

(*Staphylococcus aureus*) or xanthomatoid reaction based on chronic infection. The case is of interest because of the unusual clinical and pathologic findings and, in particular, because of the probability of a separate clinical entity, that of Mikulicz's disease.

135 Stockton Street.

## LEGAL STATUS OF PHYSICIANS AND SECTARIANS\*

FREDERICK R. GREEN, M.D.

CHICAGO

Probably no subject has given rise to so much acrimonious discussion and bitterness of feeling as the efforts of physicians to restrict the practice of medicine to certain individuals or to certain classes. This problem is apparently no nearer permanent solution than it was fifty years ago. The proceedings of our state associations show that every year the adoption of a new medical practice act or of an amendment to the existing medical practice act is among the subjects discussed. At every session of the state legislature, bills creating new practice acts or amending existing laws, and special bills providing for the registration of osteopaths, chiropractors, naturopaths, drugless healers, mental healers and other fantastic sects occupy a considerable share of the session. There is no other subject on which the medical profession in the last thirty years has expended an equal amount of time and energy. Yet, in spite of all our efforts, there is not a single sect or cult, no matter how absurd or fantastic, which has failed ultimately to secure the so-called legal recognition which it sought, in spite of any objection which the organized medical profession might present. Two explanations are usually given for the failure on the part of physicians to prevent the passage of such measures. These are lack of understanding on the part of the public, and indifference and lethargy on the part of the medical profession.

In spite of all our efforts, this question today occupies as large an amount of time and absorbs as much energy as it did twenty-five years ago. That it has not as yet been satisfactorily solved is generally admitted. That its discussion is hampered by our own prejudice is also true. Rarely, if ever, is this question discussed in professional circles with the thoroughness, the absence of personal feeling and the readiness to accept a recognized truth from any source which characterizes our discussions of the scientific questions of medicine. This is largely because, whatever may be our lack of prejudice on other questions, on this subject we are ourselves sectarians and partisans. Yet its practical importance cannot be denied. It is not a scientific question, but an administrative and social question of importance, not only to physicians, but also to the public. Is it not, therefore, worth while for us to consider it, not in the light of our personal and professional prejudice, but rather as an abstract problem, a permanent solution of which would render unnecessary any further waste of time in the needless and profitless efforts of the past? Is it not possible that both the indifference of the public and the lethargy of the profession may be entirely justified, that the conventionally accepted attitude of the medical profession on this subject for the last forty

years may be based on erroneous premises and inaccurate reasoning, and that, instead of endeavoring to educate the public to our point of view, we might rather attempt to learn something from the public point of view?

### LEGAL REGULATION

The history of the efforts to restrict the treatment of the sick to certain individuals goes far back into the past. In a primitive civilization or in a simply organized state of society, no restrictions on professions or occupations are necessary. Each individual does what he is able to do for his own benefit or for the benefit of others, without any hindrance. It is only when society has become relatively complex that regulations for the government of various trades, industries, occupations and professions become necessary. There is, consequently, nothing inherently wrong in any individual pursuing any occupation or profession which he may see fit. As society increases in complexity, regulation of many human activities becomes necessary. The violation of such regulations does not constitute inherent crime, as does murder, stealing or various other acts which are in themselves criminal.

The regulation of professions, occupations and trades, legally speaking, comes under what is known as the police power of the state, characteristics of which are that it aims directly to secure and promote public welfare, and that it does so by restraint and compulsion. Under the police power of the state comes a vast multitude of subjects which increase as society becomes more complex. Everything having to do with licenses, reports, registration, prohibition, commerce, safety, public health, public order and comfort, public morals, the regulation of capital, public corporations and property comes under the police power of the state. The only object and the only justification for the exercise of police power is the greatest good to the greatest number, or, more concisely, the general good. Acts which are regulated by police power are, in the majority of cases, acts which in themselves are not culpable and which are wrong only in a statutory sense; that is, because it has been found best for the public good to provide certain regulations for such acts.

Legally speaking, the regulation of the practice of medicine comes under the same classification as the regulation of any other occupation, profession or trade or of any other subject which must be regulated or restricted for the public good. Regardless of the provisions or limitations which may be made, the practice of medicine without a license is never a crime, but only a misdemeanor. It is in the same class as running an automobile or keeping a dog without a license, exceeding the speed limit, permitting a factory chimney to smoke, or violating any other of the thousand and one restrictions and regulations which modern society has evolved for its own protection.

Without attempting to discuss the history of medical practice acts in this or other countries, all of which I have considered at length in a previous article, it is interesting to note that the present system originated with Dr. N. S. Davis in the early seventies. In the hope of elevating the standard of medical education, Dr. Davis urged the creations of boards of examiners to pass on the qualifications of applicants, entirely separate from the medical faculty which had given the instruction to the student. In other words, as Dr. Davis put it, there should be a complete separation

\* Read before the Section on Preventive and Industrial Medicine and Public Health at the Seventy-Third Annual Session of the American Medical Association, St. Louis, May, 1922.

between the educating and the licensing bodies. His demands, which can be found in the proceedings of the American Medical Association from 1867 to 1873, were for the creation of a board of examiners by the state for the examining and licensing of medical college graduates. As a result of his agitation, Texas in 1873, Kentucky and New York in 1874, New Hampshire in 1875, and California and Vermont in 1876, passed laws creating such boards. During the next twenty years, every other state passed some kind of a law on this subject, so that by 1895 there was in practically every state a board created by special enactment charged with the duty of examining and licensing physicians and surgeons.

While differing considerably in details, practically all of these laws are based on the same principles and have the same general characteristics. They have been enacted almost entirely through the influence and at the demand of the regular medical profession. To discuss the numerous laws which have been enacted in the last forty-nine years is impossible. In no state is the original practice act still in force. In each state there has been a succession of laws and amendments enacted making changes from time to time. In the forty-eight states more than 250 separate laws on this subject have been adopted during this period. In 1907, I abstracted and published in the *American Medical Association Bulletin* all of the medical practice acts then in force, and endeavored to summarize the average law on the subject. The synopsis, which I designated as a composite picture of medical legislation at that time, is equally applicable today, as the general character of these laws has changed but little during the last fifteen years.

No sooner were these medical practice laws enacted than there arose many cases which had to be settled by the courts. These involved prosecution of individuals accused of practicing medicine without a license, efforts by the board to revoke licenses once granted or demands, on the part of persons denied licenses, for a review of their cases by the courts, and the securing of what they considered to be their rights. It is significant that in the ninety years from 1780 to 1870, there had been only twenty-eight decisions in this field in all states, while, in the fifty-two years since 1870, there have been more than 800 cases passed on by supreme courts. In the early seventies, the suits involved mainly the rights of homeopaths and eclectics to practice medicine and to be represented on the examining boards. The appearance of the osteopaths in the late eighties caused a large amount of litigation and the rendering of many decisions, just as did the advent of the chiropractors later on. Each new sect as it appeared aroused opposition, prosecution and appeals to the higher courts, with the final rendering of decisions which established the legal status of the sect or cult, whatever it might be.

#### COURT DECISIONS

To discuss these eight hundred supreme court decisions in detail is impossible. In 1915, the Council on Health and Public Instruction published a digest of supreme court decisions on the state regulation of the practice of medicine, up to that date. In this digest these decisions were abstracted, indexed, analyzed and summarized. The decisions which have been rendered since that time are in the main simply confirmatory of the previous decisions, and do not in any sense alter the principles laid down.

The final decisions of the courts of last resort are recognized as final authority on any legal question. What are the conclusions which can be drawn from the opinions of the various supreme courts on this subject?

They hold that the sole justification for the enactment of medical practice acts is the protection of the public from incompetent and unscrupulous persons; that the state has a right to enact laws making any reasonable standards for the practice of medicine; that the object of such laws is not the benefit of the physician, but the protection of the public; that it is not the function of the state, through either its legislature or its courts, to decide scientific questions or to determine the scientific value of one school or method of practice as compared with another, or to decide the relative value of different forms of treatment; that the sole interest of the state in the practice of medicine is the regulation of medicine as a business; that the legislature is justified, for the public good, in establishing and enforcing reasonable regulations under which such business may be carried on; that the qualifications and conditions exacted must be reasonable and equitable and must be the same for all those who desire the same privileges, and that the function of examining boards is to test the qualifications and knowledge of applicants in order to determine whether they may be properly entrusted with the treatment of the sick.

#### MEDICAL PRACTICE ACTS

The accumulated experience of the medical profession on this question in the different states for the last fifty years, and the history of the various experiments that have been tried, and of the attitude of the public, the courts and the legislatures, forms an interesting chapter in the history of applied medicine. To discuss them in detail, under present limitations, is impossible. Summing up the situation, we find that after years of effort and experiment, the essential problem is no nearer solution than it was in the beginning.

Each state has on its statute books a medical practice act, which has been secured at great expense of time and labor on the part of physicians. It is in constant need of defense; it is not effective in accomplishing the purpose for which it was enacted; it is not understood or supported by the public for whose protection it was passed; it is of no special value to physicians because it handicaps the honest practitioner, but does not deter the faker or the charlatan, and it does not prevent any new sect, which may arise, from overriding its provisions. The public, feeling that such laws are for the benefit of physicians, is not and never has been especially interested in their enforcement.

By our insistence on the passage of these laws and through keeping their administration in our own hands, we have strengthened and confirmed this public misconception. As a result, we now have a cumbersome and ineffective machinery, supported largely at the expense of physicians, which has to be defended continually against assault, which occupies a large part of our time and energy, which might better be devoted to better purposes, keeps us in a false position before the public and arouses and keeps alive antagonism against the medical profession. The present laws do not accomplish the purpose for which they were created, and the efforts to adopt and administer them have in many states dragged the medical profession into politics and have prostituted our scientific organizations without any compensatory benefit to us or to the public.

Is it necessary to pursue this indictment further? Let us look at the question from an outside point of view and apply it to some other class. Suppose that the owners of automobiles should appear each year before legislatures, asking for the passage of laws restricting the use of automobiles to certain individuals; that they should insist that the membership of all boards and the appointment of all administrative officers in carrying out these regulations should be controlled by automobile owners, and that only those persons who owned a certain kind of automobile should be permitted to have a license. Can you imagine the shout of derision that would go up from the people of the state at such a request? Yet this proposition is identical with the method now existing for the regulation of the practice of medicine.

#### LICENSES

It seems impossible to disabuse the minds of physicians, who have grown up under the present licensing system, of the idea that a license is an official endorsement by the state of a system of treatment. Evidently, the followers of the various sects have the same idea, since they present bills before legislatures asking for special boards of examiners and special standards of education and qualifications on the plea that they want recognition from the state—as though the legislature were a jury qualified to pass on scientific questions, and the passage of a bill creating a board of examiners for one sect or another amounted to a certificate of merit or an endorsement of the methods followed. Such a conception shows a complete misunderstanding of the legal character of medical practice acts. A license to practice medicine is not a recognition of anything. It is simply a permit to do something. Legally, it is exactly in the same class as a license to run an automobile or to own a dog. No one would claim that an automobile license constituted a recognition of an Overland, a Pierce-Arrow or a Ford as being any better than any other machine on the market. Certainly no intelligent person would claim that a dog license was an endorsement or a recognition of an Airedale, a Boston bull or a collie. They are all of them simply permits by the state to do something which the state has restricted for the public good. A license to treat the sick is simply a permit from the state to carry on a certain business which has been by statute restricted to those holding such licenses. The license is evidence of the fact that they have complied with certain restrictions which the state, for the public good, has seen fit to require.

It is, of course, obvious that if there were only a single school of medicine and a single class of practitioners, there would be no difficulty regarding licenses. The problem of sectarianism is, therefore, inseparably involved in the discussion of the regulation of the practice of medicine. It is characteristic of each generation of physicians to regard the sects and cults of their own day as the only ones that have ever existed. To the physician of today, especially the man under middle age, homeopathy and eclecticism are simply names. Osteopathy is something that has existed throughout his entire professional activity. Chiropractic, as the newest, the most absurd of the many sects in medicine, is the only one which arouses the antagonism of the present generation of physicians. Yet history shows that sects of various kinds have been a constant accompaniment of the medical profession.

#### CHARACTERISTICS OF SECTS

When the characteristics of all the sects in medical history are tabulated, it will be seen that they follow a surprisingly uniform course. Practically every medical sect, like every religious sect, arises through the peculiar teachings of some individual, who bases a new and strange system of healing on his own fantastic ideas, rather than on the accumulated knowledge, experience and wisdom of the human race. Without going back of the last hundred years, it is only necessary to mention Samuel Hahnemann as the founder of homeopathy, William Thompson in eclecticism, Mrs. Eddy as the high priestess of Christian science, Andrew Still as the originator of osteopathy, and Palmer, the magnetic healer of Davenport, Iowa, who invented chiropractic.

A second characteristic of sectarianism is that each cult starts with a small group of enthusiastic followers, personal disciples of the leader, who throw themselves into the propaganda with all the enthusiasm of religious fanatics. The parallelism between medical and religious sectarianism is indeed very marked. This group of followers grows first through personal contact and later through various methods of promotion.

The third peculiarity is that each sect evolves some new and fantastic theory regarding the cause of disease. Samuel Hahnemann taught that all disease was caused by the itch; Mrs. Eddy found the explanation for all mortal ills in mortal mind; Still taught that the human body was a machine and that all afflictions were due to the dislocation of some part; Palmer went Still one better and taught that all abnormal conditions of the body were due to the dislocation of one of the spinal vertebrae. It is worthy of note in this connection that all of these sects personify disease and regard it as an entity, rather than as any one of a great variety of abnormal conditions; that they all seek to attribute disease to a single cause, and to remove it by applying a single method of treatment.

A fourth peculiarity, common to all medical sects, is that they have a regular order of development and decay. Starting originally with the leader, who is regarded as inspired, the first generation of followers accepts the new method of treatment as a solution of all human ills. Later on, they recognize the limitations of their method and learn by practical experience that there are many conditions to which their methods are not applicable. As time goes on, their teachings are modified by force of circumstances and by contact with the practical world. They gradually drop their fantastic notions; recognize the limitations of their methods; profit by the general knowledge of the medical profession and, in time, lose their distinctive characteristics and merge themselves in the great mass of physicians. This has happened in our own day with the homeopaths and the eclectics. Osteopathic schools are now offering courses in minor surgery, obstetrics and, in some cases, general surgery. In ten or fifteen years from now, it is safe to say that such osteopathic schools as still exist will be giving the best courses they can offer on diagnosis and treatment and, in the next twenty-five years, osteopathy will have become a name without any meaning—just as homeopathy and eclecticism have today.

This, again, is in line with religious sectarianism, which, like medical sectarianism, originates in an individual, is promoted by his immediate disciples, starts out to conquer the world, and eventually settles

down into one of the innumerable sects of Christendom. Ask the average Presbyterian who John Calvin was and what the seven points of his theology were, and he couldn't tell you, to save his soul from perdition, even if he knows he is one of the elect. How many Episcopalians know why their church separated from the Church of Rome? How many Methodists can tell you anything definite about John and Charles Wesley, or how many Baptists know why they believe in immersion rather than sprinkling? Twenty-five years from now the Christian science church will be indistinguishable from other orthodox churches. Mrs. Eddy, before her death, recognized the limitations of her own teachings, and advised her followers to consult surgeons in cases of broken bones. The mother church at Boston long since instructed its healers to comply with state and municipal regulations regarding infectious diseases. Christian scientists go to dentists for defective teeth and to oculists for errors of refraction. To expect the followers of either religious or medical sects to be consistent or logical is to expect the impossible. If these people had consistent or logical minds, they would not be sectarians.

#### THE QUESTION OF PATERNALISM

One of the principal reasons for antagonism to medical practice acts has been the opposition of the followers of these various cults and sects, who felt that their liberty was being interfered with by the enactment and enforcement of medical practice acts. This has given rise to various local movements and, at the time of the agitation for the passage of the Owen Bill in Congress—from 1910 to 1914—gave rise to a national movement known as the National League for Medical Freedom. As is usually the case in sectarian controversies, both the knowledge and the methods of these agitators were open to criticism. At the same time, it cannot be denied that there is a certain amount of justice in their position. Huxley, many years ago, when the British medical practice act was under consideration, stated clearly that it was not desirable for the state to attempt to substitute restrictive legislation for individual judgment on questions relating solely to individual rights, and that it was better, in the long run, for each person to be responsible for his own well-being and to be free from any paternalistic supervision by the state. The courts have recognized in all their decisions that there are three classes who are entitled to special protection. These are, first, the child who is below the age of intelligent judgment and is, in the eyes of the law, an infant and a ward of the state, and as such is entitled to protection. This principle was emphasized by the supreme court of New Jersey in the celebrated case in which the parent, who was a Christian scientist, was brought before the court for permitting his child to die from diphtheria on account of the parent's disbelief in antitoxin. The court, while recognizing the right of the parent to his own belief, denied the right of the parent to sacrifice the child, whose life might have been saved by recognized scientific methods.

The second class entitled to special protection consists of those who, through lack of mental development or through mental affliction, are incapable of exercising sound judgment. The insane and the feeble-minded, like the child, are wards of the state and are, as the courts have repeatedly held, entitled to the best care available scientific knowledge can give them.

The third class subject to special consideration, not on its own account, but for the public good, consists of those persons suffering from communicable diseases which may be a source of infection to others. Here the public good demands that they be given such care and treatment as will render them harmless to the community, and this can, if necessary, be carried even to the restriction of their liberty.

But, with the exception of the child, the insane person and the person suffering from a disease dangerous to others, any sane adult who has a bodily affliction which is not a danger to others has a right to control his own body and to take such treatment or refuse such treatment as he may see fit. If he wishes to consult an osteopath, a chiropractor, a Christian scientist, a voodoo doctor, a witch doctor or a pow-wow doctor; if he wishes to treat his rheumatism by carrying a horse-chestnut or a potato in his pocket; if he prefers incantations to scientific treatment; if he likes prayers better than powders, or if he wants charms rather than surgery, he has a perfect right to do as he sees fit, and the state has no right to compel him to submit his body to any treatment that he does not desire. If he errs through ignorance, he must suffer the effects of his own poor judgment, just as he would in any other activity in life. Physicians must recognize this right on the part of the layman, just as they assert their own right to individual judgment on other questions.

#### BASIS OF INTELLIGENT AND EQUITABLE REGULATION

Does this mean, then, that there should be no regulation of physicians or sectarians? By no means. Undoubtedly, there should be intelligent and equitable regulation by the state for the public good. What, then, is the remedy for the present absurd and unsatisfactory situation? It is for the medical profession to surrender to the public a function and a responsibility which it never should have assumed. If the people, for their own protection, desire to impose certain restrictions on those who wish to treat the sick as a profession for compensation, then it is the business of the public to determine the conditions and administer the machinery by which such regulations shall be carried out. Whether an individual is qualified to treat the sick is an educational and not a sectarian question. Its enforcement should be in the hands, not of physicians, but of the educational authorities of the state.

Having complied with the requirements of the state, which should be as high as they can be made, consistent with the public welfare, and having received a license, each person so licensed should be at liberty to follow any method of treatment or school of practice which he may see fit, subject only to the common law limitations on professional responsibility. Any physician who undertakes to treat the sick is subject, under the common law, to definite liabilities for the character of his treatment and of his services. But there should be one standard for all, and the task of defending such laws and elevating the standard belongs to the public and not to physicians. If the rights of physicians are invaded, then we can go before legislative bodies and frankly and openly fight for our own interests. If the requirements are unfair or unreasonable in any way, then physicians can, with perfect consistency and with a clear conscience, appear before legislative committees and insist that reasonable provisions be adopted. But the protection of the pub-

lic belongs to the public itself, and it can be safe in no other hands.

It is difficult to understand when or how the fiction arose that the medical profession is a divinely authorized and chosen class, charged with the protection of the public health and public welfare, even against the desires and the wishes of the people themselves. Such a doctrine savors far too much of imperialism to be particularly popular at the present day. Abraham Lincoln was emphatically right when he said he did not believe any man was good enough to govern any other man against his will. I do not believe that any man or any class of men is good enough or wise enough to be charged with the responsibility of protecting the people without their consent. We have in the last fifty years been assuming a burden which did not belong to us. To this extent we have pauperized the people by depriving them of their own responsibility. The sooner this responsibility is returned to the people, where it belongs, the better it will be for the public and the medical profession.

Recognition of these principles has been slowly growing in the last fifteen years. In New York, the regulation of all occupations, professions and trades is under the jurisdiction of the board of regents of the state university. In 1911, Tennessee provided for a board of three educators as a board of preliminary examiners. But there was no general recognition of the duty of the state to regulate professions and trades through a definite department of the state government until 1916, when Illinois adopted what is known as the Illinois Code, creating as one of nine departments of the state government a department of registration and education with an educator at the head, which was authorized to examine and license physicians, surgeons, dentists, pharmacists, nurses, embalmers, optometrists, barbers, midwives, architects and structural engineers. Included in this list, by inference, was the entire group of so-called drugless healers. Nebraska and Idaho have adopted similar laws. The Illinois law today stands as the most complete and logical method for the solution of this vexing problem that has as yet been found. I would commend a careful study of the Illinois Code to all those interested in this question.

#### CONCLUSIONS

Summarizing the discussion of this subject, we are led to the following conclusions:

1. The regulation of those desiring to treat the sick should be based on educational rather than sectarian standards. Such regulation should be administered by the state educational authorities. For economical and efficient administration, the regulation of all professions, occupations and trades supervised by the state government should be placed in the hands of a single state department, which should have as its head an educator of recognized standing and demonstrated executive ability. This department should have the power to appoint examining and advisory committees for each of the different groups, the general educational standards being under the control of the department, which should also control the actual granting of licenses, as well as prosecutions for violations of the law. In the smaller states, in which the creation of a distinct department of the state government would be difficult, for practical reasons, a board of examination and registration, consisting of three educators of recog-

nized standing with power to appoint examining committees for the different occupations, professions, schools, etc., will best meet the local needs.

2. Whatever machinery for regulation is adopted, it should be recognized that the object for such regulation is the protection of the public, and that the people should pay for this protection as they pay for protection from any other danger. Such laws are emphatically not intended for the restriction of competition among practitioners. It is no more the business of the state to protect a physician against competition than it is to protect a drygoods man, a furniture dealer or a grocer. The only justification for restricting the liberty of any person is the public good. It follows, therefore, that the public should pay for this protection. Any scheme whereby a department or bureau of registration and examination is supported by fees is unfair, in that it places the expense of maintaining such a bureau on those who are restricted for the public good. Fees should be fixed at a nominal figure. All fees received for examinations or licenses should be turned into the state treasury, and all expenses of administering the laws and prosecuting violators should be paid out of the state funds by regular appropriations. Under the present system, in most states physicians are not only unfairly and unjustly restricted, but they are also compelled to pay the cost of their own restriction for the public good, a plan that is manifestly unfair and which should be abolished at the earliest possible moment. The people should pay for their own protection, and they should understand that they are paying for it and that they are entitled to it.

3. A third principle on which the medical profession should insist is that all persons desiring the same privileges should be required to comply with the same educational standards, without regard to the school from which they graduated or the sect to which they belong. Special sectarian standards are simply a back door to the medical profession, by which the sectarian endeavors to secure equal privileges at a lower cost. The moment equal educational qualifications are insisted on, sectarianism will be wiped out, since no one will elect a limited license as a sectarian if, for the same price in time and money, he can secure an unlimited license as a physician. In application, however, the converse of this proposition must also be recognized; namely, that all persons complying with the same standards are entitled to the same privileges. If the osteopath, the chiropractor or the drugless healer desires to perform all the functions of a physician, he should be required to possess exactly the same qualifications and comply with the same standards, but, having complied with such standards, he should then be allowed the same privileges.

It is not anticipated or claimed that the recognition of these principles or the adoption of the method best exemplified by the Illinois plan will result in a medical millennium, any more than the adoption of any other single law. This discussion is presented in the hope that it will, to some extent, throw light on this perplexing situation and will enable those physicians who are interested in better social and professional conditions to secure more satisfactory laws, to profit by the experiences and mistakes of the past, thus relieving the medical profession of the embarrassment and confusion in the public mind under which it has labored for half a century, and, especially, that it will enable

physicians, in the future, to conserve their strength and energies for professional and public activities, rather than to dissipate them in the useless and unproductive wrangling of the last half century.

#### ABSTRACT OF DISCUSSION

DR. WILLIAM C. WOODWARD, Chicago: Much of what has been said is based, it seems to me, on a misapprehension of the status of medical licensing boards. Such a board is not an agency of the medical profession, even though it is made up of physicians. It is an agency of the state, to carry out the will of the people as expressed by the legislature. It owes no duty to the medical profession that it does not owe to every one else in the community, and the medical profession has no right to command or direct its activities. The fact that the people entrust the work of such a board to medical men does not alter its nature or make the medical profession in any way responsible for it. Granted that the legislation enacted to regulate the practice of medicine has been unwise. Many laws we have passed have not represented the acme of wisdom. Are we to repeal them all? Why single out medical practice acts? Possibly we have not yet exhausted our wisdom with respect to medical practice acts, and possibly observation and reflection may invest us with new wisdom. The situation may not yet be so bad as to justify us in saying that the public—the state—is powerless to assist the individual in his efforts to protect himself and his family against medical quackery and fraud. The public has too substantial moral and legal interests in the work of the physician to permit the abandoning of efforts to regulate his qualifications. No one else has so good an opportunity as the physician for executing crimes and then concealing them, and for concealing the crimes of others—blackmail, abortion, the illegal prescribing of narcotics and of alcohol, fraudulent certification of births, stillbirths, illness, injury, insanity, and even of death—the doing or the concealing even of murder. And to suggest that we as physicians abandon our efforts to assist the people in formulating and maintaining proper legal standards for the protection of the public and for the good name of our profession will not appeal, I hope, to the medical profession as rational or even humane. Let down the bars if you will, and who in the coming generations will enter the medical profession? We as physicians are none the less citizens. Our professional relations give us better opportunities than have other citizens to see the danger in medical quackery and to point out how to avert that danger. If we neglect to do so, we shall fail in our duty to our fellow man.

DR. D. B. McEACHERN, Chicago: I was very much interested in Dr. Green's discussion, but being of a more philosophical turn of mind, I should like to go back and trace the thing that was responsible for this condition other than the local aspects. Originally the priests of the temples of Aesculapius were the healers of the sick. The priests themselves were responsible for a great deal of the mysterious attitude toward the treatment of disease. Up to a very short time ago, physicians adopted a mysterious attitude in handling people who were ill. I might say, without attempting to antagonize religion, that the close relationship between religion and medicine is responsible for the present outcrop of sectarian medicine. This close relationship has broken down as the people have become rationalized. What is necessary is a comprehensive education of the public and the general practitioner as well, to develop what Zenker calls physiologic thinking. I remember an observation made by the late Dr. Oscar King that strikes me as the basis of it all, which is education. He said, "If you substituted in the teaching of all public schools some of the fundamental sciences, such as biology, John Alexander Dowie would have a hard time to make a living." The thing to do is to start in the public schools and educate the children.

DR. B. C. DARLING, New York: What Dr. Green has said is very true. It has always been hard for me to understand how these cults and sects got their start. They did this because there was no automatic provision for enforcement of the medical practice act. I am interested in the matter on

account of the violation of the medical practice act, as radiologists, by roentgen-ray technicians and commercial roentgen-ray laboratories. In New York City the board of health has lately passed an amendment to the sanitary code in which it proposes to issue permits only to those properly prepared to handle roentgen-ray apparatus, and who are duly licensed physicians or dentists. The machines are becoming so powerful that following an improper treatment or diagnostic exposure, burns are more frequent and more severe. Law suits are so common that many insurance companies will not carry the liability insurance, in which case the layman technician or the commercial laboratories are neither professionally nor financially responsible. In such cases the referring physician may become liable to suit for malpractice on account of a burn or diagnostic error. The operator must know enough to protect himself and must know enough to protect the patient and the people living above and below. It is proposed to issue permits only to those qualified to practice medicine or dentistry, and they will be permitted to do only what they ask in the permit; if they ask a permit to do fluoroscopy, that is all they can do. A board of consultants has been established which will work with the board of health. New York State has passed a law making it automatic for the board of regents to cooperate with the attorney-general against irregular practitioners. Besides this, we should have annual registration, as recommended by Dr. Augustus S. Downing of the board of regents. It is the duty of the public rather than of the medical profession to see that their laws are enforced and their interest should be solicited. While we have had medical practice acts, the public has had only a false security and protection, for the act is never enforced.

DR. FREDERICK R. GREEN, Chicago: I did not say that the present method of regulating the practice of medicine is illegal, but that our present laws are not doing what they were intended to do. There never has been any sect, no matter how absurd or ridiculous, that sooner or later has not been able to get so-called legal recognition and authority to do what sectarians all want to do, viz., to treat patients for a fee. So long as the public and the legislatures regard these laws as purely for the benefit of physicians, sectarianism can never be controlled. Laws which are not backed up by public sentiment never amount to anything. I should like to tell you how the question has been worked out in Illinois, where a department of registration and education has been established whose function it is to regulate all occupations, professions and trades which the state restricts. There is, of course, no question as to the right of the legislature to create a board made up of physicians and, when appointed, they are acting as individual citizens and not as physicians. In the last forty-nine years the medical practice acts have not accomplished that for which they were intended, which is to exclude the unfit and admit those who are fit. The futile attempts to enforce those laws are putting us in a false position before the public and taking a large amount of time and money in each state to defend the medical practice laws. If the people want protection against undesirable men who practice medicine let them pay for it, just as they pay for police protection and protection against fire. Our efforts to enforce unsound laws put us in a false position before the public and prevent the proper appreciation of our efforts for the public good. Very few physicians take any interest in this question, yet it is of vital importance both to the profession and to the public.

**Russia's Great Epidemics.**—Of all countries in eastern Europe, Russia has suffered most from epidemics during the last four years, during which time about 7 million cases of typhus and relapsing fever, without counting the figures for the red army, were officially reported. The culminating point was reached in 1919 and 1920, when 4,917,000 cases of typhus and 1,259,500 of relapsing fever were officially recorded. The official figures, however, do not represent the total incidence, and must be multiplied by at least 2½ in order to obtain an approximate picture of the situation.—*Epidemiological Intelligence, Bulletin No. 3, Health Section, League of Nations, June, 1922.*