

SCIENCE

VOL. 91

FRIDAY, JUNE 21, 1940

No. 2373

The American Medical Association:

Better Health for America: DR. NATHAN B. VAN
ETTEN 581

Work of the American Medical Association 585

Scientific Events:

Advisory Research Council of the Chemical Society,
London; Field Work of the U. S. Geological Sur-
vey; Symposium on Quantitative Biology of the
Biological Laboratory at Cold Spring Harbor;
Honorary Degrees Conferred by Princeton Univer-
sity; Recent Deaths and Memorials 589

Scientific Notes and News 591

Discussion:

What Is a "Pre-Amerindian?": DR. WM. DUNCAN
STRONG. Annual Honorary Junior Membership
Awards: DR. OTIS W. CALDWELL and PROFESSOR
KARL F. OERLEIN. Peace Resolution of the Amer-
ican Association of Scientific Workers: DR. R. W.
GERARD; PROFESSOR FRANCIS BITTER, PROFESSOR
WALTER B. CANNON and OTHERS 594

Scientific Books:

Cultural Development: PROFESSOR ROBERT H.
LOWIE 598

Special Articles:

Relative Overgrowth of the Central Nervous System

in Vitamin A Deficiency in Young Rats: PROFESSOR
S. B. WOLBACH and DR. O. A. BESSEY. Effects of
Steroid Glycosides and Cortin on Insulin Convul-
sions and Blood Sugar: PROFESSOR RAYMUND L.
ZWEMER, KERMIT L. PINES and BERTRAND E.
LOWENSTEIN. A Physiologically Active Principle
from Cannabis sativa (Marihuana): PROFESSOR A.
J. HAAGEN-SMIT and OTHERS 599

Scientific Apparatus and Laboratory Methods:

On the Use of Chick Embryo Cultures of Influenza
Virus in Complement Fixation Tests: DR. CLARA
NIGG, JAMES H. CROWLEY and DORIS E. WILSON 603

Science News 8

SCIENCE: A Weekly Journal devoted to the Advance-
ment of Science, edited by J. McKEEN CATTELL and pub-
lished every Friday by

THE SCIENCE PRESS

Lancaster, Pa. Garrison, N. Y.
New York City: Grand Central Terminal

Annual Subscription, \$6.00 Single Copies, 15 Cts.

SCIENCE is the official organ of the American Associa-
tion for the Advancement of Science. Information regard-
ing membership in the Association may be secured from
the office of the permanent secretary in the Smithsonian
Institution Building, Washington, D. C.

BETTER HEALTH FOR AMERICA¹

By DR. NATHAN B. VAN ETTEN

NEW YORK

BETTER health for America is the objective of the organized medical profession, which I have this year the honor to represent. Organized medicine is devoted to the public service and always has been in America since the first hospital was organized 188 years ago in Philadelphia for medical service to the sick poor. To-day 117,000 of the physicians of the United States provide service to people of all social economic levels. These servants of the sick are on call twenty-four hours of every day.

Although the census taker insisted on recording me as working forty hours a week, there have been few days in the last fifty years in which I have not spent more than twelve hours in the service of people who

asked for it. Beginning as a general practitioner with surgical training and a generous exposure to medical education, here and abroad—a fortuitous circumstance through the medium of an epidemic of typhoid fever—the demands of other infectious diseases and many calls to obstetric service gradually shaped my course into the field of internal medicine. This very ordinary experience has been shared by thousands of physicians who have been making available this type of public service with considerable satisfaction to the American people.

Organized medicine has been trying for the last ninety-four years to inspire all its members, who represent 85 per cent. of the active practitioners in the United States, with high ideals and with a sense of their responsibility for good public service. It has often been obliged to censor the conduct of members who have been involved in quackery or questionable

¹ President's address before the American Medical Association at the ninety-first annual session, New York, June 11, 1940.

commercialism. It has often been obliged to take the field against unlicensed people who have mercilessly exploited the confidence of sick people who were suffering from incurable cancers or other fatal conditions. Some of these criminals have fought back and are still evading the law of the land, but in every instance the efforts of organized medicine on behalf of the people have been justified.

HEALTH EDUCATION OF THE PUBLIC

There would seem, however, to be no end to the necessity for organized medicine to exercise its educative crusades, because there seems to be no prospect that human credulity can be relieved from its beliefs in miraculous performances of conscienceless swindlers.

Ignorance is responsible for many tragedies. Organized medicine will not fulfil its functions as the protector and promoter of the public health unless it continues with greater enthusiasm and greater determination to educate the people in every phase of healthful living and without reservation warns them against the dangers of untreated communicable diseases. Plain talk in unpleasant language must not be shirked if necessary to shock ignorance into intelligence.

We must not take negative positions at a time like this when all sorts of wild theorists are shouting into the public ear. The people seem to be eager for health education and we must give it to them honestly and freely if we really want America to be a better and happier place in which to live.

EDUCATION OF THE PHYSICIAN

The practical education of the physician seems to take on new significance with the necessity for integrating physicians and laymen in informative campaigns to win support for the medical profession. Only in this way can we succeed in efforts to maintain the quality of medical service in the face of organized attacks by those who would substitute mass medicine for our present system.

I question the practicalities of the present pursuit of the degree of doctor of medicine, which follows a course of education which is too long and too short; a course which is more heavily loaded than is required for any other professional degree; too long to permit the student to enter practical life in his best years and too short to feed him the special fundamental knowledge he should possess before he steps into his public service.

Eight years of required college work brings the average student to 26 or 27 years of age before he leaves school. Then he must have two years of hospital work to learn the practical application of some of the facts he has learned. He will then be 29 or 30 years old before he may be permitted to earn his living through professional work. I do not believe that four years of

medicine is too long or long enough, but I believe that some procedure should be evolved to bring the physician earlier into practice. Possibly he might be well prepared for his peculiar life by giving him six years of scientific and medical education, omitting all frills and specialty teaching and concentrating on practical general medicine, and minor surgery and traumatology and obstetrics, in order to give him the best preparation for the average care of the average patient.

Internships are most valuable opportunities to learn practical medicine. The patients are human beings who represent the average of clinical experience. If the intern is wise he will think of them as prototypes of the patients he hopes to have; he will study each one as an individual; he will try to learn something of his biologic inheritance and his social experience; he will not classify him as a case of this or that disease but as a person suffering from a disease; he will not treat a disease but he will treat the patient. If he will always do this he will come to know people, and such knowledge will attract people to him.

Concentration of medical education into six years of scientific study will, of course, be criticized by the advocates of broad culture which they claim is necessary to the joy of living and the understanding of human problems. I believe, however, that giving the physician as clear a vision of the physiology of life as possible would be the best equipment for him to apply as a scientific approach to the treatment of sick people, who will in their turn educate him in the real values of public service.

If the physician has a flexible intelligence he will, no doubt, follow an inclination toward some satisfactory hobby. A surprising number of physicians have found delight in the pursuit of the charms of music; many have recently exposed to public view their accomplishments in the fields of painting and sculpture; many have found leisure for the refreshment of outdoor sports and the pursuit of studies in natural history.

Cultures will bless the physician if he desires it, but his chief satisfactions will come from his efforts to help people who are suffering from the incapacities of sickness.

THE SPECIALTIES

All modern medicine has been developed within the last fifty years, so rapidly that it has been difficult if not impossible to include more than smatterings of the teaching of specialties in courses supposed to cover the entire field of medicine and surgery. New ideas have dazzled imagination with the brilliant prospects of solution of age-old problems of diagnosis and cure. Students have been lured into following gleaming stars before they have firmly planted their own feet on firm foundations.

Probably inspired by romantic admiration of bril-

liant individuals, many interns enter hospitals with definite ideas of becoming specialists. A good many young physicians who take short cuts into specialism immediately after leaving their internships are lured by the dream of quick financial reward. They do not know that very few specialists have attained material success. They do not realize that the specialist has experienced greater difficulty in times of depression than the general practitioner.

It is claimed that the competent general practitioner can give satisfactory care to 85 per cent. of all sick people. Competent general practitioners who have adapted themselves to the financial competence of their patients and have asked modest fees have had plenty of work during the last decade, while specialists have been idle because people were unable to pay them and because they were known to have limited themselves to very narrow fields.

Specialism has been overdone to the great injury of the specialist. Many unqualified practitioners have called themselves experts. The special societies have tried to raise the quality of specialization by setting up examining boards and are apparently meeting with success. They intend that only the really qualified may be permitted to identify themselves with special titles. These are doctor's doctors to whom difficult problems should be referred, but there are too many of them. I myself know expert men who are seriously embarrassed and are very unhappy because they do not know how to step down from their conspicuous places. It is just as true now as it always has been that specialists are greatly helped by a knowledge of the whole man gained through years of general practice. It is axiomatic that a young doctor can not begin at the top, and therefore his education must be devised to prepare him to understand the average clinical problems which are presented by average patients.

DEMANDS CAUSED BY MODERN LIVING

Life has been so externalized by scientific disclosures of one objective revelation after another that the results have been accepted without inquiry as basic facts from which to step steadily forward from one civilizing accomplishment to another. Electric light and power, telephones, radios, modern plumbing, airplanes, automobiles, all are accepted as necessities of life. Everybody must use them to live contentedly. All must be items in the daily budget. Cheap moving picture entertainments are considered necessary satisfactions; all divisors of time and the vitality and the cost of living; all changing man's point of view; all educating him; all prodding him to sleepless activity and to superfeciality. Man is too busy to think beyond the current moment; too busy to know his own children who are too busy to enjoy family life; too busy to remember the abiding precepts of religion; too busy to pass those

satisfactions along to his children; all pursuing elusive pleasures of work or play which may lead them into early neuroses which make them difficult or impossible to live with.

Because modern speed has eliminated the horse and buggy doctor, his successor is confronted with the prospect of more difficult and newer educational demands.

Education of every physician must continue throughout his life. Many of the constituent bodies of the American Medical Association now carry on this work, in some counties enlisting the interest of more than 90 per cent. of all resident physicians. Not only the city physician who has many opportunities for stimulating study but the most remote country physician is eagerly receptive of these efforts to bring to him the most modern ideas and technics of clinical medicine.

I have recently seen the graphic charts of postgraduate education in clinical medicine in Tennessee where the response of physicians from remote mountainous districts as well as from the town was most remarkable. In many instances physicians brought their immediate clinical problems to the classes for study and consultation.

There are of course physicians who rarely study, who practice the kind of medicine they started with when they left the medical school. I believe this lazy attitude is more common in large cities where physicians have easily available institutional help which they may call on when they get beyond their depth than among country physicians, whose very existence depends on self-reliance.

COUNTRY PRACTICE

Only competent physicians can succeed in country practice—ignorance and chicanery are quickly detected in places where the physician is conspicuous because he stands alone. The only safe place for incompetents is in cities, where they may hide in the crowds.

If young physicians who are fortified by strong characters, good education and real ability will seek small towns or country fields, they will find plenty to do for real people and the satisfaction of living, which are denied them by the lack of all kinds of elbow room in big cities.

A good quality of medical service is needed in every part of our country. The United States presents every physical characteristic, mountains and valleys and arid lands and fertile lands, sea coasts, rivers, harbors, lakes, mines, oil fields, great crowded cities, small towns and farms, hot and cold climates, good and poor transportation, good and bad roads—all creating and modifying medical problems.

HOSPITALS

The people who live in this country represent every race, every religion and speak every tongue, but they are all human beings anatomically and physiologically

the same, with the same necessities for physical care. All of them need available medical care for all ordinary illnesses and accessible places where they may be hospitalized for conditions which can not be treated at home.

The President of the United States thought of such facilities in his new proposal to build small hospitals where they are needed. They do not need to be elaborate buildings, expensively furnished, but clean places where sick people may be sheltered and cared for by local physicians who are competent. The competence of the physician is more important than the quality of the building.

I have met Harrison of Arabia, who is the only physician in a large section of that country. He has a hospital which has no beds. His patients lie on concrete floors. He does an almost incredible amount of surgery with remarkably good results. He has no trained assistants, no trained nurses, very little material to work with, but he is himself a well-educated and well-trained surgeon. He is the hospital. He is a master craftsman.

Many country physicians possess comparable quality which has been developed through their ability to meet tragic emergencies with sole reliance on their own general knowledge. Many of them have developed overtones of personality which inspire confidence.

THE BASIS OF BETTER HEALTH

Better health for America would, of course, be promoted if medical help could be closely available to every citizen, but it is equally important that only well-qualified medical help may be so provided. Medical organizations must set up criteria of competence of physicians who may be permitted to give medical and surgical care to our people. Hospitals facilitate good care, but the education of the physicians who administer it must be the concern of the councils of organized medicines as exemplified in the American Medical Association.

Planting physicians in industrial communities and subsidizing them by salaries or pay-roll deductions has in some instances worked to the satisfaction of sick employees, and a fair quality of service has been delivered; but in other places incompetent or poorly equipped physicians held these places with a mere desire for subsistence rather than an ambition to bring good clinical medicine to people whose living standards were fixed as low as possible to satisfy the financial ambitions of their employers. These people had no personal choice of physician because none was available or permitted. Conditions comparable to a low type of European panel practice prevailed and provided poor medical service. Employment of physicians by membership societies, lodges or other groups domi-

nated by autocratic authority has frequently resulted merely in exploitation of the group by employing physicians at low salaries. For their services the members paid a periodic contribution, and from this the management made a profit. Or perhaps a young physician who happened to be very competent but who needed the money was employed and exploited for an inordinate profit to the society or to some agent who had contracted to furnish medical service.

These promotions are going on and are attractive to speculators, who see an opportunity for rich material gain from enlisting people who desire to protect their future health through small periodic contributions. Where these organizations limit medical service to one physician or to a selected panel of physicians, the prospect of good medicine is not bright.

Many medical service plans involving free choice of physicians by the membership are in process of evolution and may be of great value as they merely limit the physician's fees according to commonly adopted schedules such as those provided by systems of workman's compensation.

Many hospital service plans promise ample satisfaction to subscribers and seem to be basically sound, provided they are honestly and intelligently administered.

All these forms of delivering service to the sick need to be continuously studied by medical organizations in the interest of better health for all our people.

Although there is general harmony within our membership, there are occasionally disagreements by small groups concerning policy which are generally met and satisfied in the regular process of the operations of county and state societies or in the deliberations of the national House of Delegates. There are sometimes small self-important groups which are unwilling to go through the routine county, state and national procedure and are so impatient that they jump the orderly freedom of fraternity, rebel against the thoughtful evolution of their great organization and parade their discontent in the public press.

It sometimes appears that they are selfishly dissatisfied with their own local environment and attempt to override the controlling opinions of their associates. They seem to be uncomfortable in any society. Their arguments are sometimes provocative and sometimes deserve the courteous attention they receive, but, unless they prevail, like spoiled children they sulk in their corners.

It sometimes appears that they are seekers after special privilege and desire special subsidies for their special operations.

These agitations and other unjustified technical appraisals of our public service have only served to strengthen our national organization, which has grown

rapidly during the last four years as a responsive reaction among physicians to what they consider unjustified attacks.

Dividing the profession into groups of surgeons, internists, obstetricians, gynecologists, urologists, ophthalmologists, otologists, radiologists, pathologists is valuable for intensive scientific discussions and the results which may grow from them, but splitting the profession perpendicularly along the lines of creed or race or socio-political ideologies and developing rivalries and exaggerated desires for special privilege savors of the technics which have divided industrial workers into classes, all fighting for what they consider their proportional rights. Such tendencies are subversive of the strength and effectiveness of the great body of American medicine, which should present a solid front in all efforts to promote public service in American health.

PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

You are all familiar with the text of the new platform of the American Medical Association. Every word of it is objective. It denies the allegation that the association is reactionary and static and anti-social.

There is general agreement that the association is moving consistently with conservation of real verities and real values, and that projection of new objectives promises to carry American medicine as a strong influence in the administration of the health programs of our country.

The American Medical Association stands for orderly and continuous progress toward better health for every American citizen. It stands for the elimination of every influence which may be destructive of the public health. It stands for the elimination of every communicable disease. It stands for the elimination of quackery. It stands for better general understanding of personal health problems. It stands for the promotion of research into fundamental causes of disease and curative therapy. It stands for better education of all physicians, not only the undergraduate but the general practitioner who has been long in service. Its platform stands for the coordination of all governmental health functions in order to promote efficiency and eliminate duplication of effort and wasteful extrava-

gance of the people's money. It stands for the treatment of the sick in their homes by local physicians and welfare agencies—where the real individual troubles are known—and it desires as little interference by the central government as may be consistent with constructive relief of personal suffering. Its program is entirely forward-looking and it seeks to carry it on in conformity with the best traditions of an advanced democracy.

The dictators of organized medicine are the practitioners of medicine, every one of whom has a voice which will be heard when it expresses a constructive thought even though it expresses adverse criticism. Nothing short of the best public service the organization can give will content the great body of medical opinion that is represented by the American Medical Association.

In conformity with the best traditions of this organization at the first intimation of the possible involvement of the United States in a wide struggle with ruthless paganism, the American Medical Association offered all its organizational resources to the government. In the office of the association there is filed the personal history of every medical student and every physician of the United States. Here only is the recorded competence and character and availability of those who may be called to the medical defense of our country. Defense against disease is quite as important as defense against a foreign enemy. Defense against the destructive invasion of our democratic ideals is an immediate concern of all Americans. This afternoon the House of Delegates responded unanimously to the request of the government for preparedness of the American medical profession and has erected the machinery to put it into immediate operation.

The pagans are marching over the democracies of the world, destroying their religious and their civic ideals and substituting therefor the irreligious nihilism of force.

This has been so dramatically illustrated to-day that all Americans must be convinced that we have arrived at a time and at a place when the sanctity of our national life is threatened, and if we cherish it we must fight for it with all our strength.

WORK OF THE AMERICAN MEDICAL ASSOCIATION

REPRESENTATIVES of the organized medical profession, elected by state and territorial medical associations, heard reports of activities during the past year from officers and trustees as the House of Delegates of the American Medical Association opened its annual session at the Waldorf-Astoria in New York.

There are 174 delegates in the house, including be-

sides the direct representatives of the constituent state societies, one for each of the scientific sections of the association and one each for the U. S. Army, the U. S. Navy and the U. S. Public Health Service.

REPORT OF THE SECRETARY

Dr. Olin West, Chicago, secretary of the association,