
The American Journal of Surgery

Copyright, 1952 by The American Journal of Surgery, Inc.

A PRACTICAL JOURNAL BUILT ON MERIT

Sixty first Year of Publication

VOL. LXXXIV

NOVEMBER, 1952

NUMBER FIVE

Editorial

PRESIDENTIAL ADDRESS

ROBERT A. SCARBOROUGH, M.D.

San Francisco, California

IT has been a great honor to serve as President of the American Proctologic Society. During my term of office I have endeavored to execute faithfully the duties assigned by the Constitution and By-Laws, and by the will of the Society. On this one occasion, your President has the opportunity and privilege of expressing to you his own personal thoughts. He is permitted to select any topic of his choice for the annual Presidential Address.

The past, present and future of proctology have been reviewed admirably in the Addresses of previous Presidents. The history of the development and growth of this Society and its scientific achievements are recorded in the Proceedings of our Annual Meetings. This audience is a worthy symbol of the strength and dignity of our organization.

I choose to speak to you today as physicians and not as specialists in proctology. Ours is an old and honorable profession, suffused with a high devotion to the task of ministering to the ailments of humanity. The spirit of the Oath of Hippocrates still represents the principles of our profession, despite campaigns and advertisements, oratory and editorials that impugn both our ability and our desire to render the best possible medical care to the greatest possible number of people.

There is developing a serious threat to the American system of medical practice that has

made this Nation the healthiest in the world and in all of history. It behooves us, as physicians, to take note of this significant fact, to determine why this is so, and to execute our responsibilities for sustaining the medical welfare of the people of our country.

Let us consider some of the things that have precipitated this threat and what we should do about them.

First, let us consider the question of the socialization of medicine. It is hardly necessary to expound to this audience the deleterious effects on the quality of medical care of governmental control of the practice of medicine, of medical research and of the personal relationship between doctor and patient. It is also unnecessary to elaborate on the fact that in our own country the philosophy of socialism, of collectivism, of the welfare state that has been accepted by or thrust upon many nations of the world, has insinuated itself into the minds of many people and has pervaded political thought and action. "We realize that the fight against socialized medicine is actually a skirmish in the overall fight to uphold basic American principles of independence and freedom above the muddy flood waters of Socialism, Communism, and Fascism that have engulfed so much of the world (Alesen)."

Many doctors seem to be of the opinion that we have won the battle against socialized

medicine. Nothing could be farther from the truth. For illustration, may I tell you what has been happening in my own state of California. A few years ago a bill for compulsory health insurance that would have placed the practice of medicine in California under the control of the State Government, was defeated in the State Legislature by a single vote. Subsequently, similar bills have been more easily defeated, and many of us in California have believed that the battle was won. We have been deluding ourselves. The Socializers have eased their campaign for control of medical care from the cradle to the grave. But the practice of medicine has been invaded by infiltration tactics. A Crippled Childrens' Act has been passed. Who of us with conscience could oppose the principle of government aid for the rehabilitation of a penniless, crippled child? But what is a crippled child? Why, of course, it is any child that is sick. Does your child need a tonsillectomy? Just tell the social service worker that you cannot afford operation as a private patient and everything will be arranged. Of course, the operation must be done by a doctor who is approved by the State.

And recently we have had established the Bureau of Chronic Diseases in the State Department of Public Health. Both State and Federal Funds support a program that concerns itself with the medical care of all chronic diseases. What is a chronic disease? All of us are faced with this question when we fill out insurance forms that ask: Acute illness? Chronic illness? Answer yes or no. Cannot hemorrhoids, fistula-in-ano, tonsillitis, appendicitis, be considered chronic diseases? There is no doubt but that our Bureau of Chronic Diseases considers cancer within its province of responsibility. The answers turned out by expensive government IBM machines have been used to criticize methods of diagnosis and of treatment carried out by the physicians of the State.

You realize, of course, that the desires of government to assume all responsibility for the diagnosis and cure of cancer are not confined to California. In a United States Government reprint of the Federal Security Agency, Public Health Service, Dr. Raymond F. Kaiser attempts to explain why cancer is the responsibility of government. He says that publicity given to cancer establishes cancer as a health problem; that this is a public health problem which, be-

cause of its nature and extent, may be solved only by systematized social action.

I think we would all be very happy if the government could solve the problems of government. We can have no illusions concerning the possibility of government solving problems of medical science by systematized social action. It should be obvious that doctors must concern themselves with politics to keep the practice of medicine free from government control.

"The social planners—the starry-eyed promoters of economic Utopia—are striving to throttle the principles of individual freedom and individual initiative. The Declaration of Independence asserts as God-given rights, not as Government-endowed privileges, the right to life, liberty and the pursuit of happiness. On that foundation, under a system of free enterprise, America grew to moral and material greatness, and American medicine made us the healthiest nation in the world. (Alesen)."

Social planners are not a new breed of cats. I would like to quote from the recent Inaugural Address of Dr. Lewis Alesen, President of the California Medical Association: "In 1058 A.D., in China, the Emperor of the Sung Dynasty was faced with economic and political difficulties. There were present all the symptoms of a maladjusted economy which inspire our modern intelligentsia to reckless surgery on the body politic. There were overproduction and underconsumption, improper distribution of wealth, privilege in high places, economic royalists, and two-thirds of the nation were ill-fed, ill-clothed, and ill-housed. The Emperor called in the number-one brain truster, a man named Wang-on-shih, who put into effect sweeping new deal reforms. Prices, wages, and hours were fixed, crop quotas were established, excess crops and animals were destroyed, the ever-normal granary was established, and the currency devalued. Naturally, the physicians were placed under government control. Do these tactics sound familiar? And the results: The experiment lasted for about ten years, at the end of which time Wang-on-shih was forced to flee the country to save his life.

"The time is late for a return to the basic principles upon which this nation was founded and grew to greatness, but it's not too late—and as long as it is not too late, doctors belong in politics.

"Doctors belong in politics because our own problem is only part of a bigger, far more im-

American Journal of Surgery

portant, general problem. We must take an ever active interest in politics, both as doctors, and as informed citizens. Our future, our children's future, the fate of our country depends on it."

But let us depart the political scene and consider other aspects of the deterioration of the doctors' position of respect and admiration in the eyes of the public. There are many factors in which we have a direct or indirect responsibility. I will mention only a few.

Let us consider first the economic problem of medical care. There can be no doubt that the cost of illness has increased tremendously during the past decade. It is not surprising that resentment is expressed against physicians for being responsible for the costliness of medical care. Patients all too often blame the physician for the high cost of hospitalization, of laboratory tests and of drugs that profit him nothing. Doctors are sometimes referred to as economic royalists, in ignorance of the fact that the average income of physicians engaged in civilian practice is \$11,058 before taxes, according to a study conducted for the year 1949 by the Bureau of Medical Economic Research and the United States Department of Commerce. Few realize that the people of this country spend more money for tobacco, more money for liquor, and more money for cosmetics than the total cost of medical care. It should be our responsibility, individually and collectively, to inform the public of the facts about the cost of medical care.

The American Medical Association has promoted the development of sound Voluntary Health Insurance to ease the financial burden of serious illness. Today, more than seventy-two million people have some type of voluntary protection against the financial shock of illness. Individually and collectively, we should encourage this program.

There are other factors that detract from the good public relations of the medical profession, problems that are our direct responsibility and for which we must strive for a solution. The high ethical standards that have been the tradition of medicine are being tarnished by the reprehensible conduct of a minority of doctors. These individuals defy the moral code of our profession, and challenge us to try to do something about it. It is our duty to accept the challenge. The fee-splitter should be cast out of our medical societies. The doctor who charges exorbitant fees should be enjoined, then casti-

gated by his local medical society. Quackery must be ruthlessly attacked.

The problem of quackery in medicine is not a new one. De Foe, in 1719, asserted: "The quacks contribute more toward keeping us poor than our national debt. To suppress the former would be an infallible means of reducing the latter." Twenty-five years ago Arthur W. Meyers said that "quacks have certain attributes—bravado, self-laudation, a ready wit and a double tongue, shrewdness, a knowledge of the foibles of men, a blunted conscience, and an ignorance of the very things in which they claim confidence." These are not worthy attributes of a physician, but, unfortunately, some quacks have the degree of M.D.

Today, one of the most fertile fields for the practice of quackery is in the treatment of cancer. Who of us does not know of at least one licensed doctor of medicine in our own locality who is treating cancer by infusion of carrot juice, or compounded vitamins, or tissue extracts or chemical enzymes? Not infrequently such individuals are members in good standing of their county medical society. These leeches suck the financial resources of their victims, without regard for the pitiful consequences. All too often a sensation-hungry press willingly publishes the photographs and claims of these traitors to the principles of medical ethics. The laws of libel make public rebuttal of their claims impossible. To call them "misguided individuals" is to risk legal retaliation.

Quackery thrives in all fields of medicine. It is practiced by individuals and even by organizations that are founded, not for the advancement of the art and science of medical practice, but for the self-aggrandizement of the individuals in the organization. It behooves us all, as physicians, to fight the ogre of quackery by every means at our command.

My remarks to you today are born of concern for the future of the practice of medicine and the welfare of the people of this country.

I am confident that you share with me the firm conviction that doctors and patients alike must remain free from the malignant influence of bureaucracy. In a recent editorial, Isidor Cohn has said: "Progress in medicine is a record of individual endeavor. Controlled activity stifles initiative. The pages of history record eloquently the names of men, not governments, whose efforts are responsible for the

present noble position in the diadem of world accomplishments of the profession of medicine.”

I am confident, also, that the members of the American Proctologic Society live up to the standards of ethical conduct that are the heritage and obligation of our profession.

But are we, as doctors, shouldering our responsibilities as citizens in fighting to preserve

the basic principles of American freedom? And are we, in our own profession, taking action to castigate those who by their conduct are defying our high ethical standards and destroying our good public relations?

It is the responsibility of all of us to maintain the ideals with which our profession is so richly endowed.

