

**STATEMENT OF H. B. ANDERSON REPRESENTING THE CITIZENS  
MEDICAL REFERENCE BUREAU**

Mr. ANDERSON. I represent the Citizens Medical Reference Bureau, 1860 Broadway, New York. I have been engaged in the work of opposing compulsory medication for the past 20 years. I have written a number of books such as this one, entitled "The Facts Against Compulsory Vaccination", and I am the author of various monthly bulletins and news letters sent out by our bureau.

We request that titles VII and VIII be stricken from the present bill. Our opposition is in line with a telegram sent to Congressman Lewis by Mr. Harold F. Pitcairn, of Philadelphia, Pa., one of our directors:

The Citizens Medical Reference Bureau has brought my attention to the fact that the proposed Economic Security Act includes a revival of the Maternity and Infancy Act. This was strongly opposed 15 years ago, tried out and abandoned. I urge that these be omitted as they are not insurance measures and have many objectionable features which do not appear on the surface.

We, of course, recognize that a great part, or at least a majority of the work of the United States Public Health Service is necessary and a good thing, and I have never yet come down here to oppose any reasonable appropriation for the work of the United States Public Health Service. The proposal here, however, in title VIII, to distribute \$8,000,000 to the different States, where the Public Health Service feels it is most needed, fits into a plan that has been discussed a great many years, a plan for reorganizing all local health work on a county basis. Some of the most bitter fights of which I have any knowledge have occurred over the proposition of compelling localities to reorganize on a county basis.

Then, after the counties are reorganized on a county basis, it is the idea to have the States hand over money to the various counties, provided the counties do what the States want them to do. Then we come to the Federal Government, which will give money to the States provided the States do what the Federal Government wants them to do.

Then, we have this vast health machinery centralized under the Federal Government. Who is going to control the vast machinery? It is quite possible, and it looks to me quite probable, that those great foundations which are capitalized at hundreds of millions of dollars, and which are working hand in hand with the United States Public Health Service, would dictate or control to a large extent this vast health machinery for 125,000,000 people.

A great deal has been said about giving "millions of dollars for the hog, but not one cent for the human being." The question of unemployment has been raised as definitely affecting the health of thousands of people. I call your attention to the fact that every cent that goes to the hog is really intended to help human beings. Every cent that we spend for better housing is intended to help human beings. The millions upon millions of dollars that are spent to furnish good water supply are all spent for human beings. The moneys provided for in titles I to VI of this bill are all to be spent for human beings.

In the minds of a great many people, the goal of all sound public-health work should be to make it possible for people to be healthy

and strong without the use of artificial means, without taking the ground-up spinal cords of monkeys who have died from some virulent infection and injecting that into the healthy blood streams of little children. The health boards not only carry on a campaign of insisting that everybody be inoculated and vaccinated for one disease after another, but they insist that these various forms of treatment be made compulsory. Right now there is an epidemic existing among health commissioners over the country to make toxin antitoxin compulsory. In Michigan they are talking about making tuberculin compulsory for teachers and students.

There are a great many people who want something to say about their own bodies. I will give you one little illustration, and then I will quit. I have in mind Mr. William Marsh, who lives in the vicinity of Carlisle, Pa. Mr. Marsh had two daughters. He had one of them vaccinated. Shortly afterward, the child became blind in one eye. The child slept with a second child. The second child became blind in both eyes. Mr. William Marsh felt positive that if he had not had the one vaccinated in the first place both of those children would have had the use of their eyes today. A third child came along. Mr. Marsh wanted the child to go to school, but he could not have it entered, because the law says he would have to have the child vaccinated. He was prosecuted for not sending the third child to school or having it educated, and he served a sentence of 10 days in jail.

Marsh had a brother named John who also felt that if William's two children had not been vaccinated they would still have their sight, so he did not want his eight children vaccinated. He was prosecuted and spent his time in jail from November 1933 to June 1934. While he was in jail, he could not till his land. The family became dependent on the county. Two of his children were taken away, put into institutions, and vaccinated, all against the wishes of their parents.

There are other cases like that coming up all over the country. I will say that if health boards were like the California health board, which took the position that when there was no smallpox to prevent children should not be required to be vaccinated, I would not be here today.

Mr. VINSON. How long have you been practicing medicine?

Mr. ANDERSON. I am not a physician. I have been engaged in research work. I have read medical journals and health board reports however, I should say for about 20 years.

Mr. VINSON. You represent the Citizens Medical Reference Bureau.

Mr. ANDERSON. Incorporated; yes.

Mr. VINSON. What is that bureau?

Mr. ANDERSON. The words "Medical Reference" describe the service.

Mr. VINSON. What sort of an organization is it?

Mr. ANDERSON. It is a citizens movement opposed to compulsory medicine. We advocate no form of treatment in private practice, we oppose no form of treatment in private practice, but we object to compulsory medicine.

Mr. VINSON. How does the bureau exist?

Mr. ANDERSON. By voluntary contributions from people throughout the country. It has been maintained since 1919.

Mr. VINSON. How much was contributed, say, during the calendar year 1934?

Mr. ANDERSON. In these times it is pretty hard to get money. I think, in the last 9 months, we have gotten in something like \$2,900.

Mr. VINSON. How many salaried officers have you?

Mr. ANDERSON. One.

Mr. VINSON. Who is that?

Mr. ANDERSON. Myself. That is all.

Mr. VINSON. Is there anybody else connected with his bureau except yourself?

Mr. ANDERSON. We have a membership.

Mr. VINSON. I know, but I mean is there anyone engaged in research work or anything of that kind?

Mr. ANDERSON. No.

Mr. VINSON. You say you never opposed any reasonable appropriations for public health. Did you ever support an appropriation for the public health?

Mr. ANDERSON. I say, when the usual departmental bills are made up I have not come here to oppose any of them.

Mr. VINSON. I am talking about that, too. Have you ever supported an appropriation for the public health?

Mr. ANDERSON. We are not organized to promote any particular thing.

Mr. VINSON. You are organized to oppose public health?

Mr. ANDERSON. If this same amount of money was to be distributed to the States for sanitary engineering, or something like that, of course, we would welcome rather than oppose it.

Mr. VINSON. But the fact remains you never did support any appropriation for public health by the Federal Government or any other institution?

Mr. ANDERSON. No.

Mr. VINSON. Now, you talked about some sort of a set-up compelling counties to do thus and so. Is there anything in title VIII that compels counties to do anything in regard to public health or medical work?

Mr. ANDERSON. It extends aid to counties through the Federal Government.

Mr. VINSON. I know, but I am asking you if there is anything in this bill compelling counties to accept the benefits of it?

Mr. ANDERSON. No; it would not compel the counties to accept. Indirectly, the counties may not receive the benefits if they do not organize to suit the Federal Health Service.

Mr. VINSON. But there is nothing compulsory about it.

Mr. ANDERSON. No; not in the wording of it.

The CHAIRMAN. Mr. Reed.

Mr. REED. I have learned something. You have aroused my curiosity with regard to those two children who were vaccinated while their father was in jail. Did they go blind?

Mr. ANDERSON. No; they did not. They seem to have recovered.

The CHAIRMAN. We thank you.

Mr. WOODRUFF. Might I ask the gentlemen a question?

The CHAIRMAN. Surely.

Mr. WOODRUFF. Mr. Anderson, are you familiar with the experience of the Federal Government in the vaccination of troops during the last war?

Mr. ANDERSON. I have read a great deal regarding it; yes.

Mr. WOODRUFF. Then you have discovered, probably, that out of the 4½ million men that were given typhoid vaccination, probably not one of them lost his life solely by reason of typhoid fever.

Mr. ANDERSON. I have in mind, though, that in one company of, 248 men, there were 98 who got typhoid, yet they had been vaccinated and inoculated. The point was brought out that under grossly insanitary conditions there is a real danger that even inoculation will not prevent typhoid.

Mr. WOODRUFF. Where did you get that information?

Mr. ANDERSON. That is from one of the "Public Health Reports" of the United States Government, March 28, 1919.

Mr. WOODRUFF. You say that there were 98 men in one company that had typhoid fever after vaccination?

Mr. ANDERSON. They were understood to have been vaccinated; yes.

Mr. VINSON. "Understood;"

Mr. WOODRUFF. "Understood to have been." But there was no definite information to the effect they had been vaccinated, was there?

Mr. ANDERSON. I will be glad to send you a copy of that report.

Mr. WOODRUFF. I will be glad if you will do that. My interest in it is this: I happen to have served through both the Spanish and World Wars. I was one of many thousands who suffered from typhoid fever during the Spanish War. Men knew nothing about typhoid vaccination at that time. We lived in the field under practically the same conditions that we lived under in the field in the World War. The difference in the mortality rate brought about by the introduction of typhoid vaccine is so marvelous and so startling that it ought to convince the most skeptical person as to the advantages of such medical developments as that. I want to say further in that connection that I think it is an established fact that the mortality rate in diphtheria has, through the discovery of antitoxin, been reduced from 73 percent to something less than 2 percent. How any sensible man, how anybody having those figures before him can be opposed to vaccination and the prevention of disease, is more than I can understand.

Mr. ANDERSON. Scarlet fever went down from 155 in New York City to 2 per 100,000, without any serum. The mere fact that the death rate goes down does not prove that some particular serum has done it. The point I make is that we could argue here for the next year about whether some serum is any good or not. I would not attempt to argue with anybody whether a given serum is good or not, but I can say there is an honest difference of opinion among people, and they do not want compulsory inoculation or vaccination. That is the point I am making. I could not attempt to prove to you that typhoid inoculation was worthless.

Mr. WOODRUFF. No; you probably could not do that.

Mr. ANDERSON. I would not try it.

Mr. WOODRUFF. Then what you contend is this, that the right of the individual supersedes the right of the public at large, is that it? In other words, you believe that the person who has some communicable or contagious disease, that that person ought to be permitted,

in the very nature of events, to contaminate or inoculate other persons, simply because he refuses to accept the methods that are made definite and sure by the medical profession?

Mr. ANDERSON. If a person is vaccinated, he has nothing to fear from a person who is not vaccinated, so you are not exposing the vaccinated person.

Mr. WOODRUFF. I want to say to you, my friend, that if your ideas prevailed in this country, we would still have smallpox, typhoid, and other epidemics, which have now almost entirely disappeared from our social life.

Mr. ANDERSON. I have discussed the question of statistics in a third of this book, but I cannot go into that now.

Mr. KNUTSON. Mr. Chairman.

The CHAIRMAN. Mr. Knutson.

Mr. KNUTSON. You take the position, then, that if there were an epidemic of hydrophobia in a neighborhood, it should be illegal for the public authorities to order all the dogs muzzled?

Mr. ANDERSON. The bureau has taken no position on dogs.

Mr. KNUTSON. I am attempting to draw a comparison between the position that you take and that of a man fighting an order to muzzle dogs.

Mr. ANDERSON. In New York State vaccination is not required in rural districts, and yet they get along very well under that condition. There has been no increase there since the law was repealed and I can mention one place after another where it has been the same. You have a conglomeration of laws in one State saying it shall not be compulsory, and in another State saying just the opposite.

The CHAIRMAN. We thank you.

(Mr. Anderson thereupon presented for the record the following supplementary statement:)

SUPPLEMENTARY STATEMENT BY H. B. ANDERSON

Mr. Chairman, gentlemen of the committee: My name is H. B. Anderson, secretary the Citizens Medical Reference Bureau, Inc., 1860 Broadway, N. Y. I am the author of *The Facts Against Compulsory Vaccination, State Medicine a Menace to Democracy*, and the monthly bulletins and news-letters issued by the bureau.

The Citizens Medical Reference Bureau, Inc., was organized in 1919. It is an organization of citizens throughout the country and is dependent upon voluntary contributions for support. We advocate no form of treatment in private practice and we oppose no form of treatment in private practice. What we oppose is compulsory medication and the use of public funds for medical propaganda and on the strength of this propaganda seeking to make medical treatment compulsory.

We request that titles 7 and 8 be stricken from the proposed bill. These titles are not insurance measures and we maintain that they should not be included in an insurance bill. In this connection I offer a telegram by Mr. Harold F. Pitcairn, Philadelphia, Pa., and letters by Mr. William R. Bull, Mr. Pierrepont E. Twitchell, and Mr. William H. Capen, of New York, to Senator Wagner and to Congressman Lewis:

Copy of telegrams by Mr. Harold F. Pitcairn, 1830 Land Title Building, Philadelphia, Pa., to Senator Robert F. Wagner and Congressman David J. Lewis, January 21, 1935:

"The Citizens Medical Reference Bureau has brought my attention to the fact that the proposed economic security act includes a revival of the maternity and infancy act. This was strongly opposed 15 years ago, tried out and abandoned. I urge that these be omitted as they are not insurance measures and have many objectionable features which do not appear on the surface."

Copy of letters by Mr. Pierrepont E. Twitchel counselor at law, 141 Broadway, New York, to Senator Robert F. Wagner and Congressman David J. Lewis, January 22, 1935:

"I personally respectfully request that titles 7 and 8 be stricken from the proposed Economic Security Act introduced by you.

"Your measure is otherwise an excellent one in its looking so efficiently toward relieving the distress which results from unemployment and old age. I must, however, earnestly recommend that you eliminate these sections, which are certain to arouse Nation-wide opposition as they did 15 years ago in connection with the maternity and infancy act. Over burdened taxpayers are aroused in opposition to the spending of many millions of dollars upon medical propaganda and political doctors.

"Titles 7 and 8 are distinct from the remainder of the bill. At the very least, they should not be rushed through as an emergency measure but, at the most, considered as separate bills. At that time consideration should be given to divorcing health work from a propaganda which makes it appear that certain forms of treatment are harmless and a sure protection, when there is so much evidence to the contrary, and which seeks to make such forms of treatment compulsory.

"I am a director of the Citizens Medical Reference Bureau, chairman of the New York State Committee for Billboard Legislation, secretary of the Princeton Alumni Association of Long Island, and head of various other civic organizations. I appreciate your earnest desire to aid the citizens of our country but most earnestly recommend extreme caution in legislation which in actual practice invariably injures the health of the community and is a burden to the taxpayers, through bureaucratic domination and medical propaganda by a very small minority of politically minded physicians belonging to one particular sub-branch of one particular school of medicine."

Copy of letter by Mr. W. R. Bull, 40 Exchange Place, New York, to Senator Wagner and Congressman Lewis, January 24, 1935.

"I respectfully request, personally and through the Citizens Medical Reference Bureau, that titles 7 and 8 be stricken from proposed economic security act introduced by you.

"In a measure designed to relieve distress resulting from unemployment and old age, I do not believe it is wise to include a revival of the maternity and infancy act which aroused Nation-wide opposition 15 years ago and was tried out and abandoned. Why compel overburdened taxpayers and laborers to contribute millions upon millions of dollars for medical propaganda?

"Titles 7 and 8 are distinct from the remainder of the bill and should not be confused with an insurance measure and should not be rushed through as an emergency measure.

"If considered at all under separate bills, consideration should be given to divorcing health work from a propaganda which makes it appear that certain forms of treatment are harmless and a sure protection (and seeks to make them compulsory) when there is so much evidence to the contrary."

Copy of letter by William H. Capen, International Telephone & Telegraph Corporation, 67 Broad Street, New York, to Senator Wagner and Congressman Lewis, January 24, 1935.

"May I respectfully request personally and through the Citizens Medical Reference Bureau that titles 7 and 8 be stricken from proposed Economic Security Act introduced by you. In a measure which is designed to relieve distress resulting from unemployment and old age, I cannot see why there should be included a revival of the Maternity and Infancy Act which aroused such Nation-wide opposition 15 years ago and was tried out and abandoned. Why compel overburdened taxpayers and laborers to contribute millions upon millions of dollars for medical propaganda? Titles 7 and 8 are distinct from the remainder of the bill, and should not be confused with an insurance measure. They should not be rushed through as an emergency measure, and in my earnest opinion if proposed at all under separate bills, consideration should be given to divorcing health work from propaganda which makes it appear that certain forms of treatment are harmless and a sure protection, when there is so much evidence to the contrary, and which goes even further and seeks to make such treatment compulsory. I believe that no one group should be allowed to force its methods of treatment upon citizens; each should be free to choose that which to him seems best.

"I feel sure that I express the feeling of many loyal and intelligent citizens who view with dismay the growing tendency of organized medicine to force its ministrations upon the people.

"I trust that you will give earnest thought to these points and not urge the enactment into law of bills which I feel certain can do no good, but much harm."

Title 7 is in the nature of a revival of the famous maternity and infancy act which created so much opposition 15 years ago.

Without going into a detailed discussion of that act let me point out that when the act was passed in 1927 to extend the maternity and infancy law 2 years, section 1 of the act was all that was needed to terminate the maternity law in 1929 but another section was added definitely providing that after June 30, 1929, the act would be of no force and effect. And when this amendment was pending in the House Congressman Garrett, of Tennessee, raised the question, "Does the gentleman from New York construe the language of the Senate amendment to be a virtual repealer act?" to which Congressman Parker replied, "In answer to the gentleman I will say I do, judging from the discussion which took place in the Senate regarding this amendment, and I am going to move to concur in the Senate amendment."

The opposition was so strenuous that President Coolidge referred to the maternity act in his budget message to Congress December 8, 1926, and declared he was in favor of the proposed legislation extending the period of operation of the maternity and infancy act 2 years but with the understanding and hope that the administration of the funds to be provided would be with a view to the gradual withdrawal of the Federal Government from this field.

The main difference between the maternity act terminated in 1929 and the provisions in the present bill is that the original act only appropriated \$1,240,000 annually, whereas this bill provides for an appropriation of \$4,000,000 annually.

As further evidence of the opposition to the maternity act I call your attention to parts 1 and 2, Report 428, Calendar 448, Seventy-second Congress, first session.

Part 1 favored the act and part 2, which was signed by nine Senators on the Committee on Commerce, opposed it.

A statement by Dr. J. H. Florence, former State health officer of Texas, was published in part 2, in which he pointed out that the granting of Federal moneys made it more difficult to secure the necessary funds from the State; that the people resented the encroachment of Federal activities in the State and that the printed matter furnished them by the Federal Government was not always scientific or practical for the pregnant women and infant maternity welfare.

I ask that the declaration by Dr. Florence be included in the record:

From testimony of Dr. J. H. Florence, of Houston, former State health officer, submitted in a letter presented by Dr. Holman Taylor, secretary of the State Medical Association of Texas, and published in part 2, Report 428, Senate Calendar No. 448, Seventy-second Congress, first session, page 3:

"With reference to the operation of the Sheppard-Towner Act, let me say that when I was the State health officer, I administered the money provided by this law. I tried to carry out conscientiously the provisions of the act, but as time went on I found the regular health budget for the department was invariably cut by the appropriation committee of the legislature, because it was felt that we were getting outside funds for health work when, in fact, the amount received from the Federal Government was of little material aid in the State health department. Also the publications issued to us for distribution were not always scientific or practical for the pregnant women and infant maternity welfare. I felt after a few months in office that the money furnished us was of little value. At first, I was favorable to the Sheppard-Towner bill, but my observation was that there was an attempt by the Federal authorities in charge of the distribution of the money to dominate the State health department. The State health officer was on the ground. The authorities in Washington were not, hence knew nothing of our real needs. In a theoretical way, they demanded that we disburse these funds according to their ideas, which were oftentimes vague, problematical, and loaded with sentimental nonsense. Above all of this, I found that our people resented the encroachment of Federal activities in our State, which seemed to smack of centralization and control of local government activities from Washington."

Title 8 of the proposed bill grants \$8,000,000 a year to the United States Public Health Service for distribution to State and county health activities wherever the Federal Health Service decides it is most needed and for the training of personnel. In other words, the Public Health Service is given the whip hand over the States and counties and either they must do as the Federal Service wants them to do or they run the risk of not receiving any Federal aid.

One argument advanced a few days ago for appropriating \$10,000,000 annually for health work is that unemployment has definitely affected the health of

hundreds of thousands of families. And along the same line we often hear the argument that the Government spends millions of dollars for the hog and little or nothing to preserve the health of human beings.

In answer to that I submit that the millions of dollars spent for the hog are also spent for human beings. And I also submit that everything which the Government is today doing to relieve unemployment and to see that everyone has food and shelter is also in the nature of public-health work. Also the collecting of funds from workers while they are employed and distributing it back to them in time of need as provided in titles 1 to 6 is definitely in the interest of public health, provided of course there is no better means of accomplishing the same end.

We oppose the granting of additional appropriations to the Public Health Service for distribution to the States as provided in this bill because if the appropriation were granted it would mean that many millions of dollars of public funds being used to compel millions of taxpayers to accept a form of treatment which they regard as unnecessary and dangerous.

The idea back of title 8 is in no way a new proposal nor is it based upon any present emergency.

I submit that it fits into a plan of organizing all local health work upon a county basis and then having the States grant State aid to the counties, thereby centralizing county health work in the States, and then having the Federal Government grant aid to the States, thereby centralizing county and State health work in the United States Public Health Service. Then I have a picture of certain foundations which are capitalized at a total of well over a quarter of a billion dollars granting aid to the United States Public Health Service and controlling the health activities of a million and a quarter of people.

Many people are of the opinion that the goal of all sound public-health work should be with the idea of making it possible for people to be healthy without the use of artificial means such as injecting into the blood stream the ground-up spinal cords of monkeys who have died from some virulent infection or preparations made from the excretions taken from the pustules of a diseased calf. Yet we find boards of health throughout the country using public funds to promote one controversial form of treatment after another.

In this connection I further submit that the medical profession is also very much divided on the question of vaccines and serums.

This is brought out in the last Annual Report of the Commonwealth Fund which says: In regard to rural physicians that—

“For every conscientious and competent physician there is, roughly speaking, at least one other who makes superficial examinations, ignores the laboratory in diagnosis, relies overmuch on medication in therapy, neglects preventive measures, and subjects his patients uncritically to surgical interference.”

The point I wish to bring out is that for every physician who adheres strictly to laboratory procedures there is another physician who holds to a different form of treatment, and an item in the Journal of the American Medical Association, January 5, 1935 brings out that “Within the last few decades there has been a growing recognition that the disease has been overemphasized, that the patient has been somewhat neglected. Physicians with great experience and much human sympathy have been dismayed by the impersonal attitude of scientifically trained physicians who are so dehumanized that they treat their patients with the precision and the detachment with which they treat their experimental guinea pigs and mice.”

How can the Government say which type of doctor is the most needed, and yet under this bill it is proposed to appropriate \$2,000,000 annually for the investigation of disease and problems of sanitation and related subjects, the very thing which we are told is dehumanizing the medical profession.

The distribution of \$8,000,000 annually by the Public Health Service would mean that much more money being used to tell the public how necessary it is to be vaccinated or inoculated against one disease after another, and the objectionable feature about all this propaganda is that health boards generally do not stop with merely recommending certain forms of treatment, but they go farther and either provide for the distribution of prizes to children if they submit to inoculation or ask that certain forms of treatment be made a requirement.

I offer a few citations giving instances where health officials have gone out of their way to favor compulsory medical treatment and a few citations where prizes have been offered to children for submitting thereto.



## AN EPIDEMIC OF COMPULSORY MEASURES

There is today an epidemic going the rounds of various boards of health to make different forms of medical treatment a requirement.

Last July the school board at Austin, Tex., had under consideration a measure designed to make immunization against diphtheria a requirement for school attendance.

Citizens of Austin rose up and protested and the proposed requirement was unanimously voted down.

In Norfolk, Va., and a number of other places similar proposals have been made, and citizens have had to rise up and defend their liberties.

Recently the Michigan Association of School Physicians passed a resolution urging the enactment of legislation to require teachers, students, and school health workers to submit to the tuberculin test.

In a number of instances parents have served terms in prison rather than have their children vaccinated.

Mr. Albert W. Peacock, of Milford, N. H., refused to have his son Roy vaccinated. The boy was therefore refused admission to the public schools and Mr. Peacock was prosecuted for not having his son educated. He served a term of 6 months in prison when he was pardoned by the Governor. This was in 1929.

Last June press dispatches told the story of William and John Marsh, of Carlisle, Pa. Mildred Marsh, a daughter of William Marsh, was vaccinated and shortly after became blind in one eye. Two weeks later Romaine, then 4, who shared the same bed with Mildred, became blind in both eyes. William and John Marsh attributed the blindness to vaccination and when later John refused to have his children vaccinated he was prosecuted and served a term of imprisonment from November 23, 1933, to June of the following year when two of his boys were removed to an institution and vaccinated against the wishes of the parents. William Marsh also served a brief term in prison because he would not allow subsequent children to run the risk of going blind as happened in the case of the first two.

Mr. and Mrs. M. J. Braught, of Greenwich, Conn., became very much alarmed over the condition of their older children after they had been vaccinated, and when it came time for the younger children to attend school they refused to have them vaccinated. A request was made to the board of education for a hearing but the request was denied and Mr. and Mrs. Braught were brought into court for not having their children educated. Mrs. Braught is still having difficulty due to the fact that she refused to have her children vaccinated and the school and medical authorities refuse to allow her to enroll the children in the public schools.

Following one flood after another, there are the usual reports of refugees in many instances being told that they will not be allowed to have any food unless they are vaccinated.

An article by Jessie O. Thomas in *Opportunity*, published by the National Urban League, 17 Madison Avenue, New York City, for August 1927, said:

"All the refugees, men, women and children were vaccinated for smallpox and inoculated against typhoid. Much misunderstanding was occasioned by the tagging of people in the various camps. The general method adopted for tagging was not for the purpose of indicating whether the Negro belonged to this or that plantation, but for indicating the number of shots the refugee had taken against typhoid. A great many refused to be vaccinated or inoculated. As means of enforcing this regulation the Red Cross adopted the policy of refusing food supplies to those persons who had no tag."

## CANDY TO BE USED AS BAIT IN DRIVE ON DIPHTHERIA

SALAMANCA, February 8.—An all-day sucker will be given every child who presents himself to a physician or clinic for toxin-antitoxin treatment for the prevention of diphtheria in the campaign being conducted for that purpose in this county, the general committee decided at a meeting held here Sunday. Other features of the campaign will be an essay contest for both grade and high schools with prizes for the winning essays. After 3 weeks of educational work, a house-to-house canvass to bring out those who have not been immunized will be made.—From the Buffalo (N. Y.) News, February 8, 1927.

## BADGES USED TO STIMULATE DIPHTHERIA IMMUNIZATION

According to the weekly bulletin issued by the California State Board of Health, Dr. William C. Hassler, city health officer of San Francisco, in order to stimulate enthusiasm in diphtheria immunization, has adopted the policy of

giving an attractive badge to each child who has received three doses of toxin-antitoxin. More than a thousand of these badges have been given to children who were immunized during the latter part of the year 1926. The brilliantly colored button appeals to children and there is a wide-spread interest in the device through which a strong pride of ownership has been developed. Other health departments may be interested in the plan to adopt a particular campaign badge for this purpose.—From Public Health Reports, February 18, 1927.

#### BILL BOARDS AND PRIZES USED AT SYRACUSE, NEW YORK

During the campaign at Syracuse the early part of 1927 for the administration of toxin-antitoxin, every public school in the city in which a toxin-antitoxin clinic was held bore a large black and red sign on the outside of the building measuring 4 feet by 6 feet. Referring to these placards and the prizes that were awarded children in the public schools either for being inoculated themselves or for bringing in other children, publication no. 184, June 1927, by the New York State Committee on Tuberculosis and Public Health says:

"These placards served to let the neighborhood know what was going on and attracted a great deal of interest from passers-by, who had never seen such a lively sign on the dignified school buildings.

"A device called the 'Sailors' Roll of Honor' was developed to interest the children and bring about a friendly rivalry between schools. Utilizing the idea of the classroom's progress toward complete diphtheria protection as a voyage of the *Good Ship Health*; charts were issued providing space for the name of each child in a classroom. A blue star was awarded for each toxin-antitoxin treatment the child received, while children over 10, who were not asked to be immunized, received a gold star equal in value to three of the blue stars for each preschool child they brought in.

"The boys and girls who brought in the greatest number of children to be immunized became heroes among their classmates, and great enthusiasm for diphtheria protection was produced. A sum of money was donated for award to the winner among parochial schools, to be expended with the advice of a committee representing the Department of Health and the school authorities. At their suggestion the money was used for basketball equipment. Another competition was carried on among the public schools."

It is an amazing situation for various health boards to be reminding the medical profession on the one hand how enormously they are increasing their practice through their health board campaigns at public expense and then for health boards to go out of their way to demand laws and regulations to make various forms of treatment compulsory. And yet that is the situation we face today.

I offer a few citations wherein health officials have pointed out to physicians what they were doing to increase medical practice:

From an article entitled "Children's Hour" by Shirley W. Wynne, M. D., Dr. P. H., while Commissioner of Health, New York City, in *Medical Economics*, July, 1930, page 9.

"The private practitioner can cry out in vain against the free clinics and other free medical services unless he decides to meet the conditions four square. He must realize that to retain his just share of private patients, and especially to encourage the practice of preventive medicine, he must make concessions. The department of health stands ready and always has been ready to pave the way, through health education, to make this possible, to place the physician in direct contact with the persons seeking medical service, persons who can afford to pay a moderate fee; to act, really, as the advertising agent for the private practitioner. But this cannot be accomplished unless the doctors agree to cooperate."

From article by L. O. Geib, M. D., and Henry F. Vaughan, D. P. H., entitled "The Physician as Health Worker", in the *Journal of the American Medical Association*, August 8, 1931, page 3, referring to a campaign to secure protection against diphtheria for young children, more especially the preschool child:

"During the recent campaign in Detroit, more than \$100,000 was paid the cooperating physicians. The average expenditure was \$142 per physician. It is estimated that, including the cost of the nursing personnel and the educational work, nearly \$250,000 was expended in the campaign, which is less than the cost of medical care of reported diphtheria cases for a single year. However, it is not fair to charge the entire expenditure to diphtheria prevention. The expense may more fairly be charged against a program to rehabilitate the public with the family physician, to recreate an attitude whereby the laymen will look to the physician as a family counselor not only in matters of curative but likewise of preventive medicine.

"We feel that the campaign to reduce the incidence of diphtheria is but an entering wedge into a program which will involve a periodic health examination, prenatal service for the expectant mother and hygienic instruction for infants and children, as well as campaigns to control tuberculosis, cancer, and other preventable diseases. The interest of the medical profession has been activated. The doctor is not interested merely for monetary reasons but is sincerely endeavoring to cooperate with the health department in the reduction of unnecessary sickness."

Declaration by Dr. Mather Pfeifferberger of Alton, Ill., formerly president of the Illinois State Medical Society, in an address before a joint meeting of the Second Annual Health Officers' Conference and the Sangamon County Medical Society, Springfield, December 3, 1926, as reported in Illinois Health News, January 1927:

"Prevention practiced to its utmost will create more work for the physician and not diminish it, for the full-time health officer will be educating his community constantly. There will be more vaccination, more immunizing, more consulting, and use of the physician. His services will be increased many fold.

"I am informed that epidemic and endemic infections cause only 12 percent of all deaths and that this percentage is declining very rapidly. Less than 15 percent of all children would ever get diphtheria even under epidemic conditions, while 100 percent are prospects for toxin-antitoxin. The percentage who would ever get smallpox, under present time conditions is even less; but 100 percent are prospects for vaccination. Scarlet fever will soon come in for its 100 percent also, as it may for measles, judging from the reports on that disease. Typhoid fever is disappearing, due to sanitation, but vaccination should be used when the individual travels into unknown territory and countries."

In closing I offer a communication by the United States Public Health Service to the Citizens' Medical Reference Bureau calling attention to 194 cases of what were "probably postvaccinal tetanus" and 85 cases of "probable or proven cases of postvaccination encephalitis" during the period 1922-31.

And I also call your attention to a few extracts from items in medical journals where complaint is being made that the medical profession has suffered from too much philanthropy.

TREASURY DEPARTMENT,  
BUREAU OF THE PUBLIC HEALTH SERVICE,  
Washington, December 7, 1932.

Mr. H. B. ANDERSON,  
*Secretary Citizens Medical Reference Bureau, Inc.,*  
New York, N. Y.

DEAR SIR: Receipt is acknowledged of your letter of November 26, requesting a tabulation of cases of post-vaccination encephalitis by States.

During the years 1922-31, inclusive, probable or proven cases of post-vaccination encephalitis have come to our attention as follows:

Alabama, 3; California, 2; Connecticut, 7; District of Columbia, 9; Georgia, 4; Idaho, 2; Illinois, 5; Iowa, 3; Louisiana, 6; Maryland, 3; Massachusetts, 5; Michigan, 2; Missouri, 6; Nebraska, 1; New Jersey, 2; New York, 4; North Carolina, 1; Ohio, 3; Pennsylvania, 3; Rhode Island, 3; Texas, 5; Vermont, 1; Virginia, 3; and Wisconsin, 2.

Cases of what were probably post-vaccinal tetanus have come to our attention during 1922-31, inclusive, as follows:

Arkansas, 2; California, 4; District of Columbia, 2; Connecticut, 2; Illinois, 10; Indiana, 5; Iowa, 2; Kentucky, 3; Louisiana, 3; Maine, 1; Maryland, 10; Massachusetts, 15; Michigan, 3; Minnesota, 4; Missouri, 2; North Carolina, 2; New Jersey, 22; New York, 11; Ohio, 15; Oklahoma, 2; Pennsylvania, 56; Texas, 13; Virginia, 2; Wisconsin, 3; and Hawaii, 2.

The evidence is quite clear that with modern methods of vaccination, tetanus is no longer to be feared as a complication of vaccination.

Very truly yours,

TALIAFERRO CLARK  
*Acting Surgeon General.*

COMPLAINS THAT MEDICINE IS RECEIVING TOO MUCH MONEY

A number of articles have appeared in medical journals from time to time complaining that medicine is already the recipient of too much money.

Dr. Morris Fishbein, editor of the Journal of the American Medical Association, in an address published in the Journal of the Michigan State Medical Society, August 1927, says:

"Not only physicians, but also sociologists, psychologists, and economists have on frequent occasions in recent years devoted pages of anathema to the curse of philanthropy. \* \* \* The medical professions in various communities have already protested against attempts by health demonstrations and similar movements to destroy initiative and individual relationships in medical practice."

Dr. William Allen Pusey, former president of the American Medical Association, in an article in the December 17, 1927 number of the journal of that association says:

"For a hundred years or more education has been the favorite of philanthropy and, fortunately, still is. But now medicine is overshadowing even education. I shall not say in the words that President Butler of Columbia applied to medical education that medicine has become the spoiled child of philanthropy, but at least it is very apt to get the first helping at the table.

In another article published in "The American Mercury," June 1927, Dr. Pusey says:

"Of course it is desirable that medicine should have plenty of money, but it may be questioned if it needs two or three times as much as any other form of education. The point I am making is this: Like other people, we have learned to spend money freely when we find we have it. There might be no objection to this if it did not lead us into difficulties, but it has been doing so. With something of an inferiority complex about our scientific standing, we have become very highbrow."

The CHAIRMAN. The next witness is Mr. Forster, of Philadelphia.

**STATEMENT OF H. WALTER FORSTER, VICE PRESIDENT OF  
THE PENSION CONSULTING DIVISION OF TOWERS, PERRIN,  
FORSTER & CROSBY, INC., PHILADELPHIA, PA.**

Mr. FORSTER. Mr. Chairman and gentlemen, the Washington attorney of the Standard Oil Co. arranged for my appearance before you, and that accounts for my being listed as representing that company. While the Standard Oil Co. of California is one of my clients, I come here not representing them, but rather on behalf of a very large number of corporations who retain our firm as pension consultants, and in my capacity as vice president in charge of that division of Towers, Perrin, Forster & Crosby, Inc., of Philadelphia.

Since 1906 I have been devoting myself primarily to consulting work in connection with the American corporation's problems of the relations of employers and employees, and I have had an excellent opportunity of getting close to the practical problems they have.

Since 1917, on an ever-increasing scale, and aided by a large staff, I have been devoting myself to pension problems for important industrial, financial, and utility organizations. Under the pending Federal legislation, our clients and other important corporations have unanimously raised one question which I want to present to you briefly and which will form the basis of a suggestion to you in connection with titles III and IV. I have, Mr. Chairman, a brief of the subject, which I should like to file and make a part of the record, and I will as briefly as possible summarize for you the nature of this suggestion.

You gentlemen are all acquainted with the fact that Federal employees, State and municipal employees, and railroad employees are under pension plans at the present time to a large extent. You perhaps are not quite familiar with the fact that 600 corporations other than those, with over 2,000,000 employees, have pension plans at the present time covering their people, and that about 300 of these