

An Interview with Morris Fishbein, M.D.

This is the transcript of an interview with Morris Fishbein, M.D., held at his apartment in [REDACTED] [REDACTED], on March 12, 1968. Dr. Fishbein received his B.S. degree from the University of Chicago in 1910, his M.D. degree from Rush Medical College in 1912, and almost immediately thereafter began his distinguished career as medical editor. He served the American Medical Association as editor both of its Journal, from 1913 to 1949, and of its popular health magazine, Hygeia, from 1924 to 1949. Among current editorships held by Dr. Fishbein are those of Medical World News and World-Wide Abstracts of General Medicine.

In late 1969 Dr. Fishbein's fuller reflections on his career were published by Doubleday as Morris Fishbein, M.D.; an Autobiography.

Charles O. Jackson, the interviewer, now at the University of Tennessee, received his Ph.D. degree in history from Emory University in 1967, writing a dissertation on "Food and Drug Law Reform in the New Deal." In revised form the dissertation was scheduled for publication during 1970 by Princeton University Press.

Mr. J.:

I wonder if we might maybe begin by getting you to tell me a little bit about how you became associated with the AMA.

Dr. F.:

I graduated in medicine from Rush Medical College in 1912. Previously to that, I became Assistant to Professor Ludwig Hektoen in 1910. I did many post mortem examinations, research projects, published five research papers and then I helped build and was first resident in the Durand Hospital for Infectious Diseases for about eighteen months. After that period ended, I had planned to accept a first assistantship for Dr. Isaac Abt who was Professor of Pediatrics in Northwestern. I had also been offered the position of State Pathologist in Wisconsin. Just about that time, the assistant to the editor of the Journal of the American Medical Association died in ten days of leukemia. His name was Hyde, E. E. Hyde. The editor was Dr. George H. Simmons. I had begun writing editorials under the auspices of Dr. Ludwig Hektoen early in 1910. I had helped him edit the collective works of Christian Fenger and I had written some papers. Suddenly one, day Dr. Frank Billings, whose picture is over there, and Dr. Hektoen, also over there, walked into my office where I was doing my research in McCormick Institute for Infectious Diseases, and they said to me,

"We'd like you to do us a favor." And I said, "What's that?" They said, "We'd like you to go over and see Dr. George H. Simmons to see if you can help him out. His first assistant just died and we think you're just the man for the job." That was in late August of 1913. I went over at once to see him and after some conferences he suggested to me that I was just the man that he wanted for the position. There were several qualifications that he raised about which we had some discussion. Incidentally, I'm printing all the details of that in my autobiography. Finally he said, "Well, I'd like to have you come and work for us." I said I could and we came to a sort of an agreement. He said, "When could you come?" And I said, "Next Monday"--four days later. I went there with the understanding that I would help him out for three months. After three months, he said that he hadn't been able to get anybody and would I stay another three months. I said, "That depends on whether my other appointment, Dr. Abt, would release me." Dr. Billings called Dr. Abt. Billings was the most powerful man in medicine in this area at that time. Dr. Abt consented to another three months after which Dr. Simmons then came up and said, "Well, I have found nobody and would you please stay?" I said, "Well, Dr. Abt can't let me go indefinitely." Finally, however, he made me an offer to stay for another year with a progressive increase in importance and salary. And I stayed. I stayed thirty-seven years.

Mr. J.:

You mentioned Dr. Simmons. I've read a little about him. What kind of person was he?

Dr. F.:

He was a man who came from England when he was in his youth. Went to the University of Nebraska, and he helped with the newspapers in Lincoln, Nebraska. When he graduated from Lincoln, Nebraska, he decided he wanted to study medicine, and he came to Chicago and studied in Hahnemann Medical College which was a short course and he graduated from that. Later, he came back and took some additional lectures at Rush Medical College and got a Rush Medical diploma, but just a conferred diploma. By that time, however, he was a great organizer. He became editor and general secretary of the Western Surgical Association, published their magazine. In that organization, he came close to several men who were trustees of the American Medical Association, namely, Priestley and among others, the Eastmans of Indianapolis, Indiana. He got to know all of them in the Western Surgical Association. So when the time came about 1899 to select an editor for the Journal of the American Medical Association because John B. Hamilton had died, there were four applicants for the position, one of whom was Simmons. Simmons had the backing of this group from the Western Surgical Association and was chosen. The people who opposed him were G. Frank Lydston, Bayard Holmes, and Ludwig Hektoen. Hektoen was probably better

qualified but didn't have that surgical backing. The Eastmans supported Simmons. Bayard Holmes was a neuropsychiatrist at the Cook County Hospital, a quite capable writer but not really an editor. G. Frank Lydston became a permanent enemy of Dr. Simmons and fought him bitterly for the rest of his life in every possible way on account of having been passed by. I discovered when I began to work with Dr. Simmons that he was a great organizer and a great editor but he couldn't write. He simply was not a writer. And I don't think he ever did write anything himself that was worth printing.

Mr. J.:

Did you think of him as an aggressive editor for the Journal?

Dr. F.:

He was an aggressive man and he had the support of many men and he was willing to take good advice. Now he was sixty-four years old when I came there and he stayed another eleven years. He retired when he was seventy-five and I was his first assistant for eleven years. During the last five years of his life, he developed diverticulitis; he developed herpes zoster, and he was a sick man. Frankly, I carried the editorial work pretty well.' The organizational work, I didn't really get into until later.

Mr. J.:

I wondered if you had carried this.

Dr. F.:

I carried the editorial work principally for those last five years from the time he was seventy until seventy-five.

Mr. J.:

There was something that I ran across in research and actually I have forgotten where I ran across it right now, but during the Wilson Administration, there was an effort by the AMA to get Wilson, I believe, to set up a committee to look into the business of patent medicines. Do you have any recollections of this?

Dr. F.:

No recollection at all. But no matter whether they did or did not, you will remember that Wilson was so heavily involved with the War that all other matters were temporarily suspended. The same thing happened with World War II. There were a half dozen vital public projects in the air when World War II finally struck us and they just passed from that time on. Now that's going on right now again. Viet Nam now, as you can see, is superceding all other, many other important social things and domestic problems which are just simply in abeyance.

Mr. J.:

I assumed that this might have been what happened.

Dr. F.:

I have no recollection that that came up at all. There might well have been such concern. The first War began in Europe in 1914. We came in in 1916. We were out in '18. In that period, Simmons was most of the time in Washington. I was both in Chicago and away. I was ordered to service even before we got into the war because I had a Reserve Corps appointment. Later, I got a special message from General Gorgas. I was told to go back and use the Journal to recruit and instruct doctors. Simmons couldn't stay there so I did all of that during the war period. I visited all the medical officer training camps in the United States at Fort Riley and many other places...Carlisle Barracks, Pennsylvania, and Fort Harrison in Indiana and Fort Oglethorpe in Georgia. I visited all the camps and saw the men and I knew so many people already that in personnel I had special abilities. I'm quite sure that in the period 1916 to 1918 nothing much could have been done about patent medicines. Wilson wasn't much good after 1918 because you may remember he had that stroke. In that book that has just been published about the last years of Wilson you can see that his illness...

Mr. J.:

When the Cheering Stopped.

Dr. F.:

Yeah, When the Cheering Stopped. His illness took over from everything.

Mr. J.:

I wonder if I could get you to talk a bit about your own anti-quackery work in general.

Dr. F.:

When I came to the AMA, they had already established two agencies that were functioning in that area. One of them was the Council on Pharmacy and Chemistry and the other was the so-called Propaganda for Reform. The Council on Pharmacy and Chemistry was largely created in the period around 1905 through a lot of agitation, some of it from Philadelphia from Professor Solis Cohen as the leader and some of it from California where the Secretary of the California State Medical Association was making quite an issue of it. There began to be agitation against the quack advertising in most of the medical journals and particularly the State as well as the Journal of the AMA. Of course, that carried over into newspapers and magazines. It was widespread. Bear in mind that radio had not yet been invented nor television nor other means of communication. When I arrived at the AMA I was introduced to Dr. Arthur Cramp and he was the man responsible for doing the investigative work on nostrums and quackery and preparing the first draft of the articles

after which they then came to me for editing. After I had finished with them Dr. Simmons gave the final okay. Once Cramp and I had finished, that was usually satisfactory. He okayed them. The first big suit was the Wine of Cardui in which I got involved. I told that whole story in many places. I think that what I created was unique in the way of a medical journalistic feat. I received each day from the Court the transcript of the evidence, immediately condensed it and edited it and published it the next week in the Journal. The medical profession was at all times aware of what was going on in the trial. Fortunately, I knew personally all the doctors who testified in the trial. We were involved in that one of our trustees, Dr. Oscar Dowling, who was the head of the Board of Health of the state of Louisiana, had gotten involved with the Wine of Cardui Company himself as a state controller of food and drug advertising. He had gathered evidence which later was used in court. Some pamphlets had been published. My principal act in the Wine of Cardui editing article was to remove any representations in the first draft against Patton's membership in the Methodist Church. This Patton died--the one that was the head of the Methodist Church South--the Court pointed out that if that had remained in the case the Court would have had to issue a judgment of libel per se because you could not bring in a man's religion as a part of the condemnation of him in relationship to selling the Wine of Cardui. And the other side set up as a defence the fact that Patton was a firm believer in Methodism, etc., whereupon the

Court made a definite statement to the effect that we were not trying any man's religion. We were trying this as strictly a business proposition and that was it. That was an astute statement which I have quoted in my articles.

Mr. J.:

There are a couple of other people in particular that I am interested in and I would like your impressions of them. One is Harry Hoxsey. What did you think of him?

Dr. F.:

I watched Harry Hoxsey only in the court. I never met him personally. I deliberately avoided a meeting personally with any man with whom I was involved in an expose or in an article that I was writing about him. That kind of detective investigation was done by trained experts in investigation and we employed the best frequently in our cases. Through our lawyers we employed investigators who would fully investigate. Hoxsey was a different type of charlatan from almost any other that I have known, and I have made some comparisons between the different charlatans. Now, charlatans, in general, possess astounding impudence. They think they can get away with anything. After a while, they have so much money that they actually do get away with a great deal. Hoxsey was not the showman that Brinkley was. Brinkley was a superb showman. He had ways of demonstrating his showmanship, not through himself but

through his possessions: three yachts. He had delusions of grandeur at all times. He only traveled as the very best. You've seen the description of Brinkley's home down in Del Rio, Texas. Hoxsey was a shrewd manipulator. He is the kind of man, he's still living, I believe, who manipulates and who is shrewd and who uses people. Brinkley did not use people. He bought them when they could be bought. They were cheap people and he bought them but Hoxsey used people. Hoxsey used politicians, even judges. He used whomever he could use. He used osteopaths on a tremendous scale. Strangely, on the day of the final address of the court to the jury and the instructions and the lawyers appearing before the jury, into the courtroom came six nurses in white costumes with the name "Hoxsey" across the heart; in came five osteopaths in white coats. Seats had been reserved for them to sit and look at the jury. This is using people! My wife was sitting in the back of the court. One of these nurses turned to her and said, "Isn't he a wonderful man?", pointing to Hoxsey. "Just to think that he should be persecuted like this." They were sold on him, obviously. Of course, to sell patients on cures is not difficult. Albert Abrams-- among the greatest charlatans of all time, Albert Abrams, Brinkley, Hoxsey. Then you drop down to Norman Baker, who was really a small-time circus operator and salesman and then the nearest thing to them is perhaps, of the older days, Professor Samuels who used to take tap water and put in some salt and sell it for \$5.00 a bottle to cure tuberculosis. You anointed yourself on each breast and the navel;

you made the Sign of the Cross. You only used five drops at a time for tuberculosis. We exposed him. He made millions of dollars. He used to come to Chicago before automobiles and had a tremendous carriage with black horses. There was Snake Oil Cooper even before that. He used to have a long, frock coat with five-dollar gold pieces for buttons, and he used to ride a carriage around the monument in Indianapolis. He had a big bag with nickels, dimes and quarters and he threw out handfuls and hundreds of kids fought for that money in the streets.

Mr. J.:

That's just amazing. One other thing about Hoxsey and this I'm sure would have to be an impression.

Dr. F.:

There was currently a rumor that he had a friendship with the local judge who tried the case. They played poker together once a week for a long time. The judge possibly should have disqualified himself. Certainly, during the trial, Mrs. Hoxsey came into the court. One time, Mrs. Hoxsey went up to the bench and shook hands with the judge and kissed the judge. For a man who has some respect for courts, this is unbelievable. But I saw it myself.

Mr. J.:

Do you have any sense that this man Hoxsey really believed in what

he was doing?

Dr. F.:

No. I'm quite sure he didn't. He had been through so many previous performances. His father was a veterinary who discovered a caustic paste that took wens off horses and when the father died, Hoxsey inherited the formula. He was sued for the formula by his brothers and sisters who thought it had great value. That's all in the story of Hoxsey. When he left home, as you no doubt know, he became associated with Norman Baker. He was employed by Norman Baker. He had been associated with Ozias, who was another cancer charlatan. Hoxsey had been chased around from town to town because he was practising. He had never graduated from any kind of a medical training, and each time that he got dropped out of one, he had learned some techniques. He had even tried to operate on a woman even though he had no medical degree. In the Norman Baker Sanitorium, Norman Baker gave evidence and so did several patients that Hoxsey had actually tried to operate. I am quite sure that he was deliberately a charlatan. That's quite different from a misguided apostle of false medical doctrine, such as Benjamin Rush, who was a great physician, a signer of the Declaration of Independence, or E. C. Rosenow who became absolutely convinced that poliomyelitis was caused by something that came out in the tap water. I gave a lecture at Northwestern on fallacies of the medical profession. One of the first jobs offered to me by Dr. Hektoen was when he told me that

we had a man in Chicago who was doing research in his own little laboratory and that he believed--his name was Fenton B. Turk--that the colon bacillus was the cause of all the complaints of mankind. He said he needs a young man with knowledge of bacteriology and antibodies to help him. You're just finishing up and if you want to go over there and work with him a while, he will pay you anything you ask. I went over to see Fenton B. Turk and he actually offered me \$500 a month, which was, in those days of 1912 and '13, a tremendous sum to offer anybody. When I came to the AMA to be Simmons' assistant, he was only getting \$5,000 a year as boss of the whole works, the AMA. I looked at all the work and then I said, "I can't do this." And he said, "Why?" And I said, "Because I think you're all wrong and I wouldn't work with this for anything." I just came back and Hektoen asked me, "What did you do?" I said, "I couldn't work with him." He said, "Why not?" I said, "He's off on some wild notion; I don't want to spend my time doing that." He said, "Well, I thought that's what you'd say."

Mr. J.:

Another individual that I wanted to mention to you, you brought up a few minutes ago, was Albert Abrams. How would you describe him?

Dr. F.:

Albert Abrams began, perhaps, with a misguided belief that he had

developed something. That was when he got into Spondylotherapy. Spondylotherapy was a belief that all disease arose in the spine through certain reflexes and that if you hit the spine with a little hammer at just the right spot, those reflexes would be switched. He organized a Spondylotherapeutic Society, gave courses, he established a journal, he sold the little hammers. He was the whole works. He did very well with that. In the medical dictionaries of that period, the word "Abrams' reflex" appears. The AMA Journal published one of his articles describing this reflex. That was before my time. Later on Abrams must have become cognizant of what had been done by the founder of Chiropractic, not the original founder, but B. J. Palmer, in developing this little machine that would show which vertebrae were out of place in the spine. Abrams definitely did hire an electrician to prepare for him a machine which when properly connected up would register and this was where they made the first oscillograph and the oscillograph and the biodynamometer. The Scientific American joined with us in making studies, and Millikan, the famous Nobel prize winner in physics, said that it was the kind of machine that a ten-year-old boy would build to fool an eight-year-old boy. The current never went in or out; the whole thing is a weird tale, fantastic. By that time, I'm sure, Abrams knew he was a charlatan, only he would have not have called it that. He came here to Chicago, and this I had by direct conversation, and there was a man here, an

orthopedic surgeon, who became interested. He thought maybe there was something to this; he arranged to have Abrams to come to dinner with him at the Blackstone Hotel. I saw the man afterwards; we talked about it. After he told Abrams he was interested and he thought he might go into this, Abrams finally said to him, "Well, now, Doctor, you have a good position here practicing orthopedic surgery with the Medical Society?" He said, "Yes." "Well", he said "let this go. Don't monkey with this." Now a man who believes in something is not going to ward off a young man saying "Don't bother with this". The name of the young doctor was Maurice Bernstein. He was an orthopedic surgeon; he died about three years ago in Los Angeles. He was the godfather and eventually the adopted father of Orson Welles.

Mr. J.:

You mentioned a few minutes ago Arthur Cramp. Could you describe him a little?

Dr. F.:

Yes. When I came to the AMA I met Arthur Cramp and I was told that he had been put in charge of the propaganda for reform and that was this department for investigation of advertising of nostrums and quackery. Arthur Cramp had come from England and had gotten a job at Waukeshaw, Wisconsin, as a sort of attending physician at the watering resort. He left that job when he found

out the AMA needed a man. He was given this job to head up this department at \$90 a month. For a doctor in those days, I suppose this was considered a salary. Arthur was an Englishman and I think that that may have had some sway with Dr. Simmons employing him. I actually think that that may have worked in his favor a little. I became much attached to Dr. Cramp as a friend. He was a tall man, close to six feet if not a little over, very thin, with an enormous appetite. He was one of those people who can eat six or eight thousand calories a day and never put on a pound. There are people like that. Just recently a report in England concerned three people who were seriously studied in the laboratory at Middlesex Hospital as to why these three people never gained although they ate six to eight thousand calories a day. Now, their dynamism in some way eats that up...burns it up. Well, Cramp loved good food. He had no children. He was married. He liked to live outdoors and he got himself a home in the dunes. He was a typical walker, bird-watcher, some of those English traits. He wore a whisker which well, I won't discuss that. That's a whole subject to itself. Whiskers, unfortunately, in those days, were to make people who were not particularly prepossessing look old. The first picture I have of the Board of Trustees of the AMA, I think, all but one had long whiskers. Whiskers may have been the fashion for doctors in those days, although in my class that graduated in Rush Medical College in 1912, there was not one with whiskers. Earlier, the whisker was supposed to confer dignity. Brinkley wore a little chin whisker,

some of the others did clear up to the time when they disappeared. Cramp could write incisively. I think the nicest thing about Cramp was, and this may surprise you what I'm going to say now, because it's principally my main reason also. I think Cramp had fun doing this and I had fun doing it. People asked me "Why?" "Why do you pursue the charlatans and expose the charlatans?" My common remark is: "Some men hunt ducks. I chase quacks."

Mr. J.:

I had heard a very interesting story about Cramp, that he kept a copy of Alice in Wonderland on his desk and that he liked to read a chapter of this for inspiration before writing up a case.

Dr. F.:

Well, I like Alice in Wonderland and, of course, the fellow who wrote Alice in Wonderland, that great mathematician, was a brilliant philosopher, a mathematician, and he wrote the book for fun for his little daughter, and Alice in Wonderland can be read in a great deal of enjoyment same as you would Don Quixote. I just saw the play last evening, "Man from Mantua". It's terrific. One line I liked very much in which Don Quixote described Sancho Panza. He said, "You are a little fat man overflowing with proverbs." A little whimsicality is not bad. Cramp was not a teller of anecdotes. He couldn't tell a story well. He was not a good speaker, just a routine speaker. Simmons was no speaker at all.

You don't necessarily have to be a great speaker to have the ability to think and to express yourself reasonably well.

Mr. J.:

Somehow I had the impression of Cramp that he was a highly intellectual individual who approached the business of quackery in a very serious vein.

Dr. F.:

He did because it was his job. But in addition to that, however, let's consider...He certainly was not a lover of music. He was not a lover of art. He did not read a great deal, and so these are things you have to take into account when you call a man "intellectual." He was educated, well educated and he could write and he wrote quite well. On the other hand, I think, like all of us who have fun doing what we do, we might be carried away occasionally by what Disraeli described as "intoxicated with the exuberance of his own verbosity." He was tempted to run away, and so he had to have an editor at all times. Simmons recognized that. I recognized that. Now bear in mind also that as an individual, Cramp was never successfully replaced. His successors--Halling and Field--were entirely different types from Cramp. Field is a lawyer who had gone into Food and Drugs; Halling was just a novice journalist; he had been trained by Cramp.

Mr. J.:

You, I believe, encouraged Cramp a great deal, particularly through the vehicle of Hygeia.

Dr. F.:

I made him write more and I made him write several books. I've always been a believer in getting good material, planning it in advance, creating a series, publishing as a book, and that's what I did with Cramp, right from the first. His articles in Hygeia were created that way. My series as I did for American Weekly, my series as I did for American Mercury appeared in books afterwards. This is good assimilation and also serves to record your material.

Mr. J.:

What was the thinking in the launching of Hygeia?

Dr. F.:

About 1921 I made that trip up to Wisconsin, up to Escanaba, Michigan, to expose the case of a girl with the high fever. At that time, I made the front pages of every newspaper in the United States. It was a sensational case. People everywhere knew about it and you could talk about it. People got interested in medicine. I began saying to my chief, Dr. Simmons, that we were not reaching the people with our articles on every aspect of medicine. We were just

simply not reaching the people. We were reaching the doctors, but we were not reaching the people. I went to Simmons shortly after and I said to Simmons that I had been asked by Henry Mencken to do a series of articles for the American Mercury he was founding and they were to be on the field of quackery. Simmons said to me, "Don't do it," and I said, "Why not?" He said, "If you write for the public it will kill you forever with the doctors". Now that's an exact quote. I said, "Well, Doctor, I don't agree with that." We battled around about it, and I said, "I feel that I ought to do it." A little later the Council on Health and Public Instruction, which was the particular council which no longer exists in the AMA, headed by Frederick R. Greene, began urging that we publish a popular magazine--to get to the people. Greene, at that time, suddenly resigned because he was somehow dissatisfied with his future, and he joined John Dill Robertson, and they published a popular magazine apparently with the desire to beat the AMA to it. It was not successful and blew up. Then the matter came more and more to a head. Simmons was retired early in 1924. By 1922 or 1923, this was coming to a head...that we must have a magazine for the public. Simmons still didn't like it. The Board decided that the head of the Council on Health and Public Instruction and the chairman of that Council who was Victor Vaughan of Ann Arbor, Michigan, should be given that responsibility; he was about to retire on account of age. He came down and took a job in the office with the idea of organizing that kind of a magazine. This man knew

nothing about writing for the public, nothing about editing, nothing about journalism. He had never been involved in any way, and it didn't take long before he decided that he was out of his area. He didn't want to continue with it. Then Dr. Billings suggested that Dr. John M. Dodson, who was the dean of Rush Medical College, who was also about to be retired, should take Greene's place on the Council on Health and Public Instruction and he should edit the magazine. Well, honestly, he knew less about it than Vaughan. He realized right away that they weren't getting anywhere. By this time, however, I had already begun writing newspaper stories for North American Newspaper Alliance, and the first one appeared on the front page of every newspaper in the Alliance on a Sunday, in the New York Times, Chicago News, San Francisco Chronicle, across the country. My articles began to appear in the American Mercury and someone on the Board suggested that maybe I could run the magazine. So I became the editor of Hygeia. First was Vaughan, then Dodson, then myself. I named it Hygeia because I had studied the history of medicine and I knew about the daughters of Aesculapius, Hygeia and Sanita, and Will Brau who was the business manager had decided if I would tell him what it was all about, he would create a cover. Well, that first cover was something horrible to see, but that was the one we used, nevertheless. It had two Grecian pillars with Hygeia standing in the middle and it is really comical to look back at it today. But the one novelty we had was mighty good. In order to promote the

magazine among the advertisers early, he had created a beautiful statue, a Greek statue of Hygeia, and they were made in clay and in bronze and distributed. The name "Hygeia" went pretty wide pretty fast. Unfortunately, I think, they finally changed it after I left in 1950 and changed it to Today's Health. I was present when they changed the name and they asked me what I thought about it and I said, "Well, as long as I'm quitting, and you prefer it, it's your problem." Incidentally, after 25 years with Hygeia, it had achieved a large circulation and had made a profit over the 25 years. It was not an effort entirely without success. It had achieved a tremendous impact and had a profit. The public wanted a magazine. On the other hand, Bernar McFadden with his bogus Physical Culture was running a 400,000 circulation and made millions of dollars. So that it wasn't the high ideals of the magazine, the quality and all of that. Eventually, a great part of the success of Hygeia lay in a deal which I made with DeWitt Wallace. When I began working with DeWitt Wallace and I was doing some articles for him I made an arrangement whereby they would pay the cost of creating a fine article and then we would have the first rights of publication without cost and they could copy it in the Reader's Digest. This is called "planting."

Mr. J.:

Did Hygeia catch on pretty quickly in the '20s?

Dr. F.:

It caught on sufficiently. You see, it caught on, one way was that we created the Women's Auxiliary about that time, and the Women's Auxiliary took that over as a special project and circulated it through all the different states. We also made special arrangements with the schools to use it in teaching Health and various medical societies would pay to give it to every school in the community. It had a rather rapid development.

Mr. J.:

You mentioned the American Mercury a few minutes ago and H. L. Mencken.

Dr. F.:

There's Mr. Mencken up there on the right corner. That was given to me in 1921 and it says under it, "To the philological pathologist, Morris Fishbein, from the pathological philologist, H. L. Mencken." I helped him also with his book on American language.

Mr. J.:

Oh, did you? I didn't realize that.

Dr. F.:

Yes, several references in the index, etc.

Mr. J.:

You worked with him on some articles on quackery?

Dr. F.:

Yes, that's what we decided to do in that series. He had the courage of his convictions, and we did articles on eclecticism, chiropractic, osteopathy...just went down the list you know.

Mr. J.:

Would you describe Mencken?

Dr. F.:

I was with him many times. I have a chapter on him in my book, because I developed part of my style through him and it served me in great stead and, furthermore, he was a learned man but very interesting personality. He was the first to get the idea of the newspaper health column in the Baltimore Sun and they got a physician named Leonard Keene Hirschberger to head it. His name was carried on the column but Mencken wrote most of the columns out of what Hirschberger told him. Hirschberger handled the questions and that column had a big play. Mencken was always a little bit interested in medicine because of his close relationships to the faculty of Johns Hopkins. I've been in his home for Friday night beer and music party with Franklin Hazelhurst and Raymond Pearl and many others that we associated with. I was asked to come

in 1923 to the American Society of Newspaper Editors to make an address which I did on the responsibility of the press in publishing unfounded unscientific statements. It was quite a story. That's all in the book of mine. Mencken was a man who, because of his peculiar, highly satirical literary style, was widely read, I would say, among what are commonly called the literati...the young writers of that period...he was the patron saint. All the men who came up fast, men like Sinclair Lewis, Ben Hecht, Mart Cormack, many others who appeared first in the American Mercury; later on, DeKruif got close to Mencken. They admired Mencken. He used to send me letters which would end with the phrase, "Let's shake up the animals." Now that's a phrase that comes out of circus lingo. The idea was that when the crowds were not coming in too well, the circus people would go into the side show and poke up the lion and the tiger and the hyena with bars and they would start shrieking and then the people would rush in to see what it was all about. From the side show, they got them into the main show. He said of me once that I was "burning the shirttails of the quacks and making them run for cover". This was great journalism. People like to see that kind of a battle. They like to read exposes. People used to ask me why I kept on publishing these and I would say, "Well, this is the sporting page of our magazine. You've got to have a sporting page where people read to see what's going on in the contests."

Mr. J.:

You mentioned of yourself and of Cramp in approaching the business of quackery that this was fun.

Dr. F.:

If I didn't enjoy it, I wouldn't do it, frankly. Neither would Cramp. I think Cramp got so that he really enjoyed it. He would come down chuckling and say, "Oh, you should see this one." You know, he had had fun putting it together.

Mr. J.:

Well, how about Mencken. How did he approach it?

Dr. F.:

Mencken? The same way! He was having fun. Almost everything he wrote, he enjoyed. He chuckled over it himself. I mean, he really enjoyed it. Now Nathan was entirely different. There was a team that got along very well together. But Mencken was reasonably good company because he was a good conversationalist. Many of the men whom I've known best in the literary field are also good conversationalists: Sinclair Lewis, Ben Hecht, Herman Mankwitz who wrote "Citizen Kane." He was a dear friend of mine and there used to be arguments among the publishers in New York as to "who was the best conversationalist?" To be a good conversationalist, one must have a quick mind, fluid flow of speech, and you've got to

enjoy it. If you don't enjoy it, you don't do it.

Mr. J.:

You do a marvelous job of anticipating questions that I wanted to ask, incidentally. You mentioned Paul De Kruif. Would you describe him a bit?

Dr. F.:

De Kruif is a remarkable character. I've got a small chapter on him in my book. I'm afraid that DeKruif was a frustrated physician. He had wanted to be a doctor and didn't quite make it and became a bacteriologist. He was a big, powerful, Dutchman who was impressive by his size alone. But he had a good intellect and he also enjoyed investigations; he loved to write. He had great fun in his writing and, frankly, much of the material that he got finally in the Digest, he enjoyed himself so much that he would wander away from basic science. What motivated him to do it? Long before he ever got into that field, he wrote two books about medical education and doctors. He wrote a book called Our Medicine Men. He ran it as a series in a magazine and without his name on it, published anonymously. When the book was published, he sent me a copy and in the front of the book he wrote, "To Morris, with love, Paul." Then I reviewed the book and figuratively just about tore it to pieces in the Journal AMA; whereupon, about a week later, I got another copy of the book in which it said, "Morris, go to hell,

Paul." He resented criticism; he resented anybody calling out these things, and he got mad at Sinclair Lewis after they finished Arrowsmith and never spoke to Sinclair Lewis again. He was of that temperament. He was a facile writer and he was a magnificent man to dramatize medical discovery. His book, Microbe Hunters, caught the imagination of the world. He never again hit that peak.

Mr. J.:

You said a little bit about his type of writing; take, for example, Microbe Hunters. Did you regard this as good, scientific literature?

Dr. F.:

No, it's not scientific writing at all. It's dramatization. That's entirely different from scientific exposition. If you want to read a true story of Pasteur, you read Paul Vallery-Radot's Pasteur. If you want to read the true story of Paul Ehrlich, there are several good lives of Paul Ehrlich; there are good lives of Lister, good lives of John Hunter. For anybody that De Kruif ever discussed, there are good biographies. But the biographers stick closely to facts. Take Edward Jenner! Nobody knows what Edward Jenner said to that little girl who answered Edward Jenner when he said to her...the story was reported in various ways..."You are very pretty, my child. Beware of the smallpox." And she said, "I shall not have the smallpox because I have had cowpox." Nobody knows exactly

what she said or what he said. We do know that he wrote a letter then to John Hunter and he said, "I am thinking of seeing if you could not take the cowpox and give it in inoculation and in that way prevent smallpox." Whereupon, John Hunter wrote back, "Don't think. Try." In the light of history, Lady Montagu had already brought back to England before that the inoculation against smallpox with smallpox and the Turks had been practising that which she had observed. This was a step, naturally, to precede what Edward Jenner did. If you tell the true story, you put it in its sequence from the first thought. I have just been trying to puzzle out, and it's in my book also, the true story of penicillin. It's not exactly known even to this minute. I've got it in my book just about as well-documented as you can get it because I knew personally Fleming, Florey and Chain and I have picked up everything they have contributed in this area. I think I've got the part that each played and how they played it in a true story. My whole point is that De Kruif was dealing with people who were, for the most part, dead and he dramatized. He gives you a picture of Robert Koch looking through the microscope and saying "What are these little wiggly things?" This is dramatization. In the English edition of De Kruif's Microbe Hunters, he had to eliminate three pages to avoid a suit for libel because there was a battle between Bruce and Nabarrow as to certain discoveries which De Kruif had dramatized in favor of the fellow he talked to who was Bruce, so Nabarrow got sore about it.

Mr. J.:

You met De Kruif when?

Dr. F.:

Oh, I've known DeKruif many, many years. I persuaded Sinclair Lewis to abandon the writing of a labor novel with Eugene Debs as a protagonist and persuaded him to write a medical novel because his father and his brother were both doctors, both graduates of my college. Lewis said to me, "I'll have to have somebody to provide me with background. Will you go to Europe with me?" I said, "No, I can't drop my work at the AMA and go to Europe." But I introduced him to De Kruif who was with us at the time and, "De Kruif," I said, "now, he's not doing anything special. He can go with you." But, of course, he was not a doctor; therefore, the article took the point of view of the basic science experimenter who doesn't hesitate to inoculate 500 and not inoculate 500 other children in order to prove a point.

Mr. J.:

I ran across that particular episode in De Kruif's memoirs. What was Sinclair Lewis doing in Chicago at this time?

Dr. F.:

He had become my friend from the time when I wrote the first reviews of Main Street before it appeared and was distributed. The

copy was sent to me by Harry Hansen for the Chicago Daily News and I wrote a half-page review of Main Street. Then I was asked by Wilbur Cross to write a review of it for the Yale Review and I wrote another review of it for the Journal AMA and that really helped to put it pretty well on the map...a big starter, you see? Sinclair Lewis then came down to Chicago and said he'd like to see me. He wanted to see the fellow who wrote these reviews. That's when I first met him. He was frequently my guest after that and we were friends. It's in a lot of detail in my autobiography there because it makes a good story. It's in Mark Schorer's book, Life of Sinclair Lewis, in condensed form.

Mr. J.:

I got the impression from De Kruif's memoirs that he thought you and Sinclair Lewis were going to do this book.

Dr. F.:

I couldn't. I couldn't leave my work and run away with Sinclair Lewis.

Mr. J.:

He seemed somewhat concerned in the book as to whether he had taken this venture away from you.

Dr. F.:

His book is called I believe By the Shore, Distant Shore, De Kruif's memoirs. It's a funny book, his memoirs, because by this time, he'd become much annoyed with me also and he wouldn't mention my name in the whole book. He keeps on referring to me as the Prolocutor.

Mr. J.:

I noticed that.

Dr. F.:

This is a temperament of De Kruif. He's very sick right now. He's up in Holland, Michigan.

Mr. J.:

Let me go back to the matter of Arrowsmith just a minute. De Kruif talks about a meeting. I wonder if you would go through your recollections of this meeting between Sinclair Lewis and De Kruif and yourself at the AMA.

Dr. F.:

All right. It ties in with the quackery story to some extent. A lot of the detail is superfluous. I've read all the books about Sinclair Lewis, his wife's book, Schorer's and his own letters. He wrote a preface to the serial publication of Arrowsmith in The Designer magazine which bears no semblance to truth whatever...

Lewis, himself...because he was told to write that kind of a story. His view is nothing like what De Kruif and I say. I was in my office at the AMA. De Kruif arrived in the morning, and he said he had been sent out by Hearst International Magazine to do some true stories on the alcoholic nostrums...this being Prohibition time...that he wanted to study these things and do a story. I'm sure the story was published, too. I sent him up to Cramp. He went up to Cramp's department and Cramp showed him all the information he had and he showed him all the samples and De Kruif began sampling the samples. He began sampling. I didn't take De Kruif to lunch. I'm sure Cramp took him to lunch. In the afternoon, Sinclair Lewis dropped by to see me, just as a casual visitor, because we had been visiting together often. He often came out to my house. I've got many stories of big parties. He came to see me at the office and I talked to him a little while and I said to him, "By the way, what are you doing here?" And he said, "I'm going out to see Eugene Debs." And I said, "Why?" He said, "Well, he's in the Elmhurst Sanatorium and I am in mind to do a labor novel with Debs as the protagonist." He said, "I'm going out to see him." I said, "That's wonderful." I said, "By the way, there's a man here visiting from New York that you'd love to meet. He's a very interesting person and he'll be down in a minute." De Kruif came down and I introduced De Kruif to Lewis. I couldn't set aside all my editorial work and gossip around. I said to these fellows, "Why don't you

come out to my apartment and we can have dinner out there and then we can..." Well, Lewis kept on saying he wanted to go out and see Debs. So they came out to my apartment. When we got to the apartment, (I drove them out in my car...to my apartment)...my brother was there...my wife was about to leave for Indianapolis, which is our home town...my brother, Harold, was there, so he remembers this well because it was a big excitement for him. De Kruif got sick from all this stuff and he went into the bathroom and lay down with his head in the toilet and got rid of all this accumulated mixture of herbs and alcoholics. Then we suggested, sort of talking about Debs and what Lewis was going to do: "Why don't we come out there with him?" As long as my wife was leaving anyway, I said, "All right, we'll go out there." I said, "I'm not going to drive that far. It's a long way to go out there to Elmhurst." I said, "Why don't we drive out?" So I called a cab... a Checker Cab came and we were going to drive to Elmhurst. Now that trip is a complicated trip because enroute we passed a lot of men walking along the road at night. It was already dark by this time. We stopped the cab and Sinclair Lewis said to these men, "Come here." One of them came over and he said, "Where are you men going?" They said, "We are strikers from a street car strike in Buffalo and we are beating our way to St. Louis to get jobs." Well, this was meat for his Debs book. So he said, "Do you men know where you are?" One of them said, "Why, no. What do you mean?" He said, "Do you know where you are near?" The man said "no." Lewis said, "Do you

know that you are near Eugene Debs?" Whereupon almost with one voice they said, "Who's he?" They didn't know Eugene Debs. Lewis said, "Do you mean to say that you don't know Eugene Debs?" One of them said, "I think I wore a button of his one time." Lewis pointed out to them that Debs had been a candidate for president; that he was now down in the sanitorium, and he said, turned to us, De Kruif and me, and he said, "Give these men some money." This amuses me because he didn't take out money from his pockets. He said, "Let's give these men some money." So we gave them some money. Then we went on. There was lots more to the travels. In any event, we stopped a while in a tavern, and then we went on to see Debs, and I telephoned him from the tavern to know if he was still up because a big tornado came up. We got involved in that. We didn't get to Debs until past eleven at night. He gets up in the sanitorium, comes down and sits on the steps, brings along a pint of whiskey, and we sat there and talked until four in the morning, with the cab driver, the same cab driver. In any event, I think that was the experience. As we went back from there, I said to Lewis, "Why in the world don't you write a medical novel? Your father's a doctor; your brother's a doctor. You've got doctor background." He said to me, "Will you go with me?" I said, "No, I can't go. Why don't you take De Kruif?" Well, that's it capsulated. It makes 18 typewritten pages in my book.

Mr. J.:

I will certainly be interested in reading that book.

Dr. F.:

All the detail is there, with quotes from various places to establish my point...quotes from Sinclair Lewis' letters to Mrs. Lewis...Sinclair Lewis' letter to Harrison Smith...Sinclair Lewis' letter to Harcourt, Alfred Harcourt. Harcourt's reply to De Kruif. All of that is in my book.

Mr. J.:

That's such a fascinating story.

Dr. F.:

And the quotes from the Pictorial Review and Sinclair Lewis' letter to me. All of that is in it.

Mr. J.:

Those were just some general questions that I wanted to ask you. I was interested in your impression of these men. Now perhaps we can move on to some specific questions in regard to New Deal drug law reform.

Dr. F.:

All right. Shall I read the question and then tell it to you?

Do you want to take them in order?

Mr. J.:

Well, I'll just start with number one and we can move along by natural direction.

Dr. F.:

All right. You work it out.

Mr. J.:

The first question that I have is this. How did the AMA feel about the 1906 drug law by the early 1930's? Did they see it as adequate or inadequate?

Dr. F.:

The law was clearly inadequate by the 1930's. In fact, I wrote some editorials to that effect and we had reports to that effect. Mainly, the 1906 drug law simply controlled the package and the label on the package...on the container in the bottle. It did not control any advertising of any kind in relationship to the product. Obviously, it's the advertising that sells the product. Unless you are in some control, voluntary or compulsory over the advertising, you get no results. Now, by the 1930's, many people had realized this fact, not only us. By the 1930's, the Chicago Daily News had established an advertising code; the Tribune had a code;

several syndicates had codes. Codes were in the process of being developed to control advertising, and it was out of that that the second Food and Drug Act began to develop.

Mr. J.:

It's been suggested by a number of people that this whole business of health quackery became much worse in the depression years than in the '20s. Would you go along with this view?

Dr. F.:

This is a peculiar kind of a sociologic argument. Actually, in times of depression, doctors suffer as well as everybody else. And possibly more because they depend as a third party on the earnings of their patrons to pay them. Doctors do not get paid in the depression. Their books accumulate immense amounts. This, however, does not cause people to seek charlatans. Charlatans... they're a perennial. It feeds on the will to believe and on this natural human credulity. The will to believe is based sometimes on fear, sometimes on anxiety, on various other reasons which cause a man to say, "Is there no help? Then I must try... I'll feel guilty if I don't try this." So to avoid his own feeling of guilt at not trying it, for the person who's sick, he tries it. I have had people of the greatest intellect, in time of great anxiety or distress, seek...try anything. I know that that is the situation. I do not believe a depression causes resort to

quackery. We are organized for medical service in time of depression. Chicago was fully organized to provide medical service during the time of the first big depression in the 29's...30's... because we had set up a system where 2,000 doctors had put their names on a list and said they would make a call for 25 or 50 cents, or whatever anybody wanted to pay. The doctors had no practice because the people couldn't pay doctors; they couldn't pay anybody. If you've been through some depressions...until you've been through a real one, you have no idea what it's like.

Mr. J.:

You don't feel then that there was any particular relationship between quackery and the depression?

Dr. F.:

No, I do not believe people go to charlatans for economic reasons. They go to quacks, not because the quack is cheap, for, in the long run, the quack is more expensive. They go to quacks because they have an anxiety or they have been sold. I sit sometimes and argue with good doctors who have been thoroughly sold on something that is completely off-beat, but they have been sold on it. You can sell doctors like you sell other people. A certain percentage of them are credulous. They haven't learned to evaluate anything; they will not respect authority. The doctor who respects authority wouldn't go to a charlatan. He respects authority. But the fellow

who believes, "I can figure this out for myself..." Henry Ford fell for Percy Lemon Clarke with the funny diets that he had. Sanitology, it was called. Temken fell for Orville Miller, I think his name was, who had that big tank for high-pressure treatments. The famous Dr. Coffey in San Francisco fell for Humber treatment with sheep's adrenals. A half a dozen...dozens of doctors fell for Krebiozen because Ivy was involved. It's not for economical causes.

Mr. J.:

That, incidentally, is an intriguing thing...

Dr. F.:

That's a great story. Have you seen my chapter on the evolution of cancer quackery?

Mr. J.:

No.

Dr. F.:

That was published in the magazine called Perspectives and I no longer have any reprints, but you can refer to the magazine in your own files.

Mr. J.:

Since this has come up, to me it's fantastic that a man of Ivy's background and esteem could get so involved with Krebiozen?

Dr. F.:

This is a sort of a form of senile arteriosclerosis.

Mr. J.:

This is your opinion?

Dr. F.:

This was Carlson's belief. Carlson knew him better than anybody else. He was his great teacher, he pushed him, and he developed him. Ivy had a sudden change of character. Up to the time when he fell for Krebiozen, there was a series of events that indicated it. He had always called me up since he was personally very close to me. He had always called me up before undertaking any new venture. One day he called me up and said, "Morris, I've been offered the chairmanship of the National Council on Cancer and I wonder if I should take it." I said, "Ivy, I don't think you should." I said, "You're not trained in that field. You're not a pathologist and it's clear out of your area." He argued with me. I said, "Ivy, have you already taken it?" He said, "Yes." I said, "Then why did you call me?" When he got down there, he began writing to me, asking my advice about various things. I suggested to him

that he follow the principles established by the Council on Pharmacy and Chemistry; that he prepare a list of requirements that any product must meet before the Council on Cancer would give it consideration. They were receiving a thousand to two thousand offers a year of things that would cure cancer. Most of them utterly no good. And they did prepare that. That was, in a way, part of his downfall because when he finally did get into Krebiozen, it couldn't meet his own standards of what a product must be before you could examine it. He began slipping. The general impression was he had developed some arteriosclerotic changes and had lost his ability for rational thinking. He was a little optimistic. And then the Durovics were super-salesmen. There's no question. He was exposed to a large dose.

Mr. J.:

He still believes in this, doesn't he?

Dr. F.:

Oh, I don't know. Now, I wouldn't want to venture an opinion. When does a man suddenly realize that he's on a wrong tack? Hard to judge. You see, he may have locked himself in. Suppose you get locked in a pocket from which there's no retreat?

Mr. J.:

Well, it's amazing. To go back to the 1920s and 30s, did the AMA

push for new Food and Drug legislation in the 1920s?

Dr. F.:

Not beyond the extent of publishing resolutions and writing editorials and articles. How do you push for legislation? If you are really serious about getting some new legislation, you go to Washington and you tell a congressman that you'd like to have him introduce this legislation...or a senator...or you could get sixteen senators at one time to sign a bill or sixteen congressmen or more and then they hold hearings and so you start the movement. I don't think the AMA went that far at that time.

Mr. J.:

Some people have suggested that one of the reasons why there didn't seem to be a great push for legislation in the 1920s was simply that the socio-economic environment just was not suitable.

Dr. F.:

This is the basic aphorism in the whole field of socio-economic consideration: that every profession, medicine, law, the teaching profession, live within the environment of its time. A combination of circumstances must develop in order to produce a reaction that leads to a result. There has always been crime on the streets since anybody can remember, since history records, but when crime on the streets reaches a certain saturation, you get a tremendous

public reaction. Politicians, statesmen, sociologists, criminologists, doctors, everybody starts thinking there's too much crime in the streets. Now the same way when the advertising reaches an area of boldness that goes beyond what most people consider reasonable advertising license. Reaction starts. It starts some people to say as Rexford Tugwell did one time, "We should abolish advertising." That's what he maintained, but that wouldn't cure it. So it goes to the other extent which says we should control advertising. Then, how much shall we control advertising? Who wants to make the decisions about controlling advertising? Who is to make the decisions is the big factor; therefore, you create the Federal Trade Commission with the Wheeler-Lea Act at the same time that you pass a new Food and Drug act.

Mr. J.:

I gather you feel that the greatest weakness of the 1906 law was the failure to control advertising?

Dr. F.:

Failure to recognize that the label doesn't sell the goods. Advertising doesn't sell either necessarily because there is a firmly established principle in the book publishing business that advertising alone will not sell a bad book. It can sell some bad books, but it will not sell a lot of bad books. They stop them at some point or other; the public stops them. The book isn't worth it.

So advertising alone cannot sell a bad book. All authors think that the publisher ought to spend more money advertising, but the publisher knows that advertising alone will not sell a book. It takes acceptance. Now the same thing applies to drugs. You see, neither will criticism alone stop the sale of a book. All the critic can say is that the book is not worth reading; all the publishers can turn it down. Finally, one publisher works on it, thinks it's a great book, then it outsells any other book that's ever been sold, like Gone With the Wind. It was turned down by twenty publishers before finally one went to work on it.

Mr. J.:

I had never heard that.

Dr. F.:

Oh, sure. A lot of good books have been turned down by twenty publishers. David Haren was turned down by more publishers than any other book has ever been turned down by publishers in the way of a novel. This is the history of literature; that's another story. The title alone will not sell a book. The title will start people, but it won't make them read it. If they start to read after the title has caught them, then the book doesn't measure up to the title...boom, it goes down the sewer. I mentioned books because I know just about as much about books as I know about quackery. Those books on that third shelf from the

top are all my books and they are in about seven or eight languages.

Mr. J.:

Um. Do you speak several languages?

Dr. F.:

No. They are translated. They're in Dutch; they're in Afrikans, Portuguese, Spanish, German, French, Swedish. Some of those books...all of those different languages.

Mr. J.:

In regard to the 1920s and this business about advertising, do you feel that the AMA would have been receptive to a revision of the law so as to better control advertising?

Dr. F.:

Oh, the AMA was receptive. We wrote pieces urging that control; furthermore, we formed some independent relationships. I was asked by this time by various newspapers to advise them about their advertising. Cramp was asked and our department was asked--to look things up for newspapers that didn't want to accept bad advertising and many magazines. Furthermore, we had already brought influence on the state medical journals, even before that,--not to accept advertising that was not acceptable to the

Council on Pharmacy and Chemistry. So, it was an action that was stirring, that was in the mill, that was bound to develop.

Mr. J.:

Yes. I remember the ergot affair in the 1920s.

Dr. F.:

Oh, that was a very interesting story, because that was strictly in the medical area. That was not in the public area. There are two definitely demarcated areas, the ethical and the proprietary, you see. They are different.

Mr. J.:

What brought that to my mind is that I remember Armbruster's attempt to get...

Dr. F.:

That's in my history. That's all mentioned.

Mr. J.:

His attempt to get some advertising into various state medical journals...

Dr. F.:

Oh, yes. And they wouldn't go along.

Mr. J.:

Of course, the first effort at revision of the 1906 law began in 1933. Do you recall what the reaction of the AMA was when the bill was introduced?

Dr. F.:

Well, then by that time, we began meeting with the people who were involved and suggesting certain restrictions, certain changes. It's all in the editorials. We published regularly editorials which I wrote for the most part myself or else they were written in combination with the Bureau of Investigation or with our Bureau of Legislation. By this time, we had grown considerably over what we were in 1913 up to 1924. We had grown a great deal, so that by the time this came out there were many other agencies concerned in this picture and they had formed advertising groups to control advertising, develop principles of ethics in the advertising field and we couldn't have done it alone. Nobody could have done it alone and it wouldn't have been done as quickly or as certainly had it not been for the Elixir Sulfanilamide catastrophe. That's what forced the second Food and Drug law. And the forcing of the law carried the Wheeler and Lea bill with it for the establishment of the Federal Trade Commission. Now, the Federal Trade Commission...I have worked with them a great deal at various times and...they are amenable to seeing evidence, to discussing. They do not work in the same way that the Food and Drug Administration

works. They work in a different area. The old caveat emptor rule will always apply, but you overcome the rule of "let the buyer beware" by giving information. Now, when you give vast amounts of information to the public what happens--sometimes they pay attention, sometimes they don't. And it's a very interesting thing as to what makes them pay attention. In order to pay attention, it requires sometimes a catastrophe; sometimes a general experience; sometimes popular education through women's clubs, consumers' groups, etc.; sometimes, education that begins in the nursery school and goes on through life so that you gradually acquire more and more awareness and ability to judge before purchasing. Now, how many people in the United States think when they look at a package "How much is in this package?" You buy a tube of toothpaste...I can remember once buying a package of toothpaste that looked that big; inside was a little, skinny tube that came two inches from the top of the paper package. Well, it was obvious to me that somebody was selling a package. They weren't selling what was in the package, you see. The psychologists today know that certain colors attract and other colors don't attract. The psychologists know today that the container makes a big difference, not only what's in the package, but kind of packages. So, then, how far can you go in educating people? You can't go around all your life being beware of everything you buy and look at. When you go to buy a pair of socks or a woman goes to buy a pair of stockings; why

does she buy those particular stockings? Because they look nice. Does she say, "Will they run?" Does she say, "What mesh are these?" No. Those are a lot of questions. The vast majority of them buy them because the label makes them think that "These are the ones that Suzy bought and Mother bought these and so will I buy these." These are the things...I've given a lot of thought to what makes people buy what they buy, and it's very important as to what makes a doctor prescribe remedies. That's a very hot subject right this minute. I've written a big piece on it. I'm going to speak tomorrow night for the Pharmaceutical Travelers Organization, fellows that sell the drugs to the druggists. And it's interesting to me why doctors prescribe certain drugs.

Mr. J.:

How do you feel about it?

Dr. F.:

Well, there are many causes, not just one cause. The main cause is probably doctor to doctor--not the advertising, necessarily. The advertising reminds him, but, let us say that I say to a doctor as I frequently do, "Why don't you use this?" It might be a good idea, and he uses it. He don't look...go to look the whole thing up and the background and who discovered it and what's the molecular formula. Then, let's say it comes to be a question of, well, there are 28 to 30 tranquillizers. Why do

you use one tranquillizer rather than another? You probably used the one that you saw somebody else use or that you heard somebody recommend in a meeting or you may have read an article in a magazine or conceivably, you saw an ad and you said, "That reminds me. I was going to try that."

Mr. J:

You think this personal relationship, doctor to doctor, would have much more weight than, say, the impact of the detail men?

Dr. F.:

Much more. But the detail man has impact because he knows more about it than you do. In order to be a successful detail man, you have to know a lot about what you are talking about. You can't get by with just coming in and giving the doctor a free fountain pen and say, "I want you to try this remedy." Or you can give him samples. He still wouldn't try it unless he's got time to listen to your story. Then if you listen to the story, you'll discover that he has been trained to answer questions like I'm answering your questions. If I didn't know the answers, I wouldn't try to answer. I'd say, "I'm sorry. I don't know that."

Mr. J.:

In regard to this attempt at revision of the old law, did the

AMA have any role in the drafting of any of these several bills from 1933 to 1938?

Dr. F.:

Not the drug acts that I know of--not that I know of. There may have been men who were associated with us who had part in the drafting. We didn't. It's quite conceivable that there were men on the Council of Pharmacy and Chemistry who were associated with, as consultants, with the Food and Drug Administration. It is quite conceivable that there were men who were a part of our setup who knew personally one of the people who were drafting the bill. This is the way it works, you know. Bills are not written; they are rewritten. This is classic among the aphorisms referring to legislation. I have helped, myself, to write certain bills; the original Hill-Burton Act--I had some part in developing that. And some others at various times. I have certainly given suggestions to some of the men behind the Medicare Bill as to certain things that should be and should not be. Everybody takes a hand and then the people who draft the bill are not the men whose names are on the bill. They are drafted by experts in drafting bills. We get a lot of give and take in this area.

Mr. J.:

It seems sort of peculiar to me that in undertaking a measure of

this type which would so much touch the field of medicine that the FDA wouldn't consult with the American Medical Association.

Dr. F.:

They draft the bill. The FDA don't write the bill. The FDA makes its suggestions to the men who are going to introduce the bill. They get expert draftsmen to draft the bill and they confer with a lot of people and then the bill is drafted and then come the hearings and now it's in the hearings that we present our view and that may result in modifying the bill. Because there's no piece of legislation that goes through the Congress today that isn't subject to amendments, rewriting, unless it's a bill to build a bridge across Podunk or something like that.

Mr. J.:

Well, you don't have any recollection that the AMA felt left out in this drafting process?

Dr. F.:

No. We were quite satisfied with the way it was going. We had great satisfaction in the fact in the second bill that we stimulated and we were the ones that pushed that bill because...

Mr. J.:

Now this is which one?

Dr. F.:

The Elixir Sulfanilamide...which brought in the second amended Food and Drug Act, because, you see, I was not in the AMA for the first Food and Drug Act, but I'm sure that we had a great part to play in that. There are other factors that enter into that first Food and Drug Act that you don't hear very much about on the surface, but which I have in my time investigated. I think the number one...some of the points were about the adoption of the U. S. Pharmacopeia as a standard; the definition of whiskey was very hot stuff, whether it should be aged in the wood for four years or corn whiskey bottled in...all those different sort of things entered in and Theodore Roosevelt and Taft had differences of opinion as to which kind of whiskey they wanted. Very few people know that. I studied all of that. I was asked to study it. I read the entire hearings on that whiskey consideration--in those days it was hot stuff. I didn't let them publish it. So those factors have a great part to play. Now the Elixir Sulfanilamide thing was very odd because what happened there was that the first we heard of sulfanilamide in the United States was when Perrin Long broadcast from London about this great discovery. Then it came before our view, and all the American manufacturers got busy to study sulfanilamides and improve on them and make better preparations than we had had before and we did make better preparations.. The original prontosil sulfanilamide went by and we got sulfadiazine, sulfathiazole, sulfapyridine, sulfaquinoxaline,

all these modifications. Then came the question of what kind of vehicle do you put it in. How do you dissolve it? Do you put it in tablets; do you put it in capsules? Do you put it in liquids? If you put it in liquids, what kind of liquids do you put it in? If you put it in spirits, spiritus frumenti--peppermint water, do you put it in an elixir which is sweet and gooey? How do you put it up? So all these preparations were coming and the Council on Pharmacy and Chemistry was considering which ones were good and which ones were not good and which ones should be permitted and which should not be permitted. Then all of a sudden comes the Elixir of Sulfanilamide. And the chemist who was working on it in the Massengill Company, being short of propylene glycol, sees some diethylene glycol, and he says "Glycol? Diethylene glycol?" And 96 children were poisoned and died. And that was the catastrophe. They said there's got to be some kind of control over this. This kind of thing shouldn't happen. Now, in the period between 1906 and 1920 to '24, if that should have happened, pretty soon a doctor would send a paper to the Journal: "I gave this stuff to some kids and they died." And somebody would publish it...some other journal would publish it. And then another report would come in and they would publish that. That reminds me of that famous old story of the two guys walking along the railroad track, you see. And a train comes by and they don't get off the track quick enough. One of them does, and the other doesn't and the second one is describing what happened, and he said he was walking along the road

and he saw a head, and then he saw a leg, he saw an arm, and he said, "I begin to say to myself: 'Something must have happened to Ollie.'" You see. So that pretty soon, they decide that this is serious stuff. But in my case, the minute I began getting these reports, I called down Austin Smith and I said, "We got to stop this right away. We can't wait for a constituted authority. We got to notify the world. Beware of this product. There's something wrong here." So, I published an editorial; published an article: "Children are dying--bang." And, as the vernacular says, "The fat was in the fire," and away she goes. It was easy to pass a bill when everybody is so earnest. So the new regulations came out.

Mr. J.:

Now was the AMA consulted in regard to this amendment--the sulfanilamide amendment?

Dr. F.:

Not as such. There were already problems. I should think...this is purely hypothesis...there were problems of public relations that entered in, and this time the AMA is already a very important and forceful organization and big. We have the word of the press; we have the word of the public. And it gets to be a question of saying, "Why should they consult the AMA? Who are they that they should be consulted about everything?" There has to be a little

later yet that you get to that enlightened state where you can start to consult, anymore than the British government began early to consult the British Medical Association about things. You can always make your voice heard, you know. Anybody can make his voice heard, if he's got something really important to say.

Mr. J.:

Do you recall if the AMA felt that the provisions added here after the elixir episode were adequate?

Dr. F.:

I could go back and look all this up. You should really go to the AMA to chase that up in the files. I think unfortunately they've destroyed a lot of files. I tried to look up something the other day and they said, "That's all gone. We don't have that any more."

Mr. J.:

I just wondered whether you recall if the AMA felt that the provisions put in at the time were adequate?

Dr. F.:

Well, that's a difficult question, because the word "adequate" is a tough word to start with. Now, let us say they were the best you could get at that time. That's the answer to that question. Without, perhaps, having made a monumental effort. Now, at one

time I made a monumental effort in the Congress. You might be interested to hear it because I was, at that time, on the U. S. Pharmacopeia Commission and the control over insulin was about to run out. The control was about to run out. And I got information that two shiploads of foreign-manufactured insulin of not too good quality were on the way to be distributed in the United States as soon as the patent ran out. And the question arose in the Pharmacopeia Commission about what could we do about this? And I said, "We've got to have some kind of an act that would stop this. People should not be allowed to bring in that biologic drug without adequate control through some kind...through some agency." And they said, "Well, it takes a long time to get an act like that through Congress. The ships are on the way." I said, "In an emergency, you can get an act through Congress even quickly." And we got that act through before those ships landed.

Mr. J.:

This was about when?

Dr. F.:

This was about the early...in the late 1930s.

Mr. J.:

In the 1930s, as the drug bill moved or failed to move through Congress, a number of supporters of the bill and revision in general

felt that the American Medical Association had not taken as active a role in standing behind this matter as they should.

Dr. F.:

I think they took about as much of a role as they were warranted in taking. You must bear in mind that at that time there was a man in the Senate named Royal Copeland who was pretty hot in this field. He was a senator although he was a homeopath. He had been a health officer; he was an ophthalmologist primarily, and I knew him quite well. He was a brilliant talker, and I think the AMA said at all times that they stood ready to help, and I'm sure that, as I say, I'm sure that the men that worked with us in the Council on Pharmacy and Chemistry were also in contact, but they were in their other capacities, and looking back on us strategically, that was better than if they came there representing the AMA. It was better that Reed Hunt, the professor of biochemistry at Harvard, Torald Solmann, the professor of pharmacology in Cleveland, Lafayette Mendel of Yale--people like that--should testify as themselves from their university, rather than to come in representing the AMA. The AMA had our man who was at that time William Woodward. And he unquestionably filed a statement. I say "unquestionably," I'd have to check it to be sure.

Mr. J.:

He did.

Dr. F.:

He must, I'm sure.

Mr. J.:

The reason I bring this up is I was reading a while back in...

Dr. F.:

Well, that's quite different from going out to campaign. I have gone out to campaign. Quite recently, Helen Taussig went out and campaigned for the bill on account of the thalidomide. She spoke here, there and everywhere--this shouldn't happen again, you see. So this is called campaigning. But, otherwise, you belong to an organization and you speak through the organization. You use the mechanisms of the organization. The mechanism was Woodward who presented a brief for the organization. Now, if the Senate or Congress then says, "Will you send down some people. We'd like to talk to them." We'd send them down.

Mr. J.:

The reason I bring this up is that in reading, a while back, I think it's Professor Burrow's book, AMA, Voice of American Medicine...

Dr. F.:

Oh, yes.

Mr. J.:

I got the impression that he feels that the issue of compulsory health insurance, and also the committee report in the early 30s on the cost of medical care, had the effect of frightening the AMA perhaps to the point that they were reluctant to become involved in any governmental action touching the field of medicine.

Dr. F.:

Not a bit. No, sir. Nobody was frightened. I know all the men that were working with me at that time. There was not a frightened man in the whole lot. The trouble was always to say "Hold me back" rather than frightened.

Mr. J.:

Well, I...perhaps "frightened" is the wrong word.

Dr. F.:

No. No. They watched things very carefully. Every legislative committee...they watch these things...You've got to preserve what you think is balance, reasonable balance. There's got to be a sort of tendency to believe, and this is honest. But the AMA, in general, was against things rather than being for them. But that had to do with legislation interfering with the nature of medical practice. It did not deal with such things as stopping the sale of fireworks in cities; certainly, did not deal with

sanitation and hygiene; did not deal with controls of many kinds. One of the first courses I ever took in socio-ethnology was "Primitive Social Controls," taught by Professor Thomas at the University of Chicago, and I was greatly impressed by the way in which any society establishes controls. And there can be cases where the controls are onerous and interfere with progress.

Mr. J.:

Well, how would you compare the efforts of the AMA, say in the 1930s, in attempting to ward off any kind of compulsory health insurance versus their efforts in support of the drug bill?

Dr. F.:

I would say that if there had not been...if there had been some sort of a dramatization in the area of the social insurance legislation equal to the terrible disaster of the sulfonamides, the whole picture would have been different, you see. Nobody was going...well, it comes down to this kind of a statement, that you do not attack God or motherhood if you have any sense. You let those alone, you see. So, this food and drug legislation and the advertising controls were needed. Everybody knew they were needed. Those were the kind of things you knew were going to go through.

Mr. J.:

Oh, you felt that it was going through?

Dr. F.:

Oh, that food and drug act was definitely needed and had to go through. Now, then you come to modify and amend the act to avoid its dangers and to increase its benefits. The same way, in the last food and drug legislation, I fought bitterly as an individual against attempting to make the Food and Drug Administration pass on efficacy. I don't think they can. I don't think they are capable as a government...as a political organization...to pass on a scientific problem. The British got around that by creating a group of scientists to make those decisions and pass them on to the Food and Drug...to the British Food and Drug Control. But we don't. We leave it in the Administration to do that. They can consult or not as they please. Now that was the reason, and I'm frank to say this, that when I was in that big meeting down in Boca Raton just before...after the act passed...I said to Commissioner Goddard, "How long do you think it's going to take you to pass on the efficacy of all those drugs?" He said, "Ten years." I said, "You can't wait ten years to pass on the drugs." He said, "Well, how are you going to get it done?" I said, "Well, in the war, we got it done through the National Research Council, Division of Medical Sciences. Everything the Army, Navy wanted to know was it good, we passed on it right away. We made the studies; we combed; we checked; we got the best people." I said, "Why don't you contract with them?" He said, "That's against the law." I said, "Oh, no. If it was against the law, they wouldn't have done it during the

war." He then made that contract, and they got it all out now. Inside of a year or two, they got the whole thing passed on. And it establishes a pattern as to how it should be done, even if they don't continue it that way. Nevertheless, the pattern is there and there may be a demand eventually that efficacy be decided by a scientific body, not by an enforcement body.

Mr. J.:

Have you read Professor Burrow's book, AMA: Voice of American Medicine?

Dr. F.:

Oh, yeah. I'd let you have mine except that a fellow borrowed it who is writing an article right now. And I had the only copy that was available, and I let him borrow it...One of my own men on Medical World News borrowed it.

Mr. J.:

I have a copy.

Dr. F.:

I know the book quite well. I reviewed the book. I also reviewed Garcia's Political Life of the AMA which was published back in the 30s.

Mr. J.:

Do you think Burrow overdoes this business about AMA fears in regard to compulsory health insurance?

Dr. F.:

Oh, I think he's not writing documented fact material. He's voicing opinions and he's entitled to his opinions. I don't happen to agree with him on a lot of this stuff.

Mr. J.:

That's what I was wondering.

Dr. F.:

Oh, no. I don't agree with him. I think his interpretations are colored by his point of view. Now, an action takes place. I say to you, "What do you think of that?" You follow it with your point of view. You say to me, "What do I think about it?" I color it with my point of view. Now, let's take it down to a very simple level. Somebody gets hurt and two or three people start running toward the scene of the accident, and a number of people walk to the scene of the accident and some people turn their heads away. Each decision is made according to the point of view of the individual. The first individual says, "God, I've got to help him!" He runs. The second individual says, "Well, I've got to help him, but maybe there are people that ought to do this who are responsible

for it," and the third man says, "I'm not going to get involved." So, you see, you can color...you can color by your point of view. I know a very famous American writer, and I will not give the name now. But, still a very famous American writer...novelist...who once wrote me a letter in behalf of complete government control, compulsory sickness insurance, with the government controlling medical appointments and everything. It was the most bitter letter I have ever seen, and I have that letter. And twenty years later, the point of view of that author who has now become wealthy and can buy anything he wants is exactly the opposite of what it was then, when the author was in poor circumstances and had difficulty getting access to certain things. The same thing applies to the grave question of educating the public. Everything comes back now as to how much can you educate the public, because, you see, I once proved that anybody in Chicago that needed medical care could get it regardless of whether they had a penny or a million dollars. I could prove that. But the weak link in the chain was first, inertia, apathy. I don't want to go look for it; it's too hard to find it. And second, lack of knowledge as to how to look for it. Where should I go to get this thing? First, you've got to want to go and look and then second, you've got to go there. So, it takes two positive actions, and if you had not been educated to the fact that it's easy if you know how, you just won't do it.

Mr. J.:

In regard to this committee on the cost of medical care in the 30s, did you feel their conclusions were accurate or inaccurate?

Dr. F.:

Well, I've got that written up in great extent in many places and particularly in my new book--whole chapters on that, condensed, really. I have the nucleus of it over there. In the first place, I will not speak directly of that committee or of the people associated with it because I don't want to bring that in here. It's all in my book, and their names and each one of them described and all of that. But let us say now that we want to form a committee to offer free transportation to all workers to the city. They want to go to the city, and we're going to offer it to them free. So whom do we select to be chairman of that committee? Do we select the head of the ditch-digger's union to head up that committee to get free transportation to the city or do we select the president of the IC Railroad? If you select the president of the IC Railroad to head up you committee, you know darn well he's not going to give free transportation. But if you select the guy in the ditch, he wants free transportation for himself and all his family. So this is it. Now, in selecting the commission...in the first place, they limited the AMA's representation on the committee to three people in a committee with some thirty people. In the second place, they chose a very intelligent, earnest, capable, educator as chairman.

That was Ray Lyman Wilbur. A very honest, dependable man. I don't think he had a selfish bone in his body. But they select as the executive secretary a man whose conclusions anybody could know by reading what he had written previously. He had written so much along the line that he felt that the only answer was nationwide, compulsory sickness insurance, that if he was to have any influence whatever on the commission, you knew that was the answer that he would come out with. And certainly, if anybody does have influence, it's the executive director. He's the fellow. Now, I pointed out the weaknesses in the AMA in my book. Nobody knows them better than I do because I have seen them in action and I have participated in them, so I know. Let us say, this is a question of whom do you appoint to decide what? It's very simple. Suppose you are the Speaker of the House of Delegates of any big organization, and you want to have a committee that is going to bring in a negative report on a field in which you have great interest. You don't select men who are for the report; you select for that committee men of known interest or related to known interest against the report. And then when they bring in the report, you know in advance what the answer is going to be. Now, how do you get the speaker who selects the reference committee to pick those men? You merely make him ex officio, a member of the dominating group, and you don't tell him to appoint these men but he hears all the discussions. He gets the feeling. Now this is not illegal. It is not immoral. It's political. Now the AMA is a political

organization. Every medical school, every hospital, every university is a political organization. And they are more political today than they ever were. The students demand the right to name the professors; they demand the right to discontinue certain classes altogether; they demand the right to hear any speaker they want to hear whether the faculty thinks it's good for them or not. We have our own native revolutionist, Sol Alinsky, and he spoke at Ann Arbor night before last to all the students that wanted to hear him, and he is preaching revolution with destruction, anarchy, in a sense. He spoke just last night in a local Chicago Jewish Temple because the youth group wanted to hear him. He can do them nothing but harm. So what are you going to do? You've got free speech.

Mr. J.:

I gather then that you were not particularly surprised at the nature of the report?

Dr. F.:

Oh, no. I said it was what I anticipated, and I said my editorial had one sentence which the opposition has seized upon. There isn't a book published anywhere that doesn't repeat that sentence. That sentence is that "This is an incitement to Socialism, if not Communism," period. Now, I also said, "History proves" (because I rather flatter myself; I read a lot of history and study it) "History proves that once a nation embarks on this path, it pursues

it to the bitter end." And it's very hard to turn around and to go back. So we started with the old people, coming to the young people; we'll move up to the middle-aged. It will come in the United States, and then when the abuses get sufficient, they will try to turn back, and that's when the trouble is going to commence. Like England, now, is facing an economic revolution. Now they are putting the price back on the drugs; they are not going to provide free remedies. And we're already in trouble with the drug bill in Medicare. So, sooner or later, somebody is going to recommend that we don't provide drugs. Well, then, as you begin taking away benefits, pretty soon the people will say, "What are we spending our money for? They took away all the benefits, and we're still paying the money." You have to fit your economic program and you have to fit your entire program and it's a difficult deal. But, I don't think we're coming to Communism. But there have been countries whose first step towards Communism was the step toward government-controlled medical care. I suggest we go down and have some lunch and come back and do about one hour more.

Mr. J.:

Fine. That would be marvelous.

Mr. J.:

Did you ever personally differ with the general AMA position or lack of position on drug law revision in the 1930s?

Dr. F.:

I not only did not differ with that position, but I myself wrote editorials and made public addresses and gave interviews to the press and in every way encouraged the development of the necessary legislation. Furthermore, as I have already mentioned, when it became necessary to establish additional controls for the regulation of biologic products, I specifically urged the establishment of the section on biologic standards and the controls that were there established.

Mr. J.:

Would you say that as editor of the Journal...let me rephrase that...How instrumental is this position in setting the policy of the organization?

Dr. F.:

The position, in my time, was highly effective in establishing policy and in exercising leadership. However, since that time, since I left the AMA, in 1950, they have gradually evolved a series of regulations which make it impossible for the editor of the Journal to discuss controversial issues or to lead in establishing policies, and that is all controlled now through special aspects of the organization. In my time, the editor sat ex officio with all committees, councils and boards.

Mr. J.:

A frequent cry or charge of the patent medicine lobbies in the 1930s was that the drug law revision effort itself was, as they called it, a plot of the American Medical Association. I wonder in the light of this charge, do you think it would have been desirable on the part of the AMA to participate more? A while ago you mentioned something about strategy, that strategically it was better to have individuals speaking as individuals rather than for the AMA.

Dr. F.:

I don't think thought was given to that phase of it at that time, simply because no strategy was necessary. This was demanded by the people, by the Congress, by the President and it was bound to go through. When you have that uniformity, little voices in the wilderness crying against it can accomplish nothing. On the other hand, whenever the predatory vested interests are attacked--I would emphasize the two adjectives "predatory" and "vested" interests are attacked, they must reply. Their only reply then is to counter-charge that you are a monopoly; that you wish to control every aspect of the field; that you are constantly endeavoring to get rid of all opposition; that you are trying to control every phase of the matter even to the extent that you will not permit people to experiment with new and other types of remedies. When you expose them, the obvious answer is to file suit and you file suit for slander, for libel or for civil damages, and in that way, the public, at once says, "Well,

you saw what they said about him. Now he sued them." That seems to be the answer. The public never stops to inquire "Why did he sue them? What will be accomplished by the suit?" The public never stops to listen if you tell them that you have had 29 such suits and that in not one of them have you ever suffered a loss, and, in fact, the only time when the one dollar fine was made in the Hoxsey case, that was the first thing that encouraged the government to go in and actually investigate Hoxsey's activities and put him out of business. Previously, the government had not been able to reach him. Now one reason for that is that when a man sues you, you take him to court. When you take him to court you can subpoena his records, his books, his files, and you are able to show exactly what kind of business he conducted or have him brought up on charges of perjury. Several charlatans have been destroyed either by exposing themselves to charges of perjury, or for the first time revealing income they had not reported for income tax purposes whereupon that department of the government moved in.

Mr. J.:

One of the supposed facts that alienated trade groups from any changes in the old drug law was that the revision efforts in the 1930s were sponsored by Rexford Tugwell whom they referred to as a "dangerous left-winger" at best. Did Tugwell's involvement in the revision effort in any way affect the position of the American Medical Association?

Dr. F.:

No. For the reason that I believe I mentioned previously. When an extremist appears, who would abolish all advertising, and who did not believe that advertising served any useful purpose--this he says in his books--he is obviously to defeat his objective by his extremism. I have an idea that Tugwell didn't really accomplish very much in the picture. On the other hand, at all times, the trade groups who are represented by the knowledgeable leaders in their field can exercise their influence. Obviously, they have power. Furthermore, they must know their field well or they can not appear properly and often they are trying to find moderation rather than extremism. I have certain areas of this in mind as I talk about it which indicate just how this did develop. Now, some of the rulings of the Federal Trade Commission, for example, which had gone on maybe ten, fifteen years, and then had been reversed and then brought back again, indicated that in areas where exact scientific evidence is not available in sufficient amount there must always be government by opinion as to the value of the evidence. Now, I'll cite a few simple examples. In the case of the Federal Trade Commission versus the product Listerine, there was evidence massed on both sides. The evidence produced by the manufacturer was so massive in comparison to the amount of evidence produced by the Federal Trade Commission that the Commission finally decided that the mass of evidence on behalf of the product so tremendously outweighed the evidence offered by the Federal Trade

Commission that they could only decide in favor of the manufacturer. Now, this was an instance in which the manufacturer was willing to spend roughly a million dollars to prove his point. And the government simply cannot spend a million dollars to prove a small point of that kind. Now, let us take another instance, however, where the government was definitely wrong. In the original case of the Federal government before FTC, this was in food and drugs; this was in 1913 about. The Federal government brought suit against the Coca Cola Company alleging that it was a habit-forming drug, and the government endeavored to produce evidence that it contained coca which was addictive and caffeine which was habit forming. Now, both sides produced evidence in good amounts, and the decision was finally against the government because the government was trying to push an area in answer to public attack and public opinion, but I don't think the government's position was defensible. Therefore, they lost and they probably should have lost. In another instance, I was approached by a manufacturer with a new baby food. And I said to him when he came to see me, ...he came to ask my advice about this baby food. He wanted to advertise it but he had not found a name for it and he said he went to the Federal Trade Commission and he wanted to call it with the word "milk" in the title, and the fellow with the Trade Commission informed him that you could not name a product "milk" unless it was milk. It could not be any synthetic product, or modified product. So I said to him, "What is the product like?" He

said, "It's like milk." "Well," I said, "call it 'Similac'". So he did and that's one of the greatest products in the field. I'm very proud to have just taken a part in that.

Mr. J.:

That's very interesting.

Dr. F.:

That's it--"Similac." Now, in another instance, the Federal Trade Commission called in a product called Petrolagar which was a mixture of mineral oil with a very small percentage of agar agar which was to give it thickening and bulk. And the government called them in and alleged that they didn't have enough agar to permit them to use the word agar in the title and they had to get rid of that. Now they had built up a business valued at about twenty million dollars, and they hated to give up their name because they felt the name was a large part of its success. And I sat down with a man named Denney for American Home Products which now owned the product, and I said, "Well, all you have to do is get rid of the word agar, call the product, "Petrolagar" and they did and apparently, nobody has ever noticed that it was changed. It doesn't say agar though. Now that's not a deceit; it's now a fanciful name instead of a specifically chemical name. Now, there are many instances I can give you. Another interesting incident! I was asked by the Marcelle Company which made

cosmetics for some word which would describe the fact that their cosmetics were less likely to produce allergic reactions than were other cosmetics, because it was now established that you could become sensitized to orris root in face powder and there were a lot of cases. So I suggested "Well, a simple name for that in medicine is 'hypo.' Therefore, your product is hypo-allergic, less allergic than other products." Well, they told him at first that he could use that; then somebody gave them an opinion that there was no such thing as less allergic or more allergic. You were either allergic or you were not allergic. And they abolished the name, "hypo-allergic." And just within the last year they have restored "hypo-allergic." Now you can use it. Now you can see that any industrial group dealing with a government agency, you can expect them to change from time to time, but when those changes involve immense costs that are after all to establish a relatively trivial principle, they drive you into the courts. And the courts almost invariably would rule in favor of the industry because the court sees the nonsense of some of these trivial points. I have many such examples where the decision had to be eventually made by the courts. Now, right now, there's a crucial decision going to come up, and I have been through that thing from the first day to the present and that has to do with vitamins. Now, the necessity for vitamins in human nutrition is unquestioned. You've got to have these vitamins, otherwise you suffer with deficiency diseases. It is already

established that unless you have adequate amounts of those vitamins, you will get a deficiency disease. You will get a sub-acute deficiency disease. Now, it is also established that you must not only take the vitamin into the body, but that you must be able to absorb the vitamin, because if you take it in and it goes through unchanged, you haven't accomplished anything. Therefore, you need a doctor really to tell you whether you are getting the effect or you are not getting the effect. At first, the Council on Pharmacy and Chemistry of which I was a member ruled that you could not mix two vitamins. It had to be one vitamin and the doctor prescribed each one separately. Then the folly of that soon became apparent because people who are under-nourished usually suffer from a deficiency of a number of substances, protein, carbohydrate, fat, various mineral salts and vitamins. So that gradually we accepted the principle of mixed vitamins; then mixed vitamins with minerals; then mixed vitamins with proteins, amino acids. Now there's about to be a battle over whether you should take mixed vitamins, whether the people of the United States need any such preparations unless they are prescribed by doctors. And in a book I wrote recently on home remedies, I pointed out that in the United States, there are now 200,000,000 people; they average five colds a year; that's a billion colds a year, and that we have in the whole country 200,000 practicing doctors. And if everybody who has a cold went to see a doctor, the doctors would do nothing else but colds and still there wouldn't be enough doctors

to treat the colds. So you can argue that also in regard to moles on the skin. It has been proved by innumerable surveys that the average person has five moles, and Bloodgood of Johns Hopkins once argued that a mole is potentially cancer and therefore all moles should be removed. But the same thing applies. Five moles on the skin; some people have twenty moles on the skin. Now if you are going to start removing all of those, there aren't enough doctors to take off those moles. So, we get into areas of reductio ad absurdum where the whole thing falls by its own weight. When I came into medicine, the favorite prescription by a doctor was elixir of iron, quinine and strychnine. That was a tonic. Since that time, strychnine has been removed. They don't need to prescribe that anymore at all. Quinine is prescribed only in cases of specific demonstrated need, malaria, prevention of malaria, and certain other complaints like cramps in the legs, things like that. Now, now we get back to iron. Now there was a generally well established study all over the country which shows that when women menstruate, even normally, they lose a lot of iron. They've got to have extra iron; otherwise, they tend to be anemic and that the most wide-spread deficiency in the United States today is iron. On the other hand, too much iron is very bad for you. Well, now, therefore we have to establish what we call a safe limit of iron.

Mr. J.:

What do you think of remedies in that connection, such as Geritol

they advertise for iron deficiency?

Dr. F.:

Well, Geritol is the Hadacol of today. Hadacol had its vogue, you may remember; you saw that story. It's the attempt to prescribe a sort of a universal tonic. Now, if people eat reasonably well of the usual foods, they don't need any of this. I don't take any vitamins and I'm well up into years, doing very well. On the other hand, if I were a widower or a bachelor and I lived alone in one room and the only meals I got were either what I ordered in a restaurant or tried to fix myself, I would begin to suffer with nutritional deficiencies and sooner or later, I would be safer taking stuff that I didn't need to get the few that I did need, rather than gambling, or of having to go to a doctor every time to tell me I need it.

Mr. J.:

To go back to this revision effort in the 30s again, a little while ago you mentioned Royal Copeland. Do you recall if the AMA had any reservations about Senator Copeland's leading this revision effort?

Dr. F.:

Senator Copeland, to begin with, was a homeopath; he was under the control of William Randolph Hearst because he was Hearst's writer; he ran his column in the Hearst papers and Senator Copeland was sort

of a demagogue. Yet he was in the Senate and therefore, when you have to have a politician, you take the politician you can get, not one you have to elect to the job; you take one that's there already. For that reason, you have to deal with them as they are. I have not the slightest reservation, for instance, about the integrity, the honesty, the sincerity of the old Senator Wagner. He knew what he was doing all the time and he was a good straight-shooter. Dingell was an uninformed man who handled the thing in the Congress. Murray of Montana, he was just a senator. I don't think he knew too much. I've always had doubts about the sincerity of Wayne Morse and his logic, his ability. But you deal with them as they are. Claude Pepper was always a big question to me. I think the fact that he would go back into Congress after he had been a senator shows that here's a man who's got to feed at the trough, the public trough.

Mr. J.:

Well, did you or the AMA believe that there was any substance to the charges of groups like Consumers' Research that Copeland was too financially involved with Hearst and patent medicine people to handle this legislation?

Dr. F.:

No. I don't think so at all. I think that when it comes to the showdown and a senator agrees to handle the legislation, he gives

it all he's got. He is not going to destroy legislation that he is handling. I think Copeland did his very best. I think his best was none too good. I have at various times worked for Mr. Hearst. I always attacked him at the same time because I did not have any confidence in his anti-vivisection attitudes. I thought he was entirely controlled by two women and that's what did it. Marion Davies and Irene Castle controlled his views on anti-vivisection, and all of his reporters, his writers all informed me there was no use trying to bother with this. This is the way he does it. So you just kept on nevertheless, you kept on fighting your fight and he kept on fighting his fight. Eventually, he lost and we won. That was all there was to it.

Mr. J.:

Copeland was, as you mentioned earlier, homeopathic.

Dr. F.:

But he didn't know too much ~~medicine~~ altogether. This is not the angle, the angle that if you have to fight something in the United States Senate, you don't have to be the expert in the field. Now, one time after a debate with Dingell, my wife and I were sitting with Congressman and Mrs. Dingell and my wife said to them, "Mr. Dingle, doesn't it seem strange to you that here you are discussing issues of the care of the sick and surgery and hospitals in which you should respect the opinions of great authorities in the

field who are only trying for the public good, how can you know this?" And he said, "Mrs. Fishbein, in my job I have to know everything." Well, the man is obviously wild to make a remark like that. And so this goes on with many other people. This is the nature of politics, the way it works, and I think Copeland, for his time, did an excellent job. I don't by that say that he knew all about what he was trying to do, but he led the fight and he won it. And he won it because the best people in the field working for the good of the public were behind him. If they had been opposed to him, he couldn't have won that fight.

Mr. J.:

How did the AMA feel in the 1930s about homeopathic medicine in general?

Dr. F.:

Well, it was on the way out. It was already on the way out. When you read my article on homeopathy in my American Mercury, in my book, Medical Follies, you will see that homeopathy was already on the way out. Now, it left some disastrous relics behind. They are not really disastrous anymore, but before that time, they were disastrous. For instance, people were so impressed with homeopathy which was itself a reaction against the tremendous doses of powerful drugs the doctors were prescribing, that they gave great sums of money to homeopathy and they established chairs as permanent

endowments as long as lectures on homeopathy continued to be given in those schools. So you have lectures on homeopathy in Michigan now. They left so much money at the University of Michigan for a homeopathic school that there are still lectures; the same way at the Philadelphia College and the same way the Fifth Avenue Homeopathic Hospital. To hold the endowments, you have to give a lecture. You can tell the truth about it, but you still have to lecture on it; so it's not totally lost. The finest monument in the great cemetery in Paris, Lachaise Cemetery, where all the greats of Paris are buried, is the monument of Samuel Christian Frederick Hahnemann; he's got the finest tombstone in the whole place.

Mr. J.:

You don't feel then that the AMA had any qualms about Copeland because he was a homeopath?

Dr. F.:

Oh, no. No. No. The fact of the matter is...what's the present state of osteopathy...the same way. The osteopaths are gradually going to merge themselves into the mainstream of medicine. They will disappear as such. Their schools will become medical schools. Now, I've had many a battle on the field, but I went to speak two years ago for the Atlantic Coast Osteopathic Association, and I said to them in opening my address: "I'm glad to speak to you,

gentlemen, while you are still here because you are educating yourself out of this business." I said, "The more medicine you learn, the less osteopathy will you practise."

Mr. J.:

Well, the reason I brought that up is that at one point in the course of this struggle for revision...

Dr. F.:

Yeah, now you know that osteopaths were in the war authorized to be commissioned as doctors in the Army provided they passed the examination, but they never could pass the examination because they didn't teach preventive medicine. Then they began teaching preventive medicine since the war, so they'll gradually become doctors. There are only five schools left, I think.

Mr. J.:

Well, the reason I brought that up is that at one point in this struggle for the new law, Dr. Woodward told a Congressional hearing in regard to drug law revision that the AMA favored a federal pharmacopeia in lieu of the standards in the bill then, such as the U. S. Pharmacopeia and the National Formulary. I wondered whether his aim in this direction was because Copeland had put in the Homeopathic Pharmacopeia as a standard?

Dr. F.:

No, but you see, when you have laws passed, you cannot make them retroactive; you can not go back and destroy things that you have permitted; you have "grandfather clauses," you know, see? So, that naturally, Copeland would want the Homeopathic Pharmacopeia. Now, at the present time, we have the United States Pharmacopeia and the National Formulary in our legal standards. The book that the doctors probably refer to most is not the United States Pharmacopeia and not the National Formulary; druggists refer to those, pharmacists; the doctors usually refer to the Physician's Desk Reference, PDR, or they refer to New and Non-Official Remedies and more recently Acceptable Drugs, and then they refer to various other books when they are going to look up drugs. And this is one of the big battles that is coming up now since the President recommended in his last health message that the federal government prepare a compendium of drugs. This is going to be bitterly fought and discussed back and forth because there are many issues involved. It's not that simple. I myself have worked on the epitome of the U. S. Pharmacopeia, on Useful Drugs, New and Non-Official Remedies and on many other works, lists of drugs of various kinds and on the U. S. Pharmacopeia. And someday, perhaps, there may be a clarification of this whole principle because there is also an International Pharmacopeia prepared by the World Health Organization and each country has its own pharmacopeia. Now the International does not become acceptable until each country adopts it separately. Then,

the names vary from country to country, and there are many other factors involved so that I'm not surprised that they included the Homeopathic Pharmacopeia any more than I would be surprised, am surprised, today that they say MDs and osteopaths and leave out the chiropractors. The time will never come when they will include the chiropractors, but the time will come when the osteopaths will be included with doctors as doctors.

Mr. J.:

How would you evaluate the effect on the public in regard to a new drug law and on the public in general, I suppose, of the so-called "guinea pig" muckraking books like Schlink's and Kallet's One Hundred Million Guinea Pigs?

Dr. F.:

The Hundred Million Guinea Pigs was an exaggerated book and approached with a wrong point of view. The point of view was definitely to find something wrong with everything if you possibly can, you see. Look for the bad and avoid the good. Now, similarly, all Morton Mintz' articles are definitely written to capitalize on the muckraking field. Now, this is not the same as, let us say, a legitimate exposé. I believe that John Lear even in the Saturday Review whom I read regularly is guided often by the fact that he is not a doctor and he inclines to accept as his consultants the fellows who think the way he does and therefore he comes out with

a biased point of view. Now, similarly, the opposition gets for their experts the people who think the way they do. And this is the same thing as I referred to in influencing legislation, by putting on your groups all people who believe along the same lines.

Mr. J.:

Well, do you feel that these works as a whole serve any useful purpose?

Dr. F.:

They serve the same purpose as a gadfly. I was once called by Glenn Frank when he was President of the University of Wisconsin "gadfly of American medicine" because when I saw evil, I took after it whether it was doctors or who it was. If I saw something that I thought ought to be exposed or attacked, I went after it. For instance, when Thurman Arnold published that long list of doctors who were taking rebates from opticians for prescribing eye glasses, I published all those doctors in the magazine including some members of the House of Delegates. This would be considered, in most organizational groups, fatal to any kind of a leader to start exposing some of his own representatives. You are not supposed to do that, but I had never hesitated. And similarly when the government insisted that doctors could prescribe whiskey, but they were limited to so many prescriptions per year, per month, and if they were caught to giving prescriptions for whiskey that were not warranted,

they could have their right to prescribe removed, I printed the name of every doctor who got his right to prescribe removed, including several, many officers of the AMA, including my own brother who was a doctor in a hotel and the hotel manager asked him to get him a pint of whiskey and he got him a pint of whiskey, therefore, he prescribed a pint of whiskey. This is the kind of game that you have to play straight across the board. If you get involved, you're gone. I mean, if you start making exceptions, political exceptions or any other kind, you might as well give up and let somebody else do the job.

Mr. J.:

Well, this is a related matter...How would you evaluate groups like Consumers' Research in the 1930s?

Dr. F.:

They had a place. They had a place; they still have a place. One would wish that they could approach it in a perhaps a more scientific manner, that's the best word I can use. I think they were honest enough, but their point of view is wrong...and so many of the statements they make, you see. Now let us say, we're going to buy a radio. You and I are each going out to buy a radio. I see a radio that sells for \$3.50; it's in a plastic case; it's no ornament, certainly, but it plays pretty well for what a radio should play like. Another fellow goes out and he likes the radio,

but he wants his in an aluminum case with silver trimmings and that will cost him \$21.00. Now, who am I to say that if he wants the \$21.00 radio he shouldn't have it? No. They don't say that. They don't even say this one has extra values in the cabinet, etc. They don't say that. They say, "You would be foolish to spend \$21.00 for this radio since the \$3.50 radio plays just as well." Now, they go on the basis, therefore, that all you buy that radio for is because it can play. But that isn't why you buy that. Why have I got this TV here and a color TV in that room and a little bit of a portable in the other room for my secretaries to look at when there's a baseball game or something they want to see? They are all connected to the outside antennae. This one operates by remote controls. So I was listening all yesterday afternoon to the Rusk hearings because that was very invaluable to me to catch those points of view and I buy this one because it's got a big screen...very good for watching football games, you see. It's not color, though, because for that purpose, I don't need color.

Mr. J.:

Well, these organizations, particularly, the Consumers' Research, were very critical all through the '30s about the current status, continuing status, of the drug bill. I wonder if you think they were overly critical?

Dr. F.:

No. They were defending their point of view. Now, their point of view was over-critical, but that's their point of view. Now, my point of view was "You've got to live with this. You can't destroy all the drug industry. You can't destroy all the household remedy industry." I still believe that household remedies are absolutely a necessity in our country today unless we are willing to start to raise a low class of doctors who will treat home cases and no others. That's what the Russians do. The Russians put a big mass of doctors in a central area, and they are not particularly well trained; they call them "feldhers". They are doctors that have had a year of medicine on top of a year of nursing, something like that.

Mr. J.:

What are your feelings about Franklin Roosevelt? How seriously was he concerned with the food and drug reforms?

Dr. F.:

He wasn't too much concerned personally with food and drug reform... No. He was leaving that pretty well to the experts in the field who worked with him. Franklin Roosevelt wasn't. Theodore was, on account of the whiskey, and Taft was on account of getting bourbon in as well as Scotch. These are all factors that enter in but Taft came from Cincinnati where the bourbon was big, and it had

been ignored by Wiley and Wiley's father made corn liquor. It was a very interesting thing. When Wiley came in, they switched their definition to include corn liquor. Well, these are all funny things; I don't think Wiley was dishonest. He was a very honest man. These things are governed by personal factors as all life is. But Franklin Roosevelt...Food and Drug legislation was not his primary concern. His primary concern...biologics maybe. I was involved with Franklin Roosevelt on the poliomyelitis thing because I was among the very first to be in the advisory boards on polio, and I'm even now called Special Assistant to the President on medical affairs, so that I've followed this all very closely. Franklin Roosevelt was not much more than casually interested in the whole socialized medicine issue. The backing there was from Mrs. Roosevelt, Harry Hopkins, Anna Rosenberg, Ma Perkins, Mrs. Perkins. These were the people who had that issue in hand. Now they were welfare workers. And the situation between welfare workers and doctors is still a situation; always will be. The approach is different.

Mr. J.:

Was there much continuing cooperation and communication between the AMA and the Food and Drug Administration in the 1930s, and 20s for that matter?

Dr. F.:

There always has been and always will be. That we can say that... there's bound to be by the very nature of the mission of the Food and Drug Administration and the mission of the medical profession. There is bound to be. Since the time when Percival wrote the Principles of Ethics, back in 1803, in which he specified the duties of the doctors, the duties of the pharmacists, he pointed out that they must work together. They have to work together. And now, they've brought into that the physical therapists and the devices and the cosmetics and each time that one of these things developed, we improved the law to cover it.

Mr. J.:

Well, would you say that the AMA was generally satisfied with the operation of FDA in the '20s and '30s?

Dr. F.:

We saw its weaknesses and we saw its strengths, I mean. But it was operating according to the law and the interpretations placed upon the law and you could say that they weren't active enough... which you could say about every regulatory agency in the United States. When you take these regulatory agencies, and you do not give them money enough to do the job that the law requires them to do, you can expect that they will be weak in performance. Now, we are supposed to have inspectors touring into every drug

manufacturing plant and seizing all sub-standard products. Why just as no state in the Union yet has satisfactorily enforced the Medical Practice Act--not one state--because what state is going to give you enough money to enforce the Medical Practice Act? This requires a police force that's bigger than the police force that tries to keep the streets safe.

Mr. J.:

Well, I think you have answered what I was asking.

Dr. F.:

I've written three editorials in the last two years pointing out that unless you give money to the Food and Drug Administration, it's folly to pass laws that they can't enforce simply because they have no personnel.

Mr. J.:

I was thinking, I suppose, specifically of Walter Campbell...Wiley himself was very critical of Campbell's regime.

Dr. F.:

I know, but, then Wiley was by that time working for a periodical where he could make pot shots and that was his stock in trade. Now, bear in mind, that it's always better to be able to say that we do not comply with the law; our standards are far above government

standards, and that was how Good Housekeeping made its reputation. That's where I introduced the seals in the AMA and their reputation was better, too.

Mr. J.:

But you would generally say he did a good job.

Dr. F.:

Oh, they do the best job they can under the circumstances. The same thing applies to Larrick. Larrick was a good Food and Drug Administrator; he got along with a minimum of trouble. And so, finally, he's out and in comes Goddard, and the first thing a new broom does is sweep clean. He gets hot and he starts to tear the world apart. Suddenly, he discovers you can't do that. You can't keep up that pace. You make too many enemies too fast. If you make enemies one at a time and knock them off as you make them, that's all right, but when they begin coming in droves, you're in lots of trouble.

Mr. J.:

In regard to the legislative debate over the location of power to supervise medicine advertising, did the AMA have any preference between the Federal Trade Commission and the Food and Drug Administration?

Dr. F.:

I don't know that as an official policy they did. I don't think so.

I think we work with whatever the government gives us to work with.

Mr. J.:

Did you have any personal preference?

Dr. F.:

I have, at times, taken pot shots at government officials and I don't hesitate to do it now as well as in the past. I once said that...I once went down to Washington to confer with two very high officials and I said to one of them, ...He wanted to know, "What can I do to bring this particular department into line with the medical profession so it will have the confidence to work with us?" And I said, "I will give you the names of thirty employees, and if you get rid of them you'll be, at least, on the way, because these are permanently and definitely opposed to whatever the medical profession does. They are antagonists; they are not serving the medical profession and the public. They are antagonists of the medical profession." So he said to me, this man, "I have 30,000 employees under me and I can't fire one of them. They are all on Civil Service and I have to bring charges, and I can't bring any charges that will have any weight with the Civil Service Commission. I can say this man differs with a lot of people but then everybody differs with a lot." Now, on another occasion, I was asked by Mayor Kennely here in Chicago to clean up many great abuses in the Municipal Tuberculosis Sanitorium, and I appointed

a commission to work with me. One thing you learn is don't try to work alone. Get at least a few more people with you. And I selected a commission and we went out there and inspected and I brought back to Mayor Kennely the names of 90 people. And I said, "You've got to fire these whole 90. They are corrupt; they are doing a bad job and it's impossible to clean up the situation. You'd better get rid of these 90 people." He said, "If I do that, the aldermen will vote me out of office." I said, "I'm very sorry, but that's where we stand." So he went and he fired the 90 of them and then the aldermen refused to make the appropriation for the Municipal Tuberculosis Sanatorium. So he called on Ernest Irons and me to come down again and we came down and he said, "What'll I do now?" And I said, "You go to the aldermen and tell them that unless they pass this appropriation, there will be 2,000 open cases of tuberculosis on the streets of Chicago tomorrow." And he told them and they passed his appropriation and gave him a million dollars extra. So that shows you that if you have the guts and you're right, you can fight it through. But down in Washington that's very hard to do.

Mr. J.:

Well, you or the AMA did not regard this issue as crucial as to whether the advertising was located in one agency or the other?

Dr. F.:

Not a particle. Because actually, they are moving those agencies all the time. They just got through shuffling them all over again. They shuffle them every once in a while, and I suppose you could take it as a Washington aphorism that "When in trouble, move the agencies around." That's not too typical.

Mr. J.:

In the 1930's, it was rumored that the AMA would like the regulation of food and drugs to be placed in a public health service...

Dr. F.:

Well, part of it was and part of it wasn't. The biologics, they put in the Public Health Service, and the other things went into the FDA. You see and now there is a big move on to move the biologics into the FDA and out of the Public Health Service. So that probably a special regulatory agency is better than part in the Public Health Service. It was felt that the FDA wasn't capable of regulating biologics. Now, they've just gotten through this business where...they have a big battle right now, as you no doubt know, over the fact that they took boys who were commissioned in the Public Health Service and loaned them to Goddard for the FDA and now there's a big holler going on that he's got to give these back to the Public Health Service and that'll cripple his agency. He can't get the people to do his work. You see, this is a very

difficult...I have the greatest sympathy with these people when they're working under such a situation.

Mr. J.:

Well, in regard to this particular rumor, the assertion was that if regulation of drugs was moved into the Public Health Service, the American Medical Association would have more say-so.

Dr. F.:

AMA hasn't got anymore say-so with the Public Health Service that it has with anybody else. And they never did have. I'll recite an incident which I have recited once before. I was down there visiting Tom Parran with whom I worked very closely on many matters, and the telephone rang of Tom's and he said, after while, he said, "Well, Senator, I have a man in the office who knows more about that than anybody else. I'll let him talk to you." And a voice said, "This is Senator Connally of Texas." And, he said, "I've been trying to get the Food and Drug Administration to release and take an interest in a project which is in my home county and is known as 'Crazy Crystals'." And he said, "Doctor," he said, "What can we do about that? Would you like to come down there and make some investigations? Our county would bear the expenses." I said, "Senator, I've just published a complete expose of that product." I said, "That's just mineral water fortified with epsom salts--just like Pluto Water used to be. We can't

do anything with that kind of thing." He said, "Well....," bumble, "why?" He was just speechless and I finally hung up and Tom Parran said, "I wouldn't have dared to say that to him." Now, that's a very important incident. A public official has got to be reasonably congenial to the legislators. Look what the Fountain Committee is trying to do to the NIH. Look at what each of these agencies....I will defend a public agency any time if it's under fire and I think it's political.

Mr. J.:

Indeed it was asserted in the early 30's that Congressional pressure got this "Crazy Crystals" out of the FDA's old Chamber of Horrors.

Dr. F.:

Yeah. Well, that can be powerful pressure. Tom Taggart who owned Pluto Water was the head of the Democratic party in the state of Indiana and was a neighbor of mine. He used to buy votes from the Negroes at a dollar apiece. He was terrific, but he owned Pluto Water. Those are things that mix together, you know.

Mr. J.:

Now, we've talked a little bit about Elixir Sulfanilamide...

Dr. F.:

That was the key thing just as thalidomide was in the current bill. You can't get away from it.

Mr. J.:

Do you feel this bill would have passed without the sulfanilamide incident?

Dr. F.:

Oh, it would have passed but not that quickly. It wouldn't have had as much force. Without the thalidomide disaster the bill that Kefauver forced through would never have been the bill that it is now. That's the thing that scared the people.

Mr. J.:

How, as you remember, how did the AMA evaluate the new drug law as it was finally passed in 1938?

Dr. F.:

Well, I think I said before that was the best law they could pass at that time. That's all. You see, your laws are passed for the times in which they occur. Then they begin working on them; they either amend them and make them better or amend them and cut out their guts if they have too much. The bills are not written, they are rewritten and amended and, you know, they don't revoke

laws. They revoke a law once in a long time like it takes 33 states to revoke prohibition, for instance; things like that. You've got to keep working at it. This is a continuous process and it is borne on by all the factors of life, economics, sociological, religious. Look at this difficulty we're having now about the religious business with the prayers. There's a joke I read yesterday that I love. Five little boys in the schoolroom kneeling down in the corner and the teacher rushes over and says, "What are you little boys doing?" And a little boy looks up and says, "We're shooting craps." "Oh", she says, "that's all right. Don't pray." That's just the way it goes.

Mr. J.:

As you phrased it, this was as good a law as was possible.

Dr. F.:

As good a law as you could get at that time. We all had ideas and the same thing applies to the Hill-Burton Act. The Hill-Burton Act is continually being changed. Right now, the Hill-Burton Act, which was passed to build new hospitals in areas that didn't have any, is now being pointed to to bring up-to-date the old hospitals that are not good anymore. You see, we are in a changing, continuously changing, world and changing with increasing rapidity and scope.

Mr. J.:

Do you feel that the AMA can take some credit for the passage of this 1938 law?

Dr. F.:

Oh, yes. Oh, we were out for it in a big way. We supported it in every way. We had many ways of supporting something. When we want to support it, we can do it. We can do it. We can put a lot of pressure behind it, the doctors I'm speaking about or the AMA, because the doctors do this individually as well as in the AMA. Doctors in county societies, state societies, specialty organizations, doctors in hospital groups...all sorts of groups. Medicine is the most organized profession there is in the country today, but it is not yet organized fully and satisfactorily for the delivery of medical service. I keep on harping on this in my editorials. But for organization, for maintenance of standards, education, for extension of education, for ethical standards, all that sort of stuff, we are very well-organized.

Mr. J.:

Let me ask you a general question. Do you feel that the AMA has ambivalent feelings about supporting regulatory legislation which touches on the field of medicine?

Dr. F.:

Not the AMA as such, but many doctors have ambivalent feelings toward those things, and they don't hesitate to express themselves in or out of the AMA. Let us say, there are certain numbers of doctors who have not yet given in to the Medicare Law. They will not practice under Medicare; nobody can make them. And they say to their patients, "When I treat you, you pay me. I'm not going to get my money from the government." And they say, "When you go to the hospital, that's between you and the hospital. I won't have anything to do with it." This goes on and on this way. Any doctor has a right, you know; he's given the right to practice as he wishes. For instance, he is given the right in most of the states to practice medicine and surgery. Well, in most of the states, 90% of them are incompetent to practice surgery, but they've got the license to practice surgery. Now, why do they have the license? Because if a railroad train had a wreck, any doctor that got there first would have to practice surgery to save life even though he was not a surgeon. He wasn't qualified as a surgeon, he would still have to practice surgery. I've had them, myself, and I'm not in practice.

Mr. J.:

But you don't feel the organization, the AMA as an organization, has ambivalent feelings?

Dr. F.:

The AMA is a law-abiding organization, and they say about a law when it's passed, "If this is the law, we will obey the law. That we will continue to work to amend the law, but we will obey the law, even though we don't believe that it was a good law." Everybody has to say that. You are either law-abiding or you're not law-abiding. Now if you are a law-abiding citizen, you obey the law. Incidentally, the Constitution of the United States says that all powers not specifically delegated by this Constitution to the federal government shall adhere to the individual states. So in many areas, the states, that includes medicine; medicine is a part of the police power of the individual states. There is no federal license, no federal controls on hospitals. Federal controls come only when you cross state lines. This makes it a difficult country to work in for law-makers and for police powers and regulations, but, let us say that when you see all the rest of the governments in the world, you figure that this was so far ahead of the rest of them that you wouldn't have anything to do with those others.

Mr. J.:

Did the AMA have any reservations about the New Deal as a whole? Roosevelt did a number of things that touched medicine.

Dr. F.:

Oh, yes, you see. It did have many reservations about Roosevelt and the New Deal. I've got a hundred books on Roosevelt, besides all sorts of relationships to him that have come out in my book, some of them. We had reservations. We considered Roosevelt a terrific opportunist, a terrifically ambitious man. You would have to be the kind of man Roosevelt was to run for four terms and knowing that you were dead on your feet when you ran for the last one. He knew, as well as anybody knows, his doctors knew it too, that he wasn't going to last, but he went right ahead just the same. I talked with his doctors, consulted hospital reports. This was a man who was dying on his feet. Well, what are you going to do? Look at Woodrow Wilson. He was dead for all practical purposes, and his wife and his secretary were running the government. We have not solved that particular question in any field of life because how do you make a doctor stop working when he's already incompetent? Sauerbruch was incompetent and he continued to do major surgery, and finally he had a boy on the table and he cut him from here down to the bottom and looked at it and said: "Who did that?" Well, he shouldn't have been practicing surgery. Some one should have been able to stop him. They finally did. But I have seen doctors whom I knew were failing in their hearing take out a stethoscope and listen. Well, they couldn't hear anything. I knew he couldn't hear because he couldn't hear a bridge bid when I made it so he couldn't...Ah,

these are very delicate questions which as long as there are people, there are going to remain these unsolved questions. You're dealing with the greatest variable there is and that's people. And so you do the best you can. And we make continuous progress. Now, I point out in a little editorial I just wrote the other day that we've just passed the law to control violence in the streets which will demand an expenditure of roughly, let us say, two and a half billion dollars. And the President just brought in a health message which has some wonderful reforms in it, and it will require two and a half billion dollars. "Now," I said, "what is the use of spending two and a half billion to save a certain number of lives and a certain number from pain and suffering when the violence in the streets will destroy just about that same number of lives and produce more pain and suffering. Shouldn't we clean up the violence in the streets before we try to print a new drug compendium?" This is a very delicate question.

Mr. J.:

In asking about Roosevelt. I wondered whether you felt that...

Dr. F.:

Now, bear in mind I voted for Roosevelt, I don't mind saying. I felt his opposition wasn't very good. We have to choose a man. Who would have thought when we elected Johnson that he was going to be what Johnson is doing now?

Mr. J.:

I wondered whether you or the organization felt that Roosevelt...

Dr. F.:

We don't come out for a candidate.

Mr. J.:

No. I was wondering whether you felt that he would be susceptible to moves toward more socialization of medicine?

Dr. F.:

We knew exactly what his ideas were and where he was going because, you see, this is in my book, too. I don't mind telling you.

Roosevelt's son married Harvey Cushing's daughter and during that period, when they were still married, Harvey Cushing spent every weekend in the White House with the President, and I have many letters from Harvey Cushing. I knew what the trends were. Harvey Cushing wrote an essay which I printed first in the Journal called "Medicine at the Crossroads," in which he pointed out that he had to recognize that there were movements going on. He wrote me a letter which I printed also in which he said, "You can do more than anybody else in your position to fix this, that or the other." We were aware of things. But bear in mind one more thought and that is that an employee of an organization which I was...I was an employee of the Board of Trustees. The House of Delegates makes

the policies; the Board of Trustees implements the policies through the employees whom they employ. I always have the right to quit if I didn't want to implement those policies. But I can say, with all honesty, that I believe that you can only go just so fast in social legislation, otherwise, you have a revolution and a revolution is a disastrous thing for a country.

Mr. J.:

Do you think in the area of medicine that Dr. Cushing was a great influence on Roosevelt?

Dr. F.:

He was one of the greatest men we've ever had and a tremendous influence. There's his picture over there, the lower one.

Mr. J.:

Do you think that Cushing may well have exercised some influence on Roosevelt?

Dr. F.:

He did a great deal. I believe that without Cushing there we might have had compulsory sickness insurance included in the first Social Security Act.

Mr. J.:

Oh, really?

Dr. F.:

I think he was that strong. If you want to read John Fulton's Life of Harvey Cushing, you'll see a lot of the correspondence and the interchange in that book which will show you that that was the case.

Mr. J.:

In 1938, I believe you attended a conference on national health problems.

Dr. F.:

National Health Conference. You see. I was...

Mr. J.:

Do you remember anything that might be of interest there?

Dr. F.:

Oh, lots of things. The first thing that happened in that conference when I got down there was I discovered that Miss Josephine Roche who had called that conference had employed Ernest Lindley as press release man for it, and he had very carefully prepared all the government speeches for press releases and he hadn't one

speech prepared for a press release on the opposite side. And I went into the Press Room, and I began storming around and raising hell, and as a result of which, we prepared our press releases and we got them released by the same press release agency which released the others. And then they had a little meeting at dinner which Josephine Roche gave just for me and she didn't have any of my associates there, just me. And she had about fifteen guys that got up and made speeches to me asking me to change my point of view, and all this and that and I got up and said, "Gentlemen and ladies, regardless of whether I would change my point of view, I cannot. I speak for the Board of Trustees which in turn speaks for the House of Delegates. They make the policies. I listen. I listen to everything." And I reminded them that a year before I had been to a meeting of the American Public Health Association in Indianapolis where they had a symposium on socialized medicine. The speakers were Homer Nichols, of New York, Michael Davis, Donald Armstrong and then I was the last speaker. Three guys for it and one against and I was the last speaker. And they all got up and gave me unshirted hell and I made my speech and then they said, "Is there any discussion?" They each got up and discussed it over again. Then they said to me, "Do you have any discussion?" I said, "No special discussion. I'm going to tell you a story." I said, "When I was raised here in Indianapolis, there was a dog fancier who lived near us and a fellow came in there and wanted to buy a rat terrier, and they picked him out a

rat terrier and he said, "Can he catch rats?" The dog fancier said, "Oh, he's a great rat terrier." Well, they took him around behind a restaurant, and they were going to see if he could catch rats, and a great big rat came out and began nibbling at the garbage, and the dog took one look at him and turned his back, and the fellow said, "Well, what about that?" The dog fancier said, "That's one of our rats, but just let a strange rat come in here and you'll see what will happen to him." And I said, "The strange rat hasn't got a chance in an organization of this kind."

Mr. J.:

Well, I gather that you were not too happy with the conclusions or the recommendations of this commission in 1938 which we were talking about.

Dr. F.:

Well, it wasn't the question of me ever being happy or unhappy there, see. I'm happy all the time. I'm a happy guy. I make do with what I have to work with and then I do my job. I am not a great believer in either Socialism or Communism. I am strictly a private enterprise man, and I believe that the competitive system does more for people than any other system and does more for any country. And the mere fact that most of these countries that have gone on these plans are working toward our plan indicates that we have the greater results. Now, we may have...we may hurt a lot of people on the way

up; we do that, but we shouldn't neglect them.

Mr. J.:

Well, you felt that the commission was moving toward Socialism?

Dr. F.:

Definitely. Now you see the...you read both the majority report and the various minority reports of the Committee on the Cost of Medical Care in 1932. That was the first one. They were definitely moving in that direction. I have always said and I've said it again and again, "It should be possible with American ingenuity and wealth to develop a system peculiarly adapted to the American way of life." I think the Medicare Law comes nearest to that than anything we have reached for yet. It provides for the basic things that we require: free choice of doctor, free choice of hospital, care of those financially unable to take care of themselves and the recognition that whenever a situation gets too big to be handled privately, the government steps in and helps. That's the basic system. I'm still for that, you see.

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