

MISCELLANEOUS

WHO'S WHERE

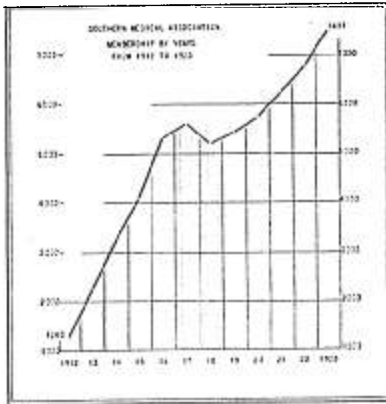
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The growth of the Southern Medical Association was reported by the Secretary* as follows:

"Last year we reported 6760 members, and during the year have received 1158 new members. During the year we lost from resignations, deaths and suspension for failure to pay dues 447, leaving a net membership at this time of 7471."

A casual investigation develops the fact that the growth of the Southern Medical Association since 1912 shows an increase in membership of more than 500 per cent. From a small society of 1243 physicians in 1912, has developed an association of no mean proportions with 7471 members,



Graph 1

each year showing a steady growth except those years when all institutions of every character suffered from the effects of the World War. The decrease in members in 1918, rather than a reflection on the Association, was a high compliment to the patriotism of its membership. By 1920 the Association had recovered from this world-wide depression and normal increase was apparent. Many institutions had not in 1923 recovered, but the Southern Medical Association was going forward and covering its territory in a splendid manner (Graph 1).

The fifteen states in the Association in 1912

may be called the original colonies and the 1243 members might be described as charter members. Of these 1243 physicians more than 60 per cent, or, to be exact, 773, were residents of Alabama and the three neighboring states, Georgia, Tennessee, and Mississippi. West Virginia was the baby colony with 7 members and the District of Columbia was second in size with 11. Then Kentucky with 14 and Arkansas with 19 composed the group of states with less than 20 members. Maryland had 20; South Carolina, the center of the Old South, had 30; and Texas, the biggest state in the Union, had 31. There were 35 representatives of the "first families of Virginia," and 37 tarheels from North Carolina. Florida was represented by 133.

A statement of the membership in 1923 is quite different. Kentucky jumped from 14 to 487, an increase of 3378.57 per cent; West Virginia, from 7 to 248, an increase of 3442.85 per cent; while Texas went from 31 to 799, an increase of only 2477.41 per cent. It is never permissible to speak of more than 100 per cent except in discussing the increase in the membership of the Southern Medical Association and as some one might doubt the statement, it is better to give, not the percentage, but the actual figures (Graph 2).

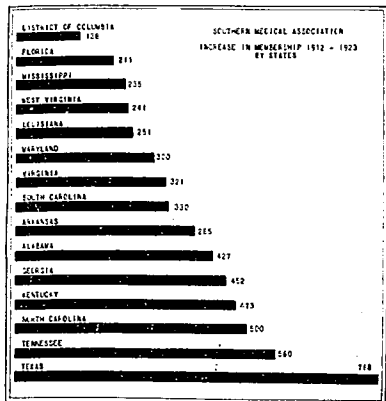
The greatest numerical increase was in North Carolina, Tennessee, and Texas. The comparison of the numerical increase is not fair to all the states (Graph 3).

To make the comparison fair the number of physicians residing in each state must be consid-

SOUTHERN MEDICAL ASSOCIATION		INCREASE IN MEMBERSHIP 1912 - 1923	
STATE	1912	1923	
WEST VIRGINIA	7	248	
DIST. OF COLUMBIA	11	149	
KENTUCKY	14	487	
ARKANSAS	19	437	
MARYLAND	20	323	
SOUTH CAROLINA	30	363	
TEXAS	31	799	
VIRGINIA	35	355	
NORTH CAROLINA	37	537	
FLORIDA	133	344	
LOUISIANA	133	384	
GEORGIA	133	589	
TENNESSEE	136	742	
ALABAMA	182	637	
MISSISSIPPI	182	245	

Graph 2

*Minutes of Washington Meeting, So. Med. Jr., Vol. xvii, No. 1 (January, 1921), page 95.



Graph 3

ered. Of the 1348 physicians in Florida, 344 are members of the Southern Medical Association. While Florida stands fourteenth in number of members, she makes a splendid showing when it is noted that 25 per cent of all her physicians are members of the Southern Medical Association. Only three states made a better showing, South Carolina and Mississippi with 26 per cent and Alabama with 27 per cent. South Carolina has 20 more physicians than Florida, but 15 more members which accounts for a slightly higher percentage. Mississippi led in 1912 in numerical membership, but Alabama took the lead in 1923, not in actual numbers but in the percentage of her physicians who were members. Of the 1792 physicians in Mississippi, 480 are members of the Southern Medical Association. In Alabama, which was second in membership in 1912, there are 637 members out of 2313 physicians. A prophet may be "without honor save in his own country," but the Southern Medical Association is held in high regard in Alabama, its headquarters here.

In Texas there was an actual increase of 768, the greatest in any state, but only 13 per cent of the Texas physicians are members of the Southern Medical Association.

If birth and death rates are based on 1000 population, it would seem proper to compute membership rates on the medical population as has been done in Graph 4.

There is a group of well meaning physicians who are always fussing about so many associations, "the County, the District, the State, the Southern, and the American Medical. There are lodges, fifteen or twenty. There are innumerable clubs, and the Church. The dues are too heavy. We have no time to attend," etc., etc.

Such a man should join his wife's church and let her pay the pastor and attend services for him. If the cellar is empty, club membership

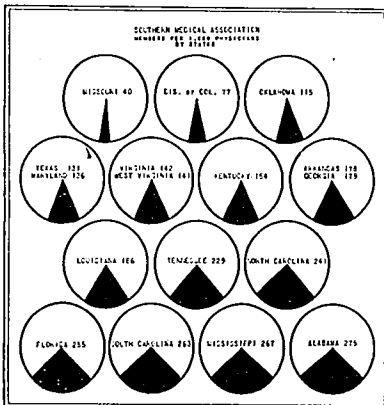
may be necessary. If exercise is demanded, wood chopping is cheaper and more like work than golf. But by all means he should belong to every medical society and association, for organized medicine needs busy men.

The leaders in any organization are, generally speaking, members of all similar organizations. No system of instruction is so valuable as the recitation of another's methods, much more valuable than the lifeless *ipse dixit* of an authority not subject to question. This is recognized by the progressive professionals in the larger towns and cities who meet each week to discuss associated interests, and it is especially noticeable that the busiest men are the most regular attendants.

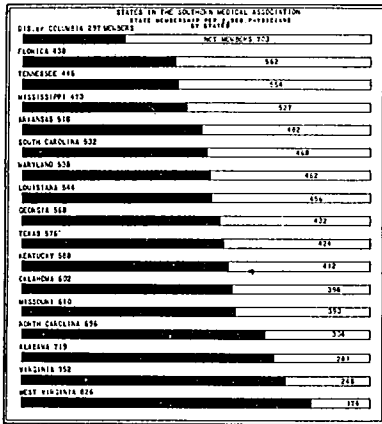
Do the medical associations overlap in territory?

Upon the county, state and National associations fall the duty of suggesting and securing by united action the passage of laws for the protection of the medical profession and the people from quacks and for the preservation of the public health. After such laws are enacted, organized medicine must see to their enforcement. In recent years the layman is looking to the private physician for such protection and regularly organized medicine is realizing more and more its full duty to the layman.

The ethical physician who would be true to his profession and to his patron must be identified with his county, state and National association and must bear his share of this responsibility and perform his part of these duties. With the volunteer medical organizations such is not the case. Such duties do not fall upon that class of organizations. Laws may be discussed and recommendations made, but there is no further responsibility than that of an advisory character. Volunteer medical organizations may devote all their sessions to the discussion of scientific subjects. They are composed of particular groups



Graph 4—Members per 1000 physicians by states



Graph 5—State membership per 1000 physicians by states

commonly interested in particular diseases and conditions. They are neighbors in the same profession under the same environments. There exists a personal touch not possible in a larger organization.

But does membership in one deter from membership in others? It would not appear so from a casual glance at the report of the Secretary of the Southern Medical Association and the American Medical Directory.

With three exceptions the states follow closely Tennessee, Alabama, and North Carolina as to membership in the state association and the Southern Medical. The greater the membership in one, the greater in the other. It would appear that membership in one does not deter from membership in the other, but membership in either association depends upon the thoroughness of organization in that state (Graph 5).

In the United States there are 145,966 physicians, with a total state membership of 88,751, indicating that 60.8 per cent of all physicians in the Nation are members of the state associations. Organized medicine is stronger in the East and North than in the South and West, yet the fifteen states in the Southern Medical Association have a total of 46,113 physicians with a state membership of 26,732, or 57.9 per cent of the total.

Over 87 per cent of the New Hampshire physicians are in the State Association; and in North Dakota 79.8 per cent. The two states include 1132 physicians with 949 in the state associations. West Virginia, with 1751 physicians, includes 1447 in the State Association, or 82.6 per cent of the total. These three states led in thoroughness of organization in 1923.

In five states less than one-half of the profession are aligned with organized medicine: in Florida, 43 per cent; in Tennessee, 44 per cent;

in Arizona, 45 per cent; in California, 46 per cent; and in Mississippi, 47 per cent; while the District of Columbia had only 29.7 per cent. In the two Western states there are 4245 and in the three Southeastern states 3494 physicians who are not members of the state associations (Graph 6).

Though not always apparent, there is an explanation for all things. It would be interesting to know why only 74.2 per cent of the physicians of Vermont are members of the state association and why new New Hampshire includes 87 per cent. Likewise why North Dakota has 79.8 per cent and South Dakota only 55.8 per cent. Of the 399 New Mexico physicians, 74.6 per cent have been organized and in Arizona only 45.6 per cent.

There must be a reason why the state association of Alabama includes 71.9 per cent of the profession, while the state association of Florida has only 43.4 per cent, Tennessee only 44.6 per cent, Mississippi only 47.3 per cent, and Georgia only 56.8 per cent. Conditions are apparently the same in these neighboring states, yet in each 100 physicians Alabama includes 28 more in the state association than Florida, 27 more than Tennessee, 24 more than Mississippi, and 15 more than Georgia.

The proverb of the weak link applies to organized medicine. The influence of organized medicine will increase in direct proportion to the spread of the membership and the more closely organization approaches 100 per cent the better will be the protection of the public against quacks and frauds and the better will be the public health.

There appears to be in some states a close relationship between the efficiency of the state health department and the thoroughness with which the medical profession has been organized. This relationship will become more and more apparent as the physician realizes his duty to his patron in preventive medicine as well as in the treatment of the sick, and when organized medicine wakes up to the fact that it holds the balance of power in the enforcement of public health laws. The state association can make the state health department by its support or can unmake it by its indifference.



Graph 6