

"QUACKERY"

By STEWART COWEN, M.D.

A MEETING of the Medico-Legal Society was held at the Medical Hall, Albert Street, on Saturday evening, November 25, 1939. The President, Dr. F. Kingsley Norris, occupied the chair. There was a large and representative attendance of both branches of the learned professions.

Dr. Stewart Cowen said: The subject of this address, "Medical Quackery," offers an almost embarrassing choice both of material and of approach. In particular, it affords scope for highly-coloured stories of rogues as picturesque as those other pirates of the Spanish Main. I shall, however, resist the temptation to historical divagation, not only because the tale of rascality and credulity is a sorry one, but also because an attempt at a more constructive approach to the problem of quackery is the due of a Society such as this. I propose, accordingly, to define the subject in some detail by enquiring into the various kinds of irregular practice which are grouped under the generic heading of quackery, to review briefly the legal standing of extra-professional healers and to consider whether there is any justification for the privileged position which they enjoy under the existing laws. But, before embarking on my subject-matter proper, I venture to interpolate a personal explanation of my attitude, as a doctor, towards quackery. By doing so I may avoid misinterpretation of some of my subsequent remarks. I believe that the medical profession should need no defence against irregular practice. The doctor has, as a rule, a better mental equipment and general education than the quack; he has behind him, when he embarks upon practice, at least seven or eight years of specialized training in the science and art of medicine; he has the right to the title "doctor," which carries with it a still considerable, even if diminishing, social status. As against these assets,

the quack has only one: that, being unhampered by moral scruples he is free to say, without regard for truth and honesty, whatever is best calculated to win and hold his patients' confidence. In other words, the doctor has every advantage which can be gained from knowledge and training. If, with these advantages, he cannot offer better medical work than the quack, and, what is equally important, if he cannot convince his patients that he is offering better work and so prevent them from turning to quackery for something he has not given them, I do not think he merits defence. On the other hand, I would insist that the public, and especially the poorer and less-educated section of it, which has no real standards by which it can judge the value of a medical service, sadly needs guidance and help and should be protected from the depredations of quacks.

With this preamble, let us turn to the question of what is meant by the term "quackery." Although the sense of the word is clear enough, its exact definition offers some difficulties. According to the New English Dictionary it denotes: "The characteristic practices and methods of a quack; charlatanry." But this definition is, I submit, too vague and wide in that it fails to distinguish clearly between two very different forms of irregular medical practice. The words "quack" and "charlatan" are not, to my way of thinking, synonymous. A charlatan, we would all agree, is a mountebank, a vulgar impostor who proclaims his medical ability in public places. He is exemplified in our community by the herbalist, Asiatic or European, the unqualified dietitian, the so-called naturopath and the Christian Science practitioner. A quack is a bird of another and less gaudy feather. His practice purports to base itself on some pseudo-scientific, quasi-systematic basis such as osteopathy, chiropractic or the like. Cults such as these have one feature in common; they select from the accumulated scientific data of medicine only those facts which fit in with their preconceived dogmas, wilfully disregarding those parts of the available evidence which are inconvenient or contradictory. In this narrower sense, there is implied in the

word "quackery" dishonesty of thought and purpose rather than ignorance and imposture. I would therefore define a quack as one who, from lack of adequate training or from motives of cupidity, practises his art on a partial and unscientific basis. By adopting this definition we can place irregular practitioners, such as the quack within the profession, of whom we are often reminded, the osteopath and the chiropractor in a category removed from that of the more vulgar kind of charlatan. But there is yet a third branch of quackery which in these days assumes a great and growing importance: the impersonal sale, by means of newspaper and wireless advertising of nostrums, that is, medicines or medicinal applications prepared by the person recommending them. There is implicit in the word the idea that the sale of the remedies and the profit which attaches to it are of paramount importance and that consideration of whether good or ill will result to the purchaser are of little account. I would submit, then, that in order to clarify our ideas about quackery we should distinguish between the three classes of its practitioners which I have described and that, for the sake of brevity, we should designate them respectively as charlatans, quacks and nostrum-mongers.

The Legal Position of Quackery

The law makes no distinction between the charlatan and the quack and imposes little restriction on the practice of either. The position is expressed quite clearly by Lord Halsbury: "There is, in principle, no distinction between a qualified or regular medical practitioner and an unqualified or irregular practitioner . . . Save that no person may practice as an apothecary who is not qualified to do so, the law does not forbid in general terms the practice of medicine or surgery by unqualified persons." To the registered medical practitioner there are, however, reserved certain privileges which the quack is denied: he alone is permitted the use of titles, that is, he may describe himself as a doctor; he may legally recover charges and may sign medical certifi-

cates, and certain offices, specified in the Act, are open only to legally qualified practitioners. The provisions of the Victorian Medical Act, 1928, are practically identical with those of the English Act. Neither, it is clear, intends that any real hindrance shall be placed in the way of quacks and charlatans; except that they may not use the title "doctor," they may practise as they please. The only concern of the legislature is that persons requiring medical aid should be enabled to distinguish the qualified from the unqualified practitioner. At the same time, as the Right Honourable W. Cowper clearly stated while introducing the Medical Act of 1858 into the House of Commons, the law jealously guards "the right of private individuals to consult whomsoever they please, whether they happened to be learned or unlearned."

The latitude accorded by the legislature to the medical charlatan and the quack is in sharp contrast to the restriction of the practice of law to legally qualified practitioners. In this State, as I need hardly remind you, even certain trades, such as those of the plumber and the electrician, are permitted only to persons who are legally registered. It would, I think, be pertinent at this point to enquire into the reasons for this discrepancy. It has its roots, I venture to suggest, in the belief that certain people are endowed with a gift of healing which is usually held to be derived from supernatural powers, either divine or demoniacal, but is sometimes thought to be dependent on peculiar natural qualities of mind, spirit or body. This conception dates back to the priest-medicine-man, to the era of witchcraft and magic in medicine; it was fostered by the priesthood in mediaeval times and it is encouraged at the present day, to some extent at least, by certain religious denominations. There is, further, a sort of unformulated corollary to it, that regular training in medicine inhibits the innate power of healing which must consequently be sought only in extra-professional healers. I will spare you further speculation about the origin of this popular belief, but I would express the opinion that its persistence depends on the fact that certain individuals have an instinctive ability to handle

sick patients. There are, as anyone who has ever been ill will agree, some nurses who possess in striking degree the power to soothe the anguish of the spirit and restlessness of the body by the very way they go about their duties in the sick room. It is a quality which is perhaps found more frequently amongst nurses than amongst medical men, although we hear often enough of doctors whose mere presence inspires confidence. It is, I need hardly explain, due to psychological and not to physical attributes, and it is of no real value in the treatment of disease unless it is accompanied by scientific training and knowledge. But the point need not be laboured that an inspired gift for healing physical ills does not exist and that the knack, for it is almost that, of handling sick people is more likely to be encountered in the trained than the untrained. There is, I submit, no justification in this ancient belief for allowing unrestricted liberty to charlatans and quacks.

Another popular conviction which fosters an attitude of mind inimical to any restriction of medical practice finds expression in the proverb: "Every man is either a fool or his own physician at forty." There may be, indeed there is, some justification for the idea that common sense suffices for the treatment of simple ills, but the difficulty is that the determination whether a seemingly trivial ailment is really a simple one is quite beyond the powers of the layman. The man who doctors himself for apparently innocuous symptoms may dangerously delay the recognition and medical treatment of an incurable malady of insidious onset. Another proverb has it that: "Every man who is his own lawyer has a fool for a client" and that the public would be safer if it believed that every man who is his own physician has a fool for a patient.

But these rather vague instinctive human beliefs would not of themselves justify a continuance of the legal tolerance of quackery. I think that the medical profession has to face the fact that irregular practitioners possess positive qualities which enable them to persist. In discussing briefly these attributes I shall deal separately with the quack and the

charlatan, using these terms in accordance with the definitions already given.

The Attributes of the Charlatan

The charlatan's positive qualities derive mainly from the fact that he is not hampered either by scientific doubts or by moral scruples. He is therefore able to deal summarily with the problem presented by a sick patient. His diagnosis is given emphatically and without qualification, his plan of treatment is simple and easily administered, and his favourable prognosis is stated without reserve. The patient is thus presented with a comprehensible, coherent account of his illness and its cure and his confidence is won. The successful charlatan is usually a good psychologist; his judgment of human nature is quick and reliable and he does not scruple to play on its weaknesses and vanities. His most potent weapon is that his treatment will avoid the dreaded operation which has been advised by the doctor. The pity of it is that so often delay in surgical treatment, especially of malignant growths, spells tragedy for the patient. Nevertheless, the charlatan does occasionally cure less serious ailments of psychogenic origin and happily he sometimes interferes so little with the healing processes of nature that physical ills recover despite his ministrations. By a queer trick of the human mind, the charlatan receives much greater credit for his rare successes than is his due. In these enlightened days the man who commits the care of his body to, let us say, a Chinese herbalist, does so with a sense of shame which is none the less real though it may be unconscious. If the treatment is successful, the patient is impelled to justify his rashness by advertising his cure and, through a peculiar but understandable obliquity of thought, he is apt to belittle the whole medical profession because of the failure of one or more of its members to give him relief. If, on the other hand, a cure is not achieved, he is likely to remain silent from shame and for fear of reproach. I believe that this attitude of mind is the basis

of yet another proverbial saying that the only liar greater than the charlatan is his patient.

I am sure, however, that I need not remind this audience that the failures of the charlatan greatly outnumber his successes. Every doctor can produce evidence from his case-records of patients misdiagnosed and maltreated by these impostors, and I do not propose to weary you with detailed accounts of the pitiful tragedies of this kind which have come under my own notice. If ignorance and incompetence alone were to be urged against the charlatan it would be bad enough, but to these must be added unblushing and impudent dishonesty. The favourite device of the Chinese herbalist and his kind is to promise to cure a sufferer from an incurable illness and, by the skilful regulation of his despair, to induce him to continue treatment just as long as his money lasts and then to tell him, with the utmost callousness, that nothing more can be done for him. There is no shift too low, no trick too mean for the charlatan; there is in him neither decency nor humanity.

Why is it that charlatanry is permitted not only to continue but also to enjoy legal sanction? It has been stated, and stated repeatedly, that public opinion would not tolerate any attempt to prohibit unqualified medical practice. It is true, I admit, that charlatans have some support, not only from the general public, but also from members of learned professions. On April 17, 1939, an Anglican Bishop appeared in the City Court to give evidence as to the character of a man who was charged with having pretended to be a doctor. The defendant, it was stated by police witnesses, had said: "I have studied medicine, science and research and I believe that everything can be cured by sound." The cure, in this particular instance, of headaches, nose blockage and sore throats, was, it appeared, to be achieved by playing notes on the piano, to which the patient sang. In 1930 I saw a patient suffering from advanced and hopeless cancer of the liver. I was surprised when, a few months later, I was told he had been cured by a European herbalist in one of the suburbs, and

still more surprised when I was approached, in a sort of semi-official way, on behalf of the then Solicitor-General of the Commonwealth, who, I was informed, proposed to instigate an inquiry into the remarkable cure. Fortunately or unfortunately, the patient succumbed before the inquiry had proceeded very far. But although educated men sometimes stoop to this sort of thing I believe that there is, at the present time, no significant public opinion in favour of charlatanism. In support of this statement I would instance the opinions expressed by members of the Legislative Assembly in 1925 during the debate on a Bill brought down by Sir Stanley Argyle. The Bill was to amend the law relating to pharmaceutical chemists and it provided that none but qualified persons should dispense or prescribe any drug or medicine. Had it been passed the charlatan would have been debarred from practice. The members of the House who contributed to the debate appeared, with one exception, to be quite warmly in favour of the suppression of charlatanism. Sir Stanley informs me that his failure to carry the Bill was due to a political upheaval over another matter and not to lack of support in the House. Furthermore, there does not appear to be any resentment over the fact that in the enlightened State of Tasmania it has been, since 1919, illegal for any but qualified persons to practise medicine or any of its branches. In our own State the practice of one branch of medicine, obstetrics, is, very wisely, restricted to properly qualified and registered midwives and to doctors, and the occasional attempts which are made to evade this restriction do not meet with public approval.

The Public Attitude to the Quack

On the other hand, I believe that there is some measure of public opinion in support of the quack, as distinguished from the charlatan. The man in the street recognizes that the quack, as exemplified by the osteopath and the chiropractor, has undergone some sort of training and possesses

a qualification which, though not legally valid, may nevertheless be a satisfactory one. He does not, of course, realize that the training is partial, biassed and incomplete, and that the qualification is, from the scientific point of view, valueless. The public cannot therefore appreciate the fact that though the osteopath may cure some rheumatic ailments and postural defects by manipulation and some psychogenic disorders by suggestion, he is, when it comes to the treatment of diseases of the internal organs, almost as dangerous as the Chinese herbalist. I do not doubt, however, that there would be considerable public opposition to any attempt to render osteopathy and chiropractic illegal. It is quite possible that if a really purposeful drive against quackery were made, the public would approve the abolition of the charlatan, but that the osteopath and other types of quack could command sufficient support to secure not only the right to practise but also some sort of legal registration. The recognition of this possibility is, I believe, one of the chief factors which deters the medical profession from embarking on a sustained and vigorous attack against quackery in general.

Nostrums

By far the strongest argument against the existence of a really significant body of public opinion in opposition to the legal restriction of charlatans and quacks is that the third variety of quackery, the nostrum trade, which might be expected to have the greatest public support, is, theoretically speaking, under rigid legal control. This is the more surprising in that advertised nostrums are not all dangerous; they range from simple household remedies for minor ailments to abortifacients and cures for cancer and consumption. Some of them are harmless enough if used with reasonable intelligence. Even these are, however, often advertised in grossly misleading and exaggerated terms and, as the public has to pay for the advertising, their cost is relatively exorbitant.

Abortifacients and alleged remedies for disorders of the sexual organs or functions comprise a large and important group of advertised secret remedies. Under the "Regulations Relating to Foods, Drugs, Substances and Methods of Analysis," issued by the Department of Public Health in 1939, it is illegal to publish any label or advertisement relating to any drug, medicine or medicinal preparation for sale which contains any statement or claim which, directly or by implication, indicates or suggests that it will remedy or cure, inter alia, any disease or abnormal condition arising from sexual intercourse or sexual gratification or that it is an abortifacient. One glance at the daily newspaper suffices to show how ineffectively this regulation is enforced. And it should be enforced because these remedies are, as a class, quite ineffective and are nothing better than cruel and impudent impostures. Under the same regulations it is illegal to claim either directly or by implication that a nostrum will remedy or cure a large number of serious diseases, including cancer and tuberculosis. Again, I need not emphasize how flagrantly this is disregarded.

Besides the regulations already referred to, there has been in force, since 1932, an Act relating to false advertisements under which, I would think, almost every nostrum-monger could be successfully prosecuted.

There are, therefore, stringent legal provisions designed to control the trade in secret remedies. Practically no attempt, however, seems to be made to enforce them. Why is this? The reasons are, I am afraid, shameful. The patent medicine trade is wealthy and is therefore difficult to attack. It can hire expert legal advice as to how the regulations may be evaded. It spends enormous sums in advertising and therefore commands, speaking generally, the warm support of the Press and the commercial broadcasting stations. Incidentally, I understand that radio advertising is very difficult to bring under effective legal control. Despite the strength of the potential opposition, I feel confident that if a sufficiently influential demand were made the

authorities could be compelled to enforce the existing regulations.

Conclusion

While I hope that my remarks may provoke an interesting discussion on quackery in its general aspects, I would be disappointed if this Society did nothing more than talk about the subject. You will realize that though the medical profession has a duty to wage war on quackery, it is, in doing so, open to the charge, by interested people, that it is actuated by motives of jealousy or self-interest. For this reason, as well as some others I have briefly discussed, the medical profession, as an organized whole, has failed in this duty. I believe, however, that if it were encouraged by the more intelligent section of the community and especially by its sister profession of the Law, it would attack the task in earnest. I believe, further, that there is no body better qualified to give the lead to both the medical profession and the public than the Medico-Legal Society of Victoria. I would therefore suggest that, as soon as the international situation quiets down enough to let us get about the ordinary affairs of life, this Society should present a memorandum to the Government demanding: (1) the prohibition of medical practice, including the prescribing and dispensing of drugs, to all but legally qualified medical men and pharmacists; and (2) the effective application of the existing regulations relating to the advertisement and sale of patent medicines.

DISCUSSION

Mr. Justice Lowe congratulated Dr. Cowen on the very able manner in which he had presented his case to them. The views he (Mr. Justice Lowe) was about to express were not his own; nevertheless he thought they ought to be presented. In the first place, it could be urged that medical and surgical practice had relation to a man's body, and that a man was at liberty to do what he liked with his own body, and they were brought at once

to the question of the liberty of the individual. A man should be permitted to do as he pleased with his own body, according to the popular conception. Then there was the attitude of mind which depended upon Scripture for its support. Most members, even in these days, had some knowledge of the Scriptures which had been taught them in their youth, and they would recall the incident in the New Testament of the woman who was told by Christ, "Thy faith hath made thee whole." That brought out the feeling that illness had a good deal to do with the psychological state, and that psychological state might be dealt with not only by the medical man, but by the men who had not been trained in medicine. He ventured to think that the doctor himself often contributed to the prejudice amongst lay people against the monopoly of treatment by qualified medical practitioners. It was unfortunate to have to address such remarks to a meeting like this, in which the medical men present were probably some of the most liberal in their profession, men who regard their diplomas as being what they are—a minimum qualification upon which the law entitles them to practise, and who regard it as their duty to improve their technique and keep abreast of development so as to be more capable of treating those who came to them for attention. But there was the other kind of medical practitioner and it was the lay knowledge of the existence of that body of men who regarded their diplomas as the be-all and end-all of their life, which lent support in the lay mind to the view that a man should be entitled to the services, not only of qualified men, but, if he wished, of unqualified men, too. The intelligent layman was not quite unfamiliar in these days with the history of medicine; and when he looked at that history he would find a good deal to justify the idea that the medical profession is extremely conservative and opposed to change.

He did not need to remind medical men of the opposition to the discoverer of vaccination, Jenner, and to Pasteur. Pasteur was not a medical practitioner, but he did make momentous discoveries that were availed of by the medical profession.

The biography of Sir Herbert Barker contained an amazing list of cases that had been treated without success by regular surgeons, and then had been treated successfully by Barker. The striking thing, and one, indeed, that would affect the legislature, if there was a proposal to give a monopoly to registered men, was the outstanding fact that there were cases that had been treated without success by

registered men, but which had been treated by Barker with success. It was no credit to the medical profession that it had refused offers made, more than once, to display to them the methods that Barker used with success, and which were not used by the medical profession. Nor did it fill one's mind with any great respect for the medical profession to find that the man who administered the anaesthetic for Barker was struck off the Medical Register, and allowed to remain off all his life, and his name was not restored until after his death. These were matters which were known to those who read, and which gave cause for doubt when any question arose of giving a complete monopoly to medical men.

In connection with the osteopaths and chiropractors, mentioned by Dr. Cowen, he wanted, just for the sake of provoking discussion, to bring before members one or two matters that were given to him by a well-known citizen of this city. That man's name was well known, and he had given him (Mr. Justice Lowe) a number of cases, not all of which he would read, because he did not wish to occupy too much time. His own case was this: He was injured in a buggy accident. His doctor examined him and told him that, at all events, his spine was not injured. The doctor treated him for about three months, but he still suffered from a tender back and was unable to bend. After three months' treatment he went to an osteopath, who discovered that a vertebra had been displaced, treated him for three days, and he is now perfectly all right. The other case was that of a man who was unable to bend or move in certain postures, or to put on his shoes or socks, or to stand up. He was treated for three months by a well-known surgeon in Melbourne, and diathermy was given. He was told he was suffering from rheumatism. He went to an osteopath, and after treatment by him he says he is perfectly right. It was found that the lower vertebra had been displaced. He (Mr. Justice Lowe) was himself quite incapable, of course, of expressing any view with regard to these matters, but he suggested that as long as you find in the community people who suffer from ills that are not put right by the legally qualified practitioner, and who go to osteopaths for treatment by them, and are cured, so long will you find a great indisposition in the community to give a complete monopoly to the qualified man. He would not detain members any longer, but he thought he had indicated some reasons that could be advanced as to why there would be a great deal of opposition to the proposals, which the lecturer

had invited members to discuss for the purpose of having the legislation amended.

Dr. C. H. Dickson said: Dr. Cowen has mentioned the definition of the word "quackery." It is derived from a 16th century term "quack-salver," an ignorant pretender to medical skill who "quacks" or cries his wares. Personally I think such a definition is adequate, as the basis of all quackery is the crying of wares with a greater or less degree of subtlety. In other words, the life blood of quackery is advertisement either by personal boasting and promise to the patient, by medium of the Press or, in recent years, by the use of the facilities offered by the commercial broadcasting stations. Any attack on quackery by the organized medical profession leads to an immediate charge of self interest which I do not think can be sustained. In the long run, probably the existence or non-existence of quackery in a community has very little effect on medical incomes. The victims of the quack are the incurables, those with functional disorders among whom a certain percentage of success is achieved, the cranks and faddists and the gullible who cannot distinguish between "post hoc" and "propter hoc." All those in the above categories sooner or later come under medical care, even if very later when the services of a legally qualified practitioner are required to sign the necessary death certificate, a function which cannot be performed by the unregistered—one of the few disabilities imposed on them. It is rather curious that the effect of medical registration has been to penalize, in some ways, the qualified as against the unqualified. The original Medical Act of Great Britain and Ireland, passed in 1858, which our own Victorian Act closely follows, did not interdict the practise of medicine by unregistered persons, but had the object stated in the preamble to the Act, "Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners be it therefore enacted, etc." To obtain registration it is necessary in this State to pursue successfully a course of study of at least six years' duration. The quack can graduate from the pulpit, the police force, the gaol, the blacksmith's forge, the market garden or the cabinet-maker's bench—particularly if he is of Celestial origin—or, if ambitious, can pursue either personally or by correspondence a course of chiropractic osteopathy or naturopathy in some obscure American institution and for his diligence and the payment of a certain number of dollars, be rewarded with a handsome illuminated

diploma much more impressive than the drab documents issued by our own University.

The registered can sue for fees in our courts; the unregistered cannot, but that is not a serious disability as quack practices are conducted on a cash in advance basis.

Any person in this community can write a prescription, provided it does not include a dangerous drug, but if a registered person writes a prescription and fails to add to it his address, his signature and the date, he is liable to a £5 penalty.

The registered can use the title "Doctor," but not all do—the surgeon traditionally adheres to "Mr."—and "doctor" is less impressive than "Professor," "Specialist" or "Consultant," and the false assumption of the designation "M.B." is explained as meaning "medical botanist" and "M.R.C.S." as meaning that practice is conducted at Melbourne, Richmond, Collingwood and St. Kilda.

The quack can advertise to his heart's content, subject to certain minor restrictions, but the axe falls swiftly on the advertising doctor—he is "guilty of infamous conduct in a professional respect" and may be de-registered.

Let the doctor err and he is promptly sued for a fortune, but I cannot recollect one instance where a quack has been mulct in damages. In fact I understand that the courts take the view that the quack who makes a mistake does not know any better but the trained medical man does know better and cannot be excused his mistakes.

Dr. Cowen said the latitude accorded by the legislature to the medical charlatan and the quack is in sharp contrast to the restriction of the practice of law to legally qualified practitioners.

That may perhaps be explained by the strong Parliamentary representation of the legal profession, and in any case a few "legal quacks" do not disadvantage the lawyers. If I employ an unqualified adviser to draw up my will it will probably reach the courts and I understand that there are such things as "costs out of the estate."

And yet in spite of the latitude of which the opener spoke, the State uses the services of the qualified in a hundred and one ways—it does not accept sickness certificates from its employees unless written by a doctor, its vital statistics are based on medical records, the certification of the insane, the performance of post-mortem examinations, the provision of medical services to the armed forces, are only some of many instances which indicate the preference of the

State for qualified rather than unqualified safeguarding of its interests. Why then does not the State protect the interests of the individuals which compose it and safeguard them from the ravages of the quack? There is some restrictive legislation in existence. The Medical Act, the Poisons Act and the Dangerous Drugs Regulations, the Masseurs Act, the Police Offences Act, the False Advertisements Act, the Health Act and its Regulations all contain sections which if properly enforced would go a long way towards stamping out the evils which flourish in this State, but personal experience has shown the tremendous difficulties facing anyone interested in dealing with the problem. Some of the advertising in the daily papers is a disgrace. In an issue of one paper this week the following advertisements appeared:

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—, —, Herbalist, —, —. Take — tram to door, —. No connection with any other business, and only one address. Cent. —.

MR. —, leading Chinese Herbalist, has returned from China with the newest herbs and latest medicine. Consultations free at — Street, Melbourne. Tel. —.

—, Chinese Herbalist, —. Consultations free. Hours, 9 a.m. to 12, 2 p.m. to 5 p.m., 7 p.m. to 9 p.m.

Advertisements abound with false testimonials, false photographs of alleged doctors and trick wording keeping them within the law, e.g. to profess to "cure" certain diseases is an offence but by professing to "relieve" or "smash" those diseases the advertiser is immune from prosecution. The control of radio advertising is almost impossible and those responsible for the administration of many of the Acts cited appear to be either indifferent or lacking the funds necessary for their enforcement.

I support the suggestion that this Society should take some action in the matter.

A simple amendment to the Medical Act in unequivocal wording—it has already been done in Tasmania—would rid this State, and particularly this city, of a horde of scoundrels preying on a credulous public. It is idle to say that the people get what they deserve. A paternal State is continuously protecting the public—the citizen is not allowed to cross the road against a traffic light, he may not obtain a drink after 6 p.m., he may not board a moving tramcar, he may not have his hair cut by an unregistered person, but for some obscure reason he can seek medical aid for himself or his child from any plausible rogue who blatantly "quacks" his wares.

Dr. Keon Cohen said: I am speaking in an even narrower sphere than Dr. Cowen suggested, and will crave your indulgence, and ask you not to impute any personal motive of any description to what I am about to say. It was the remarks of Mr. Justice Lowe which prompted me, as an orthopaedic surgeon, chiefly to speak. I was present in 1937, at St. James' Hospital, London, at a demonstration by Sir Herbert Barker to the British Orthopaedic Society of his methods. It was the first, and I believe is the only

occasion on which he has demonstrated to the medical profession the methods which he has used so long, and as we are led to believe, with so much success. It was under the auspices of Mr. Robert Bristowe, orthopaedic surgeon of St. James'. Sir Herbert Barker was allowed to select his own cases. He demonstrated with approximately fifteen cases in all sorts of orthopaedic conditions, which he claimed that he cured. As a demonstration of manipulative surgery it was excellent. He was a very deft and skilful manipulator, but the general consensus of opinion was that he employed no methods that were not in constant use by trained orthopaedists throughout the British Empire. Subsequent cases were followed up to periods of from six to twelve months, and the results of his manipulative treatment were more or less exactly what one would expect if patients were treated by skilful medical manipulators. I do think, and I again wish you to believe me when I say there are no personal motives whatever, that a great number of the medical profession do not understand manipulative surgery. It is not taught to any extent during the ordinary course of training, and it is only learnt by the extensive and specialized training of special hospitals. And I think that is one of the reasons why the gentlemen of various places can claim, and that their supporters claim, that they have visited this doctor and that doctor without success but were treated by these unregistered practitioners and after one or two treatments they were completely cured. In the orthopaedic department of medicine, and the department of consulting practitioners, we see patients that have come from the various quarters of this State, and we are told that Mr. So-and-So had said that a muscle or ligament or bone was out of place, and it was put back into place. I should say that in 99 cases out of 100 it is a deliberate lie. With regard to the two cases mentioned by Mr. Justice Lowe, the vertebra was said to be out of place in each instance. Now, I defy anybody, with all the treatment in the world, much less the training of an American chiropractor, to tell whether a vertebra has been displaced unless it is traced by an adequate X-ray.

Mr. Justice Lowe: In one of the cases I mentioned there was an X-ray film.

Dr. Keon Cohen: As regards patients suffering with rheumatism, that is a complaint that generally burns itself out. Patients go from one doctor to another, and it is always with the last doctor that the disease becomes quiescent, and it becomes "a miraculous cure." I have been

mixed up with some of the sufferers from the last paralysis epidemic. I wish I could show you some of the patients who were being treated, and were doing well and were recovering the use of their limbs. The convalescence is dreadfully slow, and requires the whole of the patience of the patient and the surgeon. In several instances, one of which I have to admit was within the last few days, patients left us. In one case a patient left us two months ago to get some very vigorous electro-therapy. The boy came back to me with a severe deformity which, if he had remained, would not have developed.

Mr. G. Pape: Dr. Cowen, in a very interesting address, referred to the sale of nostrums, and during the course of his remarks he referred to some regulations under the Health Act, which were designed to wipe out in some degree spurious remedies; and he pointed out that regulations under the Health Act did, in fact, provide a remedy for that kind of thing if they were exercised. In one case in my experience it was found that these regulations did not provide the remedy that one might normally have concluded they were intended to provide. A lady in the city of Melbourne carried on some sort of business. It is difficult to say what it was, but she sold at a very large price some patent medicine, which she described as a suppository. She attempted to take advantage of the ignorance of persons by means of a very attractive brochure describing this article. Among the ills it was supposed to cure was cancer. The regulations under the Health Act then were that no person should say that a patent medicine is a cure for cancer. The municipality for which I appeared took exception to her brochure and they charged the lady in the Police Court with advertising that the product was a cure for cancer. The magistrate took the view that no evidence had been disclosed of the alleged offence. Of course there was an appeal in the matter, and it was eventually decided by His Honour Mr. Justice Gavan Duffy, and he decided that there was no evidence to support the charge, because the regulation was worded impersonally. The result was that in due course this lady was permitted to vend her suppository on the same terms.

Dr. Gerald Weigall: Of the evidence given before the English Royal Commission which considered the claims of osteopaths and chiropractors, I remember part of it that entirely disproved the claims of these gentlemen. The chiropractors were led by Mr. Michael Dillon, and were given every opportunity to state their case. Several members

of the Tribunal investigating the case were obviously very pro-chiropractor, and produced all the evidence they could. It is stated that their favourite claim was that they had a magic touch. The displacement of a vertebra is an entirely rare condition; it is a very serious one, and one that cannot be overlooked, and the replacing of it is extremely difficult and dangerous, and should be taken with the greatest precaution. These men were unable to produce any radiological proof that there ever was a change. There was one chiropractor who produced an X-ray which he said was an X-ray of the displacement. Experts denied that there ever was a displacement. The value of an interpretation by a quack of his own X-ray is entirely worthless. I struck a case of a most glaring instance of that myself some little time ago, which is, I think, worth repeating, of a man who came the other way round—from a quack to me. He was suffering from a heart condition, and at the outset of my history-taking he said, "I have an X-ray of my heart, without your messing about with your stethoscope," and he produced an X-ray taken by his previous attendant—this quack. On looking closely at it, I noticed that one clavicle was broken. I said, "Did you have a broken collarbone?" and the patient said "No." I felt him then and found that the clavicle had not been broken, and then I realized that the film was that of a very much smaller man than the patient and a much younger man. An explanation was offered to me by some medical colleagues—I cannot vouch for it myself, but they told me that this quack had bought up a lot of old X-rays from the Melbourne Hospital. I understand that they are sold by the hundredweight after they are some years old. Then he had got a vast armament which he can supply to any person who wants them. It seems to be a cheap and effective way of keeping a radiological department. This is apropos of the fact that the quack's interpretation of his own film is entirely worthless; it takes a skilled radiographer to trace the changes.

Sir Herbert Barker was generally admitted by the profession to be a skilled manipulator, and that he had led to a lot more attention being directed to the science of manipulative surgery. I think a great deal of the work of unregistered men could be epitomized in the final remark of the Royal Commission on Sister Kenny, which put the position tersely, but not too grossly offensively, when it said, "What is new is not good, and what is good is not new."

Mr. F. W. Eggleston: I think that Sir Stanley Argyle was

unduly optimistic when he said that the Government would have passed that Bill in 1926, because I was in the Government at the time and I am confident that he would not have passed it. When I was in China, one of the Chinese practitioners in Melbourne gave me a letter to his brother in Hong Kong. That brother in Hong Kong gave me a very good time indeed, and then he informed me that his brother was going to take a trip round the world, and that he was going to take his brother's place in Melbourne. I asked this man, "I suppose you have taken up a good deal of time in study?" and the reply was that he did not do any study—that he had inherited a good number of prescriptions from their ancestors, with which they treated their patients. And that is the sort of thing dealt out by Chinese practitioners, and those other quacks.

I think that Dr. Cowen has also drawn attention to a very grave condition that has been growing up over the last ten years, and that is the withdrawal of prosecutions through political interests. It was a growing scandal, and I think that members of the Society should draw attention to the failure to enforce the laws which were made. I would like to draw attention to one or two questions that have been raised that evening. Dr. Cowen seemed to think that the lawyers were completely protected in their practice. I cannot remember the exact terms of Dr. Cowen's remarks, but I wish to point out that there are many agreements which could be drawn up by unqualified practitioners, and can be paid for. For instance, accountants could do all the documents in connection with the registration of companies, and they were paid for that. I remember once a man coming out from Yorkshire and telling me he was the hereditary will maker in the parish.

Dr. John Williams said he was quite sure that the introduction of such legislation as that proposed by Dr. Cowen would be justified. He would like to be specific. There were two fields in which the quack did have some success; one was in orthopedy, and the other the psychiatric realm. In both of those realms some good was derived, but he did not think that the good that was derived was sufficient to justify the tremendous harm that was done in other fields by the quacks, charlatans and vendors of nostrums. So, from the public point of view, he thought the introduction of such legislation would be justified. He knew of a lady who had derived a good deal of benefit from Sir Herbert Barker. As regards the realm of psychiatry, the medical profession owed nothing to quacks. They had been successful to a

certain extent in mesmerism. He felt that one should draw the attention of the meeting to the fact that many of those who did much to advance our knowledge of psychology were men who were very much frowned on by the profession. But he thought he was right in saying that all the advances had been due to medical practitioners.

Mr. D. S. Abraham said he congratulated Dr. Cowen on his address, but he would like to draw attention to one fact which he thought he might have mentioned, and that was quackery in the profession itself. He thought that was a matter that the Society should consider. There was a case that came under his personal notice, and he could vouch for the facts. A well-known gentleman in Collins Street, Melbourne, was consulted by a young girl whom he had attended since birth, and so knew everything about her, and he found a displacement. She was sent to a specialist, as it was out of the first doctor's line. The diagnosis given, after using manipulation, was that the patient would have to lie up for four months and could not be in the office for twelve months and would be in hospital for from four to six months. Her mother talked to her and they decided to consider what would be done. She was taken to the gentleman in Brunswick and he in a few minutes manipulated the bone, said "my fee is 10/-," refused to take any more, and told her she could go back to her business. She went back to her original medical adviser and had a new examination, and he found that the displacement had gone back. He thought that if there was such a thing as quackery in the profession they could not find a better illustration.

Dr. Coates said he would like to congratulate Dr. Cowen on the able manner in which he had presented their case to the legal profession. Dr. Cowen was to be congratulated on having started a discussion, and provoked a good deal of argument. There had been some reference to the successful treatment of a gentleman in Brunswick, and it was possible for them to refer to a larger number of cases where the reverse was true. Dr. Coates referred to a case in Collingwood, of recent date, of unsuccessful treatment. Qualified medical men subsequently were called in to give an opinion, and it was found to be a case of cancer. There was an instance of a relative of his own who had suffered the tortures of the damned on account of a quack being brought in.

The President said it was not a question of legislation so much as education. As long as there was a demand, the

demand would be supplied, and the demand was brought about by misconception that health was a matter of mystery. How were they to bring about that education? It was very difficult. Dr. Dickson had pointed out that all the "B" class stations had one of their greatest assets in the way of quack nostrums. The National stations were approached to enable this situation to be met, and after great persuasion they were persuaded to allow medical men to give talks once a month. Legislation would not control the public liking for quacks, but education would. He thought that the solution must be in the way of educative propaganda; but as soon as they did anything in the name of their own profession the cry of partisanship was raised. He wished again to thank Dr. Cowen very sincerely for the paper he had read that night, and asked him to reply.

Dr. Cowen: I thank you very much for your appreciative remarks, and I would like to say that if the paper has given any pleasure, and has provoked any discussion, a good deal was due to Mr. Harold Walker, who gave me a good deal of help, and I am sorry he did not contribute to the debate to-night. At this late hour I do not propose to reply to all the questions asked and the arguments raised. There are, I feel, three matters which should be referred to. The first is the argument that education must precede change, which frankly I do not believe. While I agree that education is very essential, I do not believe it is necessary to have the whole public educated to a certain pitch before a law can be passed to protect the public. In Tasmania the law was passed 20 years ago, and nobody minded a bit. It can be done and I believe, as I have said, that in some happier time than this this Society may very reasonably be asked to take a lead in bringing about such legislation.

There were some very interesting points raised by His Honour Mr. Justice Lowe, to whom I am very grateful for opening the discussion; and by Dr. Williams, and that was about the contributions of extra-professional medicine, if I may so term it, to medical science; and although I think that both have hit upon a point in which medicine is very vulnerable, I will make bold to answer the question. I think it must be admitted that the profession was profoundly blameworthy in the failure to utilize manipulative surgery, and had had to be pushed into it by persons like Sir Herbert Barker; and apart from that, the contributions of unprofessional people to medical science have been, on the whole, what I might term indirect. We owed the discovery of digitalis to an intelligent doctor named Withering, who

examined scientifically the herbal remedy of an old woman of Shropshire. He had enunciated in 1768 the principles of administration, which held good to this day, and which had been a weapon of such value to the profession. In the same way, we all owed a debt to Pasteur, who although not a medical man, had conferred a benefit which could not be estimated. It was Lord Lister who had applied it; and as regarded vaccination, while the suggestion might have come from folk lore, it had required Jenner's professional training and skill to make full use of the remedy or the method of treatment. But taking it all in all, the advances in medicine had been infinitely more due to suggestion within the profession than to suggestion without; and I reiterate that what the public was receiving outside the medical profession in the way of medical advantages was just not worth the price it was paying in the way of suffering and damage.

I have already thanked Mr. Justice Lowe, I think, for opening this discussion, and I believe that one or two of the arguments he advanced in support of quackery were brought forward to provoke discussion. I do not believe that because there are some lazy and incompetent doctors that is an excuse for encouraging quackery.

The other thing mentioned was the need for change and improvement, and it was a saying in medicine that it took ten years to establish a fact in therapeutics. But if you compare the time that it took the medical profession to assimilate a new idea—that is ten years—with the time it takes the general public to assimilate a new idea. I think you will agree that the medical profession was in comparison as fast as lightning. The medical profession was in fact more receptive to new ideas than any other branch of the public. I am very grateful for the discussion and thank members for their pleasant reception of my paper.

Mr. P. D. Phillips, in moving a vote of thanks to Dr. Cowen, said he thought he need only confirm what had been said by the chairman. The mere repetitions of the phases of quackery did not actually approach the centre of that problem, which was whether the question was one of such merit as to require legislative interference. Dr. Cowen, he thought, had put that very clearly in his opening remarks. He would like to say that he thought it would be unfair to Dr. Cowen to pass by his suggestion that they should take some action, merely because it was difficult to have it followed up by legislative enactment.

Dr. K. Smith, in seconding the motion, said he felt that the real reason why medical men were so keen that the problem of quackery should be tackled was the great damage that had been done to many people when they really had a physical ailment in falling into the hands of those people.

The chairman extended a welcome to the visiting inter-State guests, Colonel Burston (Adelaide), Dr. Hunter (Sydney), and Dr. Grieve, and proceedings then terminated.