

"THESE CULTS"

An Analysis of the Foibles of Dr. Morris Fishbein's "Medical Follies" and an Indictment of Medical Practice in General, with a Non-Partisan Presentation of the Case for the Drugless Schools of Healing, Comprising Essays on Homeopathy, Osteopathy, Chiropractic, The Abrams Method, Vivisection, Physical Culture, Christian Science, Medical Publicity, The Cost of Hospitalization and State Medicine.

BY

ANNIE RILEY HALE

AUTHOR OF "ROOSEVELTEAN FACT AND FABLE," "THE NATURAL WAY TO HEALTH," ETC.

Reproduced 1964
by Photolithography
ROYAL LEE Box 267 - Elm Grove, Wis.

NEW YORK|

National Health Foundation

FORTY-SEVENTH FLOOR, WOOLWORTH BUILDING
1926

COPYRIGHT, 1926, BY
NATIONAL HEALTH FOUNDATION
PRINTED IN THE UNITED STATES

DEDICATED
TO THE
FRIENDS OF MEDICAL FREEDOM EVERYWHERE
INCLUDING CERTAIN MEMBERS OF
THE MEDICAL PROFESSION

FOREWORD

"THESE CULTS" is not primarily a defense of drugless therapies except insofar as a true statement of facts—correcting misstatements—may constitute a defense. Its author is not aligned with any school of healing, and writes only as an independent research worker in every field.

The phenomenal growth of some of these Cults in recent years has brought them prominently to the fore, while the "investigations" directed against them by the "Regulars" have still further stimulated popular curiosity concerning them. The Frothing-ham "investigating" committee of Boston in 1922, and the more recently published "Medical Follies" by Dr.

Morris Fishbein, of Chicago, if they did not altogether achieve their double purpose of discrediting the Cults and glorifying Orthodox Medicine, at least served to focus public attention on the newer therapies.

And seeing that the public's information about these had all come from interested sources—either from the Cults themselves or from their professional adversaries—the time seemed ripe for a non-partisan presentation of the case for the drugless schools. To meet such need this volume is tentatively put forward by the author, in the hope that the facts presented may stimulate further investigation and arouse further interest in a subject vitally bound up not only with the drugless schools, but with the health and well-being of the whole community—the subject of medical freedom.

Incidentally, "These Cults" is a reply to "The Medical Follies," in that it essays to check up some of the Fishbein inaccuracies—not all of them.

To the extent that a comparison of statistical records proves the superiority of drugless methods over medical procedure in the care of the sick, the book may be called an indictment of medical practice. Such indictment is predicated on medical records and medical authorities, the author calling to her support the testimony of many eminent physicians of the "regular" school. She feels there is much to be said for the private practitioner, whether "regular" or "irregular." For those who want him he serves a real need. But the choice of him should be entirely a matter of individual discretion. Each individual should be free to apply to any school or to none of them, in his search for health. The custom of backing any therapeutic system with the government and arming it with police power to force its nostrums on an unwilling public, such as is now permitted in the medical domination of public health service, is absolutely vicious and indefensible from any standpoint.

"These Cults" is an emphatic protest against State Medicine and if it shall serve no other purpose than to arouse in its readers the average person's love of fair play, it will not have been written in vain.

THE AUTHOR.

CONTENTS

CHAPTER

[FOREWORD](#)

[I. "UP AND AT 'EM, REGULARS!"](#)

[II. THE FISHBEIN "FOLLIES"](#)

[III. THE CREED OF HAHNEMANN](#)

IV. THE MANIPULATIVE CULTS: OSTEOPATHY

V. WHAT IS CHIROPRACTIC?

VI. ABRAMS EXPLAINS. THE ERA

VII. THE ANTI-CULTS: THE GUINEA PIG

VIII. PHYSICAL CULTURE: "CAPITALIZING THE
EROTIC"

IX. COUÉ AND MRS. EDDY

X. THE MEDICAL PUBLICITY MACHINE

XI. THE COST OF HOSPITALIZATION IN AMERICA.
WHY HENRY FORD'S IDEA WAS NOT
PRACTICABLE

XII. WHY STATE MEDICINE?

"THESE CULTS"

CHAPTER I

"UP AND AT 'EM, REGULARS!"

THERE are many straw indications in recent years, of the medical world's scared realization of its waning supremacy over the minds of the masses. Occasionally an M.D., franker than the most, tells his colleagues—and such portion of the laity as read medical journals—that this popular defection from medical standards is due to existent abuses within their own ranks, and warns them if they would recover their lost prestige, that it will be necessary for the medical profession to clean its own house and set it in order.

Thus the *Medical Journal and Record*, New York, in an editorial leader (Nov. 19, 1924), says:

"The doctor himself has in a measure forsaken the art of medicine for the science of medicine, *perhaps for the business of medicine*; frequently the sick man ceases to be a patient and becomes a case—a vehicle for an interesting disease. . . . The great god Gouge is slaying his worshipers, the public is getting doctor shy."

Edward J. Beardsley, M.D., of Philadelphia, in the "Oration in Medicine," delivered at the 158th annual meeting of the Medical Society of New Jersey, in June 1924, and published in the Journal of that Society in September, 1924, said:

"For the past four years I have made it a part of the medical history of all patients *to inquire what their experience had been with the cults*, and what their reasons for consulting these instead of members of the medical profession. The results of these systematic inquiries have given me as a medical teacher and practitioner, much food for serious thought, and have been not a little disquieting. It may be well to place briefly before you the results of this inquiry.

"Of the patients seen at my office during the past four years, 34 per cent had within three months of their coming to me, *been under the care of agents of one or more of the numerous cults*. During the same period, of the patients

examined by me in a free dispensary connected with one of the larger Philadelphia hospitals, 26 per cent stated *they had been receiving treatment through pseudo-medical agencies*. It seems worth while to learn if possible, *the reason for this wholesale desertion of the medical profession*.

"A careful inquiry into the chief causes of dissatisfaction, revealed that 86 per cent of the private patients and 97 per cent of dispensary patients complained that they had not been examined by their doctor, or examined so superficially that the patient considered the examination worthless. It was found that *only 9 per cent of the private patients, and none at all of the dispensary patients* had been completely examined by the physicians whom they had consulted.

"The next cause for dissatisfaction—not as frankly stated, but met with too commonly to be ignored—was that the patient was impressed that the physician was more interested in receiving a fee for his services than he was in rendering full value for the fee received. Another cause for dissatisfaction, was the expense and waste of medicine ordered at successive visits, *and the complaint that the medicine ordered made the patient feel worse than before taking it*. A final common cause for dissatisfaction, was the inability among patients to understand *why there was such a difference of opinion among physicians regarding an uncomplicated illness*."

And Dr. Beardsley freely stated on that occasion, that "the most distressing feature of such criticism is, in too many cases, its justice. That it is unfair that the entire profession should be condemned because of the failure of certain members to live up to their obligations and opportunities, is obvious; but that *there should be so much ground for just complaint* against the medical profession, is most unfortunate. . . . There comes a time when unpleasant truths must be faced, in order that the necessity for change and improvement become known."

Dr. Irvin Arthur, writing in the Journal of the Indiana State Medical Association, November, 1923, said: "It is generally conceded that the medical profession is losing its grip upon the people. . . . According to statistics, there are now in the United States one-fifth as many irregular healers as there are qualified physicians, and *it is my opinion that these would not exist if they did not fill a kind of need*. . . . The people of this country are demanding of the medical profession *something more than shaking up test tubes and looking through microscopes*," says Dr. Arthur. "The thing they demand most of all when they are sick, is service, and if they cannot get it from the medical profession they will get it somewhere else."

It is the exceptional physician, however, who faces the situation as frankly as Dr. Beardsley and Dr. Arthur. The great majority, while recognizing the decline in medical power and popularity, are disposed to put the blame on the insidious encroachments of the marauding "Cults," and to advocate organized resistance to these.

A few pointers in medical journals will indicate the extent of popular defection from the "regulars," upon their own admission.

Dr. Eugene S. Browning, of Grand Rapids, Mich., in the *Journal of the Michigan State Medical Society*, August, 1923, stated that, "Over 40,000,000 American people have deserted physicians for the various cults, religions, and health associations with all kinds of pedigrees."

Dr. E. C. Levy, Director of Public Welfare, at Richmond, Va., in an address published in the December, 1923, number of the *American Journal of Public Health*, declared that, "In spite of the fact that regular medical practice to-day is incomparably superior to what it has ever been, nevertheless there has never been a time when the people had less confidence in it."

At its 1922 meeting, the Illinois Medical Society, impelled by a desire to get at the exact facts about the rumored discontent with Regular Medicine, employed a trained newspaper reporter to interview large numbers of people and find out from as many as possible, "What did you do the last time you were sick?" and wherever it could be done gracefully, "What led you to do that?" The result was published in the July, 1923, issue of the *Illinois Medical Journal*, and copied by the *Literary Digest*. From this article, entitled "The Laity's Idea of the Physician," we quote the following:

"Replies were grouped under general heads from 5,719 persons in Chicago, and from 1,053 persons out of Chicago—a total of 6,772. From this total only 931—less than 14 per cent—had never dabbled in any cult or pseudo-science. Of the 931 with this perfect record, *only 384*—not quite 6 per cent—*had no curiosity about any of said cults or quackery, and no intention of experimenting just a bit with them.*"

The writer's deduction from these figures was that the very small showing of those with 100 per cent loyalty to the medical profession was due to the evil machinations of "the unscientific Cults," and called for drastic action on the part of the "regulars" in combating and suppressing quackery.

A very significant windward straw in the medical perturbation over the inroads of the "Cults" was the organization in Boston in 1923 of a layman's society called first "The Friends of Medical Progress," and later named "The American Association for Medical Progress," which should serve as a lay auxiliary to the A. M., A. meeting and

thwarting "the attack on the scientific method." This is the euphemistic phrase used to designate the efforts of anti-vaccinists and anti-vivisectionists in resisting the attacks of organized and compulsory State Medicine on the rights of the individual and the compassionate claims of dumb animals.

Thus the new "Medical Progress" organization declares in its preamble, "Although the teaching of science has gone forward at an increasing rate in the past three or four decades, we find in this country to-day a large number of persons who represent a growing dissatisfaction with the scientific school of thought. *In the matter of health and disease, more and more people seem to be going over to the side of the pseudo-scientist, the chiropractor, the naturopath, the anti-vivisectionist, the anti-vaccinationist and others.*"

The reason for this perverse behavior on the part of the ailing public—according to the same authorities—is "the attack on the scientific method" by these "unscientific Cults" together with the failure of scientific men to realize the necessity of defending their purpose and method against such attacks. Medical scientists are much handicapped in making laymen understand the esoteric mysteries of medicine," we are informed, *"because they don't speak the language of science."*

It seems, however, that these learned and scientific gentlemen, wrapped in professional dignity and foreign nomenclature, had been much disturbed by some facts brought out at an Anti-Vivisection Convention they had attended in Boston in 1921—*facts of a nature which laymen could understand.* The M.D.'s "realized the menace of the unopposed propaganda of these anti-medical societies," we are told, but what to do about it?

Still held down by their dignity, by the foreign-language gag, and by their fear of being misunderstood, the perturbed scientists finally hit upon the expedient of organizing the remnants of their lay constituency into a propagandist buffer against the onslaught of "the Cults."

Thus sprang into being "The Friends of Medical Progress," alias "The American Association for Medical Progress." Its medical organizers were not troubled apparently by the inconsistency of expecting their lay delegates to expound medical doctrines and theories to other laymen with greater clarity than the M.D.'s themselves had been able to do.

A bit staggering also was the alarm note sounded by Dr. George F. Vincent, of Chautauqua fame, and president of the "Rockefeller Foundation," who in a ringing speech before the newly-baptized lay missionaries of "medical progress," said: "The world has been waiting for this society, *and it must be backed to the limit, or the medical profession in this country will be swamped by the cults and societies ranged against it*"

Rather extraordinary, is it not, that *the bulwarks of*

"*Science*" which have been 3,000 years in building, should go down like that before the onset of a handful of chiropractors and anti-vivisectionists? One of the most profound and brilliant among modern philosophical writers, Samuel Butler, says: "Unless a matter be true enough to withstand a good deal of misrepresentation" (a stronger word than contradiction), "its truth is not of a very robust order; and if it be crushed, its overthrow is chargeable to its own inherent weakness, rather than to the strength of its opponents." Champions of "medical science" might ponder this saying to some advantage.

The quotations from medical sources herein cited, are sufficient to show, I think, that even if "the Cults" haven't "got the M.D.'s on the run"—as is being charged in some quarters—they have at least risen to the formidable and dignified role of opponents worthy of the medical steel. In succeeding chapters we will consider some of the weapons and fighting methods of the medical combatants.

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER II

THE FISHBEIN "FOLLIES"

SIMULTANEOUSLY with the organization of "The Friends of Medical Progress," there began to appear in the medical press and in various lay journals like *American Mercury*, the *Forum*, the *Nation*, the *Haldeman-Julius Monthly*, et al., articles assailing and belittling all the healing cults in the country other than the allopathic.

"Hygeia," a specially-designed vehicle for medical propaganda, and the official organ of political Medicine, was filled with lampooning sketches of prominent "cultists." Bernarr Macfadden, the reputed founder of Physical Culture in this country; J. H. Tilden, the ablest and most effective of all the medically-trained insurgents against the old order, and Eugene Christian, the pioneer food chemist of America, were all pilloried in the columns of *Hygeia*, and faithfully copied by the other periodicals friendly to the idea of medical supremacy.

The most persistent and ruthless assailant of the Cults in the public prints has been Dr. Morris Fishbein, of Chicago, the editor of the *Journal of the American Medical Association*, editor also of *Hygeia*, and accredited hired publicity man of the A. M. A. He is also advertised as "the associate professor of Clinical Medicine at the University of Chicago," and as "a health columnist whose special articles for a newspaper syndicate reach a million readers." He is a medical Pharisee of the straightest sect, a bigot of unswerving "regularity," and organized orthodox Medicine finds in him its most fitting exponent and defender.

A final culmination of Dr. Fishbein's attacks on the Cults, is his recently published book entitled "Medical Follies," which is a compilation of former articles in various magazines "revised and amended for this volume," as he states in the preface. The title is a bit confusing, some persons interpreting it as an expose of the foolishness of medical procedure, which is, of course, unthinkable for a Fishbein,

When asked for an explanation of such an ambiguous title, the author of "Medical Follies" replied, "I can best answer your question by quoting from a review of my book in the New York *Herald-Tribune*:

"Folly in the singular is recorded as weakness of intellect, foolishness, imbecility, etc. But in the plural, whatever it may retain of the singular, it

has taken upon itself a new glory. 'The Follies,' after two decades of association with the theater, have come to mean entertainment—a spectacle, bright, flashing, exotic, devoid of plot, nude of truth and easy to enjoy except by those to whom still adheres some early piety.

"In calling his book 'The Medical Follies,' in covering it with a yellow jacket embellished by a caricature of his characters at work, done in the manner of those grotesque prints which doctors brought back from Paris a quarter of a century ago, Dr. Fishbein has taken full advantage of this newly-acquired connotation.

"He thereby makes a definite promise of entertainment which he provides, but mainly as a sugar coating for the bitter facts with which he doses. Moreover, he brands himself an artful person, for though he seems to be featuring entertainment, his whole aim and purpose is to present facts."

There will hardly be any difference of opinion among readers as to the "Medical Follies" branding its author as "an artful person." But there will go up a loud chorus of dissent from the *Herald-Tribune* reviewer's glowing affirmation that Dr. Fishbein's "whole aim and purpose is to present facts."

Most of this dissent will come, of course, from the caricatured Cults, and their adherents, but some of it will come from more disinterested sources. There is an increasing body of intelligent laymen in the world to-day, who do not subscribe to any school of healing, medical or drugless, but view them all with impartial detachment.

Such persons call themselves "therapeutic nihilists." The cornerstone of their health creed is, that the Kingdom of Health, like the Kingdom of Heaven, is within you. That it depends chiefly on internal cleanliness, and that each individual can be taught how to maintain this for himself better than any outsider can maintain it for him. The only proper function of a doctor, in the creed of therapeutic nihilism, is *as a teacher*—to instruct laymen in the intelligent care of their own bodies. Under this system the doctor's appeal is to the well quite as much as to the ailing, and there is no inherent conflict between the health of the community and the doctor's economic needs.

It is in the spirit of therapeutic nihilism that this volume on the Cults is undertaken. It will endeavor to tell the truth about them insofar as this can be gathered from their histories and an impartial survey of their claims and achievements. Incidentally it will check up the inaccuracies in the Fishbein "Follies" and endeavor to put both in their true light before the public.

In order to get a better line on the author of "The Medical Follies" and his purpose in writing about them, I called on Dr. Fishbein at his office in the A. M. A. Building, in Chicago, on my way from California to the East last Fall. From the tenor of his writings, and from certain biographical items picked from the publisher's ads on the cover, I was prepared to meet an alert, aggressive, slightly defiant young man about 36 years of age, with keen features and the other things one associates with the medical "smart set."

I was conscious of a distinct shock when ushered into the presence of a squatty, middle-aged man who might have been fifty or more, with small blinking eyes set in a smooth, full-moon face of stolid, noncommittal expression, surmounted by a glistening bald-pate extending from eye-brows to neck-fringe. One should not be too picky about appearances, but I could not help feeling that this was hardly the figure one would expect to see in the editorial chair of the American Medical Association, or in Dr. Fishbein's chosen role of medical "entertainer." It need not interfere with his usefulness as a publicity agent, however, and this of course is his special value to a profession which does not believe in advertising and which must have a smoke screen for this particular article of its ethical code.

On hearing that I had come to talk about his book, the author of "The Medical Follies" turned his affable side outward and discoursed on its merits volubly. According to his report, the public's reception of his work had been quite flattering, the first edition of 1,200 copies having sold so quickly that the demand for it was not met, and the second edition of 2,000 went as quickly.

"It is now in its third edition," he said. Oh, no, it was in no sense an *attack* on the Cults. It was merely "a fair presentation of their history, an account of their founders, their operation, etc." . . . Neither was it intended as *propaganda*—perish the thought—nor as a defense of the medical profession, "*which surely needed no defense!*"

Dr. Fishbein related he had been a contributor to lay journals like *American Mercury*, the *Forum*, etc., at the earnest request of the editors and "because he got a lot of fun out of it," but not at all because he needed them as mediums of expression. For was he not editor of the *Journal of the Medical Association*? Also of *Hygeia*?" Besides which all other medical journals in the country were open to him, he said. Nor did he confine his pen exclusively to medical topics, but had wandered into various fields of literary criticism as a book reviewer. He mentioned incidentally, that in reviewing J. Ellis Barker's book on "Cancer" so highly endorsed by Sir William Arbuthnot Lane, *he—Fishbein*—had pronounced it "a most pernicious publication."

Sir Arbuthnot Lane? Oh, well—with an airy gesture of dismissal and contemptuous shrug—"Not two per cent of scientists *now* pay any attention whatsoever to what

Arbuthnot Lane says. He is simply a crank on the subject of intestinal stasis, you know."

The thought passed through my mind that Dr. Fishbein's ambition to play the role of medical entertainer might sometimes be realized in ways little suspected by him.

And now having read patiently through Dr. Fishbein's story of the "Cults" as "Follies," and having listened to his version and appraisal of his work, we will hear what the Cults say of it, and what they may have to say for themselves.

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER III

THE CREED OF HAHNEMANN

CATEGORICALLY, and in accordance with a strict Allopathic rendering of the term, Homeopathy does not belong among the "Cults" any more than Allopathy belongs with them. For the word "cults," as applied to modern schools of healing, acquired its present significance through its employment by the so-called "Regular" school of medicine to designate any *drugless* therapy—which certainly Homeopathy has never been.

Its founder, Samuel Christian Friedrich Hahnemann, was a medical man of much riper scholarship and greater medical attainments than the average doctor either of his day or the present, can boast. Born at Meissen, Saxony, in 1755, he pursued the study of medicine both at Leipsig and Vienna, taking his M.D. degree at Erlangen in 1779. Wilder, in his "History of Medicine," tells us that Hahnemann after graduation returned to Leipsig in 1789, and engaged for some years in the translating of foreign medical books. "While employed in this way," says Wilder, "upon the works of William Cullen of Lanarkshire (professor of medicine at Glasgow and Edinburgh), he was forcibly impressed by a number of discrepancies as well as by contradictions falling under his own observation."

Thus like many another honest and independent student of Medicine before and since, Hahnemann became dissatisfied with the system of which he was a part, and forthwith set about the task of reforming it from within. Taking a cue from Albrecht Haller, who first suggested (in 1771) testing the virtues of drugs by administering them to healthy human beings, Hahnemann experimented upon himself with various drugs and thus evolved his "law of similars" embodied in the cardinal doctrine of Homeopathy: *Similia similibus curantur*. He learned, for example, that taking quinine would produce in himself the symptoms of malaria, and he argued that this explained the efficacy of quinine in curing malaria—as the medical profession then and now affirm that it does. And thus he reasoned about the whole pharmacopoeia. The idea involved in the homeopathic formula, "like cures like," however, was not original with Hahnemann. Hippocrates was accredited with observations that might reasonably have culminated in genuine homeopathic practice; and the same doctrine was taught by Paracelsus and the alchemists among the Arabian physicians. But Hahnemann was the first to elaborate the concept into a distinct system and promulgate it to the world.

The medical men of his day pursued the 'rule of contraries' established by Galen; that is, they administered the drug whose effect they believed to be exactly opposite to the effect of the disease for which it was given. Setting this aside, Hahnemann affirmed "the law of similars": that the medicine which would cause a certain morbid action in an otherwise healthy person, was the specific remedy for the disease of similar character.

Again it was a pharmaceutical doctrine of that day, that combining several drugs in a prescription increased its efficacy, since each drug was supposed to be auxiliary to the others. Often a score of ingredients would be included in the dose, some of them so nauseous and filthy as to be unnamable. Hahnemann changed all this by directing only a single medicine at a time; and since thus only could the specific effect of a specific drug be determined, whatever of value or credit there may be in the system of "Specific Medicine," justly belongs to Hahnemann as its original founder.

Nor did this strong, courageous intellect rest content with innovations in the healing art that were chiefly negative. He pushed his way into a new field with a different sky and atmosphere—where comparatively few go and fewer tarry. Hahnemann propounded the theory of drug attenuation, by means of which the body of each drug should be reduced to minuteness while retaining its virtue as a remedy. This was effected by trituration, succussion, and dilution, and these processes, Hahnemann taught, brought into operation "the spiritual power which lies hid in the inner nature of medicines." Administered in bulk this would not and could not be, and the condition of the patient would only be made worse, according to this new homeopathic teaching. But in the attenuated form, no medicinal disease would be produced, and at the same time "the subtle cause of the evil would be encountered on its own ground in the interior nature," said Hahnemann.

These sayings gave rise to the allopathic charge that the Hahnemann philosophy dealt with spiritual rather than physical forces. "To him disease was chiefly a matter of spirit," says Fishbein in "Medical Follies." Dr. John B. Newman, in his work on "Fascination," pronounces homeopathy "a disguised form of mesmerizing," describing the homeopathic manipulation of drugs as "mesmerizing them," and citing a direction of Hahnemann's: "In serious cases stroke the patient downward with the palm of the hand until relief is obtained." Since Mesmer was already on the allopathic "Index"—(Fishbein describes him as "the prince of impostors," though how he was ever able to choose between Mesmer and the late Dr. Albert Abrams for this crowning distinction, is beyond us)—to connect the Hahnemann faith with Mesmerism in any wise, was one of the surest ways of discrediting it.

The Third cardinal tenet of Homeopathy, namely, that

chronic disease is the result of suppressed "psora," or itch, led one of the best known nature-curists of America, Dr. Henry Lindlahr, to pronounce Homeopathy "the complement of Nature Cure." The psoric miasma as defined by Hahnemann was an evil spirit pervading the body and manifesting on the surface in the form of an eruption or itch. And it was Hahnemann's idea that the outward manifestation was a safety-valve for the relief of the inner condition.

This is essentially the Nature-Cure doctrine that every acute malady—recognized by symptoms—is a cleansing, purifying process, which if permitted to take its cleansing way unmolested, represents "a healing crisis of toxemia" that precedes a return to health. But if this friendly reaction of Nature to rid the organism of its self-created toxins be interfered with and suppressed, the effect is to drive the systemic poison back into the cells, and add to it the drug, serum, or vaccine poison used in the suppression. It would then be just a question of time until another "crisis of toxemia" would be precipitated, of graver character than the first, which after a few more efforts at suppression or "cure," as the allopaths say, takes the form of a "chronic" or "incurable" affliction.

Yet though touching Nature Cure at this point, and approaching" the drugless standards in the minuteness of its dosage, Homeopathy in theory and practice can hardly be termed the "complement of Nature Cure." Its founder and all of its pioneer teachers and workers were regularly trained and ordained medical men, while the majority of homeopaths of the present—in their beliefs and practices—are not appreciably different from the "regulars" of the old school.

This much is admitted by homeopaths themselves. One of these, C. A. Harkness, of Chicago, writing in the *Journal of the American Institute of Homeopathy*, December, 1925, voices his resentment against the inclusion of Homeopathy in Morris Fishbein's "Medical Follies" chiefly in attempts to show that his school had retained all the elements of "regularity" in the midst of its irregularity. Dr. Harkness, who writes not only M.D. but F.A.C.S. (Fellow of the American College of Surgeons), after his name, says: "Homeopathy has never been one of the Cults. The graduates from its schools have been on an equal footing legally with those from any medical college, and they have enjoyed all the rights and privileges granted by State Legislatures to medical graduates. We have not had to resort to subsidizing nor chicanery to secure these rights. They were given to us *as a part of the great medical profession.*"

In his eagerness to establish the regularity and reputability of his branch of the healing art, Dr. Harkness puts modern Homeopathy on record as subscribing loyally to all the fallacies and barbarities of modern Medicine, even borrowing some of its bigotry. Thus he continues his defense against the Fishbein libel:

"We know that the homeopathic profession has

been at the head in demanding that *the highest standards be required of those who desire to treat the sick*. The first medical college to have microscopes for the study of tissues *and organisms producing disease*, was a homeopathic institution. . . . Medicine has advanced, and the homeopathic physician, being a leader and not a follower, has recognized that antiseptics are required and that physiological action of drugs is a necessity at times. For this reason he is not ashamed nor afraid to use morphine to relieve pain, *or salvarsan to kill the spirochete, or vaccines to build up immunity.*" (The italics are all mine.)

Dr. Harkness checks up further inaccuracies in the Fishbein account of Homeopathy, such as the date and place of founding of the first homeopathic college in America, placed by Fishbein at Philadelphia, in 1848, and by Harkness at Allentown, Pennsylvania, in 1833. Wilder, probably a more reliable historian than either of these, in his "History of Medicine," page 317, relates that Dr. Henry Detwiler, a Swiss, and Dr. Constantine Hering a German, both immigrants to the New World, "established at Allentown, in the State of Pennsylvania, in 1835, a seminary for the instruction of medical students, by the modest title of the 'North American Academy of Homeopathic Medicine.' The new institution was successful in attracting attention, but received only moderate support. It was in no sense American, and its instructions were given in the German language."

According to this historian, Dr. Hering later moved to Philadelphia, and in 1848 procured from the State Legislature an act of incorporation for the "Homeopathic Medical College of Pennsylvania." This became a flourishing institution, and in 1869 its name was changed to the "Hahnemann Medical College" which Wilder says became "the parent school of Homeopathic Medicine for both hemispheres, and in its appointments and facilities, it ranks fairly with the first medical colleges in America."

This appears to contradict the statement of the Fishbein chronicle—that Homeopathy declined in this country, and homeopathic colleges closed their doors from the date (1901) the *Journal of the A. M. A.* began turning the light of publicity on all medical colleges by listing their requirements and pointing out their deficiencies. The author of "Medical Follies" (page 41) says:

"The poor schools began to wilt and fade—and many of the homeopathic schools were poor ones. By 1905 their graduates were fewer in number than in any year since 1880. In 1907 there were but 17 homeopathic schools left, in 1908 but 16, in 1909, 14; in 1912, 10; in 1915, 8; in 1921, 5; and in 1925, there remain but two, and one of these carries a low classification.

Altogether during 1923, there were just 49 homeopathic graduates. . . . Students who observed the gradual decline of Homeopathy began to seek Regular schools; in fact many a young man who had been doctored in early youth by a homeopathic physician, was advised by that very physician not to enter a homeopathic college.

The fact is, indeed, that homeopathy died from within. The very disciples of Hahnemann, and most of the more enlightened practitioners of homeopathy since Hahnemann's time, when they came into practice, found their system unavailing in the face of serious illness. They then availed themselves of the right of every practitioner of medicine to use any treatment that may be for the good of his patient. *They informed themselves of scientific medicine, and prescribed drugs in doses that would work.*" (Italics mine.)

Rather different from Dr. Fishbein's testimony on this point, is that of Dr. William James, who says when he was a medical student at Harvard in the late 60's, "We sneered at homeopathy *by word of command*, and not one of us would have been caught looking into homeopathic literature. But it was an indisputable fact, that homeopaths lost no more of their patients than the allopaths." This may be another rendering of George Bernard Shaw's famous saying: "The only practical difference between a duly qualified doctor and a quack, is, that only the former can sign death certificates, for which they both have about equal occasion!"

Dr. Harkness strenuously combats historian Fishbein's claim that the homeopath did not avail himself of "his right to use all that was known to medical science until *after 1901*," and offers in evidence to the contrary, that the American Institute of Homeopathy—organized in New York City, in 1844—adopted at its second meeting the rule that to become a member of it "one should be trained in all that was known in the best of the medical schools, *and in addition* should pass an examination in Homeopathy."

It is nevertheless true that the influence of Homeopathy as a distinct school of medicine declined in this country from the beginning of the present century, and that its score of once thriving colleges have dwindled to two. The reason for this, however, is not necessarily the one assigned by historian Fishbein. Historian Wilder says: "In Germany, as in America, there arose in the first half of the nineteenth century, a movement among the less scholarly but more numerous grade of physicians, to suppress rival modes of practice by arbitrary measures. Persecution was kindled against Hahnemann, who was finally forbidden to prepare or dispense his medicines, and in 1821 he left Leipsig to become physician to the Grand Duke of Anhalt-Kothen. In 1835 he moved to Paris where he was consulted by patients of every country and in all walks of

life. His death occurred in 1843."

Wilder tells us that in this country Homeopathy was derided and scoffed at as "the quackery of the drawing-room"—after its espousal by such eminent scholars as Channing and Gram, of Boston and such conspicuous social figures as Gray and Hull of New York—to distinguish it from the Botanic or Herbalist school affected by the plain people. Herein is revealed an interesting side-light on the extraneous things which enter into the public's estimate of therapeutic values. Once concede that disease is a mysterious entity—invading the body on the wings of the microbe or some other obscure, subtle agent—demanding special training and technical knowledge for its understanding and treatment, then only those equipped with such knowledge and training will be accounted competent to deal with it.

For many centuries, by means of its great repute for learning, the Allopathic School of Medicine has hypnotized the laity into a belief in its great efficiency, and through its political power acquired in this way has been able to strike off the head of every other therapeutic sect arising to dispute its sway. Historian Fishbein attests the truth of this in saying, "If scientific medicine to-day is withstanding *nonchalantly* the assaults of a myriad systems, cults, and quackeries, it is merely repeating the history of other periods."

The weapons so "nonchalantly" employed by the "regulars" for maintaining their supremacy in former times were the fagot, rack and thumb-screw, together with those being now so "nonchalantly" worked by Dr. Fishbein and others—scorn, ridicule, and misrepresentation.

Finding itself unable to laugh Homeopathy out of court because of medical learning and scientific standing equal to its own, Allopathy resorted to more refined methods of persecution for the disciples of Hahnemann. "We sneered at homeopathy by word of command, and none of us would have dared to look into a homeopathic book," said William James of the Harvard Medical School; and what was true at Harvard, was doubtless true of all the Regular medical schools in the country. The ban was felt in other ways. Despite Dr. Harkness's statement—in repelling the Fishbein attack—that "homeopaths have enjoyed all the legislative rights and privileges granted to any medical graduate," many an aspiring young homeopath seeking to enter the army, hospitals, or public health service, found the way blocked.

The Socialists have a dogma to which even non-Socialists pretty generally will subscribe: If you can put your finger on *the economic factor* in any situation, you can count its life-pulse. Every animal—including the human, like Napoleon's army, "travels on its stomach," and without food not even the most enthusiastic reformer can travel indefinitely. Brave, strong souls like Samuel Hahnemann and the pioneer "provers" of his therapeutic faith, could withstand the flames of persecution and survive. Their weaker brethren of later

generations wearied of the unequal fight and finally surrendered to allopathic domination.

In other words, homeopaths in America during the past thirty years abandoned their own standards and conformed more and more to those of the older school, *not* as Fishbein alleges, because they found their own inadequate, and the allopathic remedies more efficacious, but because the allopaths being everywhere in control of the state, it was easier to earn a living by enlisting under allopathic banners.

This was very freely admitted in conversation recently with one of the better known homeopaths of New York, and this is no doubt the true explanation of the closing of so many homeopathic schools, and the final merging of the "law of similars" with the "law of contraries." It is only one of a number of instances wherein the allopathic lion has shown itself willing to lie down with any therapeutic lamb which was willing to lie down *inside* the allopathic lion! The Fishbein allegation, "homeopathy died from within," should be amended to read "from within the allopathic system"—as it deserved to die. Sooner or later this is the fate of all systems which sacrifice truth to expediency. Such fate is even now hanging over allopathy, as the successful rise of other "cults" since homeopathy very clearly foreshadows.

Allopathic oracles of the Fishbein type may seek to stay its demise with specious propaganda, misleading statistics, and such bombastic claims as that found in "Medical Follies" (page 42), that "while homeopathy as a school had stood still and clung to its law of similars, *scientific medicine had been sweeping onward with steady, sure progress!*"

A more temperate and perhaps more reliable allopathic witness on this point is Dr. Alexis Carrel, of the Rockefeller Institute, who, writing in the *Scientific Monthly* (July, 1925) on "The Future Progress of Medicine," says, "To-day *medicine is a science in the making, and its progress all in the future.*" In this article Dr. Carrel makes the usual allopathic claim to having "conquered infectious diseases" through the Pasteur revelation; but he "doubts whether this victory has so far brought much happiness to the world." He asks: "Has it greatly modified the position of the average man as regards disease and death? Probably not. Although the adult individual has much fewer chances of dying from smallpox, cholera, tuberculosis or typhoid fever than fifty years ago, his expectation of reaching the age of seventy-five or eighty has not markedly increased. *But he surely has more prospect of being tortured by some form of cancer, afflicted with slow diseases of the kidneys, the circulatory apparatus, the endocrine glands, of becoming insane, etc.* Modern medicine protects him against infections which kill rapidly, *but leaves him exposed to the slower and more cruel diseases and to brain deterioration.*"

Evidently there is not a very close relationship between the "onward steady sweep of medicine" and the progress of the

human race in health and happiness, according to Dr. Alexis Carrel of the Rockefeller Institute. This is a momentous confession from such a source, who says furthermore, "there is no great hope of immediate improvement in this situation, in spite of the remarkable advances, etc."

No orthodox medical man ever omits mention of "the remarkable advances" made in modern medicine, of course; but it is seldom that one of Dr. Carrel's high standing lets the laity in on the *real significance* of such advancement. The average layman will now be able to decide whether he prefers to die by "quick infection" or by slow torture.

It is regrettable that Dr. Carrel, having the ability to perceive, and the courage to declare, the fact of the rising tide of chronic and incurable illness under allopathic rule, had not also sufficient insight into the real nature of disease, to connect up the suppression or "conquest" of acute maladies with these chronic afflictions, as cause and effect. To see this and proclaim it, would mean the renunciation of allopathic faith and practice, however, and perhaps Dr. Carrel is not quite ready to renounce all the perquisites and advantages of Rockefeller Institute officialdom.

It was Hahnemann's perception of this truth that is reflected in the homeopathic tenet that suppression of "psora"—or any eruptive miasm produces chronic disease. And herein Hahnemann proclaimed himself greater than the teachers of allopathy. There is no good reason for supposing that "the law of similars," or the "high potency" of the infinitesimal dose, had any solid basis of scientific fact; but the third cardinal doctrine of Homeopathy, that suppression is not cure, but only a deferred aggravation of the same or a worse malady, is not only borne out in practice, but is in line with the best modern scientific thought, including the latest comer in the therapeutic field—psycho-analysis.

Hahnemann's broad, democratic spirit is registered in the Fishbein reproaches that "he did not confine his propaganda to the medical profession, but addressed the public as well"; and that "he received all students, all applicants for knowledge of his methods *whether or not they had been previously trained in medicine.*"

Dr. Fishbein appears ignorant of the historic fact, that a similar charge was brought against Galen, who lectured publicly in Rome on anatomy and hygiene, and so bitterly was he assailed by the Roman Fishbeins of that day that it required the powerful protection of the Emperor Marcus Aurelius, to rescue him from the vengeance of the mob.

By and large, in its concept, in its spirit, and in its practice, Homeopathy was a distinct advance over the traditions and methods of the Regular School. Its final recession into the older medical school, was an egregious blunder—if not a crime.

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER IV

THE MANIPULATIVE CULTS: OSTEOPATHY

ABOUT twenty-five years ago, in a small select boarding-house in Chattanooga, Tennessee, I established my first personal contact with Osteopathy. It came about through a young couple stopping in the same hostelry, and who—as I was informed by our landlady—"practised osteopathy in a down-town office." They were quiet, pleasant-mannered, well-dressed and apparently well-bred people, carrying none of the bizarre, outre effects of personal appearance by which the author of the "Fishbein Follies" has sought to distinguish the Cultists.

The South was then, as now, the most conservative section of the Union, subscribing to orthodox standards in medicine and religion and paying little attention to innovations in either. This pair of osteopaths, who had come from a Northwestern State to the Tennessee town, were not, as I recall, subjected to any form of persecution or social ostracism, however, because of their strange therapeutic gods. But the rest of the boarding-house clientele—including myself—being firmly entrenched in medical tradition, manifested no interest in the newcomers and their new healing cult, until one day something happened to draw my attention to it.

Among the boarders was a little woman friend of mine, the mother of two small boys. The elder, a frail little lad of eight, suffered from periodic attacks of severe headache which kept him from school at times. One evening after supper, when the boy had been absent from the dining room because of one of his headaches, the osteopath approached the mother, who stood chatting with me at the foot of the stairs, and said: "Pardon me, but I couldn't avoid overhearing you tell your friend at supper that you were in the habit of giving your little boy calomel for his headaches, is it so?"

"Yes," the mother replied. "Our family physician at home thought Billie's headaches caused by a torpid liver and bad circulation, and he prescribed the calomel, because he said there is nothing like calomel for giving the liver a good shake-up."

"Well, he hadn't heard about Osteopathy," returned the osteopath, smiling. He was a tall dark man, rather handsome, and when he smiled showed a particularly good set of teeth. "Now I don't wish to be intrusive," he went on, "but I hate to see the little fellow suffer, and I know it is a crime to give him calomel. If you will let me try to see what our osteopathic treatment will do toward correcting his trouble, it shall cost

you nothing, and you can come along—and bring your friend also—to see that we don't do anything very terrible to him," he added, with a laugh.

This was unheard of in the allopathic code—a doctor tendering his services unsought! My friend stiffened a bit at the osteopath's first words, but as he proceeded, his frank manner and manifestly sincere desire to be kind, disarmed her suspicions, and after a moment's hesitation she consented to bring the boy to Dr. E———'s office the following afternoon. And I, whose curiosity was considerably stimulated by what I had heard, agreed also to come with them.

We arrived at the osteopath's office at the appointed hour, and were greeted by both Dr. E——— and Mrs. E———, who was also an osteopathic practitioner. I watched the osteopathic manipulations with keen interest and even before he had finished I was well-nigh convinced that here was a pretty good technique for stirring a sluggish circulation. The boy's heightened color and sparkling eyes when the treatment had ended, converted this impression into a certainty. The treatments were continued every day for two or three weeks, and then on alternate days for another period of weeks. At the end of two months, according to the mother's testimony, the boy's old "sick headaches" had completely disappeared; he was able to run and leap with the other boys without being prostrated with the pain as he had been formerly.

The improvement wrought by osteopathy in this case held good until my friend left Chattanooga with her boys, and I lost track of them for a number of years. Then I learned—about five years ago—that this small boy so providentially rescued from, the allopath's mercurial prescription by the Chattanooga osteopath, had—after twenty years—fallen again into allopathic hands, this time to be rescued only by death. He had made a brilliant record in college and the law school, it seemed, had entered the practice of law in an Eastern city, where he succumbed to influenza soon after acquiring enough money to call in the services of high-placed and high-priced medical specialists. And these—as is too often the case where there is money in the offing—had simply drugged, serumized, spinal-punctured and operated this promising young life into the grave.

Meantime, in the twenty years that had elapsed since I witnessed the osteopathic demonstration in the small Chattanooga office, the cult of Osteopathy had been gaining adherents and growing in popularity and power. In the winter of 1918, in New York City, chance threw under my observation another providential escape from allopathic wreckage by way of Osteopathy.

A young baritone singer I knew there, who developed symptoms of pneumonia, was persuaded by some friends of his to send for an osteopath instead of a "regular." The result was not immediate recovery, as the pneumonia dragged its slow length along through two months of tedious illness; and

the osteopath in this case evinced none of the indifference to fees remarked of our Chattanooga friend. His ignorance of proper feeding in sickness—quite equaled by allopathic ignorance in similar cases—no doubt accounted for the complication of pleural abscess which set in, and for the slow recovery. In short, the disease described about the same course it would have taken under allopathic ministrations, and with the osteopath's even greater diligence in collecting his fee, the net loss in time and money for the young singer was about the same.

But the thing which gave him later cause for thankfulness that an osteopath, and not a "regular" had tended him in that illness, was the difference in their methods of treating the pleural abscess which formed after several weeks. Under osteopathic manipulation, this was allowed to break and discharge itself through natural channels; whereas the "regular" treatment for such troubles is to perform a surgical operation known as an "empyema operation," an incision between the ribs for the insertion of an artificial drainage tube of some kind. A very intelligent and well-educated English nurse from Canada whom I met in New York, who had served with hospital units at home and in France during the World War and had seen many such cases, told me an empyema wound rarely ever healed, and when it did was usually followed by other grave complications.

Many will recall in the published reports at the time of Caruso's last illness, among other tender ministrations served up to him by the medical "experts"—such as constant feeding of highly concentrated protein food—that "an empyema operation was performed." It will also be recalled that the final reading of Caruso's case was that he died from an abscess on the liver. Our more fortunate young baritone who received the osteopathic treatment and escaped the empyema operation, made a final complete recovery with no unhappy sequelæ; and his naturally fine voice which would most likely have been stilled like Caruso's in the hands of the allopaths, was preserved intact.

I have no first-hand knowledge of osteopathic treatments *per se*, and cannot testify as to the therapeutic value of this branch of mechano-therapy as a distinct method or system; but the two instances of its use herein recounted which came under my direct observation, were sufficient to convince me that if osteopathy had no other virtue, its value in pulling people away from medical procedure was considerable. Quite a number of other people must have reached a similar conclusion, for Osteopathy to have grown from its humble beginnings with Andrew Still in Kirksville, Missouri, in 1874, to its present respectable proportions and popular recognition. The author of "Medical Follies" devotes the greater portion of his long chapter on Osteopathy—twice the space that he gave to Homeopathy—to ridiculing the illiteracies and eccentricities of dress and manner of its founder, Andrew T. Still. Book-learning-of-sorts being the medical cult's long suit, any rival cult lacking this superficial erudition would be

fair game for the medical caricaturist, of course. Andrew T. Still, the man who gave to Osteopathy a habitation and a name among healing cults, is described in the Fishbein chronicle as "early American out of English, Irish, German and Scotch sources." These are pretty good racial stocks, and this being one of the very few accurate statements in Dr. Fishbein's chapter on Osteopathy, we are glad to give it full credit. Still was born in Lee County, Virginia, in 1828, but migrated to Missouri and Kansas in time to imbibe the anti-Slavery sentiment of that section and to fight against his native State in the Civil War of the 60's. Prior to that he had taken a medical degree from the Kansas City School of Physicians and Surgeons, and had practiced medicine in Kansas before he entered the Union service as an army surgeon.

Historian Fishbein relates: "It appears likely that his great-grandfather came to *Buncombe County*, North Carolina, from England; the almost irrelevant fact is cited *merely because of the name of the county!*" Perhaps Historian Fishbein would regard as "irrelevant" in this connection the story of the little girl who when asked by her teacher to name "the Father of Medicine," fished around in her memory wells for the old Greek's name, and finally stammered out: "It was Hyp—Hyp—Hypocrisy!" Circumstances alter cases for a joke as for other things.

Dr. Still, though a graduate M.D., a practicing physician of considerable experience, and an Army surgeon for four years, was the rough-and-ready type of country doctor to be found on the Western frontier at that period. Neither from his "Autobiography," nor from any authentic account given of him, does it appear that he could lay claim to great learning or scholarship, or that his manners would grace an Eastern drawing-room. But that does not signify that the system of healing he founded held more buncombe than the one which Dr. Fishbein is striving to prop with such obviously bolstering devices as "Medical Follies." Indeed there are many persons in the world to-day who are not osteopaths, yet who believe that Dr. Still's therapy holds *less* of buncombe and certainly less of harm, than the prescriptions of orthodox medicine.

Dr. Fishbein essays to produce a sneering effect by citing the fact that before Andrew Still "flung his osteopathic banner to the breeze" in 1874, he practiced medicine among the Shawnee Indians of Kansas; that "he learned to speak their language and was well received by them." This to our mind speaks very well for Dr. Still. Not all pioneer whites in this country were "well received" by the Indians, and not all of them deserved to be. Again, there seems no good reason for supposing that the Shawnees would afford less valuable material for clinical observation and experiment than a like aggregation of flesh and blood and bone among civilized folks.

The truth of this appears from the vast sums spent in recent years by cancer experts, in traversing the far places of the

earth to study the habits of primitive peoples, and to bring back the only thing of value they have ever learned about cancer—that it is a product of civilization. Some folks might say also, that Dr. Still could have learned medicinal secrets from Indian lore that were of more benefit to his patients than anything he learned in the medical school.

It is true that Dr. Still early manifested an interest in bones—if that is to his discredit, as Dr. Fishbein apparently thinks it is—and that he sometimes dug them out of Indian mounds and carried them home in a sack on his back. This earned for him the nickname of "the bone doctor," while his other eccentricities of speech and dress excited the ridicule and elicited the sort of persecution that is always meted out to non-conformists in every field by the "regulars" in medicine, in religion, and in politics.

The underlying principle of Dr. Still's philosophy, that a free circulation of vital fluids—blood and lymph—and unimpeded nerve currents to every part of the body are essential to normal metabolism and healthy living tissues, will not be disputed by the exponents of any school of healing—including the "Regulars." Another tenet of Osteopathy, namely, that specifically calculated movements based on rational principles of physiology and hygiene have a salutary effect on the human organism, was formulated and developed into a system in Europe 100 years before Andrew Still was born.

Peter Henrik Ling, Swedish poet and linguist who lived from 1766 to 1839, was the son of a clergyman and himself dedicated to the Church; but being in poor health and learning that the art of fencing was a good corrective of gout and rheumatism, he turned from ecclesiastical orders to devote himself to physical culture. From this he evolved the system known as Mechano-therapy, or the "Swedish Movement Cure," which is the legitimate progenitor of all the modern manipulative cults—including Osteopathy and Chiropractic.

Dr. George H. Taylor, a New York physician who went abroad to study Ling's system and published a book on the subject in 1861, entitled "An Exposition of the Swedish Movement Cure," describes 100 distinct movements included in it in which the subject is both the active and passive agent. It embraced many mechanical devices since employed in gymnasiums. Unlike the less cultured protagonists of its later progeny—Osteopathy and Chiropractic—the founder of Mechano-therapy, it seems, was accorded popular support almost from the beginning. In 1813 he was appointed master of fencing at the Carlsberg Military Academy near the Swedish Capital, and from that he induced the Government to establish in an old armory at Stockholm, the "Central Gymnasium Institute" which was both training school and clinic, with Ling as its first director. It is recorded that "1,500 persons a year attended this Institute, 350 of whom were invalids."

Dr. Taylor relates that similar institutions—at least thirty—sprang up all over northern Europe, and personally testifies: "There is scarcely any chronic disease known that I have not seen successfully treated at these institutions, including blindness, deafness, and deformity of various kinds."

Now if the book, "Medical Follies," were what its author claims for it—an honest attempt to give the various therapeutic cults their proper status and true historic perspective, it could hardly have omitted some mention of Peter Henrik Ling and his Mechano-therapy, which embodying as it did the same central idea as Osteopathy and Chiropractic, was their lawful and dignified forerunner. Yet Historian Fishbein while devoting twenty-eight pages to Osteopathy, and twenty-five to Chiropractic, prefers to give the space to belittling efforts at picking off the personal peculiarities of Still and Palmer, and to reproducing illiterate communications from some of their correspondents, rather than give any fair presentation of the constructive principles embodied in their work.

So much afraid, apparently, is Dr. Fishbein of lending any sort of countenance to successful rivals in his own field, that he does not even hint at the resemblance between the osteopathic and chiropractic schools and the Swedish Movement Cure of the cultured and scholarly Ling. No, these despised cults must not be permitted to borrow any adventitious respectability from such an association.

There is no evidence that Andrew T. Still consciously borrowed from Ling in the development of his osteopathic method, although being a medically trained man he may have read Dr. Taylor's book on the Swedish Movement, and may also have been familiar with the works of Dr. Russell Trail—published in Boston as early as 1863—who had specially featured Ling's system. But the theory of "osteopathic lesions"—injuries arising from the pressure on nerves or blood-vessels by a misplaced bone or ligament, or by "a subluxated vertebra"—appears to have been Still's own idea; and the peculiar osteopathic technique for relieving this pressure or impingement, must also be accredited to the founder of the Kirksville School. This was the institution—established in 1894—which the author of "Medical Follies" says "was to deliver upon the people of the United States some thousands of the ignorant followers of the osteopathic system of diagnosing and treating disease."

I hold no brief for the osteopathic method of "diagnosing and treating disease," and a layman's judgment of such things does not go anyway, particularly with the Scribes and Pharisees of the medical profession. But I have in my possession a communication (date November 18, 1925) from Dr. Richard C. Cabot, professor of Medicine in the Harvard Medical School and Senior Consultant at the Massachusetts General Hospital, containing the statement over his own signature that *"from 20 to 80 per cent of medical diagnoses are wrong, depending on the disease diagnosed."*

I have no osteopathic figures with which to compare these medical findings furnished by Dr. Cabot, and we know nothing except by comparison. We can only speculate as to whether or not the osteopaths can beat the medical men at the game of guessing and naming diseases. Dr. Cabot's figures, it is understood, were compiled from post-mortem examinations at the Massachusetts General Hospital; and one very interesting feature about them has been pretty generally overlooked. This is, that the post-mortem subjects which *confirmed* the doctor's diagnoses *were just as dead* as the dead ones which *proved him wrong!*

In other words, the M.D.'s manifested no greater skill in getting the patient well when they *did* know what his trouble was than when they *didn't*, according to the mortuary findings reported by Dr. Richard C. Cabot. And the important point to emphasize in this connection is, that *the patient would like to live and get well*, regardless of *the particular name*—usually beyond his ken anyway—which the doctor may choose to affix to his ailment. Doctors are sometimes prone to overlook the patient's attitude in their engrossed preoccupation with things like diagnosis and signing death certificates.

And right here it seems appropriate to call attention to the fact, that while we have no osteopathic data on diagnosis, for purposes of comparison with the "regulars," we have some figures compiled by a well-known osteopath of New York City, which show the comparative mortality among patients under medical and under osteopathic care during the "Flu" epidemic of 1918-19. These medical figures were obtained from estimates based on the reports of 148 Health Commissioners—24 of them State Health Commissioners—together with estimates of the National Census Bureau and several large Insurance Companies. From these, a very conservative estimate places the fatalities in influenza cases under medical care at 6 to 7 per cent. The mortality percentage under osteopathic treatment was obtained from report blanks furnished all practicing osteopaths in the United States and Canada for data on all cases of influenza and pneumonia. Strict instructions went with these report blanks to report only well-developed cases, and to report all such with all fatalities. All told, 2,445 osteopathic practitioners reported; but these covered every section of the Union and Canada, small towns as well as large cities, and 110,122 cases of influenza were reported with only 257 deaths, or a mortality rate of about one-fourth of 1 per cent.

If it be objected that this is given only on osteopathic authority, we may ask the objector, upon whose authority are medical statistics compiled? And when both the vital statistics and the diagnosis are left in the same hands—with none to molest or make him afraid—what is easier than to make the figures tally with the statistician's inclinations?

The osteopathic statistician in this case is an ex-president of the New York Osteopathic Society, ex-president of the American Osteopathic Association, and chairman of their

Bureau of National Legislation. He was also chosen to write the article on Osteopathy for the *Encyclopedia Britannica* in 1922. Those who wish to contend that an osteopathic statistician is not as reliable as a medical statistician—other things being equal, are simply affixing the stigma of pharisaism to the medical profession.

According to the *Encyclopedia Britannica* article, the osteopathic profession in 1921 comprised over 7,000 graduate practitioners, and maintained six other flourishing colleges in the United States besides the parent school at Kirksville, the largest in the world, and reputedly the equal in size and equipment with the best medical schools in this country. Osteopaths now claim that the entrance requirements of all their colleges are as high as the medical requirements; that their student enrollment is second only to that of the allopaths; and that their curricula embrace all the subjects taught in the medical schools except *Materia Medica* for which they substitute "Principles and Practice of Osteopathy." The course of study is four years of at least eight months each, spent in actual attendance at one of the recognized osteopathic colleges.

Indeed so closely has Osteopathy followed the allopathic pattern in some respects that certain allopathic leaders have viewed its encroachments with alarm. Dr. Channing Frothingham of Boston, writing in the *Atlantic Monthly* (1923) on "The Established Facts of Medicine" (we had been wondering what they were), makes a brave effort to explain away the growing popularity of the manipulative cults, and accounts for Osteopathy's success by its more recent tendency to square its faith and practice with "The Established Facts." Dr. Frothingham makes a curious admission in this connection. He says: "In that group of diseases in which the nature of the abnormal process is not well understood"—which group embraces 20 to 80 per cent of the cases, according to Dr. Cabot—"it is quite evident from individual reports, that osteopathic treatment in some of these ill-defined cases gives relief; and in some instances *even after regular physicians have failed to make the patient comfortable.*" (Italics mine.)

Dr. Frothingham denies, however, that there is "any satisfactory proof of the value of osteopathic treatment *in diseases of recognized pathology.*" Seeing that so little of the pathology *is recognizable* by the allopaths (upon the authority of Dr. Cabot and others), this would seem to concede the greater osteopathic efficiency in the matter of diagnosing disease; and in view of the emphasis the allopaths place on the importance of diagnosis, this looks like a tremendous concession.

Dr. Fishbein, being "an artful person," makes no such damaging admissions in his "Medical Follies." He will concede no merit in any rival healing cult. He sees in the modern osteopath's efforts to hew to the line of regular medical procedure, only an evidence of weakness—a

confession of failure of his own peculiar tenets, and "an attempt to break into the practice of medicine by the back door."

There *are* osteopaths who will hurl back this Fishbein allegation with the retort: Any osteopath caught sneaking into regular medicine through the back door, does so *because he is ashamed to be seen going in the front way*—as he ought to be! There are others, unfortunately, whose obvious aping of the "regulars" lends some color to Dr. Fishbein's charge. The reason for such conformity, however, is not—as Dr. Fishbein would make it appear—osteopathic recognition of the greater efficiency of medical procedure; but because the osteopath, like the homeopath, bows to the expediency of compromise with the medical system which is politically dominant in the State.

Why should osteopaths, for example, who lost only one patient in 428 during the "flu" epidemic, go to the allopaths who lost one in 16, to learn how to care for the sick? If we concede the Fishbein and Frothingham contention that there is no efficacy in osteopathic treatment *per se*, then the only other obvious explanation of the better luck of the osteopaths' patients in that crisis, is that *through Osteopathy they escaped the medical dope*. There is little ground for Allopathy's preening of itself upon either supposition.

I will close this discussion of the comparative claims of Osteopathy and Regular Medicine, by citing the now famous case of Sir Herbert Barker, the London osteopath knighted by the King for his signal services to the British soldiery during the World War. An English allopath, Dr. Axham by name, became curious about Sir Herbert's work, it seems, and "sneaked" into the osteopath's treating rooms. Whether he entered by the back door or the front, I am not informed, but apparently he didn't go in quietly enough to escape the espionage of the British Medical Council who, when they learned that he had served as anaesthetist to Sir Herbert Barker, promptly expelled Dr. Axham from the Council. This superb act of intolerance and stupidity caused the Irish Free State Government to sever the connection of Irish doctors with the British General Medical Council, and drew from George Bernard Shaw—who it is claimed had derived personal benefit from Osteopathy—a characteristic philippic against the medical hierarchy in general and the British Council in particular. Shaw's long letter in the London *Times*, anent the affair contained some things so true and pertinent about medical autocracy everywhere, as to be worth quoting and remembering.

He said: "The Free State Government will, I hope, resolutely carry out its announced intention of rescuing Ireland from the disastrous control of that despised and self-disgraced trade union—the British Medical Council. . . . The most famous manipulative surgeon in England, knighted for his services though being unregistered, is denounced as a quack by men of whom some, though registered as competent

surgeons, are hardly dexterous enough to manipulate their own shoe-laces. The Council avenges itself for this public slight of knighthood by threatening to strike off the register as guilty of infamous professional conduct, any registered doctor who acts as anæsthetist to the knight. . . . The General Medical Council has about as much to do with science as the Miners' Federation has to do with geology and mineralogy. Even in the medical world, *which is not the scientific world*, it has no preeminence, and in both Europe and America it is a laughing-stock. The medical profession in Ireland will lose no prestige by dissociating themselves from it. But now comes a serious question: Will an Irish Council prove any better? I answer certainly not if the Irish Government acts as stupidly and ignorantly in this matter as the English Government. . . . President Cosgrove's sensible announcement contained one terrifying phrase—'self-controlled profession.' . . . *A self-controlled profession is a conspiracy against the laity*. And of all professions on earth, the medical profession, consisting mainly of private medical and surgical practitioners *who have a direct pecuniary interest in making us ill, keeping us ill and mutilating us*, is one that needs the sternest disinterested control, not only in the common interest of the general body of citizens, but in that of science."

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER V

WHAT IS CHIROPRACTIC?

JUST what is Chiropractic? And wherein does it differ from Osteopathy? These are questions frequently on people's lips nowadays, and to the uninitiated the answer is not readily clear. Morris Fishbein in his "Medical Follies" (page 61), defines Chiropractic as "the malignant tumor on the body of Osteopathy," and quotes an envious and grouchy osteopath as saying, "Chiropractic is only the first three weeks of Osteopathy."

After deducting from the Fishbein account of these manipulative therapies the abusive personalities, the risqué stories, and other belittling devices for creating prejudice, the disinterested reader can but feel that three weeks should afford ample time for mastering the fundamentals of both Osteopathy and Chiropractic, as outlined by the author of "Medical Follies."

Thus according to him, Chiropractic diagnosis and treatment is comprised in two sentences: "Disease is *caused* by certain bones of the spine impinging on certain nerves. Disease is *cured* by pushing those bones off those nerves until by some unknown mechanism of physiology they are persuaded to stay off." Since this remarkable therapeutic system he claims had been "borrowed" by its founder, D. D. Palmer, from Andrew T. Still, the founder of Osteopathy—who according to Historian Fishbein had evolved it in an Indian graveyard—it will be seen at once that both systems are covered by the simple Fishbein formula; and the marvel is that any one could be so dull as to take three weeks to grasp it.

Chiropractors, however, give a very different version of their system to that given out by either their medical or osteopathic censors, and they are perhaps as much entitled to state their own case as those others to state it for them. They deny that their method is a replica of the osteopath's, or that their leader filched Still's ideas. In a Chiropractic manual entitled "Here Are the Facts," issued from the Palmer School of Chiropractic at Davenport, Iowa, in February, 1921, the testimony of the heads of five osteopathic colleges—including the one at Kirksville—is deduced to the effect that Chiropractic is *not* taught in any osteopathic college, and that "there is a wide difference" between the two systems. Extracts from a brief prepared by the attorneys for the A. M. A. in a chiropractor malpractice case are also cited to show that they held Chiropractic distinct from Osteopathy, and "not included in the Act regulating Osteopathy."

This seems to dispose of the charge several times repeated in the Fishbein chapter, that the elder Palmer—the reputed discoverer of Chiropractic—had borrowed or stolen the idea from the osteopaths. The charge is all the more ungracious and uncalled for, in that the eccentric but kindly old man who claimed to "have given Chiropractic to the world," arrogated very little personal credit upon the score of originality for the idea. Though he doesn't name Dr. Still as the source of his inspiration, he very freely acknowledges his indebtedness to "Dr. Jim Atkinson who lived in Davenport, Iowa, about 50 years ago," and to the ancient Egyptians who he says "practiced replacing displaced vertebræ for the relief of human ills at least 3,000 years ago."

In "The Chiropractor's Adjuster," D. D. Palmer's "own book," page 11 the author of the new system says:

"I have repeatedly stated, both in print and by word of mouth, that I am not the first person to replace subluxated vertebræ, for this art has been practiced for thousands of years. I do claim, however, to be the first to replace displaced vertebræ by using the spinous and transverse processes as levers wherewith to rack subluxated vertebra into normal position, and from this basic fact to have created a science which is destined to revolutionize the theory and practice of the healing art."

"The Chiropractor's Adjuster," a volume of nearly 1,000 pages, further described as "A Textbook of the Science, Art and Philosophy of Chiropractic," is a most remarkable conglomeration of instruction in Chiropractic technique—embellished with skeletal diagrams, anatomy, physiology, biology and pathology, interspersed with bits of autobiography, neighborly reminiscences, poetry and religion.

For the author of the manipulative therapy which is causing so much disturbance in the medical world, was a very religious man, and before he invented the chiropractic method of "laying on of hands," had practiced it after the Scriptural fashion. He relates furthermore: "I was a magnetic healer for nine years previous to discovering the principles of Chiropractic"; and as indicating his intimacy with the clergy, he says, "In honor and remembrance of the fact that the principles revealed to me by Dr. Atkinson were direct from the Greeks, the Rev. Samuel H. Weed of Portland selected for me at my request two Greek words, *cheir* and *praxis*, meaning when combined 'done by hand,' from which I coined the word 'chiro-practic.' "

Thus the stamp of "Greek culture" was placed upon the *name* at least of the new healing cult, and the fact that a clergyman had assisted at the christening, should commend it to the favor of the Church. It is a curious circumstance—to be noted in passing—that both the doctors of the body and the doctors of the soul have found Greek nomenclature very

useful in their business.

One of the counts in Dr. Fishbein's indictment of Osteopathy, was, that Andrew Still "felt himself the recipient of a divine revelation"; and to this he adds the further plaint: "The belief in private and confidential relationships with the Deity seems to be an inevitable part of the credo of every healing cult *that has interfered with the progress of scientific medicine.*" This sounds like a rather indiscreet admission from the medical side of the controversy, seeing that it implies some inherent conflict between "scientific medicine" and "the will of God." Can it be because of its past and present close association with the "black arts" of necromancy and vivisection, that "scientific medicine" is opposed by the Deity?

Equally with Andrew T. Still, D. D. Palmer believed himself "in tune with the Infinite," and this brings him under the Fishbein condemnation at the outset. The charge of religious fanaticism is heightened in Palmer's case by his claim to be able to heal by magnetic passes over the patient's body. For the theory of animal magnetism—"a fluid which pervades the universe, but is most active in the human nervous organization and enables one man surcharged with it to exert a powerful influence over others"—appears to be particularly offensive to the author of "The Medical Follies." Anton Mesmer, the famous Swiss physician who made this theory the basis of a system which set the scientific world of Vienna and Paris by the ears in the closing years of the 18th century, is denounced in the Fishbein book as "the prince of impostors."

Dr. Eugene Pellette, an osteopathic critic of D. D. Palmer, says "he ran a grocery and fish store, when he discovered he could give magnetic treatments and became a magnetic healer, which every one knows nowadays is a fake." But the verdict of history seems to be against Drs. Pellette and Fishbein. Pliny refers to this particular gift of healing in the words: "There are men whose whole bodies possess medicinal properties, who cure the bite of serpents merely by the touch." The pious Edward the Confessor of England, and Philip I of France are historic instances of this power, as also the Roman Emperors Hadrian and Vespasian. Mesmer's success with magnetic healing in Vienna was so great that the "regulars" of his day—in accordance with their immemorial custom—ran him out of Germany; and at Paris where he took refuge, the furor created by the fame of his treatment led to the appointment of a Royal Commission in 1784 to investigate the claims of the new therapy. This Commission composed of four physicians and five savants of the Academy of Sciences, brought in a report which *admitted the facts claimed by Mesmer, but denied the magnetic fluid theory.* On this Commission were Lavoisier the chemist, Jussieu the naturalist, and our own Benjamin Franklin who was in Paris at that time. Wilder's History (page 269) says: "The Report failed to meet the issue, and so far from producing conviction, actually imparted new confidence to the champions of the

new science."

Although—as he tells us in his book—Palmer had been pondering "the principles of Chiropractic" during the years he practiced magnetic healing, the full revelation of "the chiropractic thrust," which was to give to his art its distinctive technique—separating it from all other manipulative systems did not dawn upon him until September, 1895.

And then it came from a very humble source. On page 18 of "The Chiropractor's Adjuster," its author relates:

"In the Ryan Block where I had my office, Harvey Lillard, the colored janitor, had been so deaf for 17 years he could not hear the racket of a wagon on the street or the ticking of a watch. I made inquiry as to the cause of his deafness, and was informed that when he was exerting himself once in a cramped, stooped position, he felt something give way in his back and immediately became deaf. . . . I persuaded him to let me examine it, when I found a vertebra racked from its normal position. I replaced it, using the spinous process as a lever, and soon the man could hear as before."

This story is repeated in all Chiropractic literature wherever the genesis of the new system is told, and even Dr. Fishbein has not slighted it. He relates it, however, only to scoff at its truth, and to convict its narrator of filching a leaf from the osteopathic book.

"As for Harvey Lillard's deafness," says Fishbein, "if it was not imaginary, one can only surmise that it was of that order known as hysterical deafness, not due to any organic defect, and curable—as thousands of such cases always have been cured, *by any strong suggestion*—including the laying on of hands!"

Isn't it strange how ready the average M.D. is to attribute to *mental suggestibility* any reputed cure *by other than allopathic means*? And how unconscious he seems to be of the fact *that his own reputed cures might be accounted for one the same principle*?

This attitude of the average M.D. reflects the trade-union element in the medical system, which is the majority element, and the element which Dr. Fishbein so faithfully represents. There are honorable exceptions to this, however, in the few enlightened members of the profession who have the ability to perceive, and the courage to speak up for scientific truth. Thus William Osier in his "Modern Medicine," says that "most drugs have no curative effect whatever on the diseases for which they are administered," and that the more enlightened doctors now realize it. Most conspicuous among those in America who realize the futility or harmfulness of

drugs, is Dr. Richard C. Cabot of the Harvard Medical School, who has gone on record quite recently with the statement: "Every educated physician knows that most diseases are not appreciably helped by drugs."

Because of this recognition by the more progressive element in the medical profession, Dr. Osier said: "We do not now feel under obligation to give any drugs at all, *except where the patient's attitude, or the attitude of his family makes it expedient, in order to create in him the buoyant expectancy which is the real curative agent.*" Here is a nut for Dr. Fishbein to crack:

Dr. William Osier, the greatest medical authority of his time in the English-speaking countries, not only admits the worthlessness of drugs—the time-honored mainstay of his profession—but virtually concedes the only therapeutic value resident in any medical procedure, is its *ability to bring into play the psychic factor of hope—because of the patient's faith in it!*

In contrast to Dr. Osier's views, the author of "Medical Follies" mouths pompously of "the scientific pharmacology of to-day," and lauds the virtues of quinine, digitalis, and salvarsan—three of the most destructive drugs known to medical practice. I have met recently in California a very bright and interesting young English man whose hearing had been nearly destroyed and his career crippled, by the family doctor's persistent prescribing of quinine for malaria, which would have yielded much more readily to judicious dieting. The harmful effects of digitalis upon a pathological heart action have been so often proven, that where the doctor hasn't sense enough to leave it off, the patient frequently has.

On page 42 of "The Medical Follies," Dr. Fishbein deposes:

"Before the rapid effects of the satisfactory administration of mercury and '606,' measurable by a Wassermann test, theories of 'psora' and 'similars' could not exist."

The unreliable character of the "Wassermann test" is attested by physicians who have used it, and is further attested by the employment of other "tests," by the spinal puncture, and other devices for detecting the pale microbe which being sometimes found—not always—in conjunction with the diseased condition known as syphilis, is accused by bacteriologists of the Pasteur school with being the cause of it.

Many persons—including many doctors—do not know that there is another version of the function of disease germs than that promulgated by Pasteur. This other version, which was first expounded to the scientific world by Antoine Béchamp, professor of Medical Chemistry and Pharmacy at the University of Montpellier, sees in the microorganisms associated with disease *not* the pathogenic *cause* of the

trouble; but the concomitant *effect* of the diseased condition which called the germs into being. They come to consume the morbid matter which is poisoning the system, and act as friendly scavengers rather than hostile invaders. This theory of bacteria is so much more in accord with the known behavior of bacteria, and with the known facts about disease, than the Pasteur version, that all persons who reason about things in a commonsense way and are not tied to the heel of medical dogma, accept the Bèchamp explanation of germs as the more rational and plausible one.

Among Bèchamp's contemporaries—who were also Pasteur's contemporaries—in the medical world to endorse this scavenger theory of disease germs, were Sir Lawson Tait, Sir Henry Maudesley, and Dr. Henry Bastian in England; while later endorsers have been Charles Stirling Saunder, H. Fergie Woods, Reginald Austin, Herbert Snow, and others of equal authority.

But the great majority of the medical profession in all the countries, following Pasteur's bad lead, have proclaimed the omnipresent and inescapable microbe as the deadly enemy of man and beast. Hence the sum total of medical wisdom to date, is comprised in the maxim: Find the microbe and kill it, with special emphasis on the *killing!* Indeed, the failure to find the "bug" interferes not in the slightest with the most elaborate preparations for killing it; and the history of so-called "preventive medicine"—which is the system built on Pasteur's germ theory—shows that the bacillus which has been the special object of exterminating zeal—the smallpox germ—has been the most successful in eluding medical pursuit. And although they have had better success in rounding up and identifying the *pallida spirocheta*, this does not appear to have helped appreciably in the medical treatment for the malady the spirocheta is supposed to be responsible for.

Dr. J. H. Tilden of Denver, a medically trained man who has also had wide experience in natural methods of cure, says: "The present medical opinion and treatment of venereal diseases are an infinitely greater menace to the world than will be all the diseases of mankind when they are understood and treated according to the toxic theory." Dr. Lindlahr, another reformed M.D. who saw the light and became the apostle of Nature Cure, thus testifies:

"Venereal diseases in the acute, inflammatory stages, are easily and completely curable by natural methods of living and treatment; *but if suppressed by any of the powerful drugs—iodine, saharisan, '606,' etc., they will find an outlet later on in the manifold 'secondary' and 'tertiary' symptoms. . . . It may take the mercurial poison five, ten, or even fifteen years to work its way into the brain and spinal cord, to cause the characteristic degeneration of tissue which manifests outwardly as locomotor ataxia, paresis,*

apoplexy, epilepsy, and insanity."

In this connection we may recall the testimony of Dr. Alexis Carrel on the steady increase of insanity in the world; also the testimony of J. Ellis Barker, Sir Arbuthnot Lane, and others as to the *cancer-producing effects of any form of slow, chronic poisoning*; and remembering at the same time that the medical hypodermic has been unusually active in the past 50 years—dispensing arsenic, disease cultures and what not; are we not justified in joining the two as cause and effect, and charging at least a portion of this heavy disease harvest up to the slow, sure curse of mercurial poison?

Professor E. A. Farrington, an eminent homeopath of Philadelphia, is quoted as saying:

"Beware how you give mercury. It is a treacherous medicine. It seems often indicated; you give it and relieve, but your patient is worse again in a few weeks. Then you give it again with relief. By and by it fails you, and the patient becomes paralyzed or imbecile."

Because of the compiling of vital statistics and the control of hospital records by the same "regular" school which practices and endorses the use of mercury, anything like a full report of all its disastrous sequelæ cannot be obtained, of course; but occasionally something leaks out to the public which serves as a pointer to what such a report might reveal. A few years ago, in Los Angeles County Hospital, eight men were given "shots" of neo-salvarsan. Seven of them died within 24 hours, and the eighth man became unconscious and died later. Suppose that on that same day, seven Los Angeles chiropractors had irretrievably dislocated that many necks of their patients, and injured others so seriously that they died later? Then imagine if you can, the loud squawk going up from medical officialdom over the "dangers" of chiropractic manipulation, and the trumpeting of these supposed fatalities throughout the lay and medical press. Yet the salvarsan casualties in the Los Angeles hospital referred to did not get beyond the California press, with rather casual mention in some of that.

The "Medical Follies" (page 79) relates, "there are court records of fractures of the bones brought about by this gentle manipulation known as the Chiropractic Trust." But Historian Fishbein does not mention the court records of the 69 damage suits instituted against the Mulford Company (manufacturers of vaccines, serums, toxin-antitoxin, etc.) and the damages awarded—upwards of \$80,000—in the Texas court, because of the killing outright of 10 children, and the serious illness of 60 more, in Dallas in the Fall of 1919, following the administration of toxin-antitoxin supplied by the Mulford Company. (This was "the magic stuff that saved Nome.")

Perhaps Dr. Fishbein had not heard of these Dallas casualties, since he belongs to a profession which "does not

believe in advertising"—such things. The chiropractors, on the other hand, *do believe in advertising* their "goods," in the full confidence of being able to "deliver" them, and they make not the least bones about saying so. One does not have to subscribe to the chiropractor's faith in his ability to "deliver the goods," to see that his attitude toward advertising is the straightforward, justifiable course; and the medical pretense of being against it is both illogical and hypocritical. If any school of therapists—drug or drugless—honestly believe that they possess something which can relieve human suffering, it is not only their inalienable right, but their solemn duty to proclaim it widely. This also applies to any individual therapist who is convinced, or may have convinced others, that he has unusual skill in healing. To argue otherwise, would justify the conduct of a member of a thirsty caravan who having strayed from his fellows on the dusty march and come upon a spring in the desert, would refuse to let the others know about it.

As a matter of fact—and their "ethical" pretense to the contrary, notwithstanding—medical men *do* advertise considerably more than the drugless men, for the simple reason that they have been in the business longer and have acquired more advertising "tricks of trade"—as well as more money to pay the bill. The criticism of medical advertising is not on the score of *advertising*, which is perfectly justifiable, and as legitimate as in any other business ; but what we censure, is, WHAT they advertise, and the pretense that they are *not doing it*.

The chiropractors' greater frankness in the matter is commendable, and shames the cowardice of the M.D.'s. Whether for this reason, or because of chiropractic flouting of medical traditions and theories in general, this newest manipulative Cult appears to have fallen under the special ban of medical displeasure. They have been more hounded and persecuted than any other therapeutic sect, there having been in this country alone more than 15,000 court prosecutions. Dr. Lyndon E. Lee, president of Greater New York District Chiropractic Society, and chairman of their Committee on Legislation, says: "In over 80 per cent of these cases, the juries returned verdicts of "Not guilty," and in every case except one which the Medical Boards appealed to Supreme Courts, those jury verdicts were sustained."

The opinion of a Supreme Court justice handed down in a decision of the Court in the State of Tennessee in 1920, is significant, and worth recalling. Judge Lansden delivered the Court's opinion as follows:

"The Court thinks that Chiropractors cannot be classed along with charlatans and fakirs. It is a well-developed system of healing, recognized in many jurisdictions, and many believe in its efficacy.

"It is not suggested on the record that the

practice of Chiropractic is in any way deleterious to the human body. Our statutes undertake to provide that no one shall practice the healing art until he has been examined by our various Boards and duly licensed. As a condition to obtaining license, the applicant must pursue a course of study covering many subjects. *Chiropractors have no occasion to apply much of this learning.*

"The Court is of the opinion that since their treatments are not shown to be injurious to anybody—they do not give medicine, operate, or subject the body to injurious manipulation—the requirement that they study and be examined on subjects in no way pertaining to their occupation *is an arbitrary and unreasonable attempt to restrict their liberties and the liberty of the people who wish to patronize them.*

"Such regulation has no reasonable tendency to promote the public safety and welfare. The Court recognizes fully the power of the Legislature to regulate the practice of Chiropractic by appropriate legislation. A Board may be created to do this, or the present Board empowered to regulate this profession under suitable regulations. An innocent business, however, cannot be prohibited under the guise of regulation.

"Our statutes, therefore, *if they may be said to prohibit the practice of Chiropractic, are invalid to this extent.*"

The Supreme Court of Illinois, in a similar case, *i.e.*, a chiropractor fined for practicing as a chiropractor without a license, sustained his defense that the law was unconstitutional, and ruled:

"The regulation of the department of registration and education to the effect that plaintiff in error and his class of physicians are required to accompany their application by letters of recommendation with regard to their moral and professional character from at least two reputable medical men or osteopaths, *is arbitrary and unreasonable.*

"The prejudice existing against chiropractors by medical men and osteopaths is known to be intense and in many cases, very unreasonable. For a chiropractor to have to conform to such a regulation would in all probability result in his being excluded from any examination whatever by reason of his inability to obtain such a certificate, although he might be able to establish a good moral character and a good professional

standing by competent men in his own or other professions and callings outside of the medical profession.

Such rules and regulations of the Board are subject to review by the courts, to determine whether or not they are reasonable or unreasonable and discriminatory." *People v. Kane*, 288 Ill.)

Besides these two decisions distinctly favorable to Chiropractic, ten other State Supreme Courts have held that drugless healing is not the practice of medicine. Sixteen States and one Territory (Hawaii) permit chiropractors to have their own Examining Boards; eight others and two foreign nations give Chiropractic legal recognition; two States and one Territory have no legal restrictions against it, and one State, Wisconsin, exempts Chiropractic from Medical Practice Laws.

There are other evidences that medical persecution of chiropractors has "returned to plague" the persecutors, and instead of working to the detriment of the new Cult, has been of real benefit. This is a psychologic truism which persecutors in all ages have refused to recognize. On hearing that their court fines went to the prosecuting medical boards, convicted chiropractors decided on a bit of heroics. Instead of paying the imposed fines, they preferred to go to jail.

In California one year 450 chiropractors went to jail chanting the "Onward-Christian-Soldier" Marsellaise of their faith. The next time the question of licensing chiropractors in the State of California was submitted to a popular referendum, the bill which in a previous election had been rejected by 1,500 majority, won the second time by a safe 145,000, and the number of chiropractors in California increased from 600 to 1,700 in a very short time.

Dr. Fishbein's pleasing metaphor, describing Chiropractic as "the malignant tumor on the body of Osteopathy," is justified in the more rapid growth of the later Cult, seeing that tumor cells always multiply more rapidly than those of the parent trunk. Starting 20 years after Osteopathy was launched by Dr. Still, Chiropractic in little more than half the time has more than twice the number of colleges, and probably three times as many practitioners as the older manipulative system. The parent school at Davenport, Iowa, the Palmer School of Chiropractic, at one time had 3,000 students in daily attendance. The National College at Chicago, the Universal in Pittsburgh, the Missouri Chiropractic College at St. Louis, and the Pacific College at Portland, Oregon, are some of the more important of the 15 colleges maintained by chiropractors.

The best Chiropractic schools now have a prescribes three-year course of study—even Dr. Fishbein concedes this, I believe—and the subjects displayed in their curricula,

Anatomy, Physiology, Pathology, Biology, Chemistry, Obstetrics, etc., besides their own peculiar technique, seem to cover all the necessary technical information that might be useful in handling the sick. This offsets to a degree the charge of illiteracy so often flung at chiropractors, and in which the Fishbein chapter fairly revels. This stigma was undoubtedly deserved in the past, and may apply yet in individual cases; but the Chiropractic colleges are making an honest effort to remove it, and there are more and more educated and college-bred chiropractors.

One feels, moreover, that illiteracy in one who essays to practise the healing art, might be a more serious disability if the medical profession had ever demonstrated—in the 3,000 or more years it has been on the job—that *learning of the kind acquired in medical schools is of any proven value in the treatment or control of disease*. So long as the medical record stands as at present, medical practitioners have no stones to fling at any other school, no matter how illiterate.

In a recent work entitled "Microbe Hunters," the author describes the first of them, Leeuwenhoek, the inventor of the modern microscope, as an uncultured man, ignorant of Latin—the *sine qua non* of culture in his day—and conversant with no literature except his Dutch Bible. But "just the same," says the author, "*you will see that his ignorance was a great help to him, for, cut off from all of the learned nonsense of his time, he had to trust to his own eyes, his own thoughts, his own judgment.*"

These are the words of Paul de Kruif, a research worker and attache of the Rockefeller Institute, and if they will apply to Leeuwenhoek, why not to Andrew Still and D. D. Palmer, neither of whom was any more illiterate than the Dutch lens-maker? Indeed, from our point of view, far more important than microbe-hunting or a knowledge of dead language for those who seek to comfort suffering humanity, is the spirit of tolerance and charity displayed by the elder Palmer in the following passages from his book:

"I am more than pleased to know that our cousins, the Osteopaths, are adopting Chiropractic methods and advancing along scientific and philosophical lines. . . . I trust they will find much in these pages to aid them in their progress.

"It is also a pleasure for me to observe that the medical profession are absorbing Chiropractic ideas, using its methods, as shown by their books and practice.

"In conclusion I desire to state that the larger part of what is 'new' in this book has been derived from others, for 'there is nothing new under the sun.' . . . I am specially indebted to those who have assisted me with advice and proofreading,

and lastly to my faithful and ever-devoted wife
for her encouragement during the many months it
has taken me to write these pages."

The simple kindness and breadth of view expressed in these words should make the A. M. A. ashamed of itself! Even Dr. Fishbein, should he encounter them, might experience a faint qualm for the vitriolic character of his criticism of so friendly a foe.

Chiropractic advertising carries long lists of prominent names, opera stars, musicians, actors, writers, bankers, business men and social leaders who, it is claimed, "have been benefited by the treatment." Whether this claim can be substantiated or not, the bare fact that these famous people have sought chiropractic aid—and the names are of such prominence that no one would dare publish them unauthorized—advertises their disappointment with the "regular" school. In other words, if these celebrities in chiropractors' offices do not spell Chiropractic success, *their presence there does spell medical failure!* The Chiropractic figures in the 1918 "Flu" epidemic showed a loss of one patient in 789, whereas the M.D.'s lost one in 16. If there is no virtue in Chiropractic treatments *per se*, then there must be a lot of virtue in simply getting away from the medical treatment!

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER VI

ABRAMS EXPLAINS. THE ERA

IN the early part of March, 1923, I was commissioned by the editor of a New York magazine to go to San Francisco for the purpose of obtaining first-hand information about the personality and work of Dr. Albert Abrams, and to write a story about them. At that time the ERA (Electronic Reactions of Abrams), the new therapy emanating from the City by the Golden Gate, was making considerable noise in the world. Not only the medical world, which was visibly stirred, and the sick world which is always grabbing at any drowning straw—shaming its ancient medical dependence—but the lay world of journalists, editors and bystanders, were all curious to hear more of the "House of Wonder" commemorated by Upton Sinclair and presided over by Dr. Abrams.

The story I was sent to get had a very definite news value, and this was its main interest for my editor who neither espoused nor rejected the theory that disease could be cured by vibrations. I was instructed to report the thing as I saw it—nothing extenuating nor setting down aught in malice. I could not exactly take the juror's oath of having formed no advance opinion, for like every one else I had been more or less curious to learn something of "the new concept" of health and disease. But I had endeavored to keep an even balance between the unqualified endorsement given the ERA by *Pearson's Magazine*—including Sinclair's "House of Wonder"—and the apriori strictures of the *Journal of the American Medical Association*.

Up to the time of my going to San Francisco, this critical balance in my mind was only slightly tipped in Abrams' favor because of the patent animus in much of the adverse criticism launched against him. Most of this had come from organized medicine, but not all. A magazine writer, who had preceded me in the field of taking stock of Abrams on his own preserves, Paul de Kruif, for Hearst's *International*, had reported his findings in the January (1923) number of that magazine in a vein which could hardly be characterized as judicial or temperate.

For example, the De Kruif article carried in its headline the legend: "No medical claims in years have caused such excitement as those of Abrams, *yet they are complete nonsense.*" Again the writer assures his readers, "*In spite of the essentially absurd nature of his doctrines, he is at present*

having a tremendous and always growing popularity."

Such assurances are not particularly convincing to the lay reader looking for *concrete evidence*, from one supposedly sent *to get facts, not to expound theories*. Unfortunately, Mr. De Kruif, though not an M.D., as an attache for some years of the Research Department of the Rockefeller Institute, imbibed so much of the psychology of medical "authority," that he finds it difficult to divest himself of the medical "divine right" to tell laymen what they *ought to think*; instead of presenting them with *facts* on which to base an intelligent conclusion of their own.

Nor was it calculated to strengthen the layman's confidence in the disinterestedness of the De Kruif testimony in the Abrams case, to have offered us in the preamble to his report the oft-recounted myth of the Elisha Perkins tractors and some superfluous remarks on the easy gullibility of human nature. (As if its immemorial trust in medical dicta were not sufficient evidence of that!)

True, Elisha Perkins, the Connecticut doctor of the eighteenth century who "performed miracles of cure" with his metallic tractors in England and America, has always been a great favorite with medical apologists seeking to explain any newly risen therapy which threatens medical preserves. A whole chapter is given over to the Perkins "quackery" in the Fishbein *Follies*, wherein it is held up as a horrible example to the deluded followers of Osteopathy, Chiropractic, Christian Science, etc. The author expressly states: "These points are emphasized, for a strange similarity will be noted by the persistent reader in an account of the life of one, Albert Abrams, who is dealt with later in this volume." The De Kruif "investigation" of the ERA preceded the Fishbein publication by more than two years, and may have furnished the Perkins suggestion to the latter; but this ancient legend of charlatanry seems to be always "good for one more round" whenever organized medicine is on the defensive. It is curious to note the parallel phraseology in the two accounts. Fishbein relates:

"Dr. Walter Steiner, whose collection of Perkinseana is probably the most complete available, is convinced that Elisha himself believed in the efficacy of the tractors, but is inclined to think his son, Benjamin Douglas Perkins was somewhat of a rascal."

De Kruif, watching Abrams at work, says:

"Here is a magician who believes in his own magic."

Dr. Steiner is quoted by Dr. Fishbein as saying:

"Diseases of the most obstinate nature, which had baffled medical art, were removed by the metallic tractors, and many persons of an

advanced age who had been crippled for years with chronic rheumatism, were, in several instances, perfectly cured."

De Kruif reports no Abrams "cures"; but there are not lacking other witnesses to the accuracy of electronic diagnosis and the efficacy of electronic treatment. Proof of this is given in the fact that "doctors were flocking to San Francisco"—as stated by De Kruif—to sit at Abrams' feet and learn about the "New Concept." Let us concede—for the sake of argument—De Kruif's claim that these "were not the well-educated or intelligent type of physician, but colorless individuals like homeopaths, osteopaths, dentists and obscure physicians"; then he must concede, we think, that because of the greater practical difficulties in the way of these humbler practitioners making the trip, there must have been some powerful impelling motive which only well-attested "electronic cures" could supply.

According to De Kruif, whereas, only five doctors were using the "oscilloclast"—the Abrams vibratory treating machine—in 1919, this number increased to over 200 in 1922. "This is good business for Abrams, and apparently for the doctors who lease the machines," says De Kruif, who together with Dr. Fishbein, is highly scandalized that Dr. Abrams should take money for his machines and diagnoses! Indeed, beyond the grudging admission that Abrams "believed in his own magic" (and even this is partly negatived by other statements in the report), Inspector De Kruif found no good word to say for the San Francisco doctor and his new electronic therapy. He would not even accredit him with any skill in percussion, although it was well known in medical circles that Abrams had developed this phase of medical diagnosis to a higher degree of perfection than any medical man of his time.

For before the ERA made Abrams the storm center of medical rancor and hate, he had been professor of Pathology in the Cooper Medical College in San Francisco (1893-98), president of the S. F. Medico-Chirurgical Society (1893), president of the Emanuel Polyclinic since 1904, and vice-president of the California State Medical Society (1889). Born in San Francisco (1863), of wealthy Jewish parents, he had been given the advantages of European training, taking an M.D. degree from the University of Heidelberg before he was twenty, and post-graduate courses in Berlin, Vienna, London and Paris. He was one of the best educated men of his day, held a brilliant record as an instructor and writer (he is the author of numerous books) and was regarded as both an honor and an ornament to his profession until he fell under the blight of A. M. A. disfavor in 1910.

This fell on him because of the publication (in 1910) of his work on "Spondylotherapy," which purported in effect, *"to furnish a scientific explanation of the good results obtained in Chiropractic and Osteopathic practice."* This was quite frankly stated in the preface to the book, its author adding the

warning to his confrères:

"Neither the fury of tongue nor truculence of pen can gainsay the confidence which these systems of practice have inspired in the community. . . . Right or wrong in their theory, *they are, in vulgar parlance, 'delivering the goods.'* Spondylotherapy was a product of necessity, the translation of an ignored field of medicine from a chaotic to a scientific basis."

This was not to be endured patiently by the high priests of medical control who had placed Chiropractic and Osteopathy on the "Index" of quackery, and were still burning them at the stake of allopathic displeasure. "A rose by any other name might smell as sweet," but *not* a rival system of healing, to the men who sat in the high councils of medical "regularity."

Spondylotherapy was a system of visceral nerve reflexes, to which Dr. Abrams had devoted many years of painstaking study and experiment in clinical observation. It rested on the principle that practically every organ of the body has governing nerve centers in the spinal cord, and when these centers are stimulated by manipulation of the vertebræ—by palpation or percussion—the organs can be made to contract or dilate. To obtain these reflexes—by exciting the functional centers of the spinal cord—Abrams used both his hands and certain mechanical devices. He called this "clinical physiology," in contradistinction to "laboratory physiology"; and he claimed the calculations based on these nerve reflexes *in the human subject were more exact*, and the results obtained *were superior to those obtained by animal experimentation*.

While this was, in a way, a side-swipe at vivisection, and caused misgivings in some quarters as to Abrams' loyalty to one of the tenets of medical orthodoxy, so long as his system was called "Abrams' Reflexes"—as it was for some years—it was endorsed by allopathic "regulars," and many of them gladly availed themselves of it in their practice. Even "spondylotherapy"—being a nice long word of Greek derivation, and possessing that mystifying quality for the laity so valuable in allopathic practice—might have been forgiven, had not its author so brazenly yoked it up with those "quackish cults" Osteopathy and Chiropractic!

Historian Fishbein confirms this in his chapter on "The Abrams Box," page 100:

"He began to write profusely, not only on scientific topics, but also a sort of medical belles-lettres, which were considered quite clever for their day and attracted wide attention. In 1909 he published a work called 'Spinal Therapeutics,' and in 1910 a volume on 'Spondylotherapy,' *which two books constituted his first definite departure from medical orthodoxy*. . . . In reviewing his

book, the *Journal of the American Medical Association* called attention *casually* to the fact, that *this might be considered an attempt to give the general medical men something akin to osteopathy and chiropractic.*" (Italics all mine.)

The "casual" reference to the irregular import of Abrams' book carried in the *Journal of the A. M. A.*, herein noted by Dr. Fishbein, was in actuality a long, sarcastic review of "Spondylotherapy" with a gratuitous slap at its author. From that date, 1910, Dr. Albert Abrams, of San Francisco, became an object of suspicion to orthodox and organized medicine in America; and when about six years later he brought forward his plan for catching and measuring the radio-activity of electrons in a way to determine the vibration rates of diseased tissues—he was "condemned already" in the High Court of the A. M. A.

His claims to recognition were coldly ignored in this court until they were forced upon its attention by such medical authorities from abroad as Sir James Barr, a past president of the British Medical Association, Dr. Mather Thomson and others, and by the clamors of the ailing multitudes at home. Then, instead of inviting Dr. Abrams to appear before some representative and responsible medical body to demonstrate and expound his electronic method, official Medicine in this country proceeded—without previous examination or hearing—to pillory this distinguished medical scholar and physicist in that section of the *Journal of the A. M. A.* devoted to the exposure of quacks and medical frauds of every description. The issues of March, April, and June, 1922, carried every sort of criticism and every sort of story that could be collected or invented that was calculated to discredit Abrams and his work.

Part of the criticism reprinted in the *British Medical Journal*, drew from Sir James Barr this sharp rebuke to the editor:

"You very seldom quote from the *Journal of the American Medical Association*, and one might have expected that when you did, you would have chosen a more serious subject than an ignorant tirade against an eminent medical man, against—in my opinion—the greatest genius in the medical profession. The American critic confessedly knows nothing of Abrams' work, though he acknowledges he has written voluminously. . . . Dr. Abrams' blood examinations have long been established facts, and if this writer were imbued with the spirit of science of which he speaks so glibly, instead of ridiculing methods which he was incapable of understanding, he would have tested them by sending to Abrams a blood sample from a patient whose disease he did understand. Dr. Abrams does not claim his method of diagnosis is infallible, but Dr. H. A. Hess, a

distinguished surgeon, says: 'Dr. Abrams has made 50 blood examinations for me, every one correct so far as I could judge.' There is no secrecy about Dr. Abrams' methods. All his works are well known, and whether his theories be accepted or not, no honest individual can refuse to accept his facts. There are hundreds of medical men from all parts of the world who visit his clinic, and they are not all fools or knaves, as your colleague would seem to infer. I have never known a pupil of Abrams to speak of him except with the highest admiration. Your American friend tries to be very facetious and avers that 'if there be any scientific foundation for the marvels Dr. Abrams so picturesquely features, the scientific world has not yet found it out.' . . . When did the scientific world ever find out anything until *somebody* discovered it?"

And Sir James might have added that the medical world—"which is *not* the scientific world," according to Bernard Shaw and a few other discriminating observers—not only requires to have new facts discovered for it, but to be banged over the head with them for a half-a-century or so, before they begin to percolate to their inner consciousness!

Historian Hume says "no doctor in Europe past the age of 40 at the time Harvey announced his theory of blood circulation, ever accepted it as true."

Abrams' system of blood analysis was based on the theory that all things, animate and inanimate, have radio-activity, measured by wave lengths and varying according to the number of electrons and their rotary speed inside the atomic unit. The electronic theory, be it remembered, was not Abrams' discovery. He laid no claim to that, which had been established on the researches and findings of such men as Sir William Bragg, Dr. William Thomson, and Sir Ernest Rutherford, in England, of Prof. Millikan and others in this country. Dr. Abrams, who was a physicist as well as a medically-trained man, conceived the idea of combining what had been brought to light by these scientists about the behavior of electrons, with his method of obtaining visceral reactions by palpation and percussion of the human subject, in a way to get a more accurate line on diseased conditions than any method of medical diagnosis hitherto evolved.

This combination he thought could be effected by means of electrical apparatus especially designed for the purpose. There is in San Francisco a manufacturing firm known as *The Industrial-Scientific Research Corporation*, whose business it is to design and manufacture appliances adapted to carrying out any idea brought in to them by a scientific investigator, which may seem at all practicable. To this firm Abrams carried his idea, and they—in consultation with him, of course—manufactured the ERA electrical outfit, dynamizer, rheostat, and oscilloclast.

The Abrams technique has been so often featured in the lay press as well as in technical articles, that most persons are familiar with the picture. A human subject—the "bored young man" of Sinclair's description—stripped to his middle, stands on grounded plates, facing west, and holding to his forehead the electrode which connects him with the mysterious-looking appliances on the table to his left; while in front of him is seated the bald and spectacled figure of Dr. Abrams busily engaged in percussing the bare surface of his abdomen, searching out the "dull" areas which indicate to his practiced ear the pathological conditions he seeks to determine and locate.

The thing which differentiates this performance from ordinary "doctor's tappings," is, that the "bored young man" is not the patient whose ailment is being sought; but a healthy "human subject," whose normal reflexes will enable the man who has made a life-long study of reflexes to decide the nature of the malady of the patient—perhaps thousands of miles away—who has sent a few drops of blood on a piece of filter paper. This specimen is placed in the "dynamizer," the little round box on the table, which is connected with the reflexophones and with the human subject.

Abrams's claim, to be able to determine by this method of measuring the vibration rate of dried blood, whether the body from which it was drawn were afflicted with cancer, tuberculosis, or syphilis, was a most extraordinary claim; so entirely outside the experience of the average medical man, that one may readily understand, and even share his incredulity. We have no word of censure for medical skepticism in this matter, only for the hostile condemnation in advance of the evidence, and for the willful distortion of facts.

"His claims defy all hitherto accumulated knowledge both in physics and in medicine," declares Paul de Kruif, Ambassador Plenipotentiary and Inspector Extraordinary from the Rockefeller Institute to the Abrams premises. When I arrived on the scene, the attendants there informed me De Kruif had spent less than 30 minutes all told at the Clinic, and Dr. Abrams referred to him facetiously as his "Rapid Transit critic." It is quite true, as De Kruif asserts, that Abrams' claims practically set at naught much of the "hitherto accumulated knowledge in medicine"; but it is a bit surprising that one who had shown himself such a competent critic of medical procedure as the author of "Our Medicine Men," should take that as *prima facie* evidence of the absurdity of those claims. The other part of De Kruif's statement—that Abrams' theories were in conflict with "all accumulated knowledge in physics"—is not true, as can be established on better scientific authority than De Kruif.

The basic principle of Abrams' system, set forth in his book, "New Concepts in Diagnosis and Treatment," in 1916, *that radio-activity is a property of all matter*, was confirmed by Prof. R. A. Millikan, Nobel Prize winner in Physics and Director of the Norman Bridge Laboratory at Mount Wilson,

California, who told the American Institute of Electrical Engineers, in 1923, "I think we can now say from experiments in our Laboratory and in Germany, *that radio-activity is a general property of matter*, and not a specific property of what we call the radioactive group." That Abrams arrived at the conclusions almost ten years ahead of America's most famous physicist may irritate Millikan, but it is another proof of Abrams' extraordinary genius.

Again, the conclusions reached by Sir Thomas Herder's Committee in England, and read before the Royal Society of Medicine, January 16, 1925—a full year after Abrams' death—*sustained in every essential point the fundamental proposition underlying the Electronic Reactions of Abrams.*

This was a voluntary committee of English scientists who had undertaken the investigation of the ERA at the instigation of one of their number, Dr. C. B. Heald, medical adviser to the Director of Civic Aviation, who authorized the investigation. Casting about for some prominent man to head his committee, Dr. Heald found Sir Thomas Horder, a noted cancer expert and personal physician to the Prince of Wales. With them were associated Major H. P. T. Lefroy, head of wireless research at the British Air Ministry; M. D. Hart and W. Whateley Smith, engaged in physical research on behalf of the War Office; Mr. H. St. G. Anson, a trained physicist, and Mr. E. T. Dingwell, Research Officer of the British Society for Psychic Research. The Report stated:

"This Communication is a joint effort by individuals *who possess between them, knowledge of physics, psychology, clinical medicine, and electro-therapeutics.*"

The personnel of the Horder Committee, the circumstances under which its investigations were conducted, *and its manifest unfriendliness to the claims of Abrams*, all serve to enhance the value of *its scientific findings* and to render even *more significant its vindication of those claims.*

The findings of this Committee, embodied in its report, were based on tests and experiments *made in the presence of all its members* by Dr. W. E. Boyd, an Abrams disciple and homeopath of Glasgow, who was selected by the Committee to make the tests. And even Dr. Fishbein, discussing the Horder Report in "Medical Follies" (pp. 112-116), reluctantly testifies:

"The whole Committee was satisfied, and drew the conclusion that these experiments establish to a very high degree of probability the fundamental proposition underlying the apparatus designed for eliciting the electronic reactions of Abrams."

This was in effect the report of the Horder Committee, but it is apparently such a bitter morsel under Dr. Fishbein's palate, that he rejects it in toto, and talks pompously of a

contrary conclusion which "a real scientist"—like himself presumably—would have drawn! He seeks to minimize the real import of the Horder conclusions, by quoting and playing up the passages of the Report evincing personal hostility to Abrams, and he makes much of the fact that Dr. Boyd used a different kind of instrument—the "emanometer," designed by himself—from the "reflexophones" of Abrams, for catching and measuring the electronic energy emanating from the disease tissue. That is an incident. The crucial thing in this test is, that *Dr. Boyd obtained the electronic reactions*—to the satisfaction of this disinterested body of scientists—*by using the human subject standing on earthed plates and facing west.* Please note *that*—"facing west!" Scientist Fishbein had called that "added hokum that goes back to the priest-craft of biblical legend," and all the "scientists" of the Fishbein school made merry over the "facing-west" feature of the Abrams technique.

And there was still another circumstance connected with the Horder investigation—omitted in the Report, but brought to light by Dr. Cave, of Boston—that had a significant bearing on the extent to which the Report upheld the scientific truth of the ERA. It seems that C. B. Heald's first interest in the matter—which led to the investigation—was aroused by the results obtained in some blood tests made for him—in company with Lt. Col. Tizzard and Major Lefroy—by Dr. Mather Thomson in 1922. The blood specimens were brought by Dr. Heald from cases known to him and taken by himself, and submitted to Dr. Thomson without previous knowledge of their character, and analyzed by him in the presence of Dr. Heald and his visitors. Dr. Heald testifies that three out of four of Dr. Thomson's diagnoses were correct, and the fourth involved a complication which made it doubtful.

Dr. Mather Thomson, Consulting Physician to the British Ministry of Pensions, had become interested in the Abrams therapy through Sir James Barr's writings about it, had come to the United States to investigate it for himself, took Abrams' course, and returned to London to practice it. Yet Inspector De Kruif says "Careful research reveals *only one medical man of any prominence* among those who whoop so loudly for him—Sir James Barr." Incidentally be it said, it didn't require any "careful research" to reveal Sir James, seeing that he was shouting the Abrams' discovery from the house-top and flinging his defi at the whole pack of medical scoffers both in England and America, in language whose vigor belied the imputation of senility with which the opposition sought to smother him.

Even at that, Sir James failed apparently to get the attention of Dr. Morris Fishbein, of Chicago, editor of the *Journal of the American Medical Association*, and medical adviser to some other publications besides *American Mercury* and *Julius-Haideman Monthly*. A careful reading of the Abrams chapter in "Medical Follies" fails to reveal any mention of the fact that the ERA, early in their history, received the emphatic endorsement of an expresident of the British Medical Association. We can but wonder a bit that one who claims to

be writing a "history" of the "Follies," should omit such an important item as that from the annals of the Electronic Therapy.

But we marvel still more that a "careful research worker" like Paul De Kruif, trained in all the "careful" and "scientific" ways of the Rockefeller Institute, should overlook both Dr. Mather Thomson, in London, and Dr. T. Proctor Hall, in Vancouver, ex-president of the British Columbia Academy of Science, who in an address before that body in April, 1923, testified that he had visited Abrams' Clinic in San Francisco six months before, much like the church-goer "who went to scoff, but remained to pray." Dr. Hall said, among other things:

"In view of the almost incredible claims made by Dr. Abrams regarding his method of diagnosis, I was interested in obtaining before I arrived in San Francisco, some estimates of the man from those who were personally acquainted with him. My brother, Dr. Ernest Hall, who had taken a course with Dr. Abrams earlier in the summer, and who was at first extremely incredulous, became fully convinced of the genuineness of his claims and of the very great importance of his discoveries. Dr. Avey, a prominent electro-therapist of Redlands, Calif., told me he had been personally acquainted with Abrams for eight years, and that of two things he was certain, namely, that Dr. Abrams is a man of unusual ability, and that he is thoroughly honest. About the electronic system he would express no opinion, as he knew very little about it. I have heard that since then he has adopted it into his practice. . . . In San Francisco I learned that Dr. Abrams had been for a long time recognized as an expert on diagnosis, apart from his present methods, *and that he has always been financially independent of his professional income.*"

I have emphasized the last sentence in this statement because of the charge so freely made and circulated by Dr. Abrams' enemies, that the million dollars which he bequeathed to the Electronic College represented returns on his electronic devices. Every one in San Francisco, and elsewhere, who is at all acquainted with Abrams' history, knows that his fortune was inherited. But however acquired, the fact that he bequeathed it all to found an institution for carrying on his electronic research, and also serve as a memorial to his two wives (from one of whom much of the money had come), should suffice to convince any one willing to be convinced, of the sincerity of Dr. Abrams' therapeutic faith, as well as his sense of justice and fitness.

And right here it seems pertinent to remark, that one does not have to be an Abrams partisan, nor to subscribe to the

efficacy of the "new electronic concept," to feel a natural repulsion for the sort of tactics employed by the "regulars" to discredit both this man and his work. Presuming on the general public's ignorance of electrical mechanics, the Abrams critics seized upon the electronic apparatus as the most vulnerable spot in the ERA armor. Both Fishbein and De Kruif liken the Abrams machines to a Goldberg cartoon of "an apparatus for committing suicide or waking up in the morning." About the time I reached the Coast (March, 1923), a new assailant had just arisen to denounce the "oscilloclast" as a "worthless contraption" and Abrams as an unscrupulous "gold-digger," in the latest issues of the *Dearborn Independent*. The writer of these articles, who gave his name as Robert Morgan, professed to have made a recent visit to San Francisco and to have been in conference with Mr. Frank Rieber, head of the "Roentgen Appliance Corporation of San Francisco," and described by Mr. Morgan as the "foremost electrical expert of the Coast," *who was just beginning his study of the oscilloclast when the writer got in touch with him.*" (Quoted verbatim from the Morgan article.)

This article in the *Dearborn Independent*, like De Kruif's in *Hearst's International*, was profusely illustrated with portraits of Dr. Abrams at rest and at work, with photographs and diagrams of his machines—showing exterior and interior views, and bristling with such startling legends as "Abrams' most celebrated instrument—the 'sphygmobiometer'—*which in the hands of an unprincipled operator could be productive of more harm than an electric chair*: First diagram ever made of the wiring of the 'oscilloclast'—*the cure-all machine, manufactured at an approximate cost of \$30, and leased to physicians and others for \$200 cash payment and \$5 per month for all time. The under side of the top of the Abrams oscilloclast, showing the wiring a jumble of wires most of which begin nowhere and end nowhere.*"

Mr. Morgan quotes "one of the most prominent electrical engineers of California" as saying the oscilloclast resembled a contraption thrown together by a ten-year old boy who knows a little about electricity, to mystify an eight-year old boy who knows nothing about it."

Later on in his text, forgetting that he had ascribed this scintillating epigram to a prominent electrical engineer, Mr. Morgan attributes it to "one of the most prominent physicians of San Francisco, a leader at the largest hospital in the city, making daily use of the latest electrical equipment." Perhaps the "leading physician" and the "leading engineer" were doing a little team-work in leadership in this instance. The hospital doctor making daily use of X-ray machines, may have used the kind manufactured by the "Roentgen Appliance Corporation" presided over by Mr. Frank Rieber, "the foremost electrical expert of the Coast," who had dissected and condemned the Abrams machines, for the delectation of all those—including himself—interested in discrediting the Abrams method. He was quoted by the *Dearborn* writer as saying:

"No current appreciable to the most delicate galvanometer passes from the oscilloclast to the patient; and since the vibrations are carried by the electric current it is obvious that no vibrations pass from the oscilloclast to the patient."

In other words, the oscilloclast, the treating machine of the ERA therapy, "delivers nothing at all to the patient," according to the Rieber report to the author of the *Dearborn Independent* article, made to him, he says, under date of January 30, 1923. After reading this article, I decided I could not better employ a portion of my time in San Francisco, than by interviewing both Mr. Rieber and Mr. Hoffman, of the "Industrial-Scientific Research Corporation," who had built the oscilloclast for Dr. Abrams, if I wished to get at the truth of the matter. Mr. Morgan had said the builder of the Abrams machines was "a young man about 20 years of age, with some slight electrical knowledge, formerly employed as a workman by a company which makes electrical apparatus in San Francisco." Mr. Hoffman, whom I interviewed at the offices of the Industrial-Scientific Research Corporation," and who told me he was a partner in the firm, did not in anywise answer Mr. Morgan's description of the oscilloclast builder. He was an intelligent, dignified, alert gentleman, between the ages of 35 and 40 apparently, who talked very sensibly and dispassionately about the Abrams machines.

"The oscilloclast is not designed to deliver an electric current," he said, "any more than a gas current. They might as well try to discredit it by testing with a gas meter as with a galvanometer. What the oscilloclast does deliver, is a vibration, which is best described as a pulse of high frequency energy, for whose accurate measurement there is at present (1923) no mechanical device in existence. The nearest approach to it is the electroscope, an instrument for showing *the presence* of an electrical charge; and while the ordinary electroscope would not reveal the fact that this pulse consists of a train of high-frequency waves, it would show definitely *that the oscilloclast does deliver something.*"

Mr. Rieber, when I called on him, said he had been correctly quoted in pronouncing the oscilloclast worthless, but to my surprise, *he said he had never seen Mr. Morgan*—with whom he was supposed to have conferred on the *autopsy of the oscilloclast*—and didn't think he had been in San Francisco at all! The machine Mr. Rieber had dissected had been furnished him by "some doctor who had leased it and become dissatisfied with it," he said. It is interesting to note the Horder Committee's comment on the Dearborn investigator and the other so-called "investigations" of the ERA in the United States. While freely indulging their own animus towards Abrams in its Report, this body of English scientists having at least played fair with *the physical facts* in the equation, apparently feel privileged to rebuke any other

investigators who had not evinced similar intelligence and honesty. After commenting on the unscientific levity displayed in the fake tests with the guinea pig and sheep, recounted in the *Journal of the A. M. A.* and rehearsed by Showman Fishbein in his *Follies*, the Horder Report deposes:

"Of the published matter which has been definitely hostile, perhaps the most conspicuous example, *as regards both virulence and ineptitude*, is to be found in the *Dearborn Independent*. The four articles on the subject which appeared in this journal during 1923 are worth reading as an illustration of how scientific criticism should *not be conducted*. . . . The article is mainly descriptive, but includes an account of 'tests' made by Mr. Frank Rieber, 'one of the leading electrical engineers and experts on the Pacific Coast.' *This account is full of the grossest absurdities*. . . . It is not for the writer of such matter as this to accuse any one of 'ignorance of the elementary laws of electricity.' And yet this sort of jargon has been proffered to the public as a damning and conclusive 'exposure' of Abrams and his methods. But remarks of this kind, presented with every appearance of assurance and authority, are apt to deceive even the very elect, *except these be specialists in the particular technique concerned*." (Italics mine.)

This confirms an opinion I formed soon after arriving in San Francisco. I remained there two weeks and visited every day the Abrams Clinic in Sacramento Street, where I was permitted to sit in the long darkened room among the physicians gathered there to receive instruction in electronic diagnosis, and to watch Dr. Abrams tapping on the bared anatomy of the human subject and hear him lecture to his class, as he analyzed blood specimens and recorded diagnoses. I soon decided that the whole subject of the ERA was so highly technical— involving expert knowledge both of electron behavior and of human reflexes—that no layman, and *no doctor "without such expert knowledge*, could hazard even an intelligent guess on it.

I told Dr. Abrams quite frankly that "it might all be true, or it might all be pish-posh, for aught I knew"; and with his permission I would reserve judgment on the ERA and confine my report to my impressions of him, of his establishment, and of the people I met there. He accepted my frank agnosticism good-humoredly, and in that and in some other respects displayed less bigotry and arrogance than one finds in the average medical man. Socially and intellectually, I regarded Abrams as a high-class type of the ancient race which has distinguished itself in so many fields of human endeavor. He had the finely-modeled features one sees only in these higher Jewish types, while his keen sense of humor and ready wit made him a delightful conversationalist. I found him human and likable, notwithstanding a frankly irascible temper which

inclined him to swear at things that got in his way. This, in itself, seemed to me to negative any suggestion of fraud in his case. Your smooth imposter with something "to put over," usually has his emotions better schooled.

Indeed, no disinterested observer watching Abrams at work in that intent, concentrated fashion of his, could doubt that here was one doctor imbued with the true spirit of scientific inquiry. There is in this—in its inception, at least—much of the elemental, wholesome curiosity of the child; and Abrams had displayed considerable childish naivete in supposing his medical confreres might like to have *a scientific explanation* of Chiropractic and Osteopathy !

The "Rapid Transit" visitor to the Abrams establishment some months before had seen in the oriental furnishings of the outer reception hall—the rich silken tapestries of Oriental design, the huge brass figure of a Chinese god with the snarling Cerberus underneath, the curiously wrought bronze vases, Chinese lanterns of dark wood and heavily carved ebony furniture twisted into dragon shapes—damning evidence that Eastern mysticism and occultism were somehow mixed in with the ERA; and "the whole place reeked of necromancy and the black arts" to his affrighted imagination.

It is a commonplace truism that "everything depends upon the individual viewpoint," of course. I beheld nothing in these things but an innocent art collection which any well-to-do citizen of our western world with sufficient cultural taste might gather about him. I had seen such things in luxurious doctors' offices in New York City without connecting them up with "necromancy and the black arts." But then I haven't Mr. De Kruif's Rockefeller Institute orientation—that makes a difference. One who carries the atmosphere of that place around with him just naturally thinks of "necromancy and the black arts" on slight provocation.

Contrary to popular rumor, I found more M.D.'s than Osteopaths taking the Abrams courses. *The Scientific American* "investigation" (1923-24) discovered about 5,000 graduate M.D.'s practicing the Electronic method in all parts of the country. Of course, Dr. Fishbein, speaking for the A. M. A., tells us that very few of these are "in good and regular standing" in the profession; and it depends entirely on the medical profession's "standing" with *you*, gentle reader, as to whether you regard that as very damning evidence against the class of men who are using the Abrams method in their practice.

Seeing that the medical profession has no standing at all with 40 million Americans—upon its own confession—and probably has very little standing with as many more by actual count, there is no reason from the viewpoint of equality and justice, why the Fishbein measuring-rod should be accepted as the standard of professional efficiency or morality for the other schools of healing.

Dr. Albert Abrams' theories about disease, its diagnosis and treatment, may, or may not be scientifically sound. But why should he be brought to book for them by a set of men who have never been able to prove—in 3,000 years of effort—that their own theories about the diagnosis and treatment of disease are scientifically sound? The patent illogicalness of making the medical findings in a given case the criterion of accuracy for the ERA findings— not only because of the radical difference in the two methods of diagnosis, but because the former have been confessedly erroneous in from 20 to 80 per cent of the cases—seems never to occur to those who still take the medical profession for granted, and do not realize that for a good portion of the world at present medical faith and practice have gone into the discard.

A striking instance of this medical obsession, was the "investigation" staged by the staff members of the *Scientific American* in the late summer of 1923. After a whole year of making "tests," taking testimony, and sifting evidence, this self-constituted, *opera bouffe* tribunal brought in a solemn verdict (September, 1924), that "the Electronic Reactions of Abrams have no scientific basis whatever, and no value that we can discover." But in saying this, the *Scientific American* was just two years and six months behind the *Journal of the American Medical Association*, which in March, 1922, had rendered a similar decision *without any investigation at all!* And seeing that the *Scientific Americans* and the A. M. A. are practically the same "birds of a feather," the former seem to have taken a lot of trouble to reach a foreordained conclusion.

The effect of all this barrage of hostile criticism, was to put the ERA under a cloud in America for a time and help to put Abrams into his grave. Meantime in England where this new therapy has a large following, the Horder Report has reversed the A. M. A. and the *Scientific Americans*, and Sir James Barr, in the foreword to a book on the "Abrams Methods of Diagnosis and Treatment," issued in 1925, said:

"In my opinion, during the past 50 years Medicine has produced only two geniuses, Albert Abrams *facile princeps*, and Almroth Wright. Yet the former was hounded to death by his professional brethren, and the latter has never received the recognition to which his monumental work entitled him."

CHAPTER VII

THE ANTI-CULTS: THE GUINEA PIG

MORRIS FISHBEIN, literary caricaturist of the "Cults," and self-appointed entertainer of the public with selected Cultist antics, introduces his Chapter on "The Anti-Vivisectionist" with a definition borrowed from George Jean Nathan, one-time editor of *Smart Set*.

"An anti-vivisectionist," said Mr. Nathan, "is a woman who strains at a guinea pig and swallows a baby." This "soul-searching mot," says Dr. Fishbein, "of all Mr. Nathan's delightful aphorisms," had been selected by him as "the one which delighted him most," and Dr. Fishbein adds: "the one he selected is likewise the one which gives me most joy."

We are perfectly willing that Messieurs Nathan and Fishbein should classify themselves in this fashion, since it has been truly observed, that people reveal more of their real selves by what they think is amusing than by what they think is sad. In this sense, the coarse and disingenuous *bon mot* ascribed to Mr. Nathan, in what it tells us of its perpetrators, may justly be called "soul-searching." Personally, it seems to me—quite aside from its dishonest implications—such a sorry jest that I am moved to paraphrase it with a quip of my own make: Is not a "smart set" editor, then Mr. Nathan, one who strains at the Bible and swallows a pharmacopoeia? Or, narrowing it to closer limits, one who strains at Moses and swallows a Fishbein?

I do not offer this as first-class humor, but only as a counterpart to the Nathan *bon mot*, with the respectfully submitted addenda showing it to be more truly descriptive of the editor than his favorite epigram is descriptive of an anti-vivisectionist.

Before proceeding to analyze that epigram—which Dr. Fishbein says, states the case for the anti-vivisectionist "in a nutshell"; and before entering on the consideration of the case for vivisection, both in and out of "nutshells," let me say that *the case* for the opposition is stated when *the fact* of vivisection is stated. It is not the anti-vivisectionists who are on trial before the world's sense of justice, decency, and humanity. They do not need to make any excuse, or give any reason for opposing a thing which is in its essence so horrible that simply *to name it*, is to cause an instinctive recoil in any normal mind.

I witnessed a rather striking instance of this quite recently when an uneducated colored woman, hearing the word for the first time, asked me, "What do they mean by vivisection?" I explained briefly, telling her only a few of the things taken from the confessions of vivisectors themselves, when she covered her face with her hands and visibly shuddered. Then uncovering it, she looked at me with unaffected pain in her solemn negro eyes, and said: "Well I never knowed they was such folks in the world! Why *they ain't got no conscience at all*, have they?"

I thought I had never heard a more scathing indictment of "the scientific method" than was here pronounced by this untutored child of Nature. Quoting from a more sophisticated source, Gilbert K. Chesterton states the viewpoint of the opponents of vivisection very succinctly and sufficiently:

"The vivisectionist, for the sake of doing something that may or may not be useful, does something that certainly is horrible. . . . Now whether torturing an animal is or is not an immoral thing, it is, at least, a dreadful thing. It belongs to the order of exceptional and even desperate acts. Except for some extraordinary reason I would not grievously hurt an animal; with an extraordinary reason I would grievously hurt him. If, for example, a mad elephant were pursuing me and my family, and I could only shoot him so that he would die in agony, he would have to die in agony. *But the elephant would be there*. I would not do it to a hypothetical elephant.

"Now it always seems to me that this is the weak point in the vivisection argument. (Suppose your wife were dying.) Vivisection is not done by a man whose wife is dying. If it were it might be lifted to the level of the moment, as would be lying or stealing bread, or any other ugly action. But this ugly action is done in cold blood, at leisure, by men *who are not sure that it will be of any use to anybody*, men of whom the most that can be said is, that they may conceivably make the beginnings of some discovery which may perhaps save some one else's wife in some remote future. That is too cold and distant to rob an act of its immediate horror. That is like training a child to tell lies for the sake of some great dilemma that may never come to him. . . . You are doing a cruel thing, but not with enough passion to make it a kindly one."

It is not the anti-vivisectionist viewpoint, however, which requires to be explained or defended. That is simply the natural, normal reaction of the average normal human being against wanton and senseless cruelty. One does not require to be an animal lover to any extreme degree to feel this natural

repulsion at the thought of animal torture. Even those—many of them—who ruthlessly kill animals for their own pleasure or profit, would balk at the long-drawn-out agonies staged in vivisection laboratories.

I wish to state at the outset of my discussion of this subject, that I have never felt any strong personal attachment for animals, and never in my life had an animal pet of any kind. As a child I preferred dolls, and when I grew older I preferred children as playthings. My interest in animal life has been intellectual rather than sentimental. I find many of them very interesting to watch, and I think any fair-minded observer of their habits must concede that their conduct, by and large, compares very favorably with that of the "superior animal"—man.

I oppose vivisection, therefore, first on scientific grounds; because of the illogicalness of seeking the positive, open road to Health—which lies fair to the sunlight of hygienic living and commonsense, through the tortuous bypaths and darkened labyrinth of medical superstition and barbarities which find their counterpart in the Voo-doo practices of an African witch-doctor.

I oppose it, in the second place, on the score of common decency and humanity, which are outraged both in the case of the tortured animals and their human torturers. Not the least of the evils of this inhuman practice, is the hardening and deadening effect upon those who constantly participate in, or witness, cruelty. And lastly I oppose vivisection as the last word in cowardice. The most defenseless creature in the universe is a dumb animal before a vivisector—shaming the sheep before her shearers; and nowhere is the law of *noblesse oblige*—the law which should ever govern the strong in their dealings with the weak—so outraged. And even as I regard courage as the highest attribute of the human soul, so am I forced to condemn cowardice as its worst, and vivisection as the lowest form of cowardice.

Nor is it possible for the evil effects of such a practice to stop with the vivisector and vivisected. Their baneful influence extends to every portion of the community touched by the system which sanctions and sponsors vivisection.

"There is in man a specific lust for cruelty," says Bernard Shaw, "which infects even his passion of pity and makes it savage. A craze for cruelty can be developed just as a craze for drink can. . . . Those who accuse vivisectors of indulging the well-known passion of cruelty under the cloak of research, are, therefore, putting forward a strictly scientific psychological hypothesis, which is also simple, human, obvious and probable."

And even where "the craze for cruelty" does not develop, the calloused sensibilities inevitably developed in men

constantly engaged in cruel experiments on helpless animals, will not conduce to the gentlest consideration for the helpless humans entrusted to their care. *The Citizens Medical Reference Bureau*, a very reliable and conservative organization doing medical research in New York, reproduced in one of its bulletins (No. 120), fac-simile tables taken from an article in the *N. Y. State Journal of Medicine* (February 1, 1924), by Dr. Abraham Zingher, of the New York City Department of Health, showing that thousands of children in the New York City schools "had been experimented upon with 14 different mixtures of toxin-antitoxin, all but one of which when injected into guinea pigs, caused paralysis or death." One of these mixtures would be tried out on one group of children, and another mixture on a second group. *The Citizens Reference Bureau* also quotes from an address to the New Jersey Medical Society (July, 1924), by Dr. William H. Park, Director of Laboratories of the New York City Health Department, wherein he admits the Department's use of antitoxin "for experimental purposes."

This is the same Dr. Park, who when confronted with his own statement that "diphtheria could never be conquered with antitoxin," cited by H. B. Anderson, secretary of the *Citizens Medical Reference Bureau*, in its March (1925) News Letter, publicly repudiated the statement ascribed to him as "an absolute misrepresentation"; accused Mr. Anderson of "deceptive use of figures"; and denounced the Reference Bureau as "that organization which has been putting forward the most horrible statements and lies!"

Whereupon Mr. Anderson, who is a very unemotional individual, calmly returned to the fray with *photographic reproductions* (see the Bureau's April, 1925 News Letter) of Dr. Park's article in the *Journal of the American Medical Association*, of date November 4, 1922, p. 1584, from which the ascribed statement had been quoted, and of that gentleman's vehement denial of the same in the *New York Times* of March 29, 1925.

This episode involving an issue of veracity between the responsible head of New York City Laboratories (where "animal experimentation" is carried on in the manufacture of vaccines and serums), and the *Citizens Medical Reference Bureau*, a layman's organization for combating—not vaccine-serum therapy *per se*, but only its compulsory use, is very significant, and covers three salient points in this discussion.

First, it illustrates the readiness of the metropolitan press to take the doctor's side in any controversy between him and a layman, and to assume that the doctor must always be right and the layman always wrong. Second, it brings out rather poignantly the treacherous nature of a doctor's *recollections* in any matter affecting his personal prestige or "the dignity of the profession," and shows the riskiness of accepting his statements at par. And lastly, this incident demonstrates the dire need to defend "animal experimentation" with worse things even than the George Jean Nathan epigram—bad as

that is.

It is bad, from the standpoint of honesty, accuracy, and literary taste; but comprising as it does in brief form two of the three main tactical lines of vivisection defense, for my purposes of analysis, I may say that *bon mot* delights me almost as much as it does its author and publisher. We note first Mr. Nathan's facetious effort to restrict the sex of the opponents of vivisection. "An anti-vivisectionist is a *woman*"—a damnable fact if it can be established.

If the public can be made to believe that the only persons opposing the cutting, burning and poisoning of living dogs, cats, rabbits, guinea pigs, etc.—thereby interfering with the work of "noble, disinterested scientists," and blocking the wheels of progress—are "a lot of hysterical women, whose natural impulses, denied normal expression, have been turned into abnormal love for animals"—why then the cause of vivisection will win in a canter. The scientific world cannot be expected to turn from its high purpose for the sentimental cackling of neurotic women!

Now even granted that some of the opposition to vivisection comes from lonely women in whom frustrated instincts may have produced what modern psychology terms a "neurosis"; do the defenders of vivisection realize that the men who can calmly engage in *that* business are under the strongest sort of imputation of neurosis and perversion? And will any one contend that it is better for an abnormal impulse to take a cruel than a kindly turn?

To deprive the champions of cruelty of their favorite argument, however, we need only turn to the long list of able and distinguished *men* who have opposed vivisection in all ages. In deference to the literary pretensions of the coiner and booster of the *bon mot* quoted at the beginning of this chapter, we will look first at the male writers, and name a few of the most prominent ones. We find among Englishmen of letters, besides Shaw and Chesterton, already quoted, Jeremy Bentham, Thomas Carlyle, Robert Browning, Edward Carpenter, John Galsworthy, Thomas Hardy, Charles Dickens, Oliver Goldsmith, Prof. Edward Augustus Freeman, Regius Professor of Modern History at Oxford, Historian Lecky, Walter Savage Landor, Jerome K. Jerome, Robert Louis Stevenson, Tennyson, Sir William Watson, Ruskin, Shakespeare and Dr. Samuel Johnson, with many others that cannot be enumerated within the scope of this chapter, who denounced the practice of vivisection in terms that could not be misunderstood.

Among American writers who were proud to be enrolled among anti-vivisectionists, were Mark Twain, Robert Ingersoll, Elbert Hubbard, William Dean Howells, Edwin Markham, James Martineau, Edmund Vance Cooke, James Oliver Curwood, Bolton Hall, and others who could be named. In the words of Bernard Shaw:

"From Shakespeare and Dr. Johnson to Ruskin and Mark Twain, the natural abhorrence of sane mankind for the vivisector's cruelty, and the contempt of able thinkers for his imbecile casuistry, have been expressed by the most popular spokesmen of humanity."

Among literary celebrities of other countries denouncing vivisection, Victor Hugo, Voltaire, Maeterlinck, Maarten Maartens, Tolstoy and Richard Wagner, may be mentioned. But perhaps literary characters—even when masculine—are too tame and pallid by nature to constitute competent judges of this red-blooded, two-fisted business of torturing dumb animals? Many writers, we are assured, are under "scientific" indictment or suspicion of harboring "neuroses."

Let us then turn to the consideration of the list of statesmen, jurists, men of affairs and naturalists—real scientists, who have raised their protests against "the scientific method" sponsored by official Medicine and defended by Dr. Fishbein and Mr. George Jean Nathan—the sponsors in this case largely overshadowing the defenders, who but for such powerful protection, would scarcely dare to be defenders. In opposition to them, stand such names as Bismarck, Viscount John Morley, John Bright, Lord Chief Justice Coleridge, Lord Loreburn, late Lord Chancellor of England, Maurice Barrès, Marquis du Trévou, Sir Frederick Banbury, Sir George Greenwood, Admiral Dewey, Hon. Henry W. Blair and Hon. William E. Chandler, U. S. Senators from New Hampshire, in the political world; while in the world of science, Alfred Russell Wallace, co-worker with Darwin; Baron Georges Cuvier, founder of the science of Comparative Anatomy; Auguste Comte, famous French naturalist; George Searle, University Lecturer in Experimental Physics at Cambridge, and Luther Burbank, the American wizard of plant life, are sufficient singly or collectively, to discredit the vivisector's scientific claims and cast into derision the Fishbein pronouncement that they are followers of what is essentially an illogical, fanatical cult, opposing progress if it involves in any way what they conceive to be abuse of the lower animals for purposes of study."

The author of "Medical Follies," p. 151, says:

"This opposition seems to rest on a lack of actual knowledge of what animal experimentation has accomplished for mankind, of what it has contributed to the life and comfort of the animal, of the extent to which the animal may suffer in the cause of experimentation, and of the very rules which scientists themselves have made to safeguard their work with animals."

A far more accurate statement than this, is the converse proposition that such support as an unthinking, uncritical laity now lends to medical experimentation on animals, "rests on a lack of actual knowledge" either of what it means or what it

has accomplished. The fact that the vivisector's work is done behind closed doors for the most part, that only a few persons in the immediate neighborhood of animal laboratories hear the cries and moans of the victims, prevents the public at large from realizing the actual nature or extent of these experiments.

Most of the information the general public gets on the subject comes from the vivisectors themselves, or their paid emissaries, both of whom are interested in minimizing the horror of the thing, of course. To accept the testimony of these men is tantamount to letting the criminal sit in the judge's chair. To quote Shaw again:

"It is hardly to be expected that a man who does not hesitate to vivisect for the sake of science, will hesitate to lie about it afterwards to protect it from what he deems the ignorant sentimentality of the laity."

In other words, the things the vivisector does in the ordinary routine of his art are so much worse than lying, that even malicious lies look rather white by comparison. Any one who doubts this on *my* statement, may judge for himself by reading the accounts of these "experiments" furnished by the experimenters themselves. For when vivisectors talk to each other—in medical literature—their speech is much less guarded than when they talk for public consumption, and some of them appear to gamble with the assumption that laymen do not read medical literature—and not many of them do.

But this black art of Medicine—what Robert Ingersoll called "the Inquisition of Science"—has always had its opponents among medical men themselves, and some of these—more courageous than their brethren—have taken their professional lives in their hands to aid the Anti-Vivisection Movement. Some of these have described for us horrors witnessed with their own eyes; others have pointed out to us the incriminating confessions of the high-priests of the "scientific" inquisition. Thus Dr. Henry J. Bigelow, professor of surgery at Harvard, and Surgeon to the Massachusetts General Hospital, in an address before the Massachusetts Society, 55 years ago, drew such a revolting picture of an old horse he had seen vivisected, that those who listened had little appetite for their next meal. Said this most eminent surgeon of his day in America on that occasion: "You say that 'somebody must do it.' I say that *nobody should do it*, that it is needless."

In November, 1922, in Town Hall, in New York City, I listened to a lecture on Vivisection by a noted English physician opposed to it, Dr. Walter R. Hadwen, of Gloucester, England, L.R.C.P., M.R.C.S., and L.S.A. Besides this array of professional abbreviations, we learn from his biographer that in his own country Dr. Hadwen was "First Prizeman in Physiology, Operative Surgery, Pathology and Forensic Medicine; Superprizeman and Double Gold Medalist in

Surgery and Medicine; Life Member and Lecturer of the Ambulance Association."

These honorary distinctions should suffice, it would seem, to establish Dr. Hadwen's professional status at home, and to claim the respectful attention of even Dr. Fishbein and the *Smart Set* editors in this country. On the above-mentioned occasion, the lecturer summoned the vivisectors themselves to the witness box by reading from their own confessions contained in medical journals which he had brought and piled on the lecture stand beside him.

He described an experiment on the brain of a dog performed and related by Dr. Blair Bell, an English vivisector of some renown, who had shortly before been entertained by his vivisectionist colleagues in the United States. He had opened the dog's skull, affixed a wax tumor on its brain, and then closed the scalp. Ninety-eight days later, he published a picture of that dog—a poor wretched, deformed creature, distorted in every limb, and presenting a horrible, piteous spectacle. Dr. Bell's excuse for this exquisite piece of work, was that he was trying to discover something about the properties of the pituitary gland—which lies at the base of the brain—but he doesn't tell us what the valuable discovery was, and Dr. Hadwen said nothing whatever was discovered.

He next made Sir John Rose Bradford tell about his experiments upon 39 little fox-terriers—taking out one kidney and cutting away the other piecemeal, in order to see how long the intelligent little animals could live with as little kidney as possible. When Sir John was asked in cross-examination by the Royal Commission on Vivisection, "What was it you learned by that?" he hesitated a bit and then answered: "Well, we did discover that dogs didn't suffer from anything akin to human Bright's Disease!"

Dr. Hadwen paid his respects to Dr. Alexis Carrel, of the Rockefeller Institute, who is said to have won his position on the Rockefeller staff by the marvelous feat of removing a dog's kidney from its natural lumbar position and transplanting it to the dog's neck, where it was made to grow and function for a time. The English physiologist facetiously asked his audience whether it were the fashion in America for people to wear their kidneys in their necks? Dr. Carrel appears to have the obsession of many of his colleagues, that medical "science" is superior to Nature, as the bulk of his work at the Institute is of this bizarre, incongruous experimentation upon animals—dislodging organs from the places where Nature intended them to grow and transplanting them to new, unwonted surroundings. Lastly, Dr. Hadwen, in his New York lecture, quoted from Dr. George W. Crile's work on "Surgical Shock," to show the refinements of cruelty in the vivisector's trade. The record is such a ghastly one that merely to enumerate the experiments which this famous American surgeon owns up to having perpetrated, is to make one feel that the only rational, as well as the most charitable interpretation, is the abnormal sadistic lust of cruelty, which

like the craze for drink or morphia, blinds the reason and dulls the sensibilities even of highly intelligent and educated persons. Here are some of the things Dr. Crile relates as his "experiments" on 148 dogs "in order to try to ascertain the physiological effect of shock": He tarred some of them over and set fire to them. He cut some of them open, took out their entrails and poured boiling water into the cavity. He took their paws and held them over Bunsen flames. He deliberately crushed the most sensitive organs of the male. He poked out their eyes and then worked a tool around the empty socket, and crushed every bone in their paws with a mallet.

It is doubtful if even men blinded by the lust of cruelty would record such things for other vivisectionists to read—and take chances on having it fall into unfriendly hands—did they not feel themselves secure from popular fury and the vengeance of animal lovers under the sacred palladium of Science! "These things are dreadful and deplorable," say their lay apologists, "but they are necessary in order to prevent more dreadful things."

This brings us to the consideration of the scientific aspects of vivisection and to the second dishonest implication of the Nathan epigram, namely, that there is any inherent conflict between the interests of the guinea pig and the interests of the baby. The tendency of human nature to arrogate the finest motives for the very worst things it does, was noted by thoughtful observers a long time before psychoanalysis came into vogue to provide a name for it. "Defensive psychology" is the modern explanation of the vivisector's plea that his inhuman practices are serving the cause of suffering humanity and helping the physician to banish illness from the sick world.

The first witnesses we will call for the opposition will be the physicians and surgeons whose tasks, it is claimed, are lightened by the fruits of vivisection. From a long list on file in the offices of the New York Vivisection Investigation League, at 105 East 22nd Street, we quote only a few of the more conspicuous medical names which have gone on record as disavowing any benefits to medicine or surgery from animal experimentation. Sir Charles Bell, a distinguished British physiologist and anatomist, whose discovery of distinct functions of the nerves was regarded as the greatest addition to medical knowledge since Harvey's demonstration of the circulation of the blood, in his book on "The Nervous System of the Human Body" (p. 217), said:

"Experiments have never been the means of discovery; and a survey of what has been attempted of late years in physiology will prove that the opening of living animals has done more to perpetuate error than to confirm the just views taken from the study of anatomy and natural motions. . . . I have made few experiments, simple and easily performed, and I had recourse to them, not to form my own opinions—which I

urged on the ground of anatomy alone—but to impress them upon others. . . . For my own part, I cannot believe that the secrets of Nature are to be discovered by means of cruelty. If anything could exceed the hideous cruelty of the whole business, it would be the childish absurdity of the claims to benefit which are being constantly put forth by the advocates and promoters of the system."

Dr. Robert Bell, the great cancer expert of England, recently deceased, said:

"It is impossible to deduce any satisfactory conclusion in regard to cancer in man by experimenting on animals, etc."

Sir Lawson Tait, the most distinguished and honored surgeon of his day, F. R. C. S. of Edinburgh and F.R.C.S. of England, and professor at Queen's College, Birmingham, said in *Birmingham Post*, December 12, 1884:

"Like every member of my profession, I was brought up in the belief that by vivisection had been obtained almost every important fact in *physiology*, etc. . . . I now know that nothing of the sort is true concerning surgery; and not only has vivisection not helped the surgeon one bit, but it has often led him astray."

Again in 1899, in a letter in the *Medical Press*, Tait said:

"Such experiments never have succeeded, and never can; and they have, as in the cases of Koch, Pasteur and Lister, not only hindered true progress, but have covered our profession with ridicule."

The late Surgeon-General Charles Gordon, K. C. B., Physician to Queen Victoria, in a speech at Westminster Palace Hotel, 1892, said:

"Whether the young men now entering the army as medical officers, are vivisectionists or not, I do not know. I hope for the sake of our soldiers, that they are not. . . . Performing experiments upon one set of animals for the benefit of another set of living being is not only against logic, but against analogy."

"The foundation for vivisection is wrong; the conclusions cannot be true," said the late William Blackwood, M.D. and Brigadier-General U. S. A. Engineers, in an address at Philadelphia in 1885.

Herbert Snow (London University), M.R.C.S. of England, late Senior Surgeon at London Cancer Hospital:

"Those who endeavor to pierce to the core of

things, regard vivisection as not only an outrage on morality, but a gross hindrance to the progress of true science, and an insurmountable impediment to the Higher Evolution of the race."

From "On the Futility of Vivisection," p. 8, Dr. Forbes Winslow, M.R.C.P., Founder of, and Physician to, the British Hospital for Mental Disorders, called "one of the world's greatest authorities on mental diseases" in the *New York Medical Journal*, September 2, 1911, in an address at Caxton Hall, December 5, 1910, said:

"Nothing has been advanced in science in 40 years by means of vivisection which justifies the practice as it exists to-day. Not only is it increasing in England, but I regret to say that on the Continent we must throw a veil over the hospitals and over the medical students, etc. As a result of 40 years' experience, I say that vivisection should not be tolerated, etc. . . . *There are many more eminent men in my profession who are adverse to vivisection than who are in favor of it.*"

And so on, we might fill a whole chapter with the testimony alone of eminent physicians and surgeons against the claim of vivisectionists that the practice has any scientific value. Those who desire fuller information on the extent to which vivisection is opposed by representative people in all walks of life, may obtain it by applying to the N. Y. Vivisection Investigation League, whose intelligent president, Mrs. C. P. Farrell is a sister of the late Robert G. Ingersoll. Perhaps Mrs. Farrell can explain to such inquirers, WHY the "hundreds of American physicians and surgeons on file with the League and in perfect accord with its anti-vivisection aims," *did not wish their names made public?*

The reader will note the medical authorities I have quoted, with one exception, are English, and those published by the Investigation League are preponderantly English, French and German. But these will suffice, I trust, to pique my readers' interest and stimulate further research on the subject. If we must accept these matters on somebody's *ipse dixit*, by all means let us see to it that the "authority" is first-class. Dr. Forbes Winslow said a majority of the "eminent" ones of his profession were opposed to vivisection; those at all familiar with the history of the Medical Hierarchy and its drastic methods of dealing with nonconformists and insurgents, will readily understand that only the "eminent ones" can afford to speak the truth in professional matters!

The scientific futility of vivisection—as given by these eminent opponents—rests on three counts: first, the structural, physiological and mental differences between man and the other animals, render any deductions from animal experimentation inconclusive and untrustworthy; second, even if these differences did not exist, the abnormal condition—

terror and intense pain—of the animal used in the experiments, destroys their physiological significance; and third, nothing is claimed to have been established by such experiments which was not already established, or could not be better established by clinical observation of human beings.

I respectfully submit this rationale on vivisection—which does not require expert intelligence to grasp—to the reader's consideration, to be pondered alongside the Fishbein pronouncement carried on page 160 of "The Medical Follies":

"Those who obstruct this progress (vivisection) by needless and unwarranted follies should be considered as subjects for mental investigation, or else as misguided sentimentalists whom one condones, but whom one does not take too seriously."

Probably few will accuse Dr. Fishbein of being swayed by sentimental considerations, but he may be open to other influences to be found lurking in the medical game. It may occur to some one to ask why, if the preponderance of weighty medical opinion—as well as the consensus of balanced lay judgment—is on the side of the Antis, is vivisection on the increase, not only in America where there is no legal check on it, but also—according to Forbes Winslow—in England and on the Continent, where since 1906 some effort has been made to restrict and regulate it?

At least a partial answer to this question—if it is not indeed the one and sufficient reason—is found in the fact that for the past 35 years the principal uses of "animal experimentation" have been devoted to the manufacture of vaccines and serums; and the serum industry—in all its various ramifications and commercial returns—has grown into the most imposing thing in modern medicine. Charles M. Higgins, retired ink manufacturer of Brooklyn, N. Y. and compiler of "Horrors of Vaccination Exposed," states on official reports that there were in 1920 ninety-nine concerns licensed by the U. S. Government to manufacture vaccines and serums, and capitalized at more than 50 million dollars. The two largest and best know, are the H. K. Mulford Company near Philadelphia, and the Parke, Davis & Co. Laboratories of Detroit.

Some of these concerns manufacture from 15 to 20 different kinds of serums, and it cannot have escaped the most casual observer that a craze for serumization has swept the medical profession. Practically every ailment now has its specific serum remedy, and the hypodermic has superseded the tablet and tincture. To say that some of this serologic enthusiasm is not traceable to the fact that patients can be induced to pay more for an inoculation than for an ordinary dose of physic, is to disregard one of the commonest factors in the human economic equation.

As perhaps not every one knows, the new therapy known

as serology is based on the Pasteurian version of the germs, combined with a sort of bacteriological adaptation of the Hahnemann "law of similars." The idea is, that a "culture" obtained by running the microbe through the body of an animal via inoculation, when injected into the blood stream of man or beast suffering from the disease *which this same microbe is supposed to cause*, will result in the production of "anti-toxins, or anti-bodies" in the patient's blood which will battle mightily for the overthrow of the malady!

Now from the best information available, this anti-toxin-anti-body production is purely conjectural, what is called "a medical hypothesis." Nobody has ever seen an anti-toxin or anti-body, and there is no positive evidence of their existence outside of Pasteurian imagination, say the bacteriologists opposed to the Pasteur School. As I have stated in a previous chapter, there were, and are, plenty of opponents of the Pasteur idea in the ranks of orthodox medicine, among whom Lawson Tait was easily first, perhaps. He is quoted as charging Pasteur with having "covered the medical profession with ridicule."

I believe that this is the least of Pasteur's sins; and that when the evidence is all in, and the full enormity of the suffering and death entailed on the race, particularly upon children, by his inverted germ-theory, is better understood, this false god of modern medicine will be as much execrated—even by the medical profession—as he is now eulogized. The author of "Medical Follies" says:

"Without the aid of this method"—animal experimentation—"Pasteur could not have founded the science of bacteriology; such diseases as hydrophobia, tuberculosis, yellow fever, plague, scarlet fever, diphtheria and diabetes would not have passed under the control of scientific medicine, but would have continued, etc."

As to hydrophobia, some of the best medical authorities have doubted the existence of such a malady—among them William Osier, who believed it to be a form of tetanus. Other skeptics have maintained standing offers of cash prizes for one single case of genuine rabies to be brought to them, without ever having to forfeit the money. Such an one was Dr. Charles Dulles of the University of Pennsylvania, who said: "In the last 14 years in handling more than one million small animals, principally dogs and cats, the catchers were bitten 15,000 times, but not a single case of hydrophobia developed."

The late Dr. W. O. Stillman, president of the American Humane Association, testified that in 40 years' active practice of medicine and during 20 years as president of a large local humane society which received thousands of dogs, in spite of a constant lookout for rabies and hydrophobia, he had never seen a case. Of course hundreds of cases are on record of

simple animal disorders diagnosed as "rabies," and these cases multiplied greatly after the establishment of "Pasteur Institutes." Faber, director of the Veterinary Institute at Vienna, said that, "of 892 dogs brought to him under suspicion of rabies, only 31 were really affected," and of course those 31—like all medical diagnoses—were "subject to change." A mass of similar testimony is available as to the rare incidence of rabies—if such a malady there be.

Now a word about the famed "Pasteur treatment" with the anti-rabic fluid concocted by him from the tortured brains and spinal cords of countless rabbits. The National Anti-Vivisection Society of England collected from the official returns of Pasteur Institutes a list of 1,220 deaths *after treatment* between 1885 and 1901. Concerning these figures, Dr. George Wilson says:

"Pasteur carefully screened his statistics, after some untoward deaths occurred during and immediately after treatment, by ruling that all deaths which occurred either during treatment or within 15 days after the last injection—should be excluded from the statistical returns. Because of this extraordinary ruling, the death rates in all Pasteur Institutes were kept at a low figure."

The late Dr. Charles Bell Taylor in the *National Review*, July, 1890, published a list of Pasteur's patients who died after treatment while the dogs, that had bitten them got well! A notable case was that of a French postman named Pierre Rascol, who with another man was attacked by a dog said to be mad. The dog's teeth failed to penetrate Rascol's clothing, but this companion was badly bitten. He refused to go to the Pasteur Institute, however, and got well; whereas Rascol, *who had not been bitten*, was forced by the postal authorities to take the Pasteur treatment, and within a month he died from "paralytic hydrophobia"—a new malady brought in by Pasteur's "perfect method."

There have been well-authenticated instances of insanity as well as death resulting from the administration of the anti-rabic injection. One of each fell under my personal observation during a short stay in Southern California in 1923. In the house where I stopped in Hollywood was an old man afflicted with pitiable melancholia for twenty-five years, following treatment for a cat scratch at a Pasteur Institute in Chicago, his wife told me. Prior to that he had been a happy, clear-headed, prosperous business man. The other anti-rabic casualty was a child bitten by a dog in Los Angeles, who was given the Pasteur inoculation immediately, and died in agony shortly afterwards.

Isolated cases are not conclusive—either way—of course; yet isolated cases, "screened statistics," and whole-cloth fabrications have been ruthlessly employed to support the roseate claims of the Pasteurites that "the Father of the Germ Theory" was also the savior of mankind from mad dogs. Next

to milk-stoppers, rabid animals and so-called hydrophobia have done most to carry Pasteur's name and fame to the average citizen. Even a small amount of well-authenticated contrary evidence should tend to discredit—to some extent, at least, a system which hasn't a shred of common sense in support of it.

Take for example, the Vaccination superstition, founded on a milk-maid legend of the 18th century, that one who had had cowpox would never have smallpox. From this Jenner devised his astute scheme of inoculating well people with cow-pox *in order to prevent* their having smallpox; and upon his representation to the trusting British Government that *one such inoculation would render the inoculated immune for life*, he was awarded £30,000 of English money for this transcendent cowpox revelation!

This was fine for Jenner, who emerged at once from an obscure country pharmacist (he was later made an M. D. by acclamation) into a world-renowned figure; but this life-immunity business was much too slow for modern vaccine-manufacturers who have waxed rich on the revised immunity theory now in vogue, which empowers a health official to pull the statute of limitation on any vaccine-conferred immunity which is seven, five, or even one year old, that cannot exhibit *a satisfactory scar!*

Cowpox, which furnished the original seed virus for the cult of Jenner, was a somewhat mysterious malady of restricted incidence—appearing only on the udders of milch-cows and never occurring among the male bovines—and was thought by the best authorities to be syphilis of the cow, communicated to her from the syphilitic hands of the milkers. Among those supporting this view in England were Sir Charles Creighton, Demonstrator of Anatomy at Cambridge, author of books on Pathology, Epidemiology, and Microscopic Anatomy; Edgar M. Crookshank, Professor of Bacteriology at King's College, London, and author of "History and Pathology of Vaccination"; Sir William Collins of St. Bartholomew's Hospital, and Dr. William Scott Tebb, F.R.C.S. and member of the Royal Commission on Vaccination appointed by Queen Victoria in 1889, which after sitting for seven years—taking testimony and sifting data collected from all over the United Kingdom—brought in a unanimous recommendation for abolishing the compulsory vaccination law. *And this was done by Act of Parliament in 1898*, after which vaccinations declined from 85.5 per cent of births in the 1872-1881 decade to 43.4 in the ten-year period from 1912-1921. In the first-named decade the number of smallpox deaths in England and Wales was 37,082; whereas in the last-named period, with half the number vaccinated, the deaths from smallpox dropped to 122.

For the statistical proof of these figures, the reader is referred to the British Registrar-General's Reports, which he may find quoted in Creighton's and Crookshank's works; in a book entitled, "Leicester: Sanitation vs. Vaccination," by J. T.

Biggs, Sanitary Engineer and Town Councilor for Leicester; and in Charles M. Higgins' "Horrors of Vaccination Exposed." Mr. Higgins spent \$25,000 on obtaining authentic statistics in England alone. But for the most masterly exposition of pro-vaccinist juggling of smallpox and vaccination statistics—to serve the vaccinator's need—we refer the reader to the 18th Chapter of "The Wonderful Century," by Alfred Russell Wallace, the man who shares with Darwin the credit for discovering the principle of natural selection. Perhaps even Dr. Fishbein might hesitate to attempt any disparagement of Wallace's status as a scientist. His 18th Chapter is most significant and illuminating, not only in the story it gives of its author's conversion from the faith of a pro-vaccinist to that which is expressed in his conviction that "Vaccination is a delusion—its penal enforcement a crime"; but also in what it reveals of the vaccine vendor's tactics.

We have other sidelights on pro-vaccinist ethics—and politics. When Sir Charles Creighton, England's most famous epidemiologist, was invited to write the article on Vaccination for the 9th edition of the *Encyclopedia Britannica*, it was supposed, presumably, that he would write in favor of it, since he was "a regular" of the straightest pattern, with degrees from Aberdeen, Berlin and Vienna. "After long, laborious and independent research," as he tells us himself, he wrote a comprehensive, historic review of the whole subject, the net purport of which was that "Vaccination is a grotesque superstition," in Creighton's opinion. And then what happened? When the next edition of the *Britannica* was issued, the Creighton article on Vaccination was dropped from its pages and one was substituted from the pen of Dr. S. Monckton Copeman, the reputed inventor of "glycerinated virus!"

Here is another pointer. Dr. J. F. Baldwin, president of the Ohio State Medical Association in 1920, said in his address to that body:

"The treatment of diseases, or their prevention, by antitoxins, vaccines and serums, is still largely in the experimental stage, with grave doubts as to their value. Unfortunately, much of our literature on the subject—including statistics—is furnished by the manufacturers of them who are interested above all things in the financial aspects of it."

And then what happened to Dr. Baldwin? He was deposed from his position as president of the Ohio State Medical Association at the next election. Any sincere pro-vaccinist who doubts the facts or conclusions herein presented, is urged to join with us in obtaining an impartial tribunal where witnesses may be examined and facts—*real facts*—submitted and adjudged. The charge that children's bodies are being poisoned with disease-breeding calf-pus and horse-serum by public health officials, is a grave one. We make it advisedly, with a full realization of its gravity. With a serious realization also, that more important things are involved in this

controversy than the health officer's reputation or job, or the pecuniary interests of the vaccine trade. Fetch on the impartial tribunal. We are ready with the evidence—too voluminous to be comprised in the compass of this chapter. If the few facts start an inquiry into the abuses of the public health submitted shall stimulate sufficient public interest to service that may eventually free it from medical domination and place it where it properly belongs —under the control of Sanitary engineers, the Anti-Cults will have justified their opposition both to vivisection and to vaccine-serum practice.

Dr. F. S. Arnold, M.R.C.S., of Manchester, says:

"I am not putting forward an opinion, but stating a fact when I say that there is not one of the so-called 'triumphs of vivisection,' such as the antitoxin treatment of diphtheria, Pasteurian inoculation for anthrax, hydrophobia, etc., whose utility is not strenuously denied by eminent physicians and surgeons who are themselves supporters of vivisection. That fine art of cruelty, in other words, has produced nothing whose utility to 'suffering humanity' is unanimously affirmed, even by the vivisectioning fraternity itself."

William Scott Tebb, author of "Recrudescence of Leprosy and Its Causation," in which he cites no less than twenty-five high medical authorities in support of his statement that "leprosy is disseminated through vaccination." in a recent pamphlet on "The Germ Theory of Disease, Its Fallacies and Cruelties," says:

"It is obvious that the whole germ theory is in the melting-pot, and that with it will fall the whole edifice of vaccines and serums about which a mesh of statistics has been woven."

Let no deluded mother imagine that her baby's life is made safer by the hecatombs of harmless living things offered to the false god of serology. If she will only look a bit into the records of the death-toll of antitoxin, vaccination, etc., from children's lives, she will learn that in defending even guinea pigs from torture, she is defending babies' lives also.

CHAPTER VIII

PHYSICAL CULTURE: "CAPITALIZING THE EROTIC"

In a large upper room of the new building at 1926 Broadway, New York City, where several hundred girls and young men are occupied with typewriters all day long, the preferred visitor may see seated at his desk in an inner office, the reputed founder of Physical Culture in America.

I say "preferred visitor" advisedly; for like all persons who have climbed from obscurity into the limelight, Bernarr Macfadden realizes the value of exclusiveness, and denies himself to all but a favored few of the many seeking to intrude upon his time and attention. True, the growth of his publications, from one to fifteen in twenty-five years, and the size of his establishment, which now gives employment to over 1,000 persons and has an authorized capital of \$10,000,000—all affords a reasonable excuse for exclusiveness.

Quite aside from this, one finds in the Physical Culture offices, as in all large business places, a disposition on the part of underlings and lieutenants to impress outsiders with the importance of their official head by accentuating his "busy" preoccupation and his inaccessibility. The visitor who runs the gauntlet of these outer defenses, however, to obtain an interview with the chief, finds in, Mr. Macfadden a genial, courteous gentleman with much less aroma of self-inflation about him than one senses in most self-made men of notable achievements.

There will be no question about Bernarr Macfadden's notable achievement in the minds of those who review his work fairly—no matter whether they be friendly or hostile to his purposes. Those who measure success in dollars and cents—which is unfortunately the common American way of gauging it—must be impressed with the outstanding capital lettering on the facade of the new six-story edifice near the corner of Sixty-fifth Street on Broadway which informs passersby that this is the "MACFADDEN BUILDING," and with the bronze plates on either side of the entrance carrying the legends, "Macfadden Publications, Inc." on the right, and on the left a list of the more important Macfadden magazines, with *Physical Culture Magazine* heading the list.

These outward insignia of the substantial character of Bernarr Macfadden's achievement, are rendered more

impressive to the American mind imbued with the American tradition of success, by contrasting them with his humble beginnings and the checkered vicissitudes of his early years.

From the story of his life as told by himself, we learn that the man who was to give a new revelation of Physical Culture to his generation was born in a two-room cabin on the banks of the Black River near Mill Springs, Missouri, in 1868. That he was the child of small-farmer folk, and that his childhood was darkened by a drunken father and an ailing mother who died of tuberculosis when the little Bernarr was nine years old. This was his first real sorrow, as it seems he was extremely fond of his mother and grieved excessively whenever separated from her by the family troubles.

After her death, Bernarr went to live with some relatives who kept a small hotel, and who imposed on him all the menial, disagreeable chores of the place for two years. He was next taken into the service of a young farmer, and assigned tasks far beyond his strength, which together with the badly cooked food supplied on most Southwestern farms, no doubt contributed to further undermine the rather weak constitution he was thought to have inherited from his mother. At any rate he says he was a frail, poorly nourished boy at fifteen, and when he ran away from the farmer to take refuge with his uncle and grandmother living in St. Louis, the prediction was freely made in his hearing that he would "soon go the way of his mother."

The sedentary jobs which the city provided for him at this time did not improve his physical condition; but the practical knowledge of business details he acquired in these positions—first as office boy to a brokerage firm and then as bill-clerk in a large mercantile establishment—was to stand him in good stead when he came to manage a business of his own. It was while working his way through these devious occupations of city life, and deeply despondent over his poor health, as he tells us, that the future developer of the physical culture idea on a larger scale than had yet been known, chanced one day to visit a gymnasium. Watching the men exercising there, and the splendid physical development of some of them, awakened in him, he says, the possibilities of health-building through this method. Too poor to pay the membership fee of the organization, he picked up one of the booklets on dumb-bell exercise for free distribution, purchased a set of dumb-bells and started in to learn the drill.

Concerning this accidental, but epochal visit to the gymnasium, Macfadden relates:

"I determined to become a professional acrobat. I ransacked libraries, and read every book on physical culture I could lay my hands on. At eighteen I was a good athlete, and had become the champion wrestler of my locality, having practiced much with a friend who taught me the art."

He relates further, that after winning a wrestling bout over a Chicago heavyweight, he conceived the idea of staging wrestling matches for pay—both welterweight and heavyweight—and from these he earned his first "easy money."

An incident which occurred about this time, when he was substituting for a boy friend in a tumbler and horizontal-bar stunt at a vaudeville theater, taught Macfadden a new lesson in Physical Culture and incidentally turned him from his ambition to become a professional athlete. He sprained his foot in the act, but kept right on with the performance; and in consequence was laid up with his lame foot for some days while suffering excruciating pain. In this way he learned the need of absolute and complete rest for strained and swollen ligaments. While training to be a wrestler, also he had learned the value of the "No-Breakfast Plan" advocated by Dr. Edward Hooker Dewey, and that two full meals a day are ample to keep the body strong and fit.

This dietetic preachment formulated by Dr. Dewey, an old-line "regular" of Meadville, Pennsylvania, never met a very enthusiastic reception from his professional brethren, but found many converts among the laity both in this country and in England where "No Breakfast Clubs" became quite popular. It was from an experience with pneumonia at the age of twenty-five, Bernarr Macfadden relates in his autobiography, that he "realized the devastating ignorance of the medical profession in the treatment of disease." He says: "Up to this time, my health horizon was bounded by exercise. No matter what my trouble, I would always try to exercise it away. But that didn't work in this attack of pneumonia. There was congestion and racking pain all through my body. Finally I determined to try fasting. I had learned something about it from sick animals on the farm, and I had read some books on the fasting cure. So I went on an absolute fast, taking nothing but water for five consecutive days, but going about my customary duties. At the end of that time, all the acute symptoms had disappeared, and I felt stronger despite the fact I had been without food for five days. My recovery was rapid and complete, whereas my friend who had pneumonia under medical treatment was desperately ill for a month, and as the Irishman said, 'faith, and he was sick for a month after he got well!' This set me thinking on new lines and I mapped out my future career."

In short it may be said, that this Missouri farmer lad at the age of sixteen, orphaned and friendless, carrying every social handicap that poverty, humble birth, lack of education, and a weakened constitution could impose, yet from the date of his first look-in at the gymnasium saw a vision and followed it, until it seated him at the head of the flourishing establishment housed in his own building at 1926 Broadway.

The road he traversed had not been an easy one, and there were many diversions and detours from the main line leading to the goal. They covered such pursuits as farm drudgery,

tramping, stolen rides on freight-cars, driving a dray, setting type in the printing office of a local newspaper as office boy, bill clerk, dental assistant and proprietor of an ill-starred laundry-business, before he found his true vocation as a teacher and lecturer on Physical Culture. He began this work in an apartment "on a fairly prominent street in St. Louis," he says, "and it became immediately successful." Before starting on his career as a magazine editor and publisher in New York City, in 1899, Macfadden made a trip to England, as he says, "to get a change of air and a new viewpoint," and also to introduce some new gymnastic apparatus for which he acted as demonstrator and salesman. His lectures were so well received, he tells us, that he was tempted to remain in England, but was finally persuaded to return to the United States.

The *Physical Culture Magazine*, the first in the order of production—as it has ever remained "easily first" in importance—of the Macfadden publications, began with the March, 1899 issue, when its founder and publisher had only desk space in an office in the Townsend Building at Twenty-fifth Street and Broadway. The magazine was issued first mainly as a trade journal to advertise the Macfadden gymnastic apparatus and physical culture courses, but was gradually enlarged to include articles on health by all natural means, and stories of human interest dealing with health problems.

Within a year from the issuance of the first number of *Physical Culture*, it was able to move into an office of its own containing several desks, and at the end of the third year it supported a suite of three offices with fifty employees. In a short time the circulation increased from 5,000 to 40,000, and at the end of the fourth year it had grown to 100,000. Other magazines were added to convey the Macfadden health message under various titles, such as *Brain Power*, *True Story*, *Movie Weekly*, and others, until the list now comprises twelve magazines and three daily newspapers under the general heading—"Macfadden Publications." For a number of years they occupied two floors of the office building at 19 West Fortieth Street before moving into their present spacious quarters in 1922.

The earlier numbers of *Physical Culture Magazine* carried cover designs sufficiently drab to satisfy the most exacting or Puritanic taste and in its conventionally clothed illustrations there was no hint of the lurid pictorial sections which later gave offence, not only to prudes and the vestal-virgin minds in the medical profession, but to others less prejudiced, who felt nevertheless that it was possible to depict physical culture and vigorous health stunts without recourse to the extremes of contortion and daring poses affected by the Macfadden magazines.

Whether the commercial value of these bizarre illustrations was vindicated by the increased sales—or for some other reason, certain it was that *Physical Culture Magazine* grew

mightily in popular favor under the able leadership of Carl Easton Williams, its editor from 1916 to 1923, who told me in 1922 that it was "the best paying periodical in New York." During Mr. Williams' incumbency, the contributors embraced such names as Havelock Ellis and George Bernard Shaw in England, and in America a few of the more noteworthy were Albert Edward Wiggam, author of "The New Decalogue of Science," Thomas L. Masson, editor of *Life*, Alfred W. McCann, Julian Hawthorne, Fred C. Kelly, Homer Croy, Senator Capper and others too numerous for mention.

There is no gainsaying the fact, that along with these and other able writers whose articles have appeared in *Physical Culture*, there have been many inferior contributors, and its pages have been marred by literary crudities not found in periodicals of equal popularity and power. No denying the fact also, that in company with much information on health that is instructive and invaluable, there has been some of questionable value, and that a sense of discrimination is needed to separate the spurious from the true. But where do we find unmixed good in any sphere? There are not many walks of life where one can safely dispense with the discriminatory sense, are there?

Let it be conceded that Bernarr Macfadden has used the sex appeal in the pictorial features of his magazines to put across his philosophy of health and his message to the sick world; and that in doing this he has freely "capitalized the erotic," as his medical censors charge. His defenders and apologists may well retort, "What of it?" "Capitalizing the erotic" is so universally practiced by novelists, dramatists, poets, musicians, dancers and what not, that one might almost ask: "Aren't we all?" and call on the innocent to cast the first stone. The author of "The Medical Follies," in conscious rectitude, is ready with his. After referring to Mr. Macfadden as a "false prophet of health" (p. 172), Dr. Fishbein says:

"If he were content purely with preaching the gospel of simple diet and adequate exercise, one could have no fault to find with him *except that he utilizes the erotic appeal in his teachings.*"
(Italics mine.)

And not content, apparently, with casting his own stone at the apostle of physical culture, the creator of "Medical Follies" borrows one from the editor of the Detroit *Saturday Night*, who in discussing the Macfadden periodicals had remarked:

"The important thing to note is that in every one of these stories, the suggestion is of something relative to sex—in fact, these two magazines reek of sex!"

After hurling this borrowed missile at the Macfadden brand of sex appeal, Censor Fishbein sends after it another scandalized broadside of his own make:

"It needs no reading of the Macfadden publications to convince any sound observer that the appeal of all of them is sexual and erotic. The covers, invariably in the gaudiest of colors, are devoted to pictures of women in various stages of nudity, always sufficient, however, to avoid conflict with the postal authorities," etc.

But not sufficient, it seems, to avoid conflict with *the medical authorities*, whose modest calling naturally makes them more sensitive to such things than mere postal clerks accustomed to the seamy side of life. I really don't know what we can do about the sex appeal, seeing that God—or whoever is responsible for turning it loose in the world—had allowed it to gain considerable leeway even before Bernarr Macfadden emerged from the Missouri wilds with the nefarious purpose of utilizing it in health propaganda. Perhaps the gynæcologists—who are said to be not so squeamish as some of their medical brethren—can devise some means of protecting the virgin minds of Editor Fishbein and that *Saturday Night* editor in Detroit, from the demoralizing influence of the *Physical Culture* cover designs!

Now all this scandalized mouthing in medical circles over the abuse of the sex appeal in the Macfadden health journals, is pure buncombe to those who can see the real colored gentlemen in the Medico-Macfadden woodpile. They know that *Physical Culture's* real offending is in its efforts to show the laity how to be independent of doctors; and to the extent that its teachings are followed, doctors' offices are emptied of patients and doctors' revenues are shortened. The war between Macfadden and the medical profession is an economic war, pure and simple, natural, logical, and inevitable. The author of "Medical Follies" gives proof of this in saying (p. 174):

"However, we are concerned here not so much with the exceedingly low scale to which the Macfadden literature is pitched, as with the false campaign of health which his periodicals promote."

There is no denying the fact that the *Physical Culture* health preachments are diametrically opposed to medical health preachments, and it depends entirely on your angle of vision as to which you may think is the "false" and which the true. In the first issue of *Physical Culture*, Bernarr Macfadden said: "The only way to fight disease is by increasing the vitality. You have to make your body so strong and so full of the forces of life, that the symptoms will disappear." He also taught the self-reparative power of the body, that given a fair chance in illness the body cures itself; that illness comes only as the result of broken hygienic law; remove the cause, reform your bad habits, and Nature will automatically effect a cure.

All this, of course, is in direct conflict with the medical preachments that disease comes "on the wings of the

morning"—or the microbe, a hostile entity invading and attacking the body from without; or if your M.D. be of a religious turn, he may tell you your malady is a visitation of Divine Providence, which the doctor may be "the humble instrument in the hand of God" in turning away; but in any event, the turning away can be effected only through the administration of drugs, vaccines and serums, or the surgeon's knife, by "*a reputable physician.*" Whenever any audacious faith-healer has arisen to say—as many have done from time to time—that if the Lord had sent these ailments, He should be able to take them away—and without any assistance from the doctors, such audacious pronouncement is looked upon with as much disfavor by the God-fearing practitioners as by the materialists. God—the accredited author of the malady—is supposed to be as dependent on drugs, serums and operations for banishing it as the doctors themselves. Macfadden had punctured the "divine-visitation" theory of disease also in that first issue of his *Physical Culture Magazine* with his famous pronouncement: "Physical weakness is *personal guilt.* We are *shamed* by our ailments. Health is the natural, normal state of the human organism, and disease comes only as the result of our own hygienic sins."

To preach or to teach *personal responsibility* either for disease or for health, was an offence not to be lightly forgiven by a profession which gets its living from a system which is built on the exact antithesis of that. A system which discourages laymen from taking any thought about their own bodies—as something risky, not to say impious; a system which rings through all its varied publicity agencies—"health" boards, "health" columns, life-insurance companies, life-extension institutes and what not—the continuous refrain: Flee as a bird to your Medical Mountain. Get yourself examined and diagnosed (50 per cent accurate) ; then hie thee to "a reputable physician," and cast all your care upon him. *Only trust him;* he'll fix you up. The most cursory reading of public health literature and the lay press, will confirm this as no exaggeration.

By every ingenious and specious device, the public mind is subtly indoctrinated with the idea that health and medical treatment are synonymous; that only the medically-trained are competent to give advice or instruction about health or disease; and by arming itself with the police power of the state, the medical hierarchy is in position to make it very uncomfortable for any presumptuous challenger of its sovereignty in the therapeutic field. And no one can say it has ever slighted its opportunities in this respect.

"My life has at no time been a bed of roses," says Bernarr Macfadden in his autobiography; and we may add that his medical foes have seen to it—in so far as in them lay—that every rose he essayed to pluck by the wayside of his arduous climb should be plentifully supplied with thorns. The measure of his success in putting the people wise to the fallacies of allopathic procedure, may be partially gauged by the bitterness of the attacks directed against him and his

publications. He is accounted so important among the "Follies," that Director Fishbein has devoted *two chapters* to ridiculing "The Bare Torso King" and the "Big Muscle Boys"—titles borrowed, we are given to understand, from the *Saturday Night* wit in Detroit to play up the Macfadden activities.

The gravamen of the Fishbein indictment, aside from the charge of "promoting unchastity," is, that:

"the Macfadden periodicals are devoted largely to an attack on scientific medicine, and to discrediting not only the modern treatment of disease, but also the campaigns for the prevention of disease carried on by scientific medicine. . . . Bernarr Macfadden aligns himself with the borderline cultists that oppose scientific medicine and devote themselves to the promotion of some single conception of disease causation and treatment. . . . One finds him actively promoting the interests of the manipulative cults, Chiropractic and Osteopathy; of the Abramsites, with their fantastic electronic conception; of the Naturopathic cult, with its bare foot walking in the morning dew, colon flushing and vegetable diet; of the Anti-vaccinationists and Anti-vivisectionists; of the fanatical groups that feel that their personal beliefs are more important than the good of the community, etc."

This seems to be a true bill of indictment in every particular, save the charge of "actively promoting the interests of the Abrams cult." This Macfadden has never done; and beyond printing two non-committal articles on the subject which I wrote for *Physical Culture* in November, 1922 and June, 1923, and one in July, 1924, from the apparently much disillusioned Upton Sinclair—instead of "the completely deluded" protagonist referred to by Fishbein—Mr. Macfadden has taken no part in the Abrams discussion nor espoused either side of the controversy. I make this statement, not as any reflection upon the Abrams therapy, but merely by way of keeping the record straight, which in Historian Fishbein's hands is prone to slip awry.

The charge that Macfadden has sought to discredit what Fishbein is pleased to term "the scientific method of preventive medicine," is freely admitted, and acclaimed as his finest work. In providing a medium for the public to hear the opposition side of such "scientific" barbarities as vaccination, vivisection, and serum-poisoning; and in exposing the sordid connection between public-health officials and the vaccine-serum trade, Bernarr Macfadden has rendered his greatest service to the people of this country; and in my humble judgment, this alone should confer on him the title of public benefactor had he been parading actual, instead of pictorial, nudity in the market-places!

In opening his columns to the victims of allopathic malpractice to tell their tragic stories, and in giving to an ignorant, deluded public occasional glimpses into the seamy side of hospital life, Macfadden has been a public educator of great value. Those who read in *Physical Culture* a man's story of "How Vaccination Killed My Two Sisters," illustrated by another who had just lost his only little daughter in the same way; who read a physician's tale of quick death by vaccination of a beautiful six-year-old child at whose autopsy he had assisted; those who read in the Macfadden publications of the maiming, crippling, severe illness and death from Schick-testing and toxin-antitoxin gone mad—things receiving scant notice if any in the daily press—will not so easily be stampeded into wholesale vaccinations and epidemics' *a la carte* at the behests of venal health boards.

And these are the things which have won for Bernarr Macfadden the enmity of the medico-bund, and not the erotic suggestiveness of his pictorial illustrations which so shocked Dr. Fishbein. Capitalizing the erotic, at its worst, is not nearly so bad as *capitalizing fear*, and this has been the chief stock-in-trade of the medical profession from time immemorial. The erotic instinct, however much it may be degraded and perverted through human weakness or bestiality, in its primary intention must have come from God; whereas fear, first, last, and all the time is of, by, and from the Devil. It is the most destructive, the most devastating emotion of the human soul; yet without its appeal, so-called "scientific" medicine would never have gotten very far.

We may say with truth, the medical system has been built on fear and credulity. Through fear of probable death, many a poor creature has been driven to meet certain death on the operating table. But the operating surgeon never goes 50-50 in the risk. He must be paid in full whether the patient dies or lives, and in case of survival the operator is rewarded both with money and gratitude. Even though so crippled in bodily functioning that eventually he finds himself back on that operating table, the poor deluded medical slave is so relieved at being delivered from *the probable death the doctor has conjured up for him*, that he freely gives the surgeon credit for "saving his life!"

After an operation is performed, it can never be demonstrated, of course, what would have happened if it hadn't been performed; but there is good reason for believing that the great majority of those who go about saying "the doctor saved me from death" at such and such a time, were only saved from the death which the doctor himself had created in the affrighted imaginations of the patient and relatives.

The official bulletin of the Life Extension (for doctors) Institute, one of the interlocking directorates of the medical trust, carried as a frontispiece of one of its issues a grinning wolf's head, labeled with all the most terrifying diseases—Bright's disease, Diabetes, Cancer, Arterio-Sclerosis, Fatigue-

Apoplexy, and all the rest—from which a panic-stricken citizen was fleeing hatless, presumably into the arms of the medical profession. Now I ask the dispassionate reader to contrast this scare-head advertisement for organized medicine, with two of *Physical Culture's* nudest models, and try to calculate the effect of each—and the relative cost.

The point I am emphasizing is, that the profits from the utilization of fear in the medical game are much greater than the profits from utilizing the sex appeal in the publishing game, and the effect on the exploited public much more disastrous. The enthralled observer of a Macfadden cover-design is mulcted at most in the sum of 25 cents—the price of the magazine; while the frightened sick individual may be despoiled of both a vital organ and all available spare cash. For it is unhappily true, as Bernard Shaw says, that "the more appalling the mutilation the more the mutilator is paid."

In recent years Bernarr Macfadden's health philosophy has received the endorsement of certain individual M.D.'s of very high rank. As late as November, 1925, Richard C. Cabot said: "Probably 90 per cent of illnesses will recover in spite of improper medical treatment, or no treatment at all." A few months ago, a great English surgeon, Sir Arbuthnot Lane, visiting in this country, echoed Macfadden's outstanding preachment with a slightly different phraseology:

"We are indicted by our ailments; what we have done is reflected in what we have. We should be proud of health and ashamed of sickness. No ill man should escape blame unless he can show that he is the victim of society rather than himself, etc."

In the summer of 1925, this distinguished surgeon, in company with a few of his medical colleagues and a number of important and prominent laymen, organized the "New Health Society," whose program of health seeking—in so far as it has been given out—is modeled much more along the lines of *Physical Culture* teachings than along those of Harley Street in London or of the A.M.A. in Chicago.

One does not need to be a Macfadden fan, nor to approve all the Macfadden publications, nor every feature in any of them, to see that this man has done a great work for suffering humanity, and to render cordial tribute to the energy, the pluck, and the intelligence that have gone into the making of his publications. Thousands of ailing ones have gotten help and comfort from the pages of *Physical Culture*, who were unable to get it from medical sources. In fact, thousands who had been broken on the medical machines, were restored to health by following the simple precepts of Nature Cure and hygienic living taught by the writers for *Physical Culture Magazine*.

This work cannot be discounted nor its luster dimmed by the petty carping of the Fishbeins and the Saturday Nighters

in Detroit. We may allow every honest criticism that can justly be directed against Mr. Macfadden or his publications; against any objectionable advertising, or any of the rest of it; and there will still remain a large balance on the credit side of the ledger to Bernarr Macfadden and his work.

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER IX

COUÉ AND MRS. EDDY

"There is a region of the man which is never sick; to call out the reign of that region and make it supreme, is to make the sick man well."

THESE words of Hufeland, the great German philanthropist-physician, strike the keynote to all mental and psychic therapy. They apply equally to the faith cures of the heathen world, the miracles of Christ, and the works of Mrs. Eddy and her disciples; and they underly the theories of Paracelsus of the sixteenth century, as well as the Autosuggestion of M. Emile Coué at the present time.

The many forms of mind cure, past and present, have sprung from the varying opinions as to the nature of "the region which is never sick," and the best method of making it operative in "making the sick man well." T. J. Hudson, in his "Law of Psychic Phenomena," has given perhaps the most comprehensive, the most coldly intellectual analysis of the whole subject, that for fairness, accuracy and sound logic, has not been improved upon by any succeeding writer. He classifies the different systems as Faith Cure, Mind Cure, Christian Science, Spiritualism, Mesmerism, and Suggestive Hypnotism. Since Hudson's day, there have been added to these the theories of Freud and Coué.

In the "Law of Psychic Phenomena," page 144, Hudson says:

"That there resides in mankind a psychic power over the functions and sensations of the body, and that that power can be invoked at will under certain conditions and applied to the alleviation of human suffering, no longer admits of a rational doubt. The history of all nations presents an unbroken line of testimony in support of the truth of this proposition."

In the infancy of the race, this psychic healing was believed to come directly from God, whether featured as the One Omnipotence, the Jehovah of Judaism, or the plural deities of heathen mythology. The means for invoking the divine healing were prayer, ceremonies, incantations, laying on of hands, amulets, talismans, relics and images. Biblical scoffers who regard belief in any Scriptural event as evidence of childish credulity, will no doubt reject the story of Moses staying the plague among the wandering Israelites by lifting up the brazen serpent for them to gaze upon; even though they

may accept the incident in Roman history related by Livy, that once when Rome was in the clutch of a pestilence the gods of healing, Apollo, Latona, Isis and Asklepios (Esculapius), were carried on portable couches through the streets and exposed to public view in temples and public buildings, *and that immediately the plague began to abate.*

But even those who hold both these historic "miracles" to be legendary and fictitious, will accept quite gravely and implicitly the *ipse dixit* of a venal health-board official, *that a smallpox epidemic can be, or has been, stopped by injecting calf-pus into human blood-streams; and that diphtheria can be cured or prevented by an injection of poisoned horse-juice!* Either of these approved and standardized medical procedures has much less basis of fact and reason than the miraculous events above cited; yet people supposed to be intelligent and well-educated, and who call themselves rational, while sneering at the superstitious credulity of the ancient world, will calmly swallow these much more preposterous *medical superstitions upon the sole authority of men who have a direct pecuniary interest in foisting them upon a gullible public.*

Wherever it can be shown that recovery or "cure" followed the administration of vaccination or antitoxin, the explanation is precisely that which *could have been given* for the miraculous happenings of the Bible and of the Roman legend—no matter whether they happened or not. *The same working principle of cure was present to account for them all.* This working principle is what Hudson calls "the essential mental condition prerequisite to the success of every experiment in psycho-therapeutics." It was enunciated by Christ in the sayings, "Thy faith hath made thee whole," and "According to your faith be it unto you"; and even of the Master psycho-therapist of all times it was recorded: "He did not many mighty works there because of their unbelief." (Matthew XIII. 58.)

In modern times most of the miraculous cures performed by Christ were duplicated at the famous Catholic shrine of Lourdes in the French Pyrenees, where in 1858 the Blessed Virgin appeared to fourteen-year-old Bernadette Soubiroux in a grotto, and pointed out to her a miraculous spring there; bade her go tell the priests to build a chapel on the spot and order thither processions of the sick to be healed in its waters. The French pilgrimages to Lourdes began in 1873, and by 1901 the Church of the Rosary was completed and consecrated by Leo XIII. In 1908, at the end of the fiftieth anniversary of the vision, about 5,000,000 pilgrims had visited the shrine and 4,000 cures recorded by the *Bureau des Constatations* which stands near the grotto for the purpose of checking the certificates of maladies and the certificates of cures.

From 200 to 300 physicians annually visit this miraculous clinic, and the diseases other than nervous disorders reported as cured are: tuberculosis, tumors, cancer, deafness, blindness, paralysis, etc. The *Annales des Sciences Physiques*, a skeptical review whose chief editor is Dr. Richet, a member

of the Medical Faculty of Paris, said concerning these Lourdes cures: "On reading the reports, unprejudiced minds cannot but be convinced that the facts stated are authentic."

The usual medical attitude toward the "miracle" cures, however, is one of scoffing incredulity; and the average M.D. will tell you that "only imaginary ills" are cured by such methods. But they offer us no proof that the ills they profess to cure are *not* "imaginary" also. Only the occasional medical man of broader vision, like William Osier or Richard C. Cabot, recognizes the scientific principle in the so-called religious cures. "If Nature, assisted by the proper mental and emotional moods," says Cabot, "is capable of curing an ulcer in three or four weeks, why isn't it possible for the same force to heal a similar ulcer in a few minutes when the curative processes have been speeded up abnormally by the subject's passing through an intense religious experience?"

Osier anticipated Coué by some years in saying that a drug perfectly worthless in itself, might be useful in effecting a cure if the patient had faith in the drug; because then its administration might be necessary to arouse in him "the feeling of buoyant expectancy *which is the real curative agent.*"

Christian Science, which has also been the object of much medical pooh-poohing, numbers its followers to-day by the hundred thousands, including many intelligent and cultured persons. Concerning it, T. J. Hudson, while rejecting its main tenet—the unreality of matter, nevertheless testifies: "The cures effected by Christian Science practitioners are of daily occurrence, of the most marvellous character, and as well attested as any fact in history or science."

To account for all these psychic phenomena, Hudson says: "There must be some underlying principle which is common to them all, and which it is the task of science to discover." This principle, he affirms, rests on three fundamental propositions. (1) That we have two minds—objective and subjective; (2) The subjective mind is constantly amenable to control by the power of suggestion; and (3) that the subjective mind has absolute control of the functions, conditions, and sensations of the body.

The first and second of these propositions, Hudson says are proven by the phenomena of dreams and of hypnotism; while the third is evidenced by the fact that perfect anæsthesia can be produced in a subject entirely by suggestion. He says hundreds of cases are recorded of severe surgical operations performed without pain upon persons in the hypnotic state. The last of what we may term these three psycho-therapeutic "fundamentals," seems more open to cavil than the first and second. The commonly observed phenomena of dreams and of hypnosis (magic sleep) certainly indicate that if we have not two distinct minds—which some deny—we have at least two distinct compartments of the same mind, namely, the conscious and subconscious. It seems to be mainly a

difference of terminology.

But however we may choose to designate our dual mentality, all experience goes to show that *any idea which takes and keeps exclusive possession of the subconscious, or subjective mind, becomes a reality* for the person holding it. All will agree that the objective, or conscious mind gets its knowledge through the medium of the five senses, and that it may reason about the facts thus obtained both inductively and deductively. It questions, compares, and draws conclusions. Now if we accept also the psychologic premise that the subjective mind can only reason deductively; that it takes without question whatever the objective mind presents, and carries it relentlessly forward to a deductive conclusion; then clearly the only problem of psycho-therapy is to maintain a synchronous belief between the subjective and objective mind concerning a given idea. Thus, if the thought of health can be made to occupy the subconscious mind *continuously, and uninterruptedly*, inevitably health will ensue in the body and will be maintained so long as the thought of health rules the subconscious. But if because of the actual presence of pain in the objective consciousness, the subjective mind receives the suggestion of disease, why then the health suggestion is all off, being neutralized and destroyed by the contrary suggestion; even as an acid and alkali are mutually destructive, with the residuary balance going to the stronger force.

This was the teaching of Troward, and the expedient proposed by the exponents of his school for keeping unhappy thoughts out of the subconscious mind, was by the strong exercise of conscious willpower. Christian Science met the difficulty by denying the existence of pain, sickness or unhappiness, *except as an erroneous belief*; and by strong affirmations that "All is Spirit, All is God, and God is love, joy and peace."

Then came M. Emile Coué to say the strenuous putting forth of will-power for the control of subconscious activities was all wrong, and that *the imagination* was the thing. He formulated his health philosophy in certain maxims and aphorisms which have become world famous. "It is then the imagination, and *not the will*, which is the most important faculty of man." "Whenever the will and the imagination are in conflict, it is the imagination which wins." "When the will and the imagination are in agreement, one does not add to the other, but one is multiplied by the other." He controverts the old saying, "Things are not what they seem," with the converse proposition, "Things are not for us *what they are*, but *what they seem*," and he says, "this explains the contradictory evidence of people speaking in all good faith." This is certainly a more charitable explanation than the one usually given by persons of strong convictions for the other fellow's contrary belief—that "he must be either a knave or a fool."

Coué's scheme for outwitting the objective mind's strong

tendency to send down into the subconscious unhappy suggestions of pain, disease and misfortune, is to take this objective sentinel on the threshold at his drowsy times—when just going to sleep or just awaking—and by insistent iteration of the thing we desire, hypnotize him, so to speak, into accepting it for transmission to the subliminal. Once the idea of "getting better and better each day in every way" is securely lodged in the subliminal region, we may rest in assured confidence on the fact that all the mysterious forces of the universe, not alone those which control bodily functions and metabolism, but also social and spiritual betterment, will be set into operation for the accomplishment of our desire. "Every thought entirely filling our mind becomes true for us and tends to transform itself into action," says Coué, and adds: "Contrary to general opinion, suggestion or autosuggestion can bring about the cure of organic lesions."

All of which is so very contrary and repugnant to general medical opinion that the editor of the *Journal of the A.M.A.*, in an October, 1922 issue, attempts to hold the author of it up to public derision. He calls the apostle of autosuggestion "a purveyor of cloudy stuff; one who is not a physician, but a former apothecary, who has in later years devoted himself to hypnotism and suggestion."

A bit queer, isn't it, how "he is not a physician" becomes such a damnable fact for any one they are seeking to discredit, when the two main cornerstones of modern medical faith, Pasteur and Jenner, were not physicians either, nor even good apothecaries ! Pasteur was a French pharmacist, with nothing like the ability or the education of Coué; while Jenner was a country surgeon in the days when surgeons were classed with barbers, and owes his fame and prestige entirely to the successful peddling of an ignorant milk-maid tradition !

The writer of the aforesaid A.M.A. editorial offered nothing in refutation of M. Coué's philosophy further than to quote mockingly its main tenets and maxims, in the strong confidence, apparently, that medical derision alone would suffice to make the absurdity of Couéism immediately manifest to others. Curiously enough, in this attitude he was himself exhibiting the truth of one of the Coué tenets. *The thought* of the importance and finality of medical opinion has for such a long time held exclusive possession of the medical subconsciousness, that the delusion persists with many doctors that the laity will accept unquestioningly any medical dictum put forth with sufficient assurance.

This was unhappily true in the past, almost without exception; and is to some extent true in the present. Time was when the whole world crawled to the allopath's door, "like a Congo native to the tent of a witch doctor"—to borrow Heywood Broun's happy simile for depicting the plight of himself and other slaves of medical tradition. But just now an aroused and doubting laity is frankly inspecting other modes of therapeutic faith, and reserving to itself the right to judge of Couéism, Christian Science, and other healing methods, in the

light of the practical question, "*What can it do?*"

Some allopaths have shown a quickened apprehension of this change in the lay attitude toward their school, and some have even evinced a disposition to change their procedure to conform more to the present lay notions about health. But not so the editor of the *Journal of the American Medical Association*. He says:

"Despite Coué's assurance that every illness whatsoever can yield to autosuggestion, the prudent physician will go on feeding arsenic and mercury to the pale spirochete, quinine to the ubiquitous plasmodium, and antitoxin to the terrifying bacillus of Loeffler."

And the A.M.A. journalist cannot see that it is precisely because the lay public have learned that orthodox medicine will go on perpetrating these barbarous stupidities which he has enumerated—that these are all it knows and all it wants to know—that they have deserted its standards for more rational methods of health promotion. Those who believe that "feeding quinine to the ubiquitous malaria germ," has afflicted thousands with deafness, color-blindedness, and gastric catarrh; who see in the antitoxin inoculation the probable cause of the great increase in spinal meningitis, infantile paralysis, and many forms of anaphylaxis; those who contemplate with shuddering horror the multitudes of broken men—wrecked through the twofold agency of vaccination and mercurial poisoning—dragging the ball and chain of imbecility or insanity either in or out of mad-houses; these will not be greatly cheered by the A. M. A. assurance that its ghastly program is to be perpetuated. Nor will they be turned aside from the investigation of Couéism or any other therapy, by medical jeers or denunciation.

Emile Coué, founder of the Auto-suggestion School of healing, and master of the famous Nancy Clinic, was born in Troyes, France, February 26, 1857, the son of a railroad worker, and attained his present eminence through hard work. He is a self-made man in the full American sense. He studied at a small college until he was fifteen, learning some Latin which was afterwards useful to him in the pharmacy business. At sixteen he took a B.A. degree, and at eighteen a B.S. He then had to do his stint of military service for a year, and at the age of nineteen his father found employment for him with a pharmacist with whom he served a three-years' apprenticeship, his only pay being board and lodging. He next went to the University of Paris to take his degree in pharmacy, and helped to pay his way by winning a Government fellowship worth 1,200 francs a month. After that he was a pharmaceutical interne in Necker Hospital for a while. Later he was offered a partnership with M. Chominot, a druggist at Troyes, who also proposed to will the business to Coué at his death. He died, however, before executing this bequest, but his widow, with rare fidelity, kept faith with the terms of her husband's verbal agreement with Coué, who stepped right into

the drug-store where he remained for fourteen years. Meantime, he had married the daughter of a wealthy horticulturist, and in 1896 he retired.

As a pharmacist with discernment far above the average, Coué learned the worthlessness of most drugs. And yet he saw sick people take these drugs in which he knew there was no intrinsic virtue, and get better. This set him to wondering, speculating and reasoning about some other active principle at work to account for the improvement. There was at Nancy a School of Hypnotism, founded by Ambroise Liébeault, who assisted by Hyppolite Bernheim, Albert Moll, of Berlin, and others, had taken the ideas of Mesmer and of Braid and carried them forward to other conclusions of his own. There had always been much interest in the subject in France since Mesmer's sensational cures caused the investigation by the Academy and the Commission on which Benjamin Franklin served in 1784.

The Mesmeric method of inducing hypnosis was by manipulative stroking from the head downward, gazing fixedly into the subject's eyes, and strongly willing him to sleep. Braid, the Englishman from Manchester, demonstrated that the same result could be obtained by causing the subject to gaze steadily at some bright object held before his eyes. Liébeault confirmed all these experiments, and then showed that the hypnotic state could also be induced by suggestion alone, and that after its induction, all the observable phenomena were entirely due to suggestion in some form. The fact that *the subjective mind is constantly amenable to control by the power of suggestion*, constitutes the grand basic principle of all psychological science, and the Nancy School appears to be entitled to the credit for this important discovery.

Emile Coué became a pupil of Liébeault and Bernheim, and received from them his first instruction about mental suggestibility; but like all keen and original minds, he went beyond his first teachers. He perceived that autosuggestion, or self-suggestion, was just as potent in controlling the subjective mind as the suggestions of another; and by teaching his patients how to invoke this power within themselves, he became the great apostle of self-reliance and self-help in the cure of disease. On this principle he established his clinic in Nancy, where in 1921, 35,000 afflicted ones came to consult him. But because he tells his patients "It is not in me, but in you the power resides which heals you," he refuses to make any charge or accept any pay for his services.

One can readily see "the irreconcilable conflict" between the Coué doctrine and the medical system; and despite the Nancy philosopher's evident desire to placate the medical profession, and his wish to have medical sponsorship for his idea, the two have no common meeting-ground. It was not by preaching self-help and self-cure, nor yet by rendering free service, that the medical system has waxed rich and powerful. On the contrary: "Consult your doctor early and late. Throw

all your weight on *him*, and *do as he says*. Take no thought for yourselves. Pay him all you can afford, and if that does not satisfy him, he will try to get it out of the next one." These are the established maxims of allopathy, and they haven't even a speaking acquaintance with the maxims of Coué.

There is a popular notion that Couéism has much in common with Christian Science, and many believe that there is the same working principle in their modes of healing. This, however, is denied, both by Coué and by the authorized spokesmen for the therapeutic faith of Mrs. Eddy. Coué disclaims any religious element in his method, and Christian Scientists deny that they work by mental suggestion.

The principle of mental suggestibility is, of course, present and operative in every kind of propaganda or teaching—inevitably so. But if Christian Scientists mean—as they probably do mean—that they do not invoke it nor make conscious use of it in their healing efforts, they are unquestionably right in what they say. The Christian Science aim is to help the sick ones realize their *oneness* with Infinite life, health, truth and power; and by shutting out all thought of their opposites, they would make this realization easier and more complete. Coué criticizes the Christian Scientist expedient of denying the fact of pain or disease, upon the ground that "this only arouses the objective mind to more active contradiction and throws an unnecessary burden on the subjective." But the disciples of Mrs. Eddy say that such denial is a condition precedent to realizing the oneness of the finite mind with the God Mind, which is the real healing agent.

It is interesting to note that Christian Science, like Autosuggestion, had an early association with hypnotism, which both afterwards repudiated, though for different reasons. Coué gave up the hypnotic expedient for talking straight at the subjective mind without the annoyance of objective contradiction, because that method necessitated the offices of another, and interfered with his plan for developing and perfecting the method of autosuggestion. Mrs. Eddy, on the other hand, turned against Mesmerism or "magnetic healing," even after admitting its efficacy in relieving her of a distressing malady—through the ministrations of Dr. Phineas Quimby, a noted hypnotist of Portland, Maine, in the early 60's—because she came to see in this exercise of animal magnetism one of "the powers of darkness," wholly inconsistent with her Christian faith and principles.

For Mrs. Eddy was an intensely religious person of the perfervid, though kindly type; the descendant of six generations of New England Puritans and a refined product of New England culture and asceticism. This much we gather from Miss Wilbur's story of her life; also that she was born at Bow, N. H., five miles from Concord, and that she was the youngest of six children. Although she is portrayed by her biographer as a gentle, lovable character, her life from its beginning almost to its close in 1910, appears to have been a

stormy one, marked by three incursions into matrimony and torn by many dissensions and vicissitudes. She received the Christian Science revelation, it is said, in 1866, at Lynn, Mass., shortly after her second husband's desertion, and almost ten years later she wrote "Science and Health; with Key to the Scriptures," which is the Christian Science Bible.

Whatever one may think of the cardinal tenet of the Christian Science faith, namely, the non-existence or unreality of matter; and regardless of the varying opinions about its founder, there is no gainsaying its phenomenal growth and power as a therapeutic sect, which organized less than fifty years ago (in 1879), now encircles the globe with more than 2,000 churches and nearly 8,000 practitioners. Few persons (outside of medical circles) will deny also that Christian Science has been a wholesome influence in a community. It has improved some people's manners, if nothing else. Its greatest service, in our view, has been rendered in teaching the people to overcome fear and to withstand the constant medical appeal to fear; and in helping to fight the battles of medical freedom.

Thousands who have tried out the Coué formulas, are to-day attesting their practical value in banishing illness and securing other results. Personally, I do maintain health; but as a supplement or concomitant not believe that autosuggestion alone is sufficient to to an intelligent hygienic regimen, it is invaluable and well worth any one's giving it a trial. The principle of autosuggestion is just as potent for bringing bad results as good ones, of course, and when divorced from religion or any sense of moral responsibility might quite conceivably work irreparable damage. This seems to constitute a sufficient argument against taking too literally M. Coué's injunction to leave the will entirely out of the equation and surrender one self unreservedly to the imagination. Surely if there is God in anything, there is God in an enlightened human will-power guiding and directing human conduct.

Strange that faith cure, or autosuggestion should be sneered at by the medical profession who use both constantly in their business, and without which they could do nothing at all. Their reputed "cures" are entirely due to the principle of self-hypnosis, and their failures which far outnumber their "cures," can be accounted for by the fact that the suggestibility or self-hypnosis *has more to work against*—encounters more "objective contradiction"—in the case of medical practice, with its destructive drug poisons, serum poisons and crippling operations, than when grappling with the systemic malady alone.

Touching the inconsistency of rejecting Christian dogmas as contemptible superstitions, while accepting vaccination and vivisection as enlightened practices, Bernard Shaw says: "Which is the saner rite? The one which carried little children to be baptized of water and the Spirit, or the one that sent the police to force their parents to have the most villainous racial poison we know thrust into their veins?"

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER X

THE MEDICAL PUBLICITY MACHINE

THE "Principles of Medical Ethics," formulated and published by the American Medical Association, and carrying its official endorsement, in Chapter II, Section 7, states:

"It is incompatible with honorable standing in the profession to resort to public advertisement or private cards inviting the attention of persons affected with particular diseases; to promise radical cures; to publish cases or operations in the daily prints, or to suffer such publications to be made; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to employ any of the other methods of charlatans."

This is found in a small printed manual of the Code bearing date 1905; and a revised version, issued as part of the constitution and by-laws of the A.M.A. in 1925, further elaborates:

"Solicitation of patients by physicians as individuals or collectively in groups, by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertising, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician is, or has been concerned. All other like self-laudations defy the traditions and lower the tone of the profession and are intolerable."

These official regulations issuing from the medical court of final jurisdiction, appear to sew up medical practitioners rather securely against the advertising lure. Strict adherence to them would seem to debar physicians from letting the public know, either that they needed patients, or that they would know how to treat them if they had them. Like most "ethical" prohibitions that go counter both to human nature and

common sense, this provision of the medical code has been more flagrantly violated, perhaps, than any of its other pietistic pretensions.

There was never any good reason why doctors should not advertise their qualifications in a bid for sick patronage, if they sincerely believed they had something of value to offer their patients. If, on the other hand, they believe their services worthless— or even doubtful, taking pay for them is just as dishonest as advertising them. This "ethical" provision of the medical code against advertising, is part of a general scheme for creating the impression that the medical business is conducted on a higher ethical plane than other occupations and professions. That it is more nobly altruistic, more interested in the common weal, "toiling day and night in the cause of suffering humanity," to borrow one of the choice eulogisms of medical boosters.

Now I think most people who are willing to see things as they are, and not through the aurora borealis of medical apotheosis, will agree that it is no more noble to sell a man relief from pain produced by illness, than it is to save him from the pangs of hunger by selling him bread or potatoes. The doctor who takes money for his services, therefore, is no more of an altruist than the corner grocer who takes money for his wares. True, the doctor doesn't always get money for his services, but that is no fault of his as a rule. With few exceptions, doctors charge "all the traffic will bear," and when it fails to yield enough to satisfy them, they count on making up the deficit from other patients. Perhaps if the groceryman were permitted by the custom of the country and the code of trade ethics, to maintain a sliding scale of prices adapted to the financial rating of his customers, he would no doubt gladly give a few potatoes to a poor woman and charge his wealthy patrons five dollars a pound for them.

And there is another phase of this comparison between the doctor's calling and the tradesman's, that should not be overlooked. The man who is furnishing the necessaries of life—food, clothing, entertainment, etc., and who is not overcharging but giving honest values for our money, is far more the friend of "suffering humanity" than the doctor, who though he may stifle the pain temporarily, yet frequently lays the foundation of much greater suffering in the future by his method of doing it. It is not difficult to show, upon the basis of their own records and admissions, that the medical profession creates, and has created, for the human race, far more suffering than it ever relieved it of.

I have already deduced in these chapters eminent medical opinion repudiating and discrediting practically the entire "regular" program. William Osier and Richard Cabot proclaim the impotency of drugs; Creighton, Crookshanks, Tebb and a host of others, attest the futility and dangers of vaccines and serums; and no less an authority than Dr. Forbes Winslow says a majority of the *eminent* men of his profession denounce the senselessness and wickedness of vivisection.

"But why do you quote a few medical authorities in support of your position while scouting medical authority as a whole?" is a question frequently propounded. The answer rests on several counts: (1) Individual members of every vicious system are frequently better than the system. My war is on the medical system, not on individual doctors. (2) The fact that these medical dissenters are going counter to the majority, thereby inviting professional ostracism, is one evidence that they speak the truth. When a judge on the bench is confronted with conflicting testimony from two witnesses of equal ability, equal intelligence, and equal opportunity to know the facts, he throws the preponderance of credibility to the man who is talking to his own hurt, as against the one who is talking in his own interests. (3) Another proof that the dissenting voices in the medical profession are the truth-tellers, is that they hold very high professional rank. A doctor must be very secure both in his professional and financial status before he can treat himself to the luxury of speaking the truth! (4) It should not be urged against my supporting medical authorities that they are in the minority. Authority is more a matter of weight than of numbers, and all experience proves that those who are speaking the truth about anything are always few, in comparison with the multitude who through ignorance, indolence, or self-interest, are willing to help propagate a lie.

And lastly, I cite medical authorities in support of my argument, for the benefit of the doctor-ridden ones who are unable to accept any fact about health or disease except on a doctor's *ipse dixit*. The failure of orthodox medicine to measure up to the requirement of maintaining health in a community, however, is not a question of medical authority altogether, either pro or con. Evidences of that failure are all about us. Everywhere the grim figure of ill-health stalks ominously in the midst of those still going about their daily avocations. Few persons reach middle age to-day without developing some secret, gnawing malady which makes the latter part of their lives a dragging misery. All the most dreaded and devastating diseases, cancer, tuberculosis, diabetes, heart trouble and insanity, still exact a heavy death-toll, and according to Dr. Alexis Carrel, they are more fatal than they were fifty years ago.

While all this has been happening, "regular," orthodox medicine has been in monopolistic control of the therapeutic situation. It has manned all the health-boards, dictated all the health legislation, framed all the medical practice acts—which determine who shall and who shall not minister to the sick, and it has had complete control of all public and most private hospitals. To the extent, therefore, that it has urged the acceptance of its methods, fostered in the laity a blind trust in its teachings, and consistently fought and hounded every other school of healing, the medical system must accept responsibility for the prevalence of disease in the world.

This it has accomplished in the United States—whatever may be true of other countries—by the development and

perfection of the most colossal, the most all-inclusive publicity machine ever known, never surpassed—if equaled—by any political party of the world. Some idea of its vastness and multiform ramifications, may be obtained by reading the reports made by Dr. Ray G. Hulburt of Chicago, chairman of the Osteopathic Publicity Committee, and printed in the January, February, and March (1925) issues of the *Journal of American Osteopathic Association*. In putting his osteopathic brethren wise to what is going on in medical advertising, Dr. Hulburt offers no special criticism of it. Rather does he hold up the energetic example of the medical publicity hosts for emulation by osteopaths.

Of course the medical propaganda is not called "advertising"—oh, no! They have another name for it—which "smells as sweet." They call it "education." Concerning it Dr. Hulburt says:

"Medical 'education' of the public is progressing fast. The plans of the American Medical Association are growing more numerous, more complicated, more efficient. There is no use in trying to stop them. We could adopt some of them to advantage. Some of the propaganda is misleading, false, sinister. To a certain extent, we can oppose and thwart these parts of it. No matter what we mean to do about the campaign as a whole, or its various details, we need to know the facts.

"The A.M.A. maintains a far-flung battle line, fighting both offensively and defensively. State societies are supplementing its work. Health officers and health boards of States, counties, and cities are doing their part. Individual physicians are fighting in the ranks, in accordance with the plans of various organizations. Others are doing free lance work by *supplying newspapers with syndicated 'health' columns*, writings books and pamphlets.

"And some are using guerrilla tactics, writing and lecturing against 'irregular' methods and practitioners. Most of these pay scant attention to facts or truth. The secretaries of the California and the Colorado Medical Examining Boards have been urging for several years 'a constructive, educational campaign' in self-defense against chiropractors and others who were encroaching too fast."

"At the 1921 Convention of the A.M.A., the speaker of the house of delegates made a strong plea for *impersonal* medical publicity, and detailed several plans which he considered practical for the organization to undertake. The president of the A.M.A. spoke for the idea, as did

other leaders. Many medical magazines published favorable editorials. By 1922, the speaker of the A.M.A. house of delegates advocated the appropriation of \$75,000 to defray the expenses of an active constructive plan of public health education. He urged action. He mentioned 'the demand, the need, the urgency for the discontinuance of further temporizing methods, etc.'"

"In another year *Hygeia* was launched and carrying the message of the allopaths into the homes and schools of the nation. Abstracts of articles in this magazine are supplied to newspapers all over the country, linking the thought of health with the thought of allopathic methods wherever possible. Every school superintendent in the United States has been or is to be circularized on *Hygeia* as a school proposition. School officials of New York City circulated 28,000 copies of one issue to their teachers. The A.M.A. took advantage of the recent flurry over physical examinations of school children in Chicago, to stimulate the circulation of *Hygeia* among people interested in schools everywhere. In at least one State, it is reported that *Hygeia* is being sent to all members of the Legislature. This is probably the case wherever legislative fights are in prospect. These are only samples of the ramifications of efforts to advertise and boost the methods and theories of Allopathy."

We will interrupt Dr. Hulburt's illuminating report on the advertising methods of the "regulars" at this point, to recall to our readers one section of the provision against advertising contained in the "Principles of Medical Ethics" quoted at the beginning of this chapter:

"It is equally unprofessional to procure patients by indirection, by indirect advertising, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned."

Now what is the point in all this filling of newspaper and magazine space with allopathic copy, extolling the merits and superiority of allopathic procedure and damning every other therapeutic measure as "quackery" and "pseudo-science," if it is not to fill allopathic offices with patients and allopathic coffers with cash? Would the sanctimonious formulators of the "ethical" proviso call *that* obtaining patients "by indirection"? Probably not, since they are the same gentlemen who instigated the publicity campaign; and sheltering behind *a different name for the same thing* has been an allopathic alibi from time immemorial. The A.M.A. does not hesitate to violate its own sponsored ethical code, if it can escape

censure by the ingenious device of substituting the word "education" for "advertisement," even though the "ethical" prohibition applies quite as strongly to "groups of physicians, by whatever name they may be called—institutions or organizations"—as to individual doctors.

The deep-laid astuteness of the medical publicity scheme is revealed, not only in the name subterfuge, which enables the M.D.'s to get by with their pose of being "too proud to advertise"; but also in the fact that by calling their advertising "education," they can avoid paying for much of it. This permits them to hook it up with schools, churches, men's and women's clubs, and all other supposedly "educational" organizations, through which they can get a lot of free advertising.

Women's clubs have been a particularly fertile field for medical propaganda. About a year ago, some Chicago alienist gave it out over his weighty scientific signature, that "women are 20 per cent crazier than men"; which pronouncement gave much offense in feminist circles. I thought it showed rank ingratitude in that "alienist" M.D. to make a statement of that sort, for I think in most people's observation, that women are 50 *per cent* "crazier about doctors" than men. It seems to be peculiarly a feminine weakness to develop a soft spot—somewhere—for doctors and preachers.

For this reason the people who are trying to rescue children's bodies from the destroying clutch of medical paternalism—beginning with school inspection and ending in vaccination, Schick-testing, tonsillectomy and what not—get little aid and comfort from women's organizations, they who are supposed to be peculiarly interested in the welfare of children.

Continuing his report of the medical publicity machine in the January number (1925) of the *Journal of the A. O. A.*, Dr. Hulburt says:

"About the time *Hygeia* was launched, efforts were made to connect the A.M.A. with 70 big daily newspapers constituting an alliance which should carry syndicated health articles coming directly from A.M.A. headquarters. Their editors also were to avail themselves of the opportunity to write or wire to A.M.A. headquarters to get 'scientific' facts in connection with any news story which might show a medical slant.

"By this time, too, a number of State societies were getting up speed. Massachusetts was on the way with Dr. Frothingham's committee 'to investigate the Cults,' and the widespread publication of its 'findings.'

"The Illinois Medical Society, at its 1923 meeting, after the result of its questionnaire,

"What did you do the last time you were sick?"— was made public, showing only 14 per cent of the laity loyal to Allopathy, voted unanimously in favor of a newspaper educational campaign, and to raise money from its members for carrying out the plans. A lay publicity man was secured to manage the work which very soon included much more than newspaper propaganda. A speakers' bureau was organized, which already has about 200 doctors as volunteer speakers and is still growing. In the two months of September and October, 1924, in this one State, 108 appointments were made for these speakers to appear before various lay organizations, such as Lions', Kiwanis, Optimist, Rotary, Parent-Teachers and Women's clubs, Farm bureaus, Trade and Fraternal organizations. All this, in addition to addresses which the lay publicity director himself gives on 'Meeting You Halfway,' and 'The Romance of Modern Medicine.'

"The Illinois Committee also has arrangements with four radio stations in Chicago, one in Elgin and one in St. Louis, for giving 140 ten-minute talks during the coming year.

"The Illinois plan includes magazine articles, some of which have already been accepted for use in Chicago magazines which have a combined circulation in Illinois alone of 350,000. The newspaper material has already been used in well over 100 newspapers of the State. Close cooperation with branch and county medical societies, is part of the program.

"Other States are falling into line. At its September, 1923, meeting, the Indiana Society appropriated \$7,000 'to provide accurate information to the public by lectures and publication as to what is being done in the medical sciences, and to aid the local medical associations in bettering conditions in their communities.' One of the chief things done by the Indiana bureau during the past year has been the preparation of newspaper propaganda and securing its publication throughout the State. Speakers are also being provided for public meetings."

"Providing accurate information as to what is being done in the medical sciences," is the medical publicity-man's euphemism for the mendacious statements and reports circulated in the lay press as to the efficacy and value of vaccination, Schick-testing, etc. Such reports are frequently contradicted in the medical journals by the more conscientious and responsible voices in the medical profession. While from every issue of *Hygeia*, and in a

thousand special articles in other journals, in countless unauthorized and unidentified news items and syndicated "health" material from such artists as W. A. Evans and William Brady, M.D., the unsuspecting public is being constantly regaled with the marvellous "immunizing" benefits of toxin-antitoxin, the *Journal of the American Medical Association*, of April 5, 1924 (pp. 1093-98) carried a detailed report of *62 cases of quick death following its use*, the time of taking off varying from a few minutes to a few hours—prolonged to days in several instances.

True, these cases were spread over a number of years; true also that the reporter of them was affirming and reaffirming his faith in the merits of the horse serum inoculation and essaying to establish an alibi for the fatalities. This is true of the seven cases of "anaphylaxis" reported in the *Journal of the A.M.A.*, January, 1926, by Dr. Chester A. Stewart, of Minneapolis. "Anaphylaxis" is the new name for the severe reactions that frequently follow a second dosage of toxin-antitoxin. Thus Dr. Stewart, in the aforesaid article, describes the trouble as "Anaphylactic Reactions following administration of serums to children *previously immunized against diphtheria*," (italics mine), and says:

"The administration of toxin-antitoxin to render children immune to diphtheria, is unquestionably a valuable procedure; although having *the distinct disadvantage of sensitizing these individuals to horse serum. Subsequent administrations of serums as therapeutic and prophylactic measures undoubtedly are accompanied with the danger of anaphylactic reactions.*"

Such "anaphylactic reactions"—as described by Dr. Stewart—are recognized by the distressing symptoms of rapid breathing, high temperature (104 degrees), dropsical swelling of the tissues involving tongue, face, hands and feet, and extreme redness of skin, called in the medical lingo "erythema" and "angio-neurotic edema." None of Dr. Stewart's cases proved fatal, he says, though he had to resort to heroic measures to pull some of them through; and the trouble reappeared in another form months after he suppressed it, indicating the tendency of serum poisoning to linger in the blood and bring forth later fruits.

Many like cases of serum-sickness—some of them fatal—have been reported in medical literature, and Dr. Stewart in his article warns:

"As a result of the widespread employment of toxin-antitoxin clinicians will undoubtedly encounter an increased frequency of the incidence of anaphylaxis."

But the point to *be* emphasized in connection with medical publicity, is, that while the writers in medical journals—equally with those in lay publications—may extol the merits

of the "immunizing" fluids, they also point out the dangers and fatalities; whereas the rainbow artists of the medical publicity machine who write for newspapers, magazines, and public-health bulletins, systematically and sedulously suppress and distort the facts.

The burden of the medical publicity chorus—ringing through all the lay publicity channels—is that smallpox, diphtheria, and typhoid, *can be absolutely prevented* by "active immunization" with vaccine-virus, toxin-antitoxin, and anti-typhoid soup. There is never a quaver of doubt in the voluminous output, nor a hint of "anaphylactic" fatalities even in the undertones of the serological diapason. But we find both the doubt and the casualties reported in more reliable quarters.

We have the admission from medical—and even some public-health authorities, that "three doses of toxin-antoxin fail to immunize in a certain percentage of cases—variously given from 5 to 25 per cent." This admission is made in the N. Y. State Department of health Quarterly for July, 1924, page 77. The most that a leading manufacturer of the stuff claims for his product, is that "immunity still persists in over 90 per cent of children immunized six years ago." This statement was carried in his advertisement in *California and Western Medicine*, for November, 1924.

But the United States Public Health Reports, issued November 21, 1924, gave "the estimated expectancy of diphtheria per 1,000 inhabitants in the United States as 1.30." In other words, out of every thousand persons of all ages, an average of 998 would be free from diphtheria anyway, without any toxin-antitoxin being used. And since this is a larger percentage of immunity than is promised even by the manufacturers and purveyors of the serum immunity, the suspicion obtains naturally, that all this enthusiasm for serumizing and Schick-testing everybody is being supplied by the people who have serums to sell.

When Dr. J. F. Baldwin, a few years ago, lost his official head as president of the Ohio State Medical Society for saying something like this to his colleagues, the suspicion was planted in some people's minds that the hand that rocks the vaccine factory is also the hand that rocks the medical profession. When we consider the discrepancies between the statements of responsible physicians in medical literature, and the misleading propaganda of the medical publicity machine; and consider further, that for one layman who reads medical journals, 10,000 or more read the newspapers; that suspicion takes on some of the aspects of certainty.

The smug organization of doctor politicians known as the A.M.A., with headquarters on North Dearborn Street, in Chicago, are playing a double-header role as guardians of the people's health and sales agents for the vaccine-serum interests. Through its pious solicitude about the public health, political medicine is able to harness its publicity machine to

many good and worthy causes and thereby enhance its own prestige. When they use public enterprises to further their own aims, the allopathic conscience is clear, of course. Having persuaded themselves that they are the people and wisdom will die with them, it is easy for them to think their work essential to public welfare and their propaganda in the interest of humanity.

With this point of view, it is natural they should seize the public health service, the public schools, the Children's Bureau, the Army, the Navy, the Life Insurance Companies, the press and the radio, to become the vehicles of allopathic propaganda and strengthen the political power of the "regulars." By every ingenious device known to the press agent's art, every news item pertaining to health is given an allopathic slant. By this means, when the average individual thinks of health, he thinks in terms of allopathic procedure.

The president of the New York County Medical Society, in 1925, Dr. Samuel J. Kopetzky, in his inaugural address on January 26, stressed this point:

"We should furnish the press, the radio and other worthy publicity agencies with bona fide news, in the confident expectation that they, on their side, will cooperate with us to the end that all medical news published shall be authentic and trustworthy, and thus beneficial to the people.

"It seems clear to me, that there is a very definite obligation along this line on the part of those who control publicity channels, and I am glad to express my belief that this is being more and more manifestly observed by those who control our great newspapers and other avenues of public information."

"Authentic and trustworthy" medical news means, of course, that issuing from official medicine and carrying the stamp of A.M.A. approval. In order that there may be no mistake about the cooperation" of those "who control the publicity channels," it is currently reported that the A.M.A. keeps a paid employee on the staff of every important newspaper—with one exception—in the United States, whose important duty it is to supervise all news matter pertaining to "health" or "medicine"—these twain being synonymous—coming in to the office, and to see to it that nothing creeps into the paper which is prejudicial to A.M.A. interests.

Whether this be strictly true or not—and it is one of the things which it is hard to prove—every one who has ever tried to get by one of these important editors with a bit of copy showing an anti-medical slant, realizes that it might as well be true. The practical net result is the same as if it were. The power of the medical publicity machine is evinced quite as much by *what it is able to keep out of circulation*, as by the enormous amount of propaganda it keeps running.

I was given a striking example of this a few months ago when Sir Arbuthnot Lane was visiting in this country, and I tried to get a story about some of his pronouncements into one of the larger New York papers. It was promptly and unanimously declined by the *Times*, the *World* and the *Herald-Tribune*. Indeed, the press of the country was strangely and ominously silent about Sir Arbuthnot's visit, and his utterances while here received scant notice anywhere. Why was this? Sir Arbuthnot Lane is quite an important figure in the medical world of London—Surgeon to half a dozen large hospitals and private physician to the King of England. From the journalistic standpoint, any conspicuous personage is "news," and the literary value of any story about him is secondary. The ban on the Arbuthnot Lane stuff can only be interpreted in the light of some of his heretical teachings:

"There is but one cause of disease—poison, toxemia, most of which is created in the body by faulty living habits and faulty elimination."

"We have simply been studying germs and test-tubes when we should have been studying diet and drainage," declared Sir Arbuthnot. What! This audacious English surgeon laying unholy hands on the precious germ theory—promulgated by Father Pasteur and honored by all the apostles of serology! But what would happen to vaccination fees and the serum industry if the causative germ theory were sent to the "scientific" scrap-heap? No, the A.M.A. would show Sir Arbuthnot a thing or two.

For this was not the least of Sir Arbuthnot's offenses. "The head and front" of them was his declaring cancer to be a constitutional disease, "which can be prevented in practically every instance by adherence to a vegetarian diet and maintaining proper drainage of the cells." Now what would happen to the branch of surgery which battens on cancer miseries if that sort of doctrine is permitted to go unchallenged? Not caring to argue the matter with the English surgeon, the A.M.A. sought to suppress him with silence.

Had Sir Arbuthnot Lane asked me, I could have told him how unpopular the constitutional or blood theory of cancer is with the powerful organization of cancer-surgeons and radiologists calling themselves "The American Society for the Control of Cancer," from a brief encounter I had with them in the Summer of 1922. This Society was organized in New York City, in May, 1913, by delegates from all the principal medical societies of the United States, and its present membership includes about 500 leading surgeons, radiologists, and pathologists attached to hospitals specializing in surgery, radium and X-ray therapy.

The "Society for Control" holds to the local theory of cancer, and prescribes "early and radical excision as the only hope of cure." This prescription in amplified measure rings through all its literature and lectures, and beats with special

insistence into the brain of the hapless public during the Society's yearly "educational" feature known as "Cancer Week." The volume and scope of the "Cancer Week" output can best be told in the Society's own report of one of its Fall publicity campaigns for cancer surgery:

"600,000 persons were reached by lectures. Several hundred thousand more received the message by short addresses in churches, lodges and theaters, while countless other thousands saw display posters on street corners, trolley cars and bill-boards, or displayed on movie screens. Upwards of 5,000,000 pieces of literature were distributed, and the newspaper and magazine publicity covered pretty generally the whole reading public. A conservative estimate puts the number of persons receiving the *vital facts about cancer control*, directly or indirectly, during those seven days, at 10,000,000."

It may well be doubted if any other organization, political or otherwise, ever conducted a more extensive and zealous publicity campaign in any cause or interest. "The vital facts about cancer control," mentioned in the above report, according to the local theorists, are: (1) that "Cancer is *not* a constitutional disease; and (2) that it starts as a small local growth which *if taken in time*, can often be entirely removed by surgery, X-ray and radium. The other "vital facts" listed by the Society for Control are not very vital, and these two if adjudged by the net result of their practical application, are *vitally wrong*.

If cancer is a local disease, then surely the local remedies should apply in at least half the cases. But though they have been cutting and burning out cancer since Babylon was young, the records still show over 90 per cent of those once affected with it dying of it, and that it is steadily on the increase in all civilized countries. According to figures furnished by Frederick L. Hoffman, an acknowledged authority on cancer statistics, the cancer death-rate in the United States rose from 87.9 per 100,000 of population in 1913—the year the "American Society for the Control of Cancer" was organized—to 101.5 in 1921. The latest Census figures show one person in ten past the age of 40 who dies in this country now, dying of cancer—about 90,000 deaths a year, with an increase of 5,816 death in 1924 over those in 1923.

With these and other facts gleaned from careful research, in mind, I obtained permission to speak on the subject of cancer for fifteen minutes over the WJZ Radio phone in Newark, N. J., in July, 1922. In this radio talk I explained the constitutional or blood theory of cancer, affirming it to be the outcome of slow chronic poisoning—autotoxemia for the most part, produced by wrong living habits, and not the mysterious malady the local theorists proclaim it. In support of this view, I cited not only the physiological facts, but a

number of eminent medical authorities in this country and abroad. Among Americans I named the late Willard Parker, Professor of Surgery, for thirty years at Columbia University; Dr. L. Duncan Bulkley, founder of the New York Skin and Cancer Hospital and Senior Physician to it; Laureston A. Merriam, a medical Big Gun of the Middle West; and Dr. Horace Packard, of the Boston University—all supporters of the constitutional theory. In England, (I cited among older authorities, William Lambe, John Abernethy, Sir James Paget and Sir Astley Cooper, and among moderns, Herbert Snow, Alexander Haig and Robert Bell. At that time I had not heard of Arbutnot Lane, and he apparently had not paid much attention to the exponents of the constitutional view in his own country—whom I have named—until J. Ellis Barker, a layman, brought them to his notice, since he speaks of it as "a great flood of light *recently* poured upon cancer."

The WJZ Radio station, from which I had sent out my brief message to the cancer-stricken, was the property of the Westinghouse Company; and a few days later I was called to the office of *Physical Culture* and shown a copy of a letter addressed to the Vice-president of the Westinghouse Company by the Director of Cancer Research at Columbia University, New York. This department of the Columbia University Medical School is called the "Crocker Institute for Cancer Research," from the name of the San Francisco man who gave the money to establish it. From the copy of the letter shown to me, the Research Director's name had been erased, but in a personal interview with the Westinghouse official, Mr. W. H. Easton, I learned that the writer of the letter was Dr. Francis Carter Wood, titular head of Crocker Institute. Mr. Easton afterwards confirmed this in a letter to me. Dr. Wood's letter to Mr. Easton follows:

"DEAR SIR: I am astonished and pained to hear of some stuff that was put out recently from the WJZ Station, where a female quack was allowed to do a lot of advertising, roasting the doctors and making silly statements about cancer being curable by diet. If any one of your officers wants to try that he will as surely die as if nothing had been done for him.

"It is most unfortunate that this lecture should have aroused so much interest, and that a big concern like the Westinghouse Company should have helped to spread such dangerous doctrine. I can safely say there are 90,000 doctors in the United States who know that what this woman says is not true. If it were true, then cancer would be hopeless from the beginning. For if it is a blood disease, no operation could reach it. But any doctor knows that this is a lie!

"I hope you will put a stop to any further broadcasting of this nature. Although the mischief is already done in this case, there may

be other quacks who will want to put out similar dangerous statements.

"Very truly yours,

(Signed) "FRANCIS CARTER WOOD."

Cancer Research, Columbia University.

New York, July —, 1922.

(Italics in the above letter all mine.)

Several significant pointers in this letter are worthy of notice. First, it conveys the amazing intelligence that a dignified head of cancer research in Columbia University should feel impelled to notice—and to combat—the idle vaporings of "a silly quack"! Second, the admission that *"it is most unfortunate that this lecture should have aroused so much interest."*

Apparently the great multitude of the cancer-plagued are not so docile and contented under surgical preachment and ministrations as Dr. Wood could wish, and have their ears tuned in for some other "message of hope" than the operating table. But no other message shall reach them if Dr. Wood and his associates in the "American Society for Control" can have their way about putting the cloture on press, radio and every other avenue of information. This they have done, and are doing, in fine imitation of that noble historic figure—the dog-in-the-manger. In the thirteen years that the Society has been organized they have shown not a shred of ability in "controlling" cancer—and only in increasing the death-rate; but they have demonstrated very conclusively that they can and will control the line of talk about it that gets out to the public. If they were to amend their title and call themselves "The American Society for the Control of Cancer Propaganda," they could make their achievements square better with their pretensions. The Francis Carter Wood letter illustrates one method of control. The Westinghouse official, a busy man with neither time nor inclination for cancer research, and doubtless entertaining the conventional fiction that the doctor is an expert "who knows his job," would naturally be more impressed by what "90,000 doctors," headed by the director of cancer research at Columbia University, might think or say on the subject, than by what "a silly female quack" might say. And Dr. Wood had very carefully refrained from mentioning in his letter that "this woman"—abusing the confidence of the Radio Station—*had quoted in support of her argument some of the greatest cancer authorities of the world.* When Dr. Wood was later publicly confronted with this letter, he told the newspaper reporter that he *"didn't recall saying anything derogatory of Mrs. Hale";* and that his only comment for publication then was that "you can't cure cancer with carrots and cabbage!"

When Sir William Arbuthnot Lane came three years later preaching the gospel of "carrots and cabbage" as *a preventive*—if not a cure for cancer, quite naturally he wasn't given a look-in at the "American Society for the Control of Cancer

Propaganda." He was not invited to address them, and it was probably due to the Society's controlling hand that Sir Arbuthnot got so little space in the newspapers. The following story is a case in point:

In the January, 1923, issue of the *Physical Culture Magazine* there appeared a story entitled "Cancer Cured by Cleansing Diet." It purported to be the case histories of four women, each suffering from a different type of incurable malignancy—so pronounced by the medical experts attending them. Yet all four had restored themselves to health—after being abandoned by the M.D.'s as hopeless—through a consistent regimen of fasting and dieting. The story was given as first-hand information by the sufferers themselves, except one case reported by the nurse of the patient, in personal letters to the magazine writer who arranged them for publication in *Physical Culture*.

One of these women had inoperable cancer of the stomach; a second had cancer of the uterus, which had been both cut out and burned (with radium) out at the famous Mayo clinic in Rochester; a third had an inoperable tumor in her head which affected her vision; and the fourth case was that of a New York woman with cancer of the rectum who was operated on once at St. Luke's Hospital, and afterwards her trouble was pronounced inoperable and incurable by several leading pathologists. This case I saw, both at the height of the trouble and sixteen months later when the woman was apparently well, and I can confirm the essentials of her story. (Names and addresses of all four cases were vouched for.) Quite a remarkable recital, and one to give inspiration and hope to other cancer sufferers who might read it. So thought Bernarr Macfadden, publisher of *Physical Culture*, and in the full-page display advertisement of the magazine issue containing it which he was running in the *New York Times*, that cancer story was given a conspicuous place. A few days after the January issue went on the news-stands, I chanced to be in the *Physical Culture* editorial office when the head of the *Times's* advertising department came in to say the *Times would have to decline any more Physical Culture advertising without reserving the right to censor out such articles as "Cancer Cured by Cleansing Diet."* The *Times* was impelled to this action, he stated, *because of the protesting letters pouring into its office from eminent physicians and surgeons in the city!*

Now please note the absence of the usual medical pretext of inveighing against "quack remedies"—caustic plasters, ointments and patent medicines. For these women had resorted to no nostrums, had done nothing except regulate their diet and other living habits on hygienic lines, intelligently. And you would suppose, wouldn't you, that the surgical and radium experts who had failed to relieve these afflicted ones and abandoned them to their fate, might have rejoiced to hear of their good fortune in finding a way to help themselves? But after you have studied the idiosyncrasies of the medical system, you learn that it is as offensive and "dangerous to interfere with its mortuary plans as with

obediently concealed a lucrative ad—for which *Physical Culture* paid not less than \$1,700—at its behest. Nor is its power limited to control of the press, the radio and the various publicity channels. It has yet other means of throttling opposition and compelling acquiescence in its demands. When, in the *Medical Record* for February 19, 1921, Dr. L. Duncan Bulkley, the venerable founder of the New York Skin and Cancer Hospital, and the most conspicuous exponent of the constitutional theory of cancer in this country, called attention to the rapid increase both in the incidence and mortality of cancer since the Society for Control was organized, *he was thrown out of the hospital he had founded and given the greater part of his life toward upbuilding.* He was deprived of the twelve beds which had been assigned him for medicinal and dietetic treatment of cancer, and his cancer clinic for out-patients along the same lines was abolished. It was ordered by the Board of Governors which Dr. Bulkley himself had established, *that only surgery should rule in the cancer wards* of the New York Skin and Cancer Hospital.

And this was only the beginning of a series of studied attacks on this aged physician whose long devotion to the study of cancer and his numerous writings on the subject had carried his name as a recognized authority all around the world. An acrimonious criticism of his book, "Cancer and its Non-surgical Treatment," which appeared in the *Journal* of the A.M.A. October 8, 1921, was quickly followed by a letter to the editor from the New York Skin and Cancer Medical Board, disclaiming all responsibility for Dr. Bulkley's views and "regretting that the name of the hospital had been associated with this and similar publications which so completely misrepresent its policies." Then on April 3, 1923, Dr. Bulkley received formal notification that the American Association for Cancer Research had voted unanimously at its March meeting to drop his name from its membership.

Organized Medicine's malevolent persecution of its non-conformist members, especially such distinguished representatives as Drs. Abrams and Bulkley in America, Robert Bell and Arbuthnot Lane in England, should forever set at rest the question as to whether there is any scientific principle involved in these therapeutic disputes. When official medicine rails at "quacks" and eminent medical men who oppose its policies with equal ictus and virulence, the discerning layman must conclude that scientific inquiry has nothing to do with it. The conflict is an economic one, pure and simple; the snarl of the jungle beast when the food preserves are threatened. In the August *Journal of the American Osteopathic Association*, Dr. Hulburt says: "The trend of the medical profession toward paid advertising and toward the further development of many other avenues of publicity has shown steady and rapid progress in the past eight months."

While this may be a more obvious departure from the "ethical" standard set by the A.M.A. in the "Principles," it is far more honorable for the medical profession to pay for its

advertising in the ordinary commercial way, both from the standpoint of business integrity and square dealing with the public, than to work its endless camouflages of publicity through its "educational" associations Everything, whether good or bad, is so much the worse for a pretence. The lay world would have much greater respect for the medical profession if it "called a spade a spade" in the advertising game, and paid for its space like any other business. Why not?

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER XI

THE COST OF HOSPITALIZATION IN AMERICA WHY HENRY FORD'S IDEA WAS NOT PRACTICABLE

NOTHING points a more accusing finger at allopathic inefficiency than the enormous growth and cost of hospitals in the United States. The report of the American Hospital Association issued in 1923 contained the following figures: There were at that time 6,000 hospitals in this country with a total of 600,000 beds; and the annual expenditure for maintenance was \$525,000,000.

The annual expenditure for new hospitals and equipment was placed at 450 millions, and the value of buildings and grounds at two billions. "There are 500,000 patients at all times in these hospitals," reads the report. "Ten millions are treated there annually and 30,000,000 more visit the 4,000 dispensaries established throughout the country."

Since these figures were published other facts and figures bearing on the number and significance of hospitals in this country have been brought to light. At the seventy-sixth annual convention of the American Medical Association in Atlantic City, 1925, Dr. Arthur Dean Bevan of Chicago, chairman of the Council on Medical Education and Hospitals, in his report stated that hospitals had increased from 2,411 in 1906 to 7,370 in 1925. That the total bed capacity had grown from 217,658 in 1906 to 813,926 in 1925. In five years 328 counties that had been without hospitals were provided with them, most of them being small hospitals with from ten to twenty-five beds.

Dr. Bevan stated also the very significant fact that "83 per cent of all the new hospitals built since 1920 had been of the open-staff kind where any reputable physician might go and practice." This means, of course, greater professional interest in hospitals and more professional support for the system of hospitalization, the growth of which is indicated in the recent rapid development of the American Hospital Association. This started twenty-five years ago merely as a group of hospital superintendents, and in the past ten years has enlarged to include executive heads, trustees and other hospital officials. To-day its institutional membership is nearly 1,000 and its active membership twice that number.

At its annual meeting in Louisville, Kentucky, in 1925, Dr. E. S. Gilmore, the president, said in his address: "The A.H.A.

represents vast interests. Thousands of lives are constantly in its hands. The value of its property is estimated in billions. . . . We are spending over a million dollars a day for new buildings and equipment alone. We spend a billion dollars a year in the care of the 12,000,000 people who come to us for aid. . . . In business the day of millions is passing and the day of billions is upon us. Have you ever tried to comprehend a billion? There have been fewer than a million minutes since the crucifixion of Christ. A billion soldiers placed four abreast at ordinary military intervals would require five years to pass a given point. The A.H.A. sends a billion soldier dollars annually into the war against sickness."

Dr. Joseph C. Doan, medical director of the Philadelphia General Hospital, is quoted in *Modern Hospital Magazine* (August, 1925) as saying: "In the last half century there has been a phenomenal growth in both the number and size of the country's hospitals. This increase of almost 5,000 per cent in number, and 2,000 per cent in beds, represents the difference between 149 hospitals with 35,000 beds in 1870 and the more than 7,000 hospitals with more than 800,000 beds at the present time."

The amazing thing in these medical reports on hospitalization is the note of exultant felicitation sounding through them—as if hospitals were pleasure gardens and something to be proud of, instead of the places of torture that many of them are, and in what they tell of medical failure surely something to be ashamed of.

As if sensing in a way the public's wonderment at the appalling cost of these institutions, Dr. Doan seeks to justify the vast outlay on economic grounds, and to feature the hospital system as a national asset. Starting with the trite truism that "a nation's health is a nation's wealth" and the usual allopathic assumption that health and allopathic practice are synonymous, Dr. Doan essays to beguile us with the following hypothesis:

"If 13,000 beds for the reception of acute medical and surgical cases (and each bed of this group ought to serve two persons a month) are able to shorten the incapacity of each patient even one day, their industrial, civic and economic justification could not be disputed. Nor can the expenditure of over \$100,000 daily to maintain them be looked upon in any other light than the soundest of investments, which will return usurious rates of interest in restored earning power, industrial prosperity and more firmly established family life."

"*IF*," Dr. Doan! But where is *the proof* that your costly hospital medication brings any of these enumerated benefits? On the contrary, we have only to cite your own flaunting statistics to show that *the more hospitals you build the more you need to build*, to house the ailing multitudes constantly

streaming in and out of their portals, those dismissed in worse shape oftentimes than when they went in.

Nor do these hospital figures—enormous as they are—tell the whole story of impaired health under allopathic ministrations in this country, although the hospitals under consideration are all medical institutions, of course. They take no account of the number of sick people treated in their own homes by M.D.'s, nor those treated in doctors' offices. Neither do they embrace the vast army of discouraged and disgruntled ones—now reaching into millions—who have turned away from medical treatment entirely to seek relief in other modes of healing.

Seeing that this defection from allopathic standards is so marked as to evoke expressions of grave concern from the M.D.'s themselves; seeing also that such eminent medical men as Sir Arbuthnot Lane in England and Richard C. Cabot in America have quite recently come out rather strongly for the principle of Nature Cure in disease, it may be of interest to the ailing public to learn *why*—from the viewpoint of Nature Cure—"regular" medical methods of treatment can only result in swelling the rising tide of illness in the world.

Dr Gilmore's statement that "the American Hospital Association *sends a billion soldier dollars annually into the war against sickness,*" furnishes a key to the puzzle-picture. Herein is the beginning of allopathic misconception of the nature of disease, *that it is something to be fought—to be suppressed*—"stamped out"—to quote the favorite medical phrase.

The Nature Cure concept of acute illness, on the other hand, is that it is *a crisis of toxemia*, which manifests as disease, or discomfort, only because the Life Force within us struggling to rid the body of accumulated toxins and unable to use the ordinary channels of elimination because these have ceased to function, forces the poison out through some unusual and vicarious channel. And every vicarious process is attended with suffering.

In the Nature Cure concept, the inflammation, pain and fever which are the natural symptoms of this vicarious housecleaning are nothing to be alarmed about. *Certainly not something to be combated and suppressed.* As soon as the body is cleared of its toxic encumbrance in this natural and normal way, the unpleasant symptoms will disappear automatically and the patient's recovery will be complete and permanent. According to the Nature Cure philosophy, every acute malady is a cleansing and healing process, and cannot, in the very nature of it, prove fatal. *The fatalities occur from the suppressive treatment*—not from the disease.

The only outside assistance Nature requires for her cleansing and curative work, is cooperation to the extent of giving the patient absolute rest—physical, mental and physiological. This last-named, the physiological rest, the

patient almost never gets from a "regular" practitioner. It is the immemorial medical custom to mask acute symptoms with both drugs and food, after which no doctor on earth can tell which is the effect of the drug, which the effect of the food and which the effect of the disease.

So far from aiding Nature's eliminative process of cure, medical tactics only abort and thwart her efforts by driving the systemic poison back into the body, adding to it the poison of drug or serum, and further complicating the situation by forcing useless food into sick stomachs. Dr. Edward Hooker Dewey among old-line "regulars" stands alone in his declaration: "The giving of enforced food in illness and the drug that corrodes are medical barbarisms unworthy of the enlightened age in which we live."

Dr. Dewey put forth that utterance fifty years ago and the good old doctor has long since been gathered to his fathers; but his medical brethren are still administering "enforced food in illness and the drug that corrodes."

In more recent times the psycho-analysts have admonished the medical profession as well as the rest of the world, that suppression is not cure. What psycho-analysts are saying about the forcible suppression of powerful emotions, nature curists have been saying for a hundred years about the forcible suppression of acute physical illnesses; namely that we do not get rid of the trouble that way; that it simply goes under water, so to speak, to reappear in a worse form later on.

Yet the medical profession as a whole, disregarding all these warning voices, past and present, have steadily pursued their obstructive and destructive tactics, with the result that the main work of their hospitals has been to transform acute ailments into chronic ones which in a later stage join the gruesome ranks of the "incurables."

It is not denied by anybody that these suppressive methods are employed in medical practice. It is not denied that the multitude of chronic incurable are with us always. It is not to be expected that medical men, or their lay partisans would connect the two as cause and effect—but he who runs may read. The frightful increase in disease, indicated only partially by the 5,000 per cent rate of increase in the number of hospitals in the past fifty years, far outstrips the increase in population for the same period. And there is no good reason why—in any intelligent control of disease—that it should even keep pace with the growth of the population.

To camouflage and minimize medical failures, and to arrogate credit which rightfully belongs elsewhere, is part of the medical code, of course; and it does not surprise us to hear the president of the American Hospital Association make the following reckless claim:

"Largely through the aid of hospitals, the average length of life has been increased twenty-

one year during the generation just passed, and it may be freely predicted that another twenty-one years will be added in the next half-century."

This recalls the story of Mark Twain's linguistic dog who in the reckless use of long words "got so she wasn't afraid of anything, she had *such confidence in the ignorance of those other dogs!*" Such, apparently, is Dr. Gilmore's attitude toward the laity.

The prolongation of the human span—about which we are hearing so much just now, and for which modern medicine is taking the entire credit—is a moot question, fraught with conflicting opinions and many confusing factors. Sir Arbuthnot Lane, on his recent visit to America, said: "I am inclined to believe that the average duration of life was greater in ancient times than it is now." George Chandler Whipple of the Massachusetts Public Health Council, in his recent work on "Vital Statistics," says:

"Nor does the average age at death afford a fair index of the healthfulness and physical welfare of a community. A high average at death may mean simply that the birthrate is low."

Professor Raymond Pearl of the Department of Vital Statistics at Johns Hopkins, takes the wind out of the collective medical sails on this point by affirming that "the decline in the death-rate from those diseases against which public health officials have been especially active—like smallpox, diphtheria and tuberculosis—is no greater than from those against which little or nothing has been done."

Anyway, why all this fuss about extending the life tenure, unless it can be shown that the conditions under which it is lived have also improved? Few things are less desirable than mere length of days without a corresponding increase in the joy of living. Dr. Alexis Carrel of the Rockefeller Institute (already quoted in these chapters) is an important witness as to the part played by modern medicine in enhancing the joy of life. Dr. Carrel "doubts" whether the alleged victory over infectious disease "has so far brought much happiness to the world, or greatly modified the position of the average man as regards disease and death." He denies that "the expectation of reaching seventy-five or eighty years has markedly increased in the last fifty years"; but he says the adult of to-day "surely has more prospect of being tortured by some form of cancer, afflicted with slow diseases of the kidneys, the circulatory apparatus, the endocrine glands, and of becoming insane."

As to the medical boast about "conquering infectious diseases," for such conquest of these as is anywhere observable, and for cleaning up the plague-spots of the earth—such as Cuba, Panama, Manila, etc.—we are far more indebted to the sanitary engineer and to the labor union which has improved economic conditions than to the medical profession which has added to the sum total of internal filth

with its drugs and serums and laid heavier economic burdens on the people with its costly hospitalization.

There is, moreover, a very substantial weight of evidence—and a very respectable body of expert opinion—on the side of those who say there is no such thing as infectious disease except the infections of filth and of fear. The medical profession supplies both of these infections much oftener than it removes them.

"It is not to be disputed," says Dr. Doan, "that this hospital business has—as has any of the industrial plants of this State—a principal commodity, to produce which the institution was founded. To restore the sick in the shortest possible time—with the least expense to the hospital—is, of course, the chief aim of our efforts."

This may be accepted without question by those who have hypnotized themselves with the idea that medical aims and purposes are always inspired by altruism and humanity. It is not necessary, however to discredit the sincerity of hospital aims in order to point out the unsatisfactory character of hospital products. How long does Dr. Doan suppose an automobile factory, for example, would last which was constantly turning out halting, ramshackle cars—running at half-speed most of the time, and at frequent intervals in the ditch?

And who would accept the management's plea for such bad workmanship, that the workers were "doing the best they could?" No. Good intentions do not take the place of efficiency in the modern industrial world, and if the hospital proposes to put its product on the same economic basis as an industrial plant, it should be held to the same stern economic accounting.

If the M.D.'s really were "restoring the sick in the shortest possible time and at the least expense"; and if they were at the same time instructing their patients *how to keep well*—which is certainly part of their job if they are interested in promoting health—even the wayfaring man must see that there would not be the constant demand for more and more hospitals and at an ever-mounting cost. A billion dollars a year is entirely too much to pay for the sort of health service the medical hospitals of this country are turning out.

And this is the answer to the failure of the Henry Ford experiment in low-priced hospitalization. Mr. Ford having put into practical operation the principle of greater efficiency translated into a cheaper product to the consumer in the manufacture of automobiles, not unnaturally thought he could apply the same principle in the conduct of a moderate-priced hospital for people of moderate means. The expectation seemed all the more reasonable in that he did not desire nor expect a profit from the hospital, as from the automobile plant. All he asked of the hospital management was that it should not be run on a charity basis in any department and that

the uniform flat-rate to all patients should be sufficient only to cover cost of maintenance and depreciation of the property. So no provision was made for "free wards" or "free clinics" in the new Henry Ford Hospital at Detroit. There were just 600 private rooms, all of the same class in fittings, furnishings and price. Every patient was on an equal footing with every other and there were no extras.

In the beginning a flat-rate of \$4.50 per day was charged for room, board, nursing and medical attention; and it was announced that this rate would be lowered as the increased business of the hospital should justify—even as the price of cars had been lowered on the same basis. The maximum charge for a major operation was fixed at \$125 and the charges for minor operations were put on a graduated scale, much like the parts of an automobile—all the charges being tentative.

"The hospital will have a cost system," said Mr. Ford when inaugurating it, "just like the factory; and there seems no reason why the same kind of management which permits a factory to give fullest service will not permit a hospital to give fullest service and at a price so low as to be within the reach of all."

Surely he had a right to expect that a principle which applied to the manufacture of cars had made him the richest man in the world, would, when applied to hospitalization, yield at least enough returns to make ends meet. For it is said that Henry Ford does not believe in organized charity and that he designed his Detroit hospital to meet the needs of people who do not wish to accept charity, but who are unable to pay the exorbitant rates of the better class medical hospitals.

"There are plenty of hospitals for the rich," he is quoted as saying, "and plenty of hospitals for the poor. But there are none for those who can afford to pay only a moderate amount, and yet desire to pay without being made to feel they are objects of charity."

Other statements ascribed to Mr. Ford at the time of launching his hospital project were:

"It is not at all certain whether hospitals as they are now managed exist for patients or for doctors. . . . There seems to be a notion that a patient—especially when he goes into a hospital—becomes the property of the doctor. . . . Many physicians appear to be more concerned about sustaining their own diagnoses than about the recovery of their patients."

The practice of employing the Ford Hospital staff—doctors and nurses—by the year at fixed salaries, and the reason assigned, would indicate that Mr. Ford is not without insight into the economic aspects of the medical game.

"These men have been selected with great care," he said, "and paid as much they would ordinarily earn in private practice. They cannot practice outside the hospital, and they have, therefore, no financial interest in any patient. Nor does our system make it desirable to keep patients in the hospital any longer than necessary."

Such openly expressed sentiments were not calculated to enhance Henry Ford's popularity in medical circles, any more than the financial policy of his hospital was calculated to make a hit with hospital managers. The new Ford Hospital was foreordained to medical censure, and the "regular" profession in Detroit and the Wayne County Medical Society fought it openly and secretly from its inception. And when after ten years experimenting with his new principle in hospitalization, the man whose name is the synonym of success to the average American was forced to admit failure, and to surrender the ideal with which he started so optimistically, the outcome was exultantly greeted in medical circles and everywhere acclaimed as "a fair vindication of the ancient fee system of the medical profession."

For instead of meeting expenses and lowering charges as promised, the Henry Ford Hospital had faced a deficit every year until it totaled about \$2, 500,000. Since this must come out of Ford's own pocket, it was tantamount to running the hospital on the charity plan which was precisely the idea in hospitalization he was trying to get away from. This led to the abandonment of the flat-rate policy and the adoption of the usual sliding scale in medical practice. Since September, 1925, rates in the Henry Ford Hospital range from \$4.50 to \$10. per day, with an additional maximum charge of \$70. per week for medical attendance, and \$1,000 maximum charge for a major operation.

It is rumored in Detroit that Mr. Ford is very sore over the outcome of his hospital venture and very averse to talking about it. He might well be.

The property, grounds, buildings and equipment, from first to last have cost him about \$20,000,000. That is quite a neat sum to invest in a disappointment. Meantime it may interest the public—as well as Henry Ford—to inquire into the reason for the failure in hospital administration, of an idea which had succeeded so gloriously in the manufacturing field.

In the first place, the Ford factories are manned by mechanical experts who know exactly what they are about; whereas the Hospital has been conducted by medical wise-aces who very seldom know what they are about; who proceed always on the principle of "trial and error," whose outcome shows them mostly in error.

Secondly, Mr. Ford is accredited with considerable personal knowledge of mechanics, which enables him to keep personal tab in a measure on the efficiency of his workmen. If

he were to come on a machinist in one of his shops doing such terrible things to the mechanism of a car as are being daily perpetrated against the human organism in his Detroit hospital, the chances are that blundering machinist would be thrown out on his head.

Yet although Mr. Ford is quoted in the press and elsewhere as being opposed to drugs, and as favoring the eating of natural food and a general regimen of hygienic living in preference to medical formulas in the care of the body; he nevertheless places the conduct of his hospital experiment entirely under orthodox medical control, and employs the highest priced medical men as members of its staff. The result was what might have been expected. The only surprising thing is that one of Henry Ford's native astuteness failed to see that any hospital run *by* medical doctors would also be run *for* them.

Everything in modern orthodox medical procedure, from drugs to insulin, from vaccine-serum inoculation to vivisection and tonsillectomy, is endorsed and practiced at the Henry Ford Hospital. It's founder's opposition to the use of drugs—if it really exists—is nowhere reflected in the hospital regime; and he who is said to be so sensitively anti-vivisectional as to wince at seeing a growing flower pulled, is here put in the anomalous position of seeming to sanction all the senseless cruelties and futile torture of dumb creatures, dignified in medical parlance as "animal experimentation."

Mr. Ford's mistake has been in subordinating his own common-sense notions about health and disease to the alleged superior knowledge of medical men. Whether this was in deference to what he conceived to be public opinion, or because of his own inferiority complex toward the medical profession, is immaterial. The result is the same, and he is simply paying the penalty of that mistake. Had he put the hospital in charge of men more in sympathy with his own views; had he ruled out of it all the costly and destructive surgical equipment, all the barbarous and futile laboratory activities; had he banished drugs, vaccines, and serums; and instead of all this medical show installed a few practical dieticians and experienced clinicians—with a body of competent nurses trained in the principles of Nature Cure as well as the mechanics of good nursing—had this been the order of the Henry Ford Hospital instead of the regular medical order, he might have realized his dream of a low-priced hospital without being driven into charity practice on the one hand or a huge financial deficit on the other.

Proof of this is afforded by the experience of the fifty or more drugless sanitariums scattered throughout the country, which have thriven and prospered on a low scale of prices—ranging from \$15 to \$50 per week for complete service. Not only have these been self-sustaining, but some of them, like Lindlahr's in Chicago and Tilden's in Denver, have grown from very small beginnings into large and flourishing institutions.

Under the medical domination of the hospital field, very little opportunity is given for making comparison between the results obtained in the drug-less hospitals and the medical results; and when the drugless men have proposed a show-down on the comparative merits of their system of caring for the sick with the medical methods', the proposal was dismissed with the usual airy insolence of medical arrogance.

Nevertheless certain concrete and significant facts have leaked out to the public, illustrating the superior character of the drugless service, especially when combined with natural methods. Thus in the Lindlahr Sanitarium during the flu epidemic of 1918-19, three hundred cases were successfully treated without a single death; while at the Cook County Hospital just across the street, fifty-four deaths occurred out of three hundred cases treated by medical methods.

The Lindlahr Sanitarium also holds a continuous record of more than 20 years successful treatment of appendicitis without surgery and without a death, although some of the cases received came with the usual alarming prognosis of "abscess and threatened infection of the peritoneal cavity." Although these scare-head phrases are used to frighten people with abdominal pains onto the operating table, and under their influence millions have been needlessly despoiled of a useful little organ, and further incapacitated for the battle of life, the mortality from appendectomy has been—and is still—very high, according to the testimony of a very famous appendectomist, Dr. John B. Deaver of Philadelphia, who held a record on one occasion of snipping off seven appendices in an hour and ten minutes!

Aside from the natural, common-sense reasoning, that if the vermiform appendix performed no useful office in the bodily economy Nature would not have supplied us with it, we have it upon such high medical authorities as Dr. Charles Sajous, Clinical Lecturer in Jefferson Medical College, and Dr. David MacEwan, Professor of Surgery in the University of Dundee, Scotland, that the appendix secretes a relatively large quantity of *succus entericus*, an alkaline fluid that is both an auto-antitoxin and a powerful digestant, that insures asepsis of the appendix and the cæcum and also aids digestion.

Add to this the fact—established upon clinical records—that not more than 15 per cent of the cases operated on for appendicitis exhibit the trouble in the appendix—the other 85 per cent showing involvement of some other part of the peritoneal cavity— and the advantage to the public of having these cases cared for in drugless and non-surgical institutions must be apparent to any one not afflicted with medical myopia.

Yet the drugless institutions have had to combat not only poverty and insufficient equipment—unaided by the endowment funds of medical hospitals—but have also had to face the medical persecution which has striven wherever possible to drive them out of business.

Henry Ford has missed a great opportunity to demonstrate on a large scale, what could have been done with Nature Cure methods in a hospital like his, of unlimited facilities, perfect in appointment and equipment, when conducted by intelligent and *efficient* doctors and nurses trained in the principle that "Nature is all-in-all in the cure of disease."

The foregone success of such an institution, under such auspices, could not have been hid in a corner. It would have been trumpeted round the world, and might quite conceivably have been an inspiration to other wealthy philanthropists who have grown rather weary of donating to medical failures.

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#) [NEXT CHAPTER](#)

CHAPTER XII

WHY STATE MEDICINE?

"Conferring exclusive privileges upon Bodies of Physicians, and forbidding men of equal talents and knowledge from practicing medicine within certain districts of cities and countries, are Inquisitions—however sanctioned by ancient charters and names—serving as the Bastiles of our profession."

THESE words of Benjamin Rush, M.D., founder of Rush Medical College and the foremost medical authority of his day in America, illustrate a truth requiring frequent emphasis because so prone to be overlooked. Namely, that an individual may be very superior to the system of which he is an integral part; and in none is this so conspicuously true as in the medical system.

Benjamin Rush was also one of the signers of the Declaration of Independence, and when the Federal Constitution was framed he warned its lawmakers of the dangers inhering in unchecked medical control of a community; and he endeavored to have inserted in that historic document the same guarantee for medical freedom to the individual as it provided for civil and religious freedom.

The right of a citizen when ill to select his own method of healing is obviously as much a natural right as is his right to select his own church creed or political affiliation. And this right of the citizen to choose, carries with it, of course, the right of the practitioner of his choice to minister to him. Had the framers of the Constitution recognized this, and made provision for it in the constitutional protection afforded other individual rights, the history of Medicine in this country might not have been what it is—a disgraceful record of allopathic hounding and persecutions of other therapeutic sects. Homeopaths, eclectic, herbalists, osteopaths, chiropractors, Christian Scientists and Abrams men, have each in their turn been the targets for allopathic malevolence; and the old "regular" medical game of "turning the screws" on any inconvenient rival in the healing business still goes on.

The ability of the "regulars" to do this rests on their political power in the State, in being able to dictate all medical legislation and patronage. This political power is a hold-over from the time when practically everybody subscribed to allopathic theory and practice as the only therapeutic rule of conduct and the only safe guidance in

health matters. We have gotten rather far away from such blind trust in allopathic efficiency at present, as the allopaths themselves concede; but political supremacy persists oftentimes after the popularity which made it possible has declined. The political machine is sometimes good for "one more round" when the thing which supplied the initial motor-power is dead.

We have just had a striking instance of this in the reactionary legislative program the New York medical oligarchy were able to put through at Albany in February (1926). The Webb-Loomis Bill, the most drastic medical practice act ever enacted, gives the medical Board of Regents larger jurisdiction over the conduct of physicians—and over the lives of laymen in consequence—than is exercised by any court of law in the country. Under its provisions a self-constituted medical tribunal sets the absolute standard for practitioners of every school— drug and drugless—in the State of New York, and from its decisions there is no appeal. It has power to penalize any infraction of its rulings with both fine and imprisonment, and is on all-fours with a law which would force every body to vote the Republican or the Democratic ticket in the State of New York.

"Charges may be preferred by any person or corporation, or the Regents may on their own motion direct the executive officer of the Board of Regents to prefer said charges," reads this remarkable statute.

While the accused is given the semblance of a trial and permitted to answer charges through counsel, the verdict for a drugless offender is practically a foregone conclusion. The court's mind is made up against him in advance of the evidence, and in court parlance he "is condemned already." A few years ago a chiropractor was sent to Sing Sing in a malpractice case, charged with the death of a child whom he had successfully treated for spinal curvature some months previous to her death, although the death certificate gave "diphtheria" as the immediate cause of the child's death, which had followed closely on the administration of antitoxin by an attendant M. D. This is a case in point illustrative of the very short shift accorded a drugless man in an allopathic court.

It was an open secret in New York that the Webb-Loomis bill was specifically designed to put chiropractors out of business in that State, where there are about 2,000 unregistered practitioners selling and giving chiropractic treatments to whoever may apply. "We are informed that probably two million people are patronizing these quacks in New York City alone," a sanctimonious M.D. was quoted as saying at Albany, "and these people must be protected from the quacks and from themselves!" One is divided between amusement and nausea by the tender protective concern of the allopathic profession for the ailing public! Some of them probably are able to fool themselves.

A Chiropractic bill, petitioning for licensure and for a Chiropractic board of examiners, was before that same New York Assembly that passed the Webb-Loomis law, as was also a "Drugless Bill" having the same general objects and including chiropractors with other drugless cults. Both were summarily defeated, of course. The allopaths were in the saddle in the Albany legislative session of 1926, and no drugless therapy was permitted a look-in.

The popular reaction to such high-handed methods, however, was most encouraging. New York newspaper men attending that session said they had never seen anything like the growth of anti-medical sentiment in Albany and New York; and a mass meeting for medical freedom held in New York City under the auspices of the New York Anti-Vivisection League on April 24, packed the Aeolian Hall from the main floor to galleries. A little later (May 23rd), in the same hall, over a thousand persons listened to a debate on vaccination between one of those New York assemblymen—a graduate M.D.— and a layman, which grew out of that reactionary legislative program, wherein the layman anti-vaccinist scored in the debate.

The opportunities for graft inhering in the institution of State Medicine, are partly indicated in the custom of allowing medical boards to divert to their own use all fines and penalties levied on the victims of their persecuting zeal. Thus Section 164 of the Webb-Loomis law decrees:

"Notwithstanding the provisions of any other general, local or special law, all fees, fines, penalties and other moneys derived from the operation of this article shall be paid to the Regents of the University, and shall be available, together with the appropriations made from time to time by the Legislature, for the payment of all proper expenses of the Board including the salaries of the Secretary of the Board of Medical Examiners and his assistants, inspectors, examiners, any deputy attorney-general assigned for the purpose of enforcing the provisions of this article, and other employees, and their necessary disbursements, including the disbursement on bills duly rendered and audited for the administration of the Committee on Grievances."

Further evidence of the graft in this provision is afforded by the fact that when the much prosecuted chiropractors decided to stop paying their fines and to go to jail instead, there was a very considerable falling off in chiropractor prosecutions. Another graft clause in medical practice acts, is that requiring all licensed practitioners in the State to file a new registration certificate every year with the secretary of the Board of Medical Examiners, for which a fee of two dollars is exacted each time.

And even worse than the grafting provisions of these

medical laws, is the one compelling "each registered physician to report to the secretary of the Board, and to the secretary of any duly incorporated county medical society existing in the county of his residence, or to the secretary of any incorporated State medical society in which said county medical society is represented, the name and address of any person known to be practicing medicine whose name does not appear on the registry. *The names of persons giving such information will not be divulged.*"

Yet even with these factors of graft and espionage present, organized Medicine backed by the power of the State, would never have grown into the giants monopoly that it is to-day, had the M.D.'s been content with the perquisites of private practice, hedged about as that was with monopolistic exclusion. It was by their invasion of the public health service, manning all the health-boards—municipal, State, and Federal, that the allopathic school of medicine, notwithstanding its long record of incompetence and failure, has been able to get a stranglehold on all the other healing cults; to use the power and prestige thus obtained to invade public schools, churches, clubs, fraternities, labor unions, the Army and Navy, the industrial world, and to medically enslave every one.

The objections to having doctors serve on public health boards are obvious and sufficient. In the first place, the very name *health* board—should exclude them. A doctor's job is to "treat" *disease*, and medical revenues are derived from disease. It is clearly against sound public policy to permit men with a direct pecuniary interest in disease, to have control of public health measures. As well allow the undertaker to regulate the number of deaths in a community, or the house-wrecker to decide the houses to be condemned.

Moreover, the function of public health work is a problem in sanitation—not in medication. It is a layman's job, and should be entirely under the control of sanitary engineers. It relates strictly to external cleanliness—to drainage and sewerage; clean streets, dairies and markets; to garbage disposal; to water supply, and to heating, lighting and ventilation of public buildings. Everything, in short, which pertains to making the physical environment clean and wholesome, and there the work of the public health official should end. The other requisite for health—the internal cleanliness, dependent on proper hygienic care of the body, is an individual matter and must be left to individual control because only the individual *can* control it. If he does not feel himself competent to maintain the proper care of his body unaided, then as a free-born American citizen he should be privileged to seek help or guidance from any outsider he may choose, professional or layman, and without compulsion or coercion from anybody.

Now it has been amply demonstrated that a man may be an expert in sanitation without ever having seen the inside of a medical school or a medical book, and experience has shown that he will be much more efficient in his line of work if his

ideas about sanitation are uncomplicated with any medical theories or hypotheses. It is a fact that will not be disputed by any disinterested investigator of the subject, that the worst abuses and the greatest scandals in medically controlled public health service have arisen from the policy of mixing the Pasteur causative germ theory of disease with the simple principles of sanitation and hygiene.

The unproved and unprovable theory that specific germs cause specific diseases; and that by inoculating well persons with a vaccine or serum made from the germ, such persons will be rendered immune to said disease, is made the basis of the bulk of public health activities at present. "The chief function of any health department lies in the control of communicable diseases—all other activities are corollary to this one," declared Dr. Dickey, executive secretary of the California State Board of Health in his 1924 report. And any one at all familiar with the health-board program knows what a relatively small place is assigned to sanitation and hygiene in "the control of communicable diseases," and that all the emphasis is placed on the "immunizing" inoculations.

The pro and con argument as to the immunizing value of vaccines and serums, is an endless one, since both sides are ready with authorities and statistics. It is a significant fact that few pro-vaccinists ever attempt to defend vaccination *per se*. The bare thought of putting calf-pus or poisoned horse-serum into a human blood stream is so repugnant to common sense and to physiological law, that the most ardent advocates of the practice shrink from the task of explaining its virtues except by pointing to alleged results. In other words, they side-step the thing itself and fall back on authorities and statistics.

And who are these supporting authorities and statisticians for this grotesque custom of defiling human circulation with animal disease cultures—with foreign protein matter that is admittedly poison? They are the gentlemen who reap rich pecuniary returns from vaccination and inoculation fees, and from the subsequent harvest of disease that follows in the wake of this form of blood pollution. That wholesale vaccination tends to spread diphtheria, tetanus, spinal meningitis and infantile paralysis among children ; and among grown-ups, tuberculosis, cancer, syphilis and even leprosy, is attested by some of the world's leading medical men, both in this country and in Europe.

The puzzled layman trying to decide between the conflicting authorities on the subject, need only remember that it is not money in anybody's pocket to talk *against* vaccination. Let him consider in the same connection a statement from Judge Douglas Edmonds of the Los Angeles Municipal Court and counsel for the Public School Protective League, who in answering President Campbell of the University of California on the smallpox situation in Southern California in 1926, said:

"When one physician in Los Angeles tells me

that he made \$4,000 from vaccination in February and the city and county had each bought thousands upon thousands of dollars' worth of vaccine, it is not difficult to see that the advocacy of vaccination may not be as disinterested as many suppose."

Declaring that the smallpox incidence "had been grossly exaggerated" in that epidemic—as had been admitted to him by many private physicians, Judge Edmonds replied to President Campbell's canting "official concern" about the unvaccinated as follows:

"I do not see why the smallpox situation should give you the official concern you mention. It seems to me your entire official responsibility ends when you make it possible for those who desire vaccination to receive it. When you compel vaccination, you seriously encroach upon the rights of every citizen by setting up your own estimate of proper medical treatment for others to follow regardless of their idea on the subject.

Let me cite one result of this. The beautiful, attractive daughter of Los Angeles parents of prominence was refused admission to the Southern Branch of your University without vaccination. She and her parents, after much parleying with your officers here, finally consented to it with much reluctance.

Within a week this lovely girl was dead. There is no question but that vaccination was the cause of her death. I should think this case and the serious results which have occurred in other cases of vaccination of students might give you more serious official concern."

When the diagnosing of disease and the vital statistics are left in the same hands, it is easily seen how a medical health officer could make both tally with his purposes. Without charging that this is done in every case, there is no denying that under the present system the public health officer has the opportunity—and the temptation—to protect his medical brethren from blame and any given practice of his sect from condemnation, by the simple process, of juggling statistics—and the proverb says "it is opportunity that makes the thief."

There can be no question but that deaths from malpractice are to-day regularly concealed—both in private and public practice. Deaths from surgical operation are put down to appendicitis, or whatever disease was operated for; deaths from antitoxin are put down to diphtheria; deaths from vaccination are almost invariably concealed under a diagnosis of tetanus; meningitis, septicemia, or whatever form the blood-poisoning takes in given cases. Such deception, by keeping the public in the dark, obviously increases the

mortality.

A few years ago (1915), Mr. Charles M. Higgins, author of "Horrors of Vaccination Exposed," carried a continuous advertisement in one of the large New York dailies, which conveyed a challenge to the New York State and City Departments of Health, calling on them to open their records — juggled and "doctored" as most of them were—and he would undertake to show the public from them, "that there had been more deaths from vaccinia than from smallpox in the State of New York every year for the past fifteen." Needless to say the challenge was never accepted.

Mr. Higgins' challenge was inspired by the famous Loyster investigation of the ravages of vaccination in the New York public schools of the smaller towns and country districts, the result of which had just become known. Mr. James A. Loyster, editor of a newspaper at Cazenovia, N. Y., lost his only son through vaccination in 1914. Mr. Loyster stated in his report that he had consented to the operation, that he had himself been vaccinated and believed in it; but the boy's death got his attention. He determined to make a survey of the schools in the rural districts and smaller cities—exclusive of Albany, Syracuse, Buffalo and Greater New York—for the purpose of ascertaining the extent of similar fatalities from vaccination among school children. He purposely left out the larger cities because of the difficulty in canvassing them; and in order to maintain an open-minded quest for facts, he says he refused to read any anti-vaccination literature before starting on his inquiry. Mr. Loyster found and verified 27 deaths and twice as many cases of serious disability from vaccination among New York school children in that restricted area for the year 1914, getting names and addresses and in a number of cases photographs of the victims—all of which were reproduced in Mr. Higgins' book. It is a reasonable assumption that a canvass of the larger cities would have swelled the death-toll twice over, and in the whole State of New York that year of 1914, *there were only three deaths from smallpox!*

This story is repeated over and over in the history of vaccination and serology, wherever vital statistics are reported by disinterested parties. Intelligent opponents of vaccination do not claim, of course, that simply leaving off vaccination—any more than putting it on—insures against smallpox. Only hygienic living—day by day in every way—affords any immunity against smallpox or any other disease. So that it is nothing against the position of the Antis that unvaccinated persons sometimes contract smallpox; but it completely shatters the case for the immunization theory when it is shown from official records—as it has been shown in every country of the world where these are honestly kept—that where vaccination has been most strenuously enforced, smallpox has most abounded.

The only reason this is not better understood by people in general, is because medical health officials have it in their

power to suppress and distort the facts. This they have systematically and consistently done. Take, for example, the suppression by the United States Public Health Service of the Philippines Public Health Reports of the smallpox epidemic occurring in the Islands in 1918-19, one of the worst—if not *the* worst in the history of smallpox, which came as the culmination of 15 years of the most ruthless compulsory vaccination of the natives.

According to the P. I. Health Reports (1918-19, page 78), there were 24,436,889 official vaccinations performed upon the hapless Filipinos during the ten-year period of 1911-20, inclusive, or a yearly average of 2,443,688, and in that same period there were 75,339 deaths from smallpox in the Philippines, a yearly average of 7,533.

To emphasize this by comparisons, in England and Wales where vaccination has been optional since the repeal of the compulsory law in 1898, and the enactment of the "Conscience Clause" resulted in a decline of vaccinations to barely 40 per cent of the infant population, official statistics for the decade of 1911 to 1920 give the number of vaccinations as 3,645,311 or a yearly average of 364,531. As the population of England and Wales is a little over four times that of the Philippines, the number of vaccinations per hundred persons in the Philippines was more than twenty-six times what it was in England. And the total number of smallpox fatalities in England and Wales for that 1911-1920 period, was 140, or a yearly average of 14. Contrast these figures with the Philippine death-toll for the same length of time.

From the date of American occupation in 1903, vaccination was made compulsory in the Philippines, and down to 1917 inclusive, the Philippine Health Service was under the supervision of American Army surgeons. Their reports show three smallpox epidemics under the American rule; the first in 1905-6 before vaccination got well started, reported a case mortality of 10 per cent; the second, in 1907-8, with vaccination well under way, reported a case mortality ranging from 25 to 50 per cent in different parts of the Islands; while in the third and worst one in 1918-19, in the Province of Rizal—surrounding Manila—where vaccination and re-vaccination had been most thorough, the case mortality reached the unprecedented figure of 67 per cent. The lowest mortality figure, 11.4, was found in Mindanao, whose inhabitants, owing to religious prejudice against the vaccinators, fled into the bush, and many escaped the operation in that way.

And not only did smallpox become more deadly in the Philippines after vaccination was forced upon them, but other diseases, especially tuberculosis, typhoid and malaria showed great increases, according to the findings of Dr. Leonard Wood's special committee of investigation. Yet no word of this appalling Philippine disaster was ever given out by the United States Public Health officials, and the first news the public got of it leaked out through the news service of the

Masonic *Observer* (Minneapolis) in December, 1921, and January, 1922. The Citizens Medical Reference Bureau (New York City), which had also received the Philippine Reports, addressed a communication (December 15, 1922) to the editor of the *American Journal of Public Health*, saying:

"No one familiar with the situation can excuse the failure of Public Health officials and medical journals in the United States to present a comprehensive statement of ACTUAL FACTS regarding the extremes to which vaccination was carried out in the Philippine Islands, and the appalling death-rate from smallpox during the years 1911 to 1920."

Accompanying this letter was a brief statement entitled "Facts about Smallpox and Vaccination in the Philippines, based on official reports from the Philippine Health Service," together with copy of a communication from the Philippine Health Commissioner. On December 20, 1922, these manuscripts were returned to the secretary of the Medical Reference Bureau, with a letter from the editor of the *American Journal of Public Health* to the effect that all this material had been mailed to him from the Philippines in October, 1922; that he had carefully read the statement from the Citizens' Medical Reference Bureau—"BUT, we regret that it is impossible for us to use your statement: *nor at this time do we intend using the statement from the Philippine Islands. We have just had our annual meeting, and we must give preference to the papers which were read before the Association at that time.*" (Italics mine.)

Here is documentary proof of the deliberate purpose of the public health officials to withhold from the American people, information which they had a right to have. Their ability to do this in every instance is one of the crying evils of State Medicine and of medically controlled public health service. It is the custom of public health officials to comb the records for isolated cases of smallpox or typhoid among the "unprotected," and hold them up as sign-posts of warning; but when a year or so ago, two United States Senators, Wadsworth of New York and Ball of Delaware, at the instance of the Citizens' Medical Reference Bureau, requested the head of the Federal Health Bureau to furnish the Congress with a tabulated statement giving the number of cases, and the number of deaths from smallpox in all the States and Territories of the Union in the past seven years—together with the laws concerning vaccination in each of them, they were met with evasive replies and refusal. Such a statement would have brought out the incriminatory figures in the Philippine epidemic which the Federal health officials had taken such pains to conceal.

And a yet more incriminatory indictment of the "immunizing" health squads, than the Philippine disease statistics even, is furnished by the United States Army records in the late World War. From the Surgeon-General's Report—

1918-19—and from Col. Leonard P. Ayers' "Statistical Study of the War with Germany," we glean the following startling and illuminating figures: Out of a total of 24,234,021 men registered, 2,810,296 were chosen for the Army, or about one man in eight. They were, therefore, "the picked men of the nation," supposedly the most robust and resistant class of all. If any weaklings slipped in, the responsibility for them rests on medical shoulders, since only medical men did the picking.

Of the whole number of men called to the colors—nearly three million—a little over half went over seas, and only half of those saw actual combat, and that for an average period of not more than two months. Yet they all—at home and abroad—received "the triple shot" from the army doctor's hypodermic, which ultimately proved more deadly than the German guns. For in the Surgeon-General's casualty lists at the close of the war, 57,460 of this gallant band of picked men *had died of disease!* According to official figures, there were in 1918 among enlisted men in the various countries where American troops were stationed, 2,326,632 hospital admissions, or 977 per 1,000, the highest admission rate being in the United States, in well-appointed cantonments on which the Government had expended \$200,000,000, about half the cost of the Panama Canal; and where the soldier in the matter of foods, clothing, etc., was better conditioned than the average civilian during the period of the war.

In the A.E.F., where a small division of troops landed in the late Spring and early Summer of 1918, 300,000 hospital beds sprang up from nothing, of which 195,000 were occupied at the time of the Armistice. Among American troops serving at home and abroad, there were 112,649 discharges for disease, again the highest rate of discharge being in the United States farthest from the seat of war, but closest to the mischief which Satan found for the Army doctors' idle hands—inoculations and tonsillectomies.

A New York man I knew, who was attached to the hospital corps of Camp Dix, said he had seen soldiers' tonsils carried out of the operating rooms by the pailful! Since the tonsils are the natural filters and buffers for bronchia and lungs against outside impurities, their removal paves the way for bronchitis, pleurisy and tuberculosis—as a pathological aftermath of the operation. Add to this a fact deduced by Dr. E. C. Rosenow of the Mayo Clinic, that *"he found the serums Introduced into guinea pigs tended to localize in the lungs,"* and it is not difficult to understand why the Army Reports should name tuberculosis as the leading cause for disease discharge among the enlisted men. Presumably these men brought to the military service a good pair of lungs. It is inconceivable that the medical examiners should have passed up any with evidence of pulmonary tuberculosis.

Yet in the short period of one and one-half years, according to official figures, there were 31,106 hospital admissions for pulmonary tuberculosis with 1,114 deaths! Think of it, and of the further fact that many a fine young fellow who went into

the army physically strong and fit, is now coughing out his days in some T.B. sanitarium in California, Arizona, New Mexico, or somewhere else. And will those medical experts at explaining away uncomfortable facts, tell us why there were 4,485 cases of cerebrospinal meningitis, of which 1,701 died, despite—or was it because of—copious injections of "Flexner's Serum?" Why there were 98,606 admissions for measles with 2,455 deaths; 10,352 admissions for scarlet fever, with 317 deaths, 8,208 admissions for diphtheria, with 136 deaths; 195,490 admissions for mumps, with 161 deaths? Is it not strange that mature men, in good physical condition when selected for military service, should succumb in such large numbers to these diseases of childhood and die from them by hundreds and thousands?

A significant pointer to the disease-breeding power of the "changeful hypodermic," is contained in the statement of Dr. Farr, medical statistician of England, who said in his report more than 50 years ago:

"The zymotic diseases replace each other, and when one is rooted out, it is apt to be replaced by others which ravage the human race indifferently whenever the conditions of healthy life are wanting. They have this property in common with weeds and other forms of life—as one recedes, another advances."

Sir Charles Creighton also advanced this substitution theory of disease in his "History of Epidemics in Great Britain"; and Herbert Spencer in "Facts and Comments" (page 270), said that "vaccines in subduing one disease only increases others," and he named influenza as one whose severity had been greatly increased *by* the use of serums.

In this connection we note an article in the *Journal of the American Medical Association*, July 28, 1917, p. 267, from a French physician named Rest, who had made a special study of typhoid cases with reference to ascertaining the amount of protection afforded by the anti-typhoid serum. His findings shed an interesting light on the widely acclaimed "victory" over typhoid in the last war, and the gleefully published figures showing the greatly decreased incidence compared with the Spanish War typhoid. Dr. Rest says "The percentage of escape from typhoid because of the inoculation, was exactly off-set by the same percentage of increase in the number of paratyphoid cases, that this was true to the second decimal place."

In other words, just as many people were sick, but they called it something different. Pretty soon they had two varieties of paratyphoid, A and B, and by the time they had gotten the men thoroughly soaked with two varieties of paratyphoid dope, the Army camps were swamped with influenza! And how did "the picked men of the nation" fare in the "flu" epidemic in comparison with the civilian population? Compare these figures taken from the United States Public Health Reports for the ten weeks from

September 20 to November 29, 1918: For the whole population of 110,000,000 (official estimate), including all the ailing, the weaklings, the army "rejects" and the denizens of the slums—fully one-third of whom did not have allopathic treatment and many of them had no treatment at all— there were 350,000 deaths, or 318 per 100,000. For the soldiers in camps in the United States, a million and a half in round numbers at the signing of the Armistice, there were 21,994 deaths, or 1,466 per 100,000. From this it is seen that the mortality from influenza among the most robust, the most resistant class of all—who were exclusively under allopathic care and got all the "preventive" dope that was coming to them—*was more than four times as high as among all the other classes combined.*

This record made by the "immunizing squads" in the army camps of the late war, alone is sufficient to discredit medical theories of immunization, and settle for all time the question as to the advisability of allowing medical theorists to longer dominate the public health service. The disease harvest from the free use of vaccines and serums therein demonstrated probably constitutes the heaviest count in the indictment against medically controlled public health service, but it is by no means the only one.

The mischief-making potentialities of the causative germ theory of disease in the hands of medical health officials are many and varied. One of its most oppressive manifestations is the inoculation of domestic animals, causing much needless distress to the owners of pet dogs and cats, and great financial loss to the owners of dairy herds by the wholesale slaughter consequent upon the tuberculin testing of cows.

The futility of the test in determining whether cows are tubercular has been often and amply demonstrated, and was most conclusively shown in the report submitted to the Illinois Legislature in 1911 by the Joint Committee appointed respectively by the President of the Senate and the Speaker of the House of the Forty-sixth General Assembly, in pursuance of House Joint Resolution No. 20, adopted and concurred in May 7, 1909.

This Committee, consisting of six members of the House and four members of the Senate, was instructed by the joint resolution: First—To investigate into the reliability, efficiency, and necessity of adopting, the tuberculin test in the State of Illinois. Second—To investigate and determine the question as to whether disease germs pass from an animal afflicted with tuberculosis through its milk to a human being. Third—The effect of pasteurizing milk, bottling it up and shipping it for use into Chicago from dairy districts at a distance from the city. Fourth—If said tuberculin test should be found to be an actual and efficient test of the presence of tuberculosis among domestic animals, then the committee should estimate the amount to be paid for the condemned cattle, etc.

After a year spent in collecting evidence from all over the country, and taking testimony of every sort of witness with any knowledge of the subject; from milk producers and milk dealers; from dairymen, health commissioners and bacteriologists—State and Federal; from court records, and from a full copy of all the acts, addresses, papers and proceedings of the International Congress on Tuberculosis held in Washington, D.C., in 1908, this Illinois legislative Committee through its chairman, Judge Edward D. Shurtleff, brought in a report of its findings which condemned the tuberculin test as wholly unreliable, and condemned the pasteurization of milk as inimical to health.

The outcome of this legislative investigation was the enactment of a law in conformity with its findings and recommendations (Chap. 8, Sec. 105, Ill. Statutes), which reads as follows:

"An Act to prohibit the Establishing and Enforcing of the Tuberculin Test for Dairy Animals by any City, Village, Incorporated Town, County, or other Corporate Authority in the State of Illinois."

Yet notwithstanding this showing and other damaging evidence against the practice, the tuberculin testing and ruthless destruction of dairy herds still goes on. Few farmers are able to follow their condemned cattle to slaughter, but from those who do such testimonies as the following are available:

R. A. Burns of Walforth County, Wis., a patron of the Lake Geneva Borden Milk Company, owned 24 cows. They were tuberculin tested and 18 reacted to the test while 6 passed clean. He shipped the whole 24 to Chicago, however, and they were slaughtered and inspected at the Independent Packing Plant. *The 18 reactors were passed as prime beef by the Federal inspector*, while of the 6 that passed the test *four went to the tank* and two passed as fit for food. Had Mr. Burns kept on his farm the 6 cows which the testers rated as clean, he would have had a solid tubercular herd with which to start afresh!

A Dr. Fletcher of Chicago who owned a dairy farm at Dundee, Ill., had his herd tested by both State and Federal veterinaries, and 44 out of 48 cows were condemned as reactors and sent to the Yards. A neighbor named Charles Dickinson, disguised as a butcher, went along to see what happened. He saw the Fletcher cows slaughtered and 30 of the carcasses hung up with the U.S. inspector's O.K. on them. He asked the inspector to what extent the cows were tubercular, and the inspector replied they were not tubercular at all. "But they were reactors," said Dickinson. "Then there was something wrong with the test," replied the inspector.

Dr. Eugene Underbill of Philadelphia is quoted as saying: "Careful inquiry among reliable dairymen brings out the statement that tuberculin testing frequently causes abortion in the herds, and milk from tuberculin-tested cows has been known to kill calves, chickens, and in one instance a baby." He also said:

"Those dairymen who stand in well with the testers and who favor the process seldom have reactors, unless in animals they have determined to dispose of anyway."

Thus as usual in the public health game, graft and "science" walk hand in hand, and between the two the farmer, the consumer and the taxpayer bear a needless burden. Wholesale slaughtering of cows inevitably reduces milk production, and cutting down the supply raises the price, of course, to the consumers. The *Rural New Yorker* for December, 1925, printed a review of the working of the tuberculin test in the Catskill Mountain Dairy District, where the bulk of them were getting their first test, and which sent 64 per cent of them to the block. Thousands of cows, carload after carload, were shipped to distant slaughter-houses, and the problem of replacing them was a very serious one.

The following letter addressed to the American Medical Liberty League from a woman farmer of Pennsylvania, indicates the connection between the Medical Trust and the Beef Trust in the tuberculin business, and explains the powerful backing that enables the public health veterinaries to keep up the destructive farce even in defiance of law:

"Lincoln University, Pa.
Route 1, April 6, 1926.
To the American Medical Liberty League,
59 East Van Buren St., Chicago.

Gentlemen:

In four small townships in South Chester County, and one township adjoining same in South Lancaster County, there were killed 4,000 of the finest dairy cows in Pennsylvania, and only from one to two hundred left in the whole area, with a few heifers and calves.

For the finest, fattest cows—large Holsteins, 1,000 to 1,500 lbs. live weight—the Beef Trust paid only 3 cents dressed weight—nothing but the carcass. The owners received \$10. to \$15., for each large cow, the State pays \$40. and the Federal Government \$7.25 after three months. . . . The Southern end of Chester County is ruined, and it was the richest county in Pennsylvania. HOW CAN THIS GANG DO THIS DREADFUL THING? Hundreds of the cows killed showed no signs of tuberculosis, and I have read that many eminent scientists are positive that the bovine and human bacilli of tuberculosis

are wholly different, and the one never affects the other.

(Signed) Miss Florence B. Way."

Perhaps it was the powerful influence of the Beef Trust which caused the disappearance of the 11,000 copies of the Illinois Legislative Report condemning the Test, so that only two or three copies could be found in the whole State in 1925 when the American Medical Liberty League instituted search for it and made some reprints from a single copy. But for this timely salvage, an investigation which had cost the State of Illinois thousands of dollars would have been smothered and lost because the findings were displeasing to the medical hosts.

According to a statement given to the press by Drs. Mohler and Rosenau of the Bureau of Animal Industry, U. S. Department of Agriculture, and released for publication on May 17, 1909, the beginning of the "Hoof and Mouth Disease" in this country was traced to two vaccinated calves used for the manufacture of vaccine virus by Parke, Davis & Co., of Detroit, and later sent to the stock-yards. The Detroit firm had obtained this particular seed virus from the H. K. Mulford Company of Pennsylvania, who had imported it from Japan, one of the most thoroughly vaccinated countries of the world and incidentally one of the worst afflicted with smallpox! Bearing in mind the proven connection between vaccination and affections of the lungs and lymphatic system, the part played by the Tuberculin Test in keeping alive the Hoof and Mouth Disease requires no stretch of imagination. The loss to farmers and to the state in money and slaughtered animals from this disease alone totals many millions, while the injury to business and to individuals from these manufactured epidemics, is incalculable.

One of the worst abuses of arbitrary power in the hands of medical health officers, has been the isolation and incarceration of any apparently healthy person whom they chose to accuse of being a "germ carrier" and a menace to the health of the community. Unable to fit their causative germ theory into the fact that the so-called pathogenic germs were frequently found where the specific diseases to which they were assigned were conspicuously absent, the microphobists met the difficulty by declaring the healthy bodies found harboring the germs were favored habitats of the "bugs"—germ hatcheries, so to speak, and peculiarly dangerous sources of infection. Hence they were named "carriers," and on this purely hypothetical assumption, unproven and unprovable, innocent and harmless persons have been deprived of their liberty and the privilege of earning a livelihood, without recourse to law, since the health-board is amenable to no law except its own self-dictated mandates. In the summer of 1907 in New York City, a maid servant of the better class who was employed in a wealthy family, at a time when the family had gone away, worked temporarily in another place where typhoid fever developed; and because she

did not fall ill with the fever—contrary to all known rules of microphobia—the only explanation "science" could offer for such a phenomenon was that the woman was "a typhoid carrier." So she was arrested as "a menace to public health," branded as "Typhoid Mary" in the newspapers, and imprisoned on "North Brothers Island" in solitary confinement, where she remains to this day. An old French chemist whom I met in San Francisco who had known her in better days, showed *me* three letters from "Typhoid Mary," written in her own handwriting from her North Brothers prison in 1909. In one of them she states that she had sent part of the same feces examined by the Board of Health to an expensive private laboratory—paying for the service herself—and that they reported "no typhoid," while the Board of Health reported "typhoid." Concerning this discrepancy the accused "carrier" naively remarks:

"Now some of these people must be lying, but who it is I don't know. But if I have these germs, why don't they treat me for them, instead of shutting me up here for two years, four months and seven days? That private laboratory didn't know I was held by the Board of Health, or they would have found germs too, I guess . . . The most terrible thing they have done to me was naming me 'Typhoid Mary'."

(Her real name was Mary Milner.) In one of these letters she relates that when the chaplain of her prison heard her story and procured a lawyer for her, the authorities would not let him see her.

This case was famous in the annals of the New York Department of Health, the general public trustingly accepted the Health Board's dictum, and few persons bothered their heads about the true inwardness of it. The last account I had of "Typhoid Mary" was from some New York friends who visited her in the winter of 1926, and who reported her sunk into a state of morose melancholia, taciturn and suspicious even of friendly overtures. They could get nothing out of her.

I sometimes wonder if those benevolent and public spirited ladies who make up the personnel of "federated clubs" ever heard of "Typhoid Mary"? And whether it might not occur to some of them to picture themselves in her place—shut up on a lonely island for 19 years with a gnawing sense of injustice and wrong for sole comradeship, upon the imperial edict of ignorant and arrogant health officials who were doubtless harboring more and worse germs than "Typhoid Mary" ever carried to anybody.

The value and practicability of the "carrier" idea as a public health measure, may be partially gauged from the testimony of the carrier theorists themselves. Major Ralph Kinsella of the Medical Corps, U. S. Army, writing in the *Journal of the A.M.A.*, March 8, 1919, says:

"The report of the Pneumonia Commission at Camp Pike, made long before influenza appeared in this country, recited that sputums from 132 healthy and normal individuals were analyzed, and in 35 per cent of them the Pfeiffer bacillus was found."

(The Pfeiffer bacillus being the bug most strongly under suspicion of causing the Flu.)

Dr. Wm. M. Park of the N. Y. City Department of Health is quoted in its weekly Bulletin of March 15, 1919, as saying that

"about one per cent of the people of New York harbor virulent diphtheria germs in their throats; and that it is not possible to use cultures on a sufficiently large scale to discover all carriers in a community or to affect the general incidence of the disease."

Dr. Chas. E. Simon of Philadelphia in his book called "Human Infection Carriers," names cholera, diphtheria, typhoid, meningitis, pneumonia and a few other maladies as "those susceptible of being spread by carriers." He estimates the number of typhoid carriers in New York and every large city to be about 4 per cent of the population, and says "there are an average of 10 carriers for every meningitis patient."

Now to carry out the carrier isolation on the basis of these expert calculations to its logical conclusion; if 35 per cent of the people are harboring "Pfeiffer bacilli," it would mean the isolation of over 35 million people as a protection against influenza; if one per cent of them are carrying diphtheria germs, that would send over a million more healthy people into retirement, along with the spreaders of typhoid infection and as many more earners of spinal meningitis and what not. And since carriers beget carriers—even if each one infected only one additional person a week—and as in every hysterical movement the zealots quickly pass from real offenders to suspects, it is plain as a matter of simple arithmetical computation, that in the space of a few months we should all be in quarantine as a protection against each other!

And the worst of it is that the "immunizers" claim that *they create "carriers" with their immunizing serums!* The absurdity of this claim is very humorously brought out by a contributor to *Life*, who writes:

"Dr. Chapin of Providence, R. I., and Dr. Whipple of the University of California have each stated that 'carriers' are manufactured by doctors through the administration of 'immunizing' doses of anti-toxin and other serums. Of course this is pure brag. How could a dose of serum give a microbe such a head that it would refuse to eat or drink until it had left the

scene of last night's spree as far behind it in proportion to its size, as several times through the diameter of the earth would be to a man?

Nor is this all. We are asked to believe that the account of the terrible effects of the doctors' magic potion, is handed down so vividly by tradition through hundreds of generations of microbes that they voluntarily abstain from all nourishment throughout their lives! Only those whose prodigious energy causes them to emigrate ever get a square meal, or any blood that is fit to drink.

What a disappointment it must be to a microbe, after walking a billion times its own length on an empty stomach, his wife and a thousand hungry children tagging after him, the last hundred in her arms squalling for food, to see the person who looked so innocent and tasty from a distance, stuck all over with signs saying 'Beware! Saturated with Soakum's Serum!'"

The practical net result of this ridiculous "carrier" theory, however, is no laughing matter to the hapless victims of it; and like all the other tyrannies of the medico-political machine, it falls most heavily upon the poor and defenseless. Curiously enough, although there is a prevalent notion that germs are no respecters of persons, and millionaires as a class carry more and worse germs to the square inch than workingmen, nobody has ever heard of a millionaire being quarantined as a "disease carrier." There are no "Typhoid Rockefellers," nor "Diphtheria Fords."

When the official vaccinator comes around to turn the screws on the heads of industrial plants with a threat of complete quarantine—in case "a single case of smallpox occurs in it"—unless the whole force accept the calf-pus inoculation, the employer can—and usually does—promptly pass the buck to the employees with the alternative: "Get yourselves vaccinated or quit the job." Equally with school children, and the thrice-enslaved men of the Army and the Navy, working men and women are constantly being subjected to the insolent inspections and end less injections of one kind or another, from the officious minions of Official Medicine.

During the late war, soldiers who refused to be vaccinated, were courtmartialed and punished as military offenders. I have seen a letter from the Judge-Advocate-General at Washington to Mr. Chas. M. Higgins of Brooklyn, N.Y., of date Jan'y 14, 1919, admitting that such an offender had been "dishonorably discharged from the service, to forfeit all pay and allowances due or to become due, and to be confined at hard labor at such place as the convening authority may direct, for twenty-five years." No, this didn't happen in Russia under the Czar, nor in autocratic Germany under the Hohenzollerns, but in "free

America" whose Federal Constitution forbids "cruel and unusual punishment" even for crime. And it was meted out to one of "our heroes" who held an honorable record in the war, for the crime of trying to protect his blood-stream from a substance which has been pronounced by the leading medical authorities of the world—and some of its greatest scientists—as the vilest racial strain of which we have knowledge.

In England such medical men as Sir Charles Creighton, Edgar M. Crookshank, Benjamin Ward Richardson, Sir Wm. Collins, James J. Garth Wilkinson, Robert Bell, Herbert Snow and Wm. Scott Tebb have said that cowpox—the original source of vaccine virus—was analogous to syphilis in man. Creighton, in his article on vaccination in the ninth edition of the *Encyclopedia Britannica*, names "vac-cinal syphilis" as one of the maladies following the vaccinating operation, and cites a dozen or more epidemics of it in various European countries after vaccination was introduced. In his book on "Jenner and Vaccination; a Queer Chapter of Medical History," Creighton, one of England's most famous epidemiologists, calls vaccination "a grotesque superstition." James J. Garth Wilkinson, a famous English physician, calls it "blood assassination" and the "suicidal madness of the medical profession."

Philip Ricord, born of French parents in Baltimore and a member of the French Academy, was the recognized greatest authority of his day on venereal diseases, and he told the Academy as early as 1867 that vaccination spreads syphilis. Dr. Caron, another eminent French authority, refused to vaccinate at any price. The practice is condemned by such scientists as Herbert Spencer, John Stuart Mill and Alfred Russell Wallace, who pronounced it "a stupendous delusion and its enforcement a crime." The only "scientific" basis for it is a milkmaid tradition and the ignorant assertion of a country pharmacist named Jenner, that any one who had had cowpox would never have smallpox. But there is a very solid commercial basis for it in the profits it yields to the vaccine manufacturer and to the vaccinating doctor, and these two have served to keep the filthy and dangerous practice alive—in the face of common sense and physiological law, of statistical records and the pronouncements of science.

The fact that many intelligent and educated people believe in vaccination as a protection against smallpox, is no more of an argument for it than for any other superstition to which intelligent and educated people subscribe. As a general proposition, *people will support almost any idea which will support them*, and perhaps the A. M. A. policy of placing doctors' wives in important executive positions in women's clubs may partly explain the strange apathy of those organizations toward the ruthless exploitation of children's lives involved in vaccine-serum practice.

Of all the helpless classes exploited by State Medicine, the case of children should make the strongest appeal to adult humanity. Not only are they medically inspected and

serumized at every turn, but few of them escape mutilation in some form at the hands of the "healthers." Tonsils, adenoids and teeth of school children have come to be regarded as "a source of gasoline supply" for ambitious young surgeons; while the equally enterprising opticians and optometrists are seeking to destroy the vision of the new generations by supplying them all with "eye crutches."

Dr. William H. Bates, the New York eye doctor who has become famous through his system of teaching people to have "perfect sight without glasses" and has helped many to discard them who had become dependent on them, says when he heard that certain New York eye specialists in the winter of 1912 had recommended putting eyeglasses on *all children* in the city schools (regardless of whether they had defective vision or not), as a *prevention of future defects*, he went before the Board of Education to protest against such a monstrous proposal. "Any defect of vision in children under twelve years of age can be corrected without glasses," said Dr. Bates. "There is absolutely no exception to this. Not only can I show them how to see without glasses, but they can be taught by their parents or teachers, or by any one with normal vision. They cannot be taught by persons with imperfect vision. It is nothing short of criminal to put glasses on children's eyes."

Dr. Bates was the only eye specialist in New York City to go before the Board of Education with this protest, however, and it was on his recommendation that the Snellen Chart was introduced into the schools. To him belongs the credit for the great improvement the teachers were able to effect in the children's eyesight by means of it, for the time it was used. In spite of this, the chart was removed from the schools for some mysterious reason. For some mysterious reason, also, Dr. Bates became very unpopular with his professional colleagues. A graduate of the College of Physicians and Surgeons, the Columbia University Medical School, he taught Ophthalmology at the New York Academy of Medicine for eleven years, and was on the staff of the Post-Graduate Hospital for a number of years, in which place he had great success in taking away people's glasses and teaching them to use their eyes—reversing the time-honored custom of instructing them to put on glasses and "throw away their eyes."

His revolutionary teaching on this point soon brought Dr. Bates into difficulties with the A.M.A. He and his work were pilloried in the *Journal* in the column devoted to the exposure of "quackery"; and finally, in March, 1925, Dr. Bates was formally expelled from the A.M.A. on a technical charge of advertising! Prior to that he had resigned from all official positions and devoted himself to office practice and to teaching his new system to others. A number of his pupils are practicing his method in different parts of the country, and others who have arrived at the same conclusions are using similar methods which they developed independently of Dr. Bates.

The case of Dr. Bates illustrates one phase of oppressive State medicine. The hounding of other therapeutic sects presents another phase. The exploitation and persecution of the laity still another. All phases have the same root motif—personal emolument and professional aggrandizement. Yet they are all solemnly proclaimed in the name of "science" and staged with a pious gesture of "protecting the public health." There is nothing strange or unusual about this. It is the same old defensive bluff employed by every oppressive hierarchy the world has ever known. We must know that it is a psychologic necessity for poor cowardly human nature to assign the finest motives for the worst things it does. Otherwise, we could not stand to live with ourselves.

The time has come when a majority of the lay world has pierced this pious disguise of the medical hierarchy; have learned also that much of its boasted "science" is about as scientific as the voodoo practices of an African witch doctor. It is this disillusioned and aroused laity which is serving notice on State Medicine where it may get off. Not the drugless cults, not rival practitioners, but plain, every-day laymen and taxpayers are saying to the learned medical profession: If you know so much more than the drugless schools and are so superior to the "quacks," prove it to the world by getting back into your offices in your own legitimate field of private practice, and do what you force the drugless men to do, earn your livelihood by the patronage of those who believe in you enough to consult you of their own free will and to pay for the service out of their own pockets. But from henceforth take your hands out of the public funds, contributed by all the people, and stop using that to boost your practice and spread your peculiar doctrines.

THE END

[HOME](#) [SOCIAL CRITICISM LIBRARY CATALOGUE](#) [TABLE OF CONTENTS](#)