsibility is avoided, because the organization does not oppose sending patients to unapproved hospitals. It simply ignores them; but it is sufficient to give doctors in the communities where these hospitals are located more than a hint as to where it would not be wise to send patients.

Recently the American Medical Association in its published list omitted 300 hospitals, for various reasons, among them being "flagrant methods of advertising." The A. M. A. itself is the judge of what constitutes "flagrant advertising."

In an editorial last year, the journal of the American Medical Association, the official mouthpiece of the medical trust, explained why these hospitals were omitted. It stated:

"The separation of such institutions from the Council's published list marks the development of an aggressive campaign to establish safeguards against irresponsible or malicious institutions . . . for these reasons, therefore, they are excluded from lists of institutions held out as worthy of receiving the public's patronage."

Throughout the American Medical Association's activities in controlling health and medical matters throughout the country it discloses an obnoxious paternalism extending even to hospitals, as in cases where institutions are omitted from its "good" list.

It is obvious that if a hospital is not conducted properly it can be put out of business. There are laws in every state in the Union governing the operation of hospitals. If any law is violated, the hospital can be brought before the bar of justice. Consequently, if any of these hospitals omitted from the list were guilty of acts making them unworthy of receiving public support, the laws could be enforced to punish them, but if these hospitals are not violating any laws, then the attitude of the American Medical Association in omitting their names as suitable institutions can only be construed as arrogance on the part of the corporation which seeks to supersede the law.

In many states, the control by the American Medical Association of hospitals involves the control of medical students. The student



Dr. D. L. Edsall, Dean of the Harvard Medical School, who said, "I was, for a period, professor of therapeutics and pharmacology, and I know from experience that students were obliged, then, by me and by others to learn about an interminable number of drugs, many of which were useless, some probably even harmful, some others relatively valueless."

cannot appear for an examination for a license to practice medicine unless he has first devoted one or two years as interne in a hospital.

The boards of medical examiners, as a rule, do not accept internship in a hospital unless the hospital has been approved by them; and since the boards of medical examiners in most states throughout the country are composed of members of the American Medical Association, it follows that they approve only those hospitals which the parent organization approves. This means that the American Medical Association control has extended so thoroughly that even the graduate student who wishes to practice medicine must study, not only at the medical college teaching subjects outlined by the American Medical Association, but must get his actual first experience only in hospitals following the A. M. A.'s approved methods of healing!

We have charged that medical colleges and hospitals are controlled by the American Medical Association, that the Council on Medical Education and Hospitals of the American Medical Association dictates what medical schools shall teach, and how hospitals shall practice.

Since this council is the controlling factor, it is important to learn who the members of this council are.

First is Dr. Ray L. Wilbur, of Stanford University, Cal., a former president of the A. M. A. and now of President Hoover's Cabinet.

Second, Dr. S. W. Welch, of Montgomery, Alabama, high in the councils of the A. M. A.

Third, Dr. Arthur D. Bevan, of Chicago, chairman of the council, a former president of the A. M. A.

Fourth, Dr. Wm. Pepper, of Philadelphia.

Fifth, Dr. M. W. Ireland, Surgeon-General of the United States Army.

Suppose we omit Dr. Pepper, and the Surgeon-General, though the attitude on A. M. A. matters of both of these gentlemen is well

known. Let us assume for the sake of argument that these two opposed certain procedures which the American Medical Association wished to undertake with regard to medical colleges and hospitals. We find that the controlling voting power is held by two former presidents of the American Medical Association, and one gentleman holding several directorate posts for the American Medical Association. Three assured A. M. A. votes to two possible opposing ones; that is, a voting majority held by A. M. A. officers sufficient to put across any plan which the council may formulate in regard to medical education and hospitals!

There are now 80 medical schools in the United States, the largest number in any country in the world. It is one-fourth of the world's total supply of institutions where medicine is taught.

In 1904 this country had 116 medical schools, more than half of the world's supply. Dr. Bevan, one of the gentlemen just mentioned, is generally accredited with being responsible in eliminating medical colleges not approved of by the A. M. A. This distinction is given him by Abraham Flexner, secretary of the General Education Board of New York, who recently said:

"Our medical schools are now, thanks above all to the energy . . . of Dr. Bevan and his associates, . . . practically all university departments."

In preceding pages we showed how the curriculum in medicine is dictated by the American Medical Association, and that university medical schools consequently are controlled by the medical trust.

Since the medical trust controls most of the medical schools throughout the country, it naturally follows that the student is taught precisely what the medical trust wishes him to be taught.

As a further light upon this, it is interesting to note that 63 out of these 80 medical schools are already departments of universities.

Who supports these trust-controlled medical schools? Generally, we may say that east of the Mississippi, where are some of the largest medical schools in the country, the support is chiefly from private sources, such as gifts and bequests. West of the Mississippi

the medical schools are chiefly supported by public taxation. But in both east and west, medical schools are exempt from taxation, that is, even if the schools are supported in their work by private bequests, the public nevertheless aids in their maintenance by paying their taxes, or in refusing to accept taxes from them,—the very citizens who when dying would be refused admission to the hospitals attached to these schools if the doctor were not on the staff of the hospital!

So extensive has this control of hospitals by medical colleges become that in a number of large cities, municipalities have turned over to local medical schools complete control of city hospitals. Cincinnati and Louisville are examples of this sort of control.

In Rochester, N. Y., also, the recently erected new city hospital was made part and parcel of the local university hospital.

CHAPTER VIII

MEDICAL CENSORSHIP OF THE PRESS AND SOME SUGGESTIONS

Medical Propaganda masquerading as "Health News" is being forced into our newspapers, and editorial independence is rapidly becoming a myth.

CENSORSHIP of health and medical news in the country's newspapers, is the latest astounding effort undertaken by the American Medical Association.

This effort, under way at the present time, seeks to eliminate the publication of news which the medical trust headquarters, or any of its numerous branches, objects to as not in line with its views. In a measure this censorship has already been put into effect in many cities to be mentioned in this chapter.

When the Constitution of the United States was prepared by the wise fathers of this nation, one of the provisions they placed in unmistakable language was that Congress shall make no law restricting free press.

Through wars and other difficulties this great injunction has been defended, until today it is an axiom throughout the civilized world that it is essential to maintain liberty of press if intolerable conditions are ever to be righted.

Despite this Constitutional injunction, despite the fact that censorship is frowned upon by all enlightened peoples, this country today faces a dangerous form of censorship, established not for the benefit of the people but for the benefit of a private corporation

seeking to protect its own power and the financial interests of its members.

The American Medical Association, having secured virtual complete domination of all health and medical activities throughout the United States, has now embarked upon the most menacing of its activities: the censorship of health and medical news in the newspapers throughout the land.

So long as the press is free to publish news antagonistic to health and medical views held by organized medical cliques—there is hope of awakening the people to the menace of this private corporation. But the day when this corporation finally controls health and medical news in the newspapers, that day will spell darkness in this country, for the people will be unable to receive information other than what the medical trust wishes them to know.

Health news, medical news, news about the activities of other healing arts besides that advocated by medicine prescription signers will be omitted from the papers, or if mentioned at all will be mentioned in derogatory fashion. Health and medical news will have been bottled up under the guise of doing it for the public benefit.

This scheme is gradually gaining ground and strength, the plan being put into effect with the usual public acclaim of "public benefit," and "protection of the people."

There are numerous activities of the American Medical Association but few are of greater importance than the effort to capture the news columns of the press, as well as the radio and other means of disseminating information.

There are a few high lights to be borne in mind in considering the activities of the A. M. A.

In the first place, the propaganda carried on by the A. M. A. is *advertising for the business of medical healing*—indirect advertising, as it is called.

In the second place, much of this advertising, including radio talks, newspaper publicity, etc., is calculated to increase the number of readers of the A. M. A. publication "*Hygeia*," a magazine devoted to health news dissemination according to A. M. A. policies.

In the third place (and very important) is that increased circulation means greater revenue for advertisements, and consequently, more money for the A. M. A., the multi-millionaire "non-profit-making corporation."

The radio also is utilized to broadcast A. M. A. propaganda, and advertise an A. M. A. publication to increase its circulation, and, resultantly its advertising—which, in the long run, adds considerably to the income of the A. M. A.

Hygeia was started a few years ago. The headquarters of the medical trust had already developed a first rate advertising department through publishing the Journal of the A. M. A., and this department had maneuvered matters so that it placed the advertising for most of the state and county medical society publications. Through this system, the A. M. A. headquarters literally controlled advertisements which were to appear in medical journals, whether national, state or county.

Hygeia, being a private venture, cost the A. M. A. considerable money, but it was calculated to be read in competition with the health magazines published by private concerns. The longing for news about health is so patently great throughout the country, that the A. M. A. decided to issue its own type of magazine. To secure proper circulation for it, it inaugurated a campaign to increase readers, under the usual guise, of doing it for public benefit.

Radio stations were secured by state medical societies, branches of the A. M. A., to deliver health talks, through information published in *Hygeia*, with credit to *Hygeia*, thus broadcasting the magazine and increasing the demand for it.

Many of these radio talks, with information issued by this private

MASS' DIPHTHERIA TREATMENT ASKED

Wynne Talks on Inoculation at Optometrical Club.

Health Commissioner Wynne discussed diphtheria inoculation in an address last night before the Optometrical Club of Brooklyn, 3 Nevins st., advocating a form of "mass" treatment in the fight against the disease, which afflicts 12,000 children yearly, with more than 700 deaths. The commissioner said the public was willing to pay for the anti-toxin inoculations, despite the doctors' stand that they could not solve this economic problem to their own satisfaction. Most persons, certain doctors say, cannot afford to pay their charge.

"Here is the answer," Commissioner Wynne said. "Let them take in 20 children an hour, one hour a day, three days a week at a charge of \$5 for each anti-diphtheria inoculation. That will bring a revenue worth while to the doctor, give us the service we need and greatly minimize the diphtheria in this city."

The commissioner referred to this system as preventive, and said the public was able to pay for greater service than it has been receiving.

BROOKLYN TIMES. MARCH 21, 1929.

How the Health Commissioner of New York City estimates the commercial returns to private physicians from diphtheria inoculations.—Courtesy The Quest.

corporation, were undertaken by state and local departments of health, thus frequently securing the radio station free of charge.

Another procedure much used in spreading A. M. A. propaganda, is the mailing of excerpts from articles in *Hygeia* to newspapers all over the country. A publicity department was developed for

this purpose. Excerpts from articles published in this magazine are printed on a clip sheet in news form for use by the newspapers. Leads, introductions, quotes, etc.,—the regular newspaper way of handling a story is utilized. The clip sheet is then mailed to newspapers, especially in smaller towns and cities throughout the country which are unable to pay for syndicated health columns and which are glad to receive such news free of charge. Several hundred papers receive this sheet, and due to "suggestions" from A. M. A. headquarters, local district and county medical societies appoint "committees on public relations," whose duty it is to call upon the local editors and explain to them the necessity of publishing clip sheet news, "for the sake of public health."

What actually happens is that these newspapers credit *Hygeia* for the articles. The advertising value of such quotations is tremendous and frequently, the advice contained within articles is to consult a doctor whenever ill. Such advice is persistently given, and the public seldom realizes that such advice constitutes advertising the business of medicine in an indirect fashion.

Advertisers who spend huge amounts have come to realize that some of the best ways to advertise a product is not by direct but by indirect advertising. It is not necessary, for instance, to advertise some particular doctor or surgeon in order to benefit the medical profession and to increase their income. To advertise medical healing in itself is sufficient, and produces tremendous results in increased consultations,—and resultant fees for the M.D.s.

With such procedures, there is little to wonder at the power of the medical trust's propaganda machine. "Medical education," which is a delicate way of saying medical propaganda, is the thing this corporation harps on.

Such "education" not only fills the nation with medical propaganda; not only inculcates in the minds of the people the feeling that the word "health" is synonymous with the word M.D., but carries on tremendous advertising for the *business* of medical heal-

ing. The thousands upon thousands of licensed practitioners of healing who do not follow A. M. A. notions and who do not use medicine, as instance, the thousands of osteopaths, chiropractors, etc., who number their followers by the millions, are swamped under this flood of propaganda.

A notion of how this propaganda is carried on can be seen from a statement made by Dr. Morris Fishbein, Editor of the Journal of the A. M. A. and of *Hygeia*. He recently made an address on "Medical Education of the Public by Means of Newspapers." The words of this leading light in medical propaganda are very illuminating.

He said:

"In addition to supplying newspapers with medical news of conferences and congresses, the American Medical Association has arranged to reply directly to inquiries from individual editors concerning special stories that may arise in their vicinity. In this manner, much unauthentic and unsatisfactory medical news *has been held up* and stories that had real news value were properly approved."

The significance of this last statement is too great to be overlooked. What actually is meant is that where an inquiry concerning a medical item is received at the headquarters of the A. M. A. and that corporation's policies or views do not approve it, they assert that it is valueless or fraudulent, and thereby secure its "killing." This procedure is about as dangerous a form of censorship as the American editor has ever had imposed.

And yet the editors "fall" for the claim that all this is conducted "on behalf of the people"; and the people fall for it; the radio stations grant free time to departments of public health, run by members of the private corporation, though such free time would not be granted other private corporations to advertise their business.

It's a grand scheme.

But Dr. Fishbein has said a few more interesting things about carrying on medical propaganda among the people:

"The recent development of the diphtheria incident in Nome brought a flood of inquiries from such papers as the Kansas City Star, the Detroit News, the Associated Press and others as to whether or not diphtheria antitoxin would be harmed by freezing. And this, of course, was a throwback to the story of two years ago concerning deaths caused in Connecticut by the freezing of diphtheria toxin-antitoxin. *Opportunity was thus given for the dissemination of a vast amount of information on the value of diphtheria antitoxin and on the use of toxin-antitoxin in prevention, and general knowledge as to the way in which scientific medicine works in the control of epidemics.*"

This sentence in italics gives the show away as to how the propaganda is conducted. I happened to have been instrumental, at the time of the tremendous world-wide publicity of the Nome epidemic, in exposing the fact that it was a publicity job on behalf of a well-known manufacturer of diphtheria toxin-antitoxin; that instead of an epidemic there were about five people stricken in Nome instead of the entire city, and even those five cases were not established as diphtheria; that the breath-taking dash across the frozen wastes supposed to have been made by the famous Balto was a lot of hokum, and later, after a statue to Balto had been erected in Central Park in New York City to commemorate a beautiful publicity job, that Balto didn't even make that dash!

Nevertheless, the manufacturer of the serum profited by the advertising and the medical trust took advantage of the world-wide interest displayed in the "awe inspiring dash to Nome," to fill the people with serum propaganda. Everything works beautifully in the propaganda and publicity schemes of these well organized agents "for the public welfare!"

The medical trust headquarters has the propaganda department down to a science. Dr. Fishbein explained it very ably. He continued:

"We are able, through our press clipping services, which cover medical news throughout the United States, to tell to just what extent the news material sent out is used by the newspapers and to determine the particular topics in which newspapers may be interested.

"More and more we are being called upon by newspapers for special verification of news items, and there is no doubt that the service has great value in giving to the public the *correct point of view* as to medical developments. We have found that so far as news matter is concerned, editors are just as anxious as are physicians to be certain that material published is accurate and that it will do no harm.

"The only way in which any newspaper can protect itself against such material is to rely on a publicity committee of a local medical organization, which will be able to provide information as to the scientific status of the men concerned and as to the actual basis for such discoveries. *This recommendation has been made and put into effect in some communities, including, for example, Kansas City, Minneapolis and Oklahoma City*, and in each case the publicity committee of the county medical society is able to *advise* newspapers that are anxious to cooperate in avoiding the machinations of the publicity hound."

The syndicated health columns also come in for a bit of comment by Dr. Fishbein, for not all of the columns of syndicate material are approved by the A. M. A., and it is the suggestion of the private corporation controlling the health and virtually the lives of the American people, that these syndicated columns, before being purchased, be submitted by editors to the A. M. A. to determine whether they are "good" columns or not.

Dr. Fishbein said:

"It is not practical to ask that all newspaper health columns be of the same high standard of educational value, or that they be approved by any official organization before they are issued. It is merely enough to know that from the worst to the best of these is a

long, long path, and that *the wise editor will consult expert opinion before embarking on the purchase of an inferior product.*"

Expert opinion, naturally, means either A. M. A. headquarters or the state or county branches of this nation-wide corporation!

Dr. Fishbein added:

"I felt warranted in assuring newspapermen that the medical profession today is attempting to form some organized method for supplying newspapers with material and yet preventing injustice through the overt advertisement of individual physicians, and through furnishing of details concerning the personal lives of patients which the public should not have.

"If county medical societies and other medical organizations will arrange, through proper publicity committees, to supply newspapers with dependable material and to have on their publicity committees men who will make it their business to find out what constitutes medical news, so that they may cooperate properly with the newspapermen, the good that will accrue from proper education, both to the public *and to the medical profession*, will be immeasurable. I think I am safe in saying that the medical education of the public is the one certain method of overcoming the evils of quackery, of cultism and of medical fraud."

"The good that will accrue to the medical profession will be immeasurable." With this phrase the cat comes out of the bag, and one can see the purpose behind all this diligent and whole-hearted effort to be of service to the people.

With an organization so huge, stretching as it does into every state, city, town and hamlet in the United States; with innumerable tentacles reaching from each of these subsidiary organizations, it is manifestly impossible to shed light upon all its multitudinous ramifications. In the space of a short volume, all one can do is to touch the high spots and point out some of its more questionable activities.

To present a detailed history of the origin, growth and development of this private corporation which has earned the title "Medical Trust," as well as its many activities and how they affect the very lives of the hundreds and more millions of people, would necessitate several volumes, for, as was stated in a previous chapter, the American Medical Association is undoubtedly the largest and most powerful corporation ever organized in the history of the world.

But it was chiefly our purpose to present a sufficient number of facts about the A. M. A. to enable the people to form a clear notion of its extent and power. These "high lights" have been touched upon, and it is fitting in this last chapter to review briefly the facts which have been placed at the disposal of the people and the law makers whose duties call upon them to investigate and prosecute all trusts and monopolies, and then to consider what can be done to curb the growing power of this manifestly menacing corporation.

In the preceding chapters upon this corporation, we have established, among other things, the following which we may now review:

1—That the American Medical Association is patently a trust within the meaning of the law.

2—That though it is presumably organized "for the advancement of the art of medicine" it is actually organized and is active for the benefit of its members.

3—That though it is organized as "a non-profit making" corporation, it actually is a profit making corporation, whose income runs into millions of dollars.

4—That its power and influence extend into every state, city and town in this country and that it controls the boards of health in virtually every state, city, town and hamlet.

5—That through its virtual control of the Boards of Medical Examiners throughout the various states, it controls the licensing of

doctors as well as the medical curriculums in the colleges and schools teaching medicine.

6—That it controls, or influences in a controlling degree, every “independent” organization devoted to health activities in the United States.

7—That 70,000 doctors throughout the United States, the vast majority of whom are members of this private corporation, are allied together in a questionable arrangement against the public welfare to hamper the course of justice as provided for in our laws.

8—That the American Medical Association enforces a code of ethics which causes the adherence to principles by physicians which are very near the border-line of a conspiracy to defeat the ends of justice.

9—That through a huge political machine, the Medical Trust is now attempting the control, through legislatures, of all activities on health and medical matters in the United States.

10—That a move has been inaugurated by which the American Medical Association plans to control the sources of news dissemination of health and medical matters, and thus establish a censorship which will leave it in absolute control.

I have chosen only ten high lights of the numerous points presented in this book. The reader will recollect other, and possibly equally important, points, but these ten items in themselves are sufficient to cause anyone sincerely interested in law enforcement and public welfare to pause and consider the extent, power and scope of this astonishing corporation.

Many other items in the possession of this writer have not even been touched upon, though all the material is available to any proper body prepared to investigate the activities of the American Medical Association.

HOW VACCINATION STATISTICS ARE MADE

(1) Health Departments tell physicians to look for the vaccination scar as of first consideration in deciding whether a case is or is not smallpox, as in reproduction given below.
(2) Then when the statistics are compiled these same Health Departments announce to the world No Smallpox Among the Persons Successfully Vaccinated!

From The Journal of the Michigan State Medical Society.

MARCH, 1927

HEALTH DEPARTMENT

181



SMALLPOX

The smallpox situation in the state, while not alarming, is a matter of concern. During the month of December, 1926, 10 school children were infected where-
went.

The following points are important aids in the diagnosis of smallpox:

The absence of any history of having had smallpox or a successful vaccination within the past five years.
The occurrence of the eruption in one place only, all lesions having the same appearance at any given time. There may be 5 or 10 pustules over the face, but not

Courtesy Citizen's Medical Reference Bureau.

In view of the facts which have been published, what is to be done?

Here we are confronted with as grave a problem as ever confronted this nation. Merely because the bands are not playing, the flag is not waved, or patriotic speeches made about the holy cause upon which our country depends, does not make this present war between a clique of medical men and the people of the United States any the less serious, than would be an open declaration of a war of invasion. It is a grave situation, for in open warfare the people at least know that there is an enemy arrayed against them, whereas in this war the enemy is insidiously and gradually obtaining the control it desires without even the people's perception.

What, then, is to be done?

Many things, but two among them stand out:

First, it is absolutely essential that the federal government establish a Congressional committee to probe the activities of this corporation. Frankly, I believe that the medical trust at the present moment has so powerful a lobby that it would be a matter of the utmost difficulty to secure an investigation, though it could be done if the people insisted loudly enough. Such an investigation is essential, because of the facts that will be brought to light, and because of the wide publicity which will be given these facts in the newspapers.

Secondly,—and this can and should be done: all drugless healers in the United States should ally themselves under one banner to undertake an intensive educational campaign among the people to counteract the propaganda of the medical trust.

No one else will do it. The patients of drugless healers would be glad of the opportunity to cooperate with their doctors in fighting the menace of the A. M. A., but they are leaderless—and it seems that the drugless healers also are leaderless.

It is one of the great tragedies that no central ground has been found upon which all the conflicting schools of healing could meet to fight the common enemy. The osteopaths will have little to do with the chiropractors; the chiropractors themselves are split into opposing camps, tearing at each others throats and doing more harm to each other than even the medical trust does; the other cults are equally aloof from these two prominent classes of healers. Each cult surrounds itself with the halo of its own righteousness, its own power, and glories in its own art, forgetting that while they fight among themselves, the common enemy is slowly and insidiously creeping upon them, choking first one, then another; causing the arrest and prosecution of first one and then another; involving individual healers in suits which drive them into bankruptcy, and then throw the man either into jail or upon the helpless heap of broken and financially helpless drugless practitioners, who are glad to escape from the clutches of the power that hounds them.

This country has thousands upon thousands of drugless healers—the vast majority of them stupid, narrow minded and short sighted—not with regard to their science, but with regard to the future of their science and their own profession.

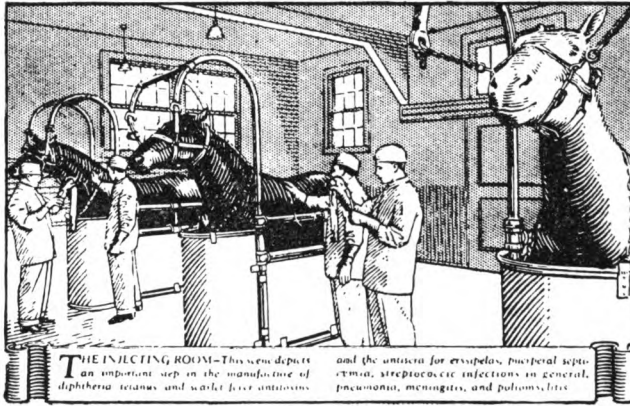
Stupid! That is the only word applicable to those who vilify one another and will not unite in a firm body to fight the common enemy.

“My science and technique is better than yours,” each cries.

Maybe it is—but if they do not organize themselves to insure their right to practice that science, they are doomed.

Because most states have legally licensed cult practitioners, they forget to array themselves in a desire to help practitioners in other states who have not been recognized.

Stupidity! Do they not realize that with the failure of one state to achieve recognition, that eventually their own state will repeal the license and drive them out of business? Do they think that because the medical trust has permitted a licensing bill, that it will



THE INJECTING ROOM—This scene depicts an important step in the manufacture of diphtheria, tetanus, and scarlet fever antitoxins and the antisera for erysipelas, puerperal septicemia, streptococcic infections in general, pneumonia, meningitis, and poliomyelitis.—From Parke, Davis & Co. Catalogue, *The "Scientific" Torture of Animals*.

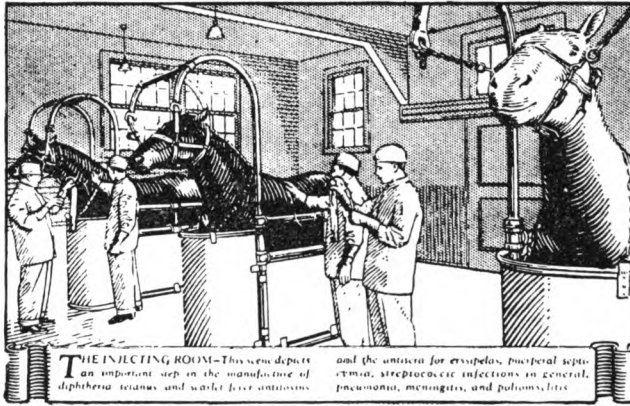
forget that the bill exists and not take steps to cause its repeal in due time?

And as for the people who go to the drugless healers, what of you?

When a medical doctor will have pronounced your case incurable and hopeless, your death warrant has been signed for no one else is allowed to treat you. No one else is legally allowed to try to save your life, in many states where drugless practitioners are not licensed.

You have to go to the medical doctor for there is no one else to go to.

That is eventually what this growth in power of the A. M. A. means. That is eventually what will happen if proper steps are not taken to protect yourselves and your drugless doctor.



THE INJECTING ROOM—This scene depicts an important step in the manufacture of diphtheria, tetanus, and scarlet fever antitoxins and the antisera for erysipelas, puerperal septicemia, streptococcal infections in general, pneumonia, meningitis, and poliomyelitis.—From Parke, Davis & Co. Catalogue, *The "Scientific" Torture of Animals*.

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These are not suppositions. Such events already exist. In New York state, for instance, one of the states where chiropractors are not permitted to practice, those people who wish to consult a chiropractor cannot do so without subjecting the chiropractor to arrest and prosecution at the hands of the state authorities *directed by the state branch of the A. M. A.*

What has actually developed is that in those states where the drugless practitioners are not permitted to practice, the people have lost their inalienable right to their lives as they see fit to maintain them.

This is not merely a condition confronting those in states where drugless practitioners are not permitted to practice. It confronts them in other states where licensing laws already exist. In those states where licenses exist, where the people may consult drugless practitioners, basic science bills are pushed through legislatures by the A. M. A. which in the long run will drive drugless practitioners from business.

Eventually, the situation will develop as it is developing today in New York state, where Deputy Commissioner of Education Augustus Downing, in charge of the Medical Board of Examiners, which in turn has charge of the arrest and prosecution of unlicensed practitioners expresses his opinion that the patient who goes to an unlicensed practitioner aids and abets the practitioner in the commission of a crime, and, is thus liable to arrest and prosecution himself!

That is, the laymen who dare to consult a practitioner not approved by organized medical societies will be arrested and prosecuted!

Can you imagine a situation more intolerable?

Yet this is developing in this country, and the only hope to counteract it, is a strong organization of all drugless practitioners in the country, licensed and unlicensed. Unless they forget their

suicidal policy of fighting among themselves, they will be driven out of the healing field one by one; and unless the people realize that their right to life as guaranteed to them by the Constitution, is on the verge of being taken away by members of this private corporation, they are lost. It is only a question of a few years before the medical trust will absolutely control this country and all laws connected with the science of healing.

What can the laymen do, those millions of people who do not wish to go to medical doctors?

They can do a great deal—more, in fact than even the combined drugless physicians. They can organize with a battle cry of the right to live, and under one central strong headquarters, carry on an educational campaign throughout the country to expose the machinations of the medical trust, the weaknesses of medical healing, and get converts to their views, or at least, counteract the pernicious and often false propaganda spread daily by the medical trust.

How can they organize? The best way is for each patient of a drugless practitioner, whether that practitioner is licensed or not, to insist that his practitioner organize all his patients and ally themselves with other lay bodies. These laymen command *votes*, and votes are what politicians fear more than anything else.

With such a firm organization, with the millions who today go to drugless practitioners, thoroughly organized, and paying nominal dues into the central organization, sufficient funds can be raised to carry on a propaganda campaign which will do much to counteract the activities of the medical trust.

The question is: will the drugless practitioners so attempt to organize among themselves, forget their differences, forget their particular claims and quarrels, and cooperate for the one great common achievement?

If they will not, are the laymen sufficiently interested in their

own right to preserve their health by whatever means they believe can best serve them, to insist upon such an organization and that their own doctor join it?

Upon this the fate of drugless healing in this country depends.

Upon this, the fate of the layman's right to consult the doctor of his choice depends.

No one can achieve these things for you, doctor and patient. You must do it yourselves.

