EDITORIALS

PRACTICING MEDICINE BY MAIL

A situation which can be honestly defined only by calling it the practice of medicine by mail is becoming serious. Strong competition between magazines with large circulations, particularly those widely read by women and children, and *who use their mail order medical departments to get subscribers,* is changing what was formerly helpful health advice into the practice of medicine.

Some of these magazines not only advertise their medical departments conducted by mail, but through obvious sources secure the names of new mothers whom they bombard with circulars and other appeals to join their medical organization which they operate under one name or another. They do not stop at this, but go back to reports of marriage licenses and begin on the new bride and provide "all the health advice she needs." After the baby is born, she not only gets stereotyped medical service for herself, but for the baby as well.

Carefully and wisely prepared informative literature about health and disease given wide publicity is helpful and should be encouraged. Even wisely directed correspondence is deserving of commendation. But the highly commercialized and dangerous practice of medicine by mail as now being conducted by several extensively read publications ought to be condemned.

Several physicians who limit their work to the care of children have reported to us pathetic instances of the result of this sort of propaganda. Some mothers worry themselves sick trying to decide what to do as between the divergent advice and instructions of the family physician and that furnished from one to three or more magazines engaged in the practice of medicine by mail. One mother recently showed her physician three entirely different sets of instructions as to what to do for her three months' old baby with indigestion and vomiting. These instructions were from the "baby experts" of three different magazines, and were sent from an eastern city.

The pediatrician's greatest problem formerly was to neutralize the superstitions of "grandmothers." He thought this a hard problem, but it was nothing to that of the modern pediatrician in overcoming the fifty-seven varieties of unwise advice the present-day mother receives. The chief sources are from paternal government, national, state and local, from women's and children's magazines and other commercial enterprises, and by more personal contact with many varieties of technicians who often go beyond their legitimate field. These are some of the reasons for "forgotten" or delayed birth reports.

Many physicians, either of their own volition or by specific request of a mother, are not enthusiastic in providing "prospect lists" for the dozens of commercial influences that hover over the newspapers and government offices to secure promptly addresses of newly married couples and of births.

THE EFFECT OF MATERNAL SYPHILIS ON THE DEATH OF THE CHILD

Working under arrangements provided by the British Medical Research Council, Doctor Cruickshank has carried out a series of carefully conducted observations in Glasgow to determine the influence of maternal syphilis on child mortality.

From 9 to 10 per cent of unselected mothers from a general hospital service gave positive Wassermann reactions. These figures correspond to similar ones from other centers. They are, of course, somewhat higher than they would be among the population in general. In 94 per cent of the Cruickshank series, the Wassermann reaction in the child at birth corresponded with that of the mother.

One striking result of the study was that the percentage of abortions due to death of the fetus was apparently no greater among syphilitic mothers than others. Stillbirths, however, were 18 plus per cent among syphilitic mothers as against 15 plus per cent among others. The incidence of premature births was 32 plus per cent among syphilitic mothers as against 19 plus per cent of others. Among those children who could be followed up, it was found that the infant mortality was considerably higher among the infants of syphilitic mothers.

This group of infants and young children help to swell the lists of those diagnosed as "malnutrition" and "anemia" by inadequate methods.

The most interesting feature of Cruickshank's work is that, by the most painstaking studies, he confirms the conclusions arrived at by others.

DOCTOR, HEAL THYSELF

Doctor, is your health good? How do you know it is? Do you practice what you preach by having your own periodic medical examinations?

The chances are that you don't. The chances are nine out of ten that a careful examination by one of your colleagues would uncover one or several conditions that you ought to have remedied and which if left alone may cause serious harm. You know this to be a fact. Then why do you procrastinate? Isn't the answer precisely that which is applicable to other citizens? It is, and this explains why it is not more health education most of the world needs, but more gumption. *The knowing and the doing about health or any other question are two different things. The doing is the one generally neglected.*

A person of moderate intelligence who makes a practice of *doing* has a far greater chance of living longer, happier, and more usefully than has the best-informed physician who *knows,* but *does not.* **Think it over, doctor, and either be a doer about your own health or don't complain about your patients who know because you told them so, but who fail to do for precisely the same reasons that are applicable to yourself.**

The Pennsylvania Medical Association is trying to persuade its members to have medical service of the kind its members are advising their patients to have. It is providing the service.

They have arranged to offer examination service to members as one of the features of their annual meetings, notes the editor of the Atlantic Medical Journal. "Twenty of the leading physicians of the