

sumptions about what is old," Gans says in a typical statement.

His solution is a government "Endowment for News" that would fund new media not able to gain capital in the marketplace, fund sources not able to sustain themselves in the marketplace, fund new "Audience feedback mechanisms" not able...etc. Gans honestly believes that the dangers of government control over news selection and content are so minimal that he dismisses them in five paragraphs, among the most naive I have ever read. Such government control would be impossible, Gans says, because "the regulated have too much power."

To those interested in dissections of journalism, and I have been collecting them for about 10 years, apparently we are in for another turn. From ad hoc complaints about war coverage, to general complaints about subjectivity-masking-as-objectivity, to glorifications of "new" and "gonzo" journalism, to diatribes against media barons, we are to add the latest notions: pity the journalist, for he is under attack; and encourage the government to help journalists, for they know not what they do.

Instead, keep this idea in mind: Journalism does have problems, but not the ones Hohenberg and Gans point out. Journalists determined not to examine the philosophy of their trade continue to write stories without evidence, without background, without foreground, and all with an arrogance they have had for years. As a result, they are heading for a reaction from the rest of society in a way that may be unpleasant for us all. They are like the white folks in Harper Lee's *To Kill A Mockingbird*, taking advantage, with impunity, of black ignorance in the old South. "Don't fool yourselves," says Atticus. "It's all adding up and one of these days we're going to pay the bill for it." Neither Hohenberg nor Gans have anything particularly interesting to say about that prospect.

Dennis Chase is Chicago bureau chief of McGraw-Hill World News.

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Physicians Against the State

Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912-1920.

By Ronald L. Numbers.
Baltimore: John Hopkins University Press. 1978. 158 pp. \$10.

Reviewed by Llewellyn H. Rockwell

While Senator Kennedy and President Carter argue about the exact timetable for nationalizing medicine, Prof. Ronald L. Numbers's account of an earlier battle on the same subject makes good reading.

Shortly before World War I, after compulsory health insurance had been enacted in much of Western Europe, it seemed headed for the lawbooks in the United States as well. High officials of the American Medical Association praised it, and an editorial in the *Journal of the AMA* called it "pregnant with benefit to the public." Even many who

doubted the legitimacy of the pregnancy agreed with the *New York Medical Record*: "Whether one likes it or not, social health insurance is bound to come."

In an America that still had a functioning federal system, proponents concentrated on state governments. The progressivist American Association for Labor Legislation (AALL) drew up a model bill, and the New York State legislature seemed ready to pass it, with Massachusetts and Illinois quickly to follow.

Under the scheme proposed by the AALL, and seconded by the AMA, the state government would have paid 20 percent of the costs of the program, with employers and employees sharing the remainder. Depending on their income, employees would have paid from zero to 20 percent, leaving an employer's share that ranged from 40 to 80 percent. All surgical, medical, hospital, and nursing costs and all drugs and medical supplies were to be covered; disabled workers would get pensions during the period of their disability. Physician compensation was to be capitation—so much for each patient seen. Private insurance companies were barred from participating in

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any part of the plan.

A few years later, compulsory medical insurance was dead. What killed it? Professor Numbers, head of the University of Wisconsin-Madison's medical history department, is sorry the persuasion wasn't successful, but his scholarly presentation gives all the facts. The answer: the awakening of the average practicing physician to the danger he and his patients faced. Working through their county medical societies and special organizations formed to fight socialized medicine, doctors turned first their state societies and then the AMA into vigorous opponents of government medicine.

Studies of the pauperization of physicians and the lowered quality of care for patients in European systems helped, as did the results of socialism in the young Soviet Union. Accurate cost estimates were also a factor. But aroused physicians, influencing patients and politicians, were the key.

The house of delegates of the New York State Medical society, after a fiery speech by John J. A. O'Reilly, M.D., of Brooklyn's Professional Guild, voted to oppose all forms of government medicine. One of the sponsors of socialized medicine in the New York State legislature, Republican Sen. Frederick Davenport, lamented that his bill was dead be-

cause "public opinion had been poisoned against it." The American people had come to agree with Dr. O'Reilly that "compulsory health insurance is... un-American, unsafe, uneconomic, unscientific, unfair, and unscrupulous."

Ignoring the advice of their president, the house of delegates of the AMA voted nine-to-one for a resolution that stated: "Resolved, That the American Medical Association declares its opposition to... any... plan of compulsory [health] insurance... provided, controlled, or regulated by any state or the Federal Government."

The landslide election of Republican Warren Harding in 1920, an opponent of socialized medicine, over a Democratic nominee who favored it, was almost overkill. Compulsory health insurance was dead in the United States for two generations.

Note: Alluded to, but unanalyzed, is the role that government licensing of physicians, and restriction of the supply of doctors, may have played. In 1912, many physicians may have favored State medicine for reasons of economic self-interest. Many of the same doctors may have opposed it by 1920, for the same reason. This area needs more study. But whatever the reasons, American patients and taxpayers were spared the high

prices and low quality of State medicine for many years. *Almost Persuaded* can be a valuable resource in the fight against that control today.

Llewellyn Rockwell is the former editor of Private Practice and is currently administrative assistant to Rep. Ron Paul.

Food Solutions

Food for the Future.

By Keith C. Campbell.

Lincoln: University of Nebraska Press. 1979. 178 pp. \$12.50.

Reviewed by Lynn Scarlett

Periodically, pessimists following the Malthusian tradition have prophesied peril to the world's food supply. A recent wave of such theorists was spurred on by widespread crop failures in between 1972 and 1974 to reassert that a food crisis is imminent. Responding to these "Jeremiahs and doomsday" men in *Food for the Future*, Keith Campbell questions whether a crisis is, indeed, likely.

The book is unabashedly optimistic. If there is a food problem, Campbell contends that it does not derive from any hopeless "niggardliness of nature" nor

rudebarbs

by Randall K. Hylkema

