

Medical Liberty: Drugless Healers Confront Allopathic Doctors, 1910–1931

Stephen Petrina

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Abstract Education, medicine and psychotherapeutics offer exemplary sites through which liberty and its dreams are realized. This article explores the social history of medical freedom and liberty in North America during the late nineteenth and early twentieth centuries. The National League for Medical Freedom (NLMF) and the American Medical Liberty League (AMLL) offered fierce resistance to allopathic power. Allopathic liberties and rights to medical practice in asylums, clinics, courts, hospitals, prisons and schools were never certain. The politics of these liberties and rights represents a fascinating story that neither intellectual nor social historians have fully appreciated.

Keywords Medical freedom · Cognitive liberty · Pluralism · History of medicine · Psychotherapeutics and education · Politics of medicine · Vaccination · Medical inspection · Allopathy · Alternative medicine

Rather than a concept of intellectual history, this article recovers medical liberty as a social practice that is defined, defended and negotiated over time.¹ With a backdrop of the medicalization of education in North America during the late nineteenth and early twentieth centuries, the National League for Medical Freedom (NLMF) and the American Medical Liberty League (AMLL) offered fierce resistance to the American Medical Association's (AMA) regulation of school practice.² How and why did allopathic physicians win school privileges and rights over a variety of drugless healers in the NLMF and AMLL contesting access to the body, minds and souls of students? The history of medical and psychotherapeutic practices in education is far from a given—it was never obvious that medical and psychotherapeutic practitioners would gain access to schoolchildren. Nor was it clear that the exercise of particular liberties would be their focus. There were certain conditions necessary for a convergence of education, medicine, and psychotherapeutics,

S. Petrina (✉)
Department of Curriculum and Pedagogy, Technology Studies, University of British Columbia,
2125 Main Mall, Vancouver, BC V6T 1Z4, Canada
e-mail: Stephen.petrina@ubc.ca

and only by attending to local dramas and battles of medical liberty can we begin to understand this complex.

Contrary to vulnerability theses, where select social practices are readily responsive to medicine, administrators, interventionists and teachers actively adopted and transformed medical and psychotherapeutic practices for education.³ Documenting an extensive approach to medical intervention and an aggressive subjugation of schooling to allopathic medicine, historians are less clear about options offered to educational practitioners or choices and decisions made among medical practices and philosophies. Similarly, there are few examples and narratives of resistance to allopathic practices in education. Foucauldian scholars detailed the adoption of examinations into schooling, for example, but emphases on disciplinary power fall short in accounting for the liberality inscribed into medical and psychotherapeutic practices.⁴ These histories tend to leave little room for accounts of resistance or indifference. On one hand, historians of alternative medicine and drugless healing provide effective counter narratives, albeit rarely connecting their subjects to the medicalization of education.⁵ On the other hand, the historiography of medical liberty is a product of allopathic practitioner histories and the AMA's boundary maintenance of cults, frauds, nostrums, quackery, and pseudo-medicine.⁶ As a student of allopathy proclaimed: "Perhaps in this Land of Liberty, we are freer to be duped, and with all our opportunities we have more chances to embrace delusions." Better, however, to turn this on its head and conclude that education, medicine and psychotherapeutics offer exemplary sites through which liberty and its dreams are forged.⁷ Asylums, clinics, courts, hospitals, prisons and schools are exemplary sites—somewhat unique, somewhat indistinct—in which allopathic power and medical liberty are co-produced and distributed.

From medical freedom to medical liberty

At the Fiftieth Annual National Education Association (NEA) Meeting in Chicago in 1912, Charles Reed, a Cincinnati physician and Chairman of the AMA's Legislative Committee, announced that despite obvious medical progress, opposition to medicalization was now collective and systematic. The United States had the "peculiar and questionable distinction," Reed cautioned, of hosting a "nation-wide movement to defeat, not only the medical inspection of schools, but all other statutory efforts to prevent disease... thru observance of hygienic law." "These people in their organized capacity," he warned the NEA crowd, "having raised the shibboleth of 'Medical Freedom,' are engaged in an active propaganda to impose the tyranny of their selfish interests upon the people." "They have raised the cry that the meaning of all this health legislation is to deprive the individual his right to employ the physician of his choice, and on this falsehood, they have solicited and received contributions to their corruption fund." Speaking in an extremely defensive tone for the medical profession, Reed was sore over the defeat of the AMA-backed Owen bill and called resistance to allopathic medicine dangerously naive and selfish. With the NLMF now threatening to destroy the progress of what he called "the two altruistic professions of education and medicine," he concluded by arguing that the "effective remedy is to be found in universal publicity. Carry the message to the people."⁸

The NLMF was established on 15 May 1910 in New York City to consolidate campaigns against allopathic medicine and psychotherapeutics, state intervention in hygiene, and a monopoly that the AMA seemingly had on individual and public health through compulsory medicine (e.g., examinations, inspections, medication, vaccinations) and animal and human vivisection. Announcing a threat, *The Sun* referred to the NLMF as

“Insurgent Healers” who have “broken away from the ‘regular’ medical profession.” On 16 May, the NLMF ran membership ads in all the major newspapers in the USA, with a large headline asking, “Do You Want the ‘Doctors’ Trust’ to be Able to Force Its Opinions on You? Do you want government by political doctors?” “Do you know that there are five bills before the current Congress, which if passed, could be so used, and the concealed purpose of which is to give such powers to a national department or bureau or ‘office’ of health?”⁹

In particular, the NLMF was organized to defeat the Owen bill, legislation moved by Oklahoma Senator Robert Owen and backed by the AMA and Committee of One Hundred on National Health to centralize the health mandates of five governmental agencies (i.e., Departments of Agriculture, Commerce, Interior, Justice, and State for a total of about \$19 billion per year) in Washington, D.C. within a Department of Public Health. Among thousands of health bills in state legislatures over the past decade, the Owen bill intensely galvanized medical freedom with the NLMF testifying at hearings, running newspaper ads, leafleting and pamphleting houses and streets, and organizing public gatherings and backroom meetings. For example, on the Senate floor on 19 May 1910, John L. Bates, former Governor of Massachusetts, represented the core of NLMF’s position: It is as important to have “medical freedom as it is to have political and religious freedom.” The NLMF opposed political structures that “put into power any one system of healing,” he continued. On 2 June, Frederick Bangs, Associate Counsel for the NLMF, testified that what was behind the Owen bill was “a selfish interest of a minority of what is known as the AMA, an organization composed almost exclusively of Allopathic doctors.” Bangs emphasized that physicians of all schools of medicine had concerns. Frank Lydston, an AMA professor in the State University of Illinois, Chicago, was quoted as saying that the outcome of the Owen bill would be “medical positions of the US Government—controlled by the machine. Medical appointments under the State—controlled by the machine. Medical offices in city or county—dispensed by the machine. Number and organization of medical colleges and personnel of medical faculties—dictated by the machine. Journals which may be published and organizations which we may join—controlled by the machine. ‘Thinks’ which we shall think—controlled by the machine” (Fig. 1). This rhetoric only slightly exaggerated the medico-political demographics of the government at the time. The NLMF concluded that all 6,253 physicians and health officers “now in the employ of the government are AMA members or allopathic doctors.”¹⁰

Collective politics for medical freedom and liberty had a long history generally coincident with various European academies and colleges of physicians established to regulate medical practice in the sixteenth and seventeenth centuries. Proponents were fond of recalling the medical freedom of Samuel Hahnemann, founder of homeopathy, who faced numerous obstructions to practice in Germany and coined the term “allopathy” in 1810 to bracket orthodox, “rational medicine.” When the AMA was founded in 1847, one justification was to “draw the line of demarcation between those who are of the profession and those who are not,” leaving a range of practitioners, including homeopaths, politicking for medical freedom. More recently, in 1882 and 1885, the New England Anti-Compulsory Vaccination League and the Anti-Vaccination League were formed in resistance to vaccinations made compulsory for school attendance or work in Boston and New York. In 1889, the National Constitutional Liberty League was formed in Boston, exciting the cause of medical freedom with J. Winfield Scott’s *The National Liberator*. Scott’s activist genre of medical journalism underwrote numerous periodicals to follow, including Lora Little’s *The Liberator* (1902–1906), the NLMF’s *Medical Freedom* (1911–1916), William Ensign’s *The Peril* (1914–1918), and the AMLL’s *The Truth-Teller* (1918–1931) and *Medical Liberty Avalanche* (1929–1931). As Editor of the *Arena* (1889–1909) and

"But the laws we must have. These laws must reach into ALL THE RELATIONS OF LIFE."

(Journal of the American Medical Association, June 8, 1907.)

SAMUEL G. DIXON, M. D., Secretary State Board of Health of Pennsylvania

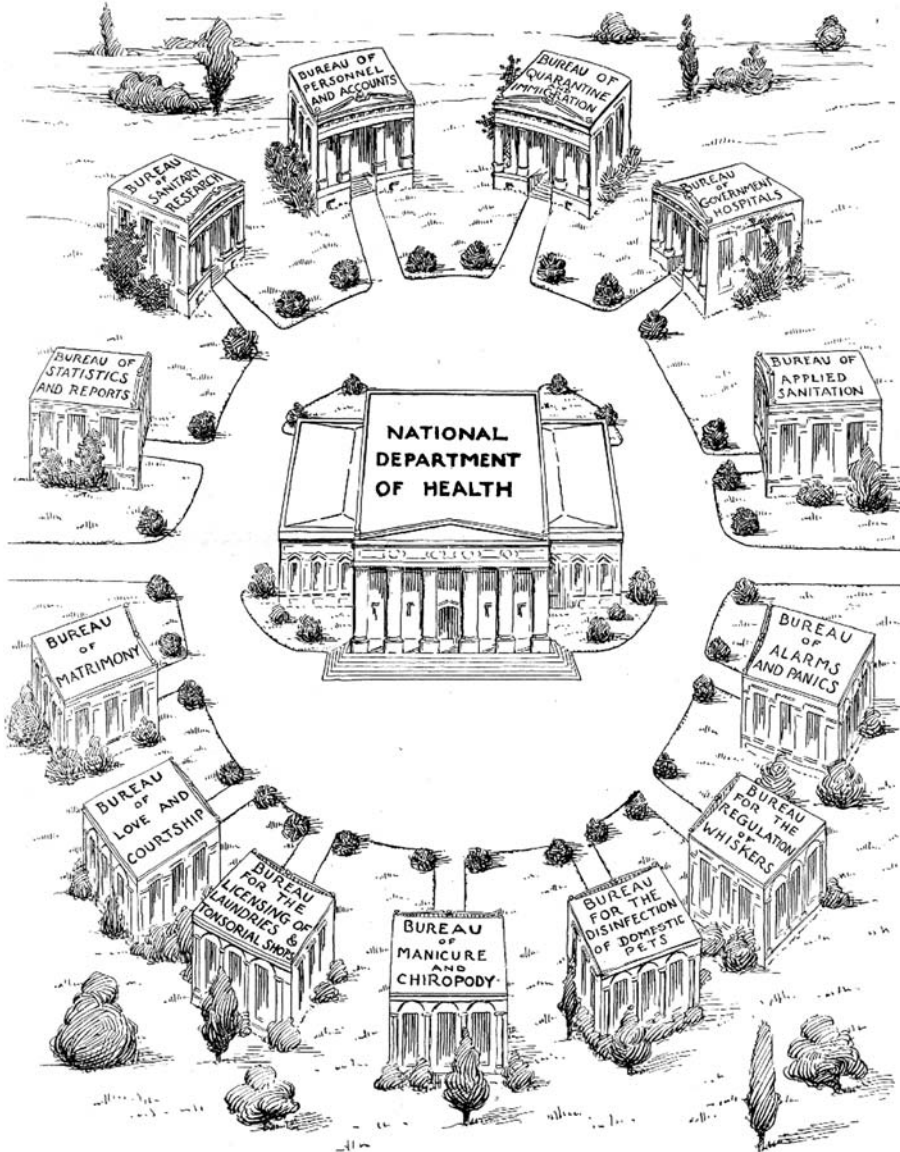


Fig. 1 Owen Bill medicalization. Source: *Medical Freedom 1* (February 1912): 6

Twentieth Century Magazine (1909–1913), B.O. Flower, the Founder and President of the NLMF, had a track record of assuring that medical freedom was public and social.¹¹

Accustomed to a family tradition of antislavery and women's rights campaigning and political radicalism, Flower moved from rural Illinois to Boston in 1882, at the age of twenty-two. After a few years of presiding over his brother's proprietary medicine business (R. C. Flower Medical Company, one million dollars in capital stock in 1895) in Boston, he struck out on his own to launch the *American Spectator* in the mid-1880s and merged it to

form the *Arena* in 1889. He helped found the American Psychic Society, and in the “Menace of Medical Monopoly” written in 1894, he anticipated the NLMF’s platform, basing religious and medical liberty on the same premise, or the “right to ‘liberty of choice’ in things pertaining to religion, or the soul’s welfare, and matters relating to the individual convictions and desires as they pertain to the healing art, or the well-being of the body.” As one biographer noted, he “crammed the *Arena* with propaganda for Democracy and filled his own editorials with clichés of Populism.” After McKinley took office in 1896, Flower shifted his politics to socialism and sharpened his critique of capitalism and restrictive legislation of the “medical monopoly.” By 1910, primarily through *Arena* editorials, articles, and interviews, medical freedom was a fairly established discourse that registered with a range of advocates.¹²

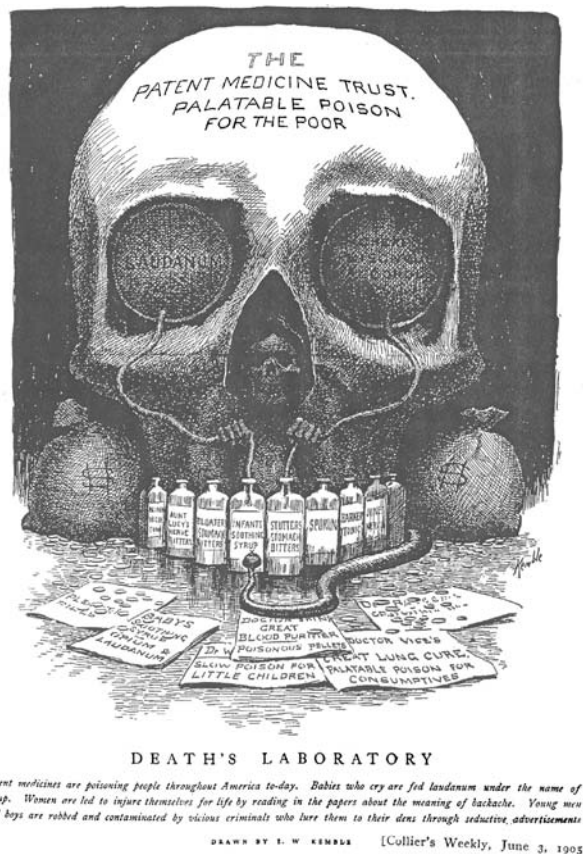
Flower boasted that, in less than 2 years, the NLMF “enrolled in its membership over two hundred thousand citizens, embracing several thousand educated physicians and men and women prominent in almost every walk of life.” “The alarm was sounded,” NLMF Secretary Arthur Harsch similarly reported, “to the Homeopaths, the Eclectics, the Osteopaths, the Christian Scientists and other schools of Healing [e.g., ayurveda, chiropractic, faith healing, herbal folk medicine, naturopathy], the members of the Anti-Compulsory Vaccination League and the Anti-Vivisection Society. Enrollments and funds poured in by the tens of thousands,” and five million leaflets and pamphlets were mailed out from the New York office. Over five hundred men and women were on the speaker’s bureau, delivering talks and lectures without salary or pay. Branch offices, established in thirty-two states, were especially active in Colorado, Georgia, Illinois, Massachusetts, Oregon, Pennsylvania and Wisconsin. At this time in the USA, there were approximately 28,300 drugless healers compared to forty thousand AMA members. About 17.6 million individuals from a total population of seventy million in the USA employed drugless healing; five million families of sixteen million subscribed to “irregular” medicine.¹³

The NLMF proved to be the first real test of the AMA’s Propaganda for Reform Department, established in 1906 to track, document and compile detailed reports on the movements of suspected detractors from allopathic medicine. An outgrowth of the AMA’s Council on Pharmacy and Chemistry, the Propaganda Department was a surveillance machine, encouraging networks of physicians to infiltrate and report back on the “forces of evil” emanating from “nostrums,” “patent medicines,” and “quacks.” Propaganda Department Director Arthur Cramp routinely discredited detractors via the *Journal of the AMA (JAMA)* beginning in 1907 and through a variety of other mechanisms and venues. A few years prior to receiving his M.D. in 1906, his 3-year-old daughter passed away by what he judged to be questionable therapy, and his turn to quackbusting apparently came easy. Cramp and the Propaganda Department zeroed in on patent and proprietary medicines, which had mixed relationships with AMA practitioners. Many practitioners were in the habit of compounding proprietary formulas or prescribing and selling patent and proprietary drugs. Despite the alliance formed in 1905 between the AMA, American Pharmaceutical Association (APA) and the National Association of Retail Druggists (NARD), the *JAMA* continued to run ads for patent and proprietary drugs, and internal dissent within the AMA prevented the association from providing a united front of support for the Pure Food Act of 1906. A few years earlier, the AMA was on the defensive for vaccination deaths and quietly supported the Virus-Toxin Law of 1902 (Biologics Control Act). Somewhat like the Owen bill, the diphtheria antitoxin deaths of five children in St. Louis in 1901 consolidated activism against allopathic practitioners and for medical freedom. The *JAMA* editorialized at the time, noting that “anti-vaccinationists, anti-vivisectionists, ‘Christian scientists’, and crotchety persons in general” would use the deaths for “evil purposes.” Cramp parroted this

logic through 1910, reasoning that the bulk of money flowing from these healers to the NLMF “undoubtedly comes from those whose interests are being jeopardized by the work the AMA is doing in exposing quackery and patent medicine.”¹⁴

Cramp’s Propaganda Department was given an early lesson in medical muckraking journalism by Samuel Hopkins Adams, who published “The Great American Fraud” as a *Collier’s* series during 1905 and early 1906. On 7 October 1905, he opened the series with the following salvo: “Gullible America will spend this year some seventy-five millions of dollars in the purchase of patent medicines” (Fig. 2). The sixth article in the first series appeared on 17 February 1906, and an additional six rounded out a second series. In one exposé, Adams reported that the Proprietary Association of America (PAA) included a contract clause for advertisements in some 15,000 newspapers. This clause, which voided the contract if anti-proprietary laws were passed, effectively muzzled the press. The AMA’s Propaganda Department worked with *JAMA* Editor Morris Fishbein to bind “The Great American Fraud” articles into a booklet and give it away or sell it to physicians and the public to the tune of six cents a piece across four editions in the first year. About 15,000 copies were sold within 5 years, and 500,000 were sold by the end of the 1910s. Cramp’s medical muckraking was fashioned after Adams’s style, and by 1910, he was well positioned with his Propaganda Department to expose any opposition to the Owen bill as fraudulent quackery. On 18 May, the eve of the Senate hearings on the bill, the *New York*

Fig. 2 Great American fraud.
Source: *Collier’s* (3 June 1905):
cover



Times kicked off the campaign with “Medical Freedom” as a headline. “Makers of patent medicines, adulterators of drugs, and practitioners of the cults of mental and osteopathic healing are up in arms,” the *Times* began. “They have persuaded a few well-intentioned but misled individuals to join them, and have formed the ‘NLMF’ to oppose practically all the reputable physicians in the country.” “License they mean,” the *Times* concluded, “when liberty they cry.”¹⁵

Science republished the *Times* editorial in June while Cramp and Fishbein worked to defame the NLMF monthly from June through August in the *JAMA. American Medicine*, an arm independent yet servile to the AMA, came to the association’s defense against the NLMF. “It is a shame, a miserable shame,” the Editor complained, that the “AMA should be forced to make any defense against such an unjust and unwarranted attack as that of the NLMF.” In defense of the doctors, *American Medicine* claimed that “allopathy is a misnomer for to-day there is no such school, nor are there any physicians who care to be dubbed ‘allopaths.’” For years, the *JAMA* constructed an aura of neutrality around scientific medicine, insisting: “‘Regular’ physicians belong to no ‘school of medicine;’ they are thus differentiated from those who hold certain tenets. That they are not ‘allopaths,’ that, in fact, there is no allopathic school, need perennially insisted on.” The NLMF associated the “regular” or allopathic doctors with orthodox medicine in the way in which one referred to the orthodoxy in religion. The politics continued with the AMA’s, APA’s and NARD’s mouthpieces—the *JAMA*, *American Medicine*, *American Journal of Pharmacy*, and *Pharmaceutical Record*—on the side of the allopaths, and the PAA’s and National Wholesale Druggist Associations’ the *National Druggist*, *Medical Brief*, *Medical Century* and *Medical Standard* joining *Medical Freedom* to defend the NLMF. In December, stirrings in the press and the Senate along with the NLMF’s campaign prompted U.S. President Taft to react in defense of the bill: “I greatly regret that the agitation in favor of this bureau has aroused a counter agitation against its creation, on the ground that the establishment of such a bureau is to be in the interest of a particular school of medicine.” Both Taft and former President Roosevelt had been vocal and public in their support of centralizing health.¹⁶

In the middle of the Owen proceedings, in June 1910, the Carnegie Foundation delivered copies of Abraham Flexner’s report, titled *Medical Education in the United States and Canada*, to the medical schools surveyed, politicians and news agencies. Historians generally concur that the Flexner report was “a bombshell that rattled medical and political forces throughout the country with its exposé of the miserable standards obtaining in most orthodox schools.” Among the one hundred sixty-eight medical schools visited and summarized were thirty-two irregular or unorthodox institutions, or what Flexner marginalized as “the medical sects” and worse (fifteen homeopathic schools; eight eclectic and eight osteopathic schools; one physiomedical school). He begins his description of these schools by asking “whether in this era of scientific medicine, sectarian medicine is logically defensible... whether, while it exists, separate standards, fixed by the conditions under which it can survive, are justifiable”? He went on: “there can be no limit to the number of dissenting sects. As a matter of fact, only three or four are entitled to serious notice in an educational discussion. The chiropractics, the mechano-therapists, and several others are not medical sectarians, though exceedingly desirous of masquerading as such; they are unconscionable quacks.”¹⁷

The *New York Times* covered the story with a front page headline, “Factories for the Making of Ignorant Doctors,” and emphasized Flexner’s recommendations to shut schools down and drastically reduce the number of medical graduates and competition among physicians. “Reckless over-production of cheap doctors has resulted in general overcrowding,” Flexner wrote matter-of-factly. “It appears, then, that the country needs fewer and better doctors; and that the way to get the better is to produce fewer.” A trend well

underway and fueled by the AMA's Council of Medical Education which was established in 1904, the number of medical schools in the US was reduced to 85, the number graduates were cut to nearly half, and only four homeopathic schools remained by 1921. Boston University was transformed from homeopathic to allopathic. The AMA sealed its power over accreditation and licensing in 1912 when the Federation of State Medical Boards accepted its medical school rating system. At the same time, osteopath Ira Collins lost an appeal that the state of Texas abridged his liberty to practice or violated his Fourteenth Amendment rights by establishing an allopathic medical licensing board unsympathetic to healers such as himself. Practitioners who could not meet the licensing board's approval could be fined or imprisoned. The US Supreme Court affirmed the AMA's power over licensing by deciding unanimously in February 1912 against Collins and ruled that medical practitioners "must begin by a diagnosis;" for general medical practice "science is needed." Similarly, in 1915 and 1916, the American Psychological Association and American Medico-Psychological Association (American Psychiatric Association in 1922) passed resolutions to control and limit diagnostic and psychotherapeutic practices. The Rockefeller and Carnegie foundations, philanthropic power behind the Flexner report, networked with the AMA to provide over 60 million dollars to about 25 select allopathic institutions to direct the course of medical education. Lewis Crutcher, a noted homeopath, responded to Flexner with the NLMF's position: "the term 'sectarianism' has taken on something of a new significance as of late.... The NLMF stands for but one thing, and that is for the inherent right of the individual to select the practitioner or system of his choice."¹⁸

Despite the Flexner report and although debate and iterations of the initial legislation continued through April 1913, it was evident that the Owen bill would be defeated by January 1911. The NLMF assumed responsibility for the defeat of the bill, and backlash ensued as *Collier's* Editor Norman Hapgood wrote a stinging editorial in May, proclaiming that "an octopus we don't like is the League for Medical Freedom. It is doing a tremendous amount of damage by its opposition to needed medical legislation.... It is alleged that \$25,000 per week was spent by the league lobby." The NLMF's attorneys advised that a "libel suit could be successfully prosecuted against *Collier's*" "on any one of a half dozen statements in this article." H. E. Lesan, NLMF Chair of Publicity and Education, handled the communication and noted that Hapgood's response to his letter indicated intent to escalate the muckraking in *Collier's*. "If we understand your letter correctly," Lesan wrote back, "it means that when we have established that things you said in *Collier's* about the League were untrue, that you intend to justify your attack—or even to continue it—on the ground that an organization which protests against any of the methods of the so-called regular medical profession is inimical to the public welfare." Hapgood responded by publishing two articles in the 3 June and 10 June issues that were as reactionary as the 6 May editorial. "Everyone who believes in 'freedom' in medicine," he retorted on 3 June, is within their "natural and political rights in supporting this league. *Collier's* not believing in this species of 'freedom', is also within its rights in treating the league as a menace, the make-up, bias, and purpose of which ought to be fully understood." Hapgood skewered Diana Belais, President of the New York Anti-Vivisection Society and founding member of the NLMF, as "a well-meaning, ignorant, reckless, and muddle-headed agitator." The noted poet and civil libertarian Edmund Vance Cooke came to her and the NLMF's defense, stating that "I have nothing against 'regular physicians,'" "at the same time, I reserve the right to consult an osteopath, homeopath, hydropath, or any other 'path,' or non-path." In other words, I believe in that *freedom* which *Collier's* decries."¹⁹

On 24 October 1911, a massive demonstration was organized by the NLMF in New York City to champion medical freedom and generally celebrate a groundswell of support

in defeating the Owen bill. As a *New York American* reporter described the scene, “a very large and enthusiastic mass meeting was held last night at Carnegie Hall to protest against compulsory medicine in general, and the so-called Owen bill in particular.... The audience was an especially intelligent one and had a large percentage of women in it.” Crutcher stood up and reported that in the Owen bill proceedings bogus claims were made about medical progress. The bill’s proponents, for example, claimed that with a central department, six hundred thousand people would be saved from death, and three million would be saved from sick beds each year. Crutcher asked why this could not be done now, without a centralized, political bureaucracy. He decried the state of medical politics, where if you are a drugless healer, “you cannot ever expect... to gain entrance into the medical department of the army, the navy or the government generally or to make any examination for the life insurance companies.” New York House Representative Robert Baker keynoted the rally and pointed out that the Owen bill’s real purpose was to “prevent competition in the healing art.” The AMA, he argued, is “spreading and disseminating their doctrine of fear to such an extent that many of the American people have fallen victims to their fears and are yielding to the demand that these men shall be entrenched in a medico-political power.” His talk punctuated by loud cheers and laughter, Baker concluded by acknowledging that medical freedom represented an awakening to the “machinations of the political doctors” who sought “to enlarge and extend their monopolistic powers.” The NLMF and an “attempt to enthrone a politico-medical trust are as far apart as the poles,” where “the one preserves and defends liberty; the other violates and outrages it.” AMA physicians attending the meeting were incensed and a report in *American Medicine* described the event much differently than the William Randolph Hearst news reporter. “The hall was crowded,” the physician reported, “and the majority of those who attended, came prepared to demonstrate by their erudite presence that they knew far more concerning the matter at hand, than any medical man in the world. Each one ardently craved the opportunity to cry ‘down with the medical trust’. Truly, it was an aggregation representative of popular fanatical excitement.” The female audience prompted *American Medicine* to post a warning to women easily duped by the NLMF and its seeming association with the patent medicine industry (Fig. 3).²⁰

The NLMF followed New York with another spirited meeting on 20–21 November with two thousand attendees in Chicago and continued with rallies in cities across the USA through the winter and spring of 1912. At the Ladies Literary Club in Grand Rapids, Michigan, Flower asserted the “nation-wide conflict between the AMA and the NLMF” was deeper than appeared. The conflict vitally affected three of the “great wellsprings of progress—democracy, scientific advancement and individual rights.” However, the AMA was now compromising all three wellsprings. “In America under liberty,” as Flower described it, “Homeopathy has become a real power in the medical world, notwithstanding the continued efforts of the old school to hamper and cripple it. Eclecticism also has risen in our midst under comparative freedom, yet it has had to battle for its life on account of the intolerance which has ever striven to hamper when it could not outlaw its practitioner. Now the same is true of Osteopathy, Christian Science and all other systems of cure that through their success in the treatment of the sick have aroused fierce opposition of the dominant school.” Of course, the AMA and doctors invested in allopathy consistently defended their power and denied that “the Regular or old school, because of age, trust methods and treachery has dominated and embarrassed the other systems or schools of healing.” According to one physician, all the AMA asked of legislators was laws “protecting the people from being preyed upon by a large class of charlatans, grafters, quacks, imposters, rogues, base deceivers and ignorant theorists.”²¹

Fig. 3 Women beware. Source: *American Medicine* 6 (December 1911): 629



THE SKELETON IN THE HOUSEWIFE'S CLOSET!

Invariably, the NLMF and its supporters were criticized for denying allopathic progress. While medical sociologists debated whether medical progress was due to public health or clinical and laboratory practice, the NLMF disregarded the progress narrative altogether. For example, the NLMF dismissed medical inspections in the schools, begun in 1894, as regressive or irrelevant, at best. Over a 15-year period of inspections, despite bold claims and hopes, contagious diseases and resultant deaths increased in Chicago and New York. The data were mixed in Boston, where physicians reported a decrease in cases of contagious diseases detected in schools between 1894 and 1908, but once nurses were employed to assist with the inspections in 1907, the cases increased. Diphtheria and scarlet fever cases reported by the doctors conducting school inspections did not exceed 77 and 31 respectively in any year between 1894 and 1907, but nurses reported 392 cases of diphtheria and 407 cases of scarlet fever for 1907. Nonetheless, Irving Fisher, President of the Committee of One Hundred on National Health, questioned “how anyone could oppose the Owen bill because of any supposed interference with medical freedom except on the assumption that he is opposing the onward march of medical knowledge.” If we listen to appeals for medical freedom, he continued in a debate with B. O. Flower in 1913, “we should limit the possibility of medical progress” (Fig. 4). The debate was prefaced with a comment by a physician proclaiming that “it is with indignation that one hears the rank and file of this noble profession pilloried as ‘the doctors’ trust.’” Given the mixed results and apparent dominance of, and “favoritism toward,” the “Medical Trust” across the



Fig. 4 Medical progress. Source: *American Medicine* 7 (September 1912): 469

educational system, the NLMF was alarmed by the pace of which allopathic medical inspectors were deployed.²²

Boston was the first city in the US to systematically implement medical inspections, beginning on 1 November 1894, and the practice was made compulsory across Massachusetts in 1906. A similar law for working children was passed in 1910. Section 2 of the 1906 law designated that “every school physician shall make a prompt examination and diagnosis of all children referred to him [by nurses or teachers], as hereinafter provided, and such further examination of teachers, janitors, and school buildings in his opinion the protection of the health of the pupils may require.” However, the doctors generally advocated supervision and treatment over the limits of inspection. As Thomas Harrington, an AMA physician and Director of School Hygiene for the Boston schools, phrased it in 1907: “Within very recent years medical inspection in America has widened in scope beyond the detection and isolation of contagious diseases among school children, and the inspector is asked to pass upon sight, hearing, spinal curvature, adenoids, mental and physical defects, or any other demonstrable or supposed cause interfering with the school advancement of the child.” This expansion of medical supervision and school hygiene made parents and many teachers uneasy about unchecked power. Harrington lamented that “the antagonisms of many families towards the agents of the health department, whom they regard as a sort of medical police, does not create active co-operation of the homes.” From the outset in 1894, nearly each medical inspector in Boston schools was somewhat of an “unwelcome visitor” or unnecessary intruder; “teachers were generally indifferent and children naturally “felt mortified when found infected.” Some teachers conducted the examinations themselves and placed signs on their doors indicating as much. The Superintendent of Schools reported in 1908 that he and his officers encountered “opposition

from teachers who feared that pedagogy was to be medicalized, from parents who resented any usurpation of home authority, from physicians who feared their private practice might be invaded, and from certain members of the public at large who saw dangers of paternalism in the movement.” Despite these misgivings, cities in the US implementing inspections in the schools increased to 411 by 1911 (Fig. 5). Seven states had compulsory laws like Massachusetts and another 12 states had somewhat more permissive laws.²³

Massachusetts revised its 1855 compulsory immunization law in 1902, requiring parents to have their children vaccinated by the age of two or face a \$5 per year fine until the vaccination. This and similar laws in nearly every state denied admission to school without proof of vaccination (provided they were not “unfit” for the serum) and a mandate for medical inspectors was to check students for vaccine marks (Fig. 6). In the midst of a smallpox epidemic from 1901 to 1903, the Board of Health complained that the city was “practically a hot-bed of the anti-vaccine heresy” while antivaccinationists reported that the Board, “in many cases had acted with autocratic power and forcibly assaulted persons to vaccinate them.”²⁴ The Virus-Toxin Control Act of 1902, Owen bill, and the NLMF gained common cause for the New England Anti-Compulsory Vaccination League, active since 1882, and the New England Antivivisection Society, established in 1895. The two groups produced an exhibit in Boston in 1912 attacking the vivisection of animals and humans, including children seemingly captive to dispensaries and residential, settlement house, and training schools. Challenging medical progress, one section of the exhibit juxtaposed a decline in smallpox deaths and rise in cancer deaths. With considerable disdain, the *Boston Medical and Surgical Journal (BMSJ)* was dismissive, suggesting that “the delusion of the antivivisectionists is daily weakening with the progress of general human enlightenment.” “The Age of Experiment is the Age of Progress,” a physician proclaimed in the *BMSJ* at the time.²⁵

The NLMF channeled antivaccination and antivivisection into medical freedom, supporting alliances for politicking against allopathic medical progress in cities such as Boston, Chicago and New York. For example, in Chicago on 29 May 1912, Richard

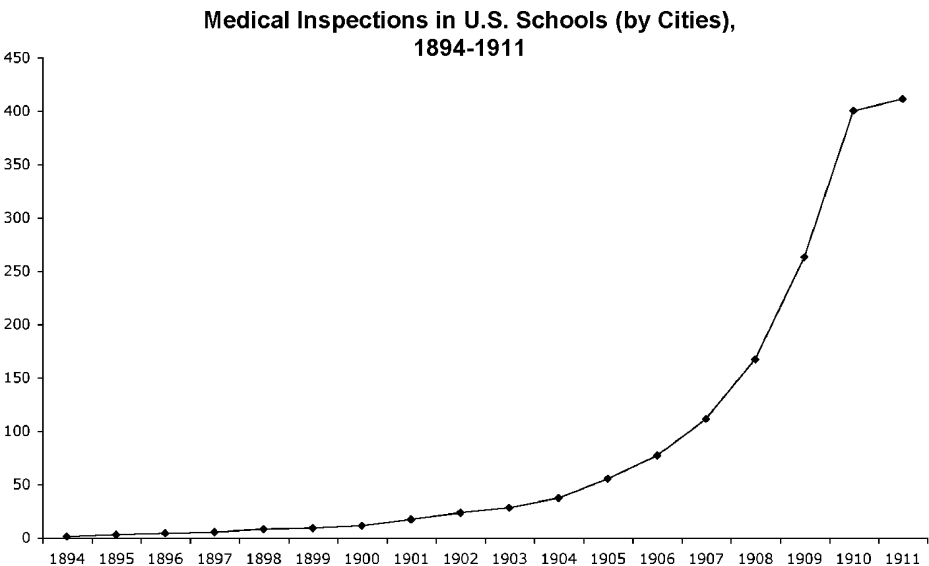


Fig. 5 Trends in school medical inspections. Source: Gulick & Ayres, *Medical Inspection*, 17



Vaccination inspection in New York City.

Fig. 6 Checking vaccination marks. Source: Gulick & Ayres, *Medical Inspection*, 21

Ludden was sent home from his public school after a diagnosis of ringworm by a medical inspector. The physician instructed the eight-year old boy's mother in a written message to put iodine on the facial marks and get further treatment for the contagious disease, proof of which would be necessary before returning to school. Mrs. Ludden was advised by the NLMF to get a second opinion. The private physician concluded that the boy did not have ringworm (a diagnosis also made by the boy's father, a homeopathic physician) and wrote a note confirming this. Upon the boy's return to school on 3 June, Principal H. T. Baker redirected him to the medical inspector who, again, sent the boy home under Section 110 of the Rules of the Chicago School Board: "Pupils infected with any communicable diseases... shall not be permitted to remain in the schools. The principal and medical inspectors may adopt such precautionary measures." In 1908, the Board of Education turned over medical inspection to the Department of Health, which in 1910 resolved that "pupils of the public schools shall be subject to medical inspectors." At that point, the city was carved up into 95 inspection districts, with 100 medical inspectors and 41 nurses. On 5 June 1912, NLMF Counsel James Jay Sheridan met with Chicago Commissioner of Health and physician George Young and reminded him of the liberties neglected in the Ludden case. Annoyed with the complaint, Young moved to "eject Mr. Sheridan from his office." The next day the boy was re-admitted to school on advice from the Commissioner but on 12 June the Board of Education passed an order requiring all students to submit an examination blank filled out by a physician at the start of the next school year. As the NLMF noted, now "the Board makes the physicians of Chicago a present of three hundred thousand patients on September 3rd" In defiance, the NLMF held that "there is no place in the public schools for the medical examination of children," and proceeded to publicize the Ludden case. Ads were placed in all the Chicago dailies and a leaflet was sent to 300,000 homes with a four-page

circular mailed upon request. NLMF branch offices flooded school officials across the USA with circulars and in New York a battle raged over the practice of stripping the children of their shirts for the inspectors. The September 1912 issue of *Medical Freedom* was dedicated to “Political Medicine in the Public Schools,” reminding subscribers that “Usurpation, Inspection and Medication” was matched by “Reflection, Protestation and Rejection.”²⁶

The US Commissioner of Education and Surgeon-General refused to publish NLMF studies critical of the inspections, one which asked bluntly: “Is the public school to be transformed into a clinic or a hospital?” Conceding compulsory examination, a former Dean of the American Medical College argued, “is but only a step to compulsory treatment [by the Allopathic school] with poisonous serums, vaccines and other death-dealing products, to the exclusion of all other means.” “There is no more pernicious officialism,” he continued, “than may be found in the political doctor if given a little authority. He is usually of a narrow mind and arrogant in his usurpation of privilege. Clothe him with power, and the rights and liberties of others disappear.” As feared in Boston when inspections were first introduced, examinations led to specific diagnoses, etiologies, treatments, and ultimately a curriculum invested in allopathy, reinforcing a fairly impenetrable political economy for the AMA and its “political doctors.” Richard Cabot, noted physician at the Massachusetts General Hospital and author, spoke candidly of medical inspections to politicians at a Boston conference: “if you mean business, if you really mean to put so much time and money into these things, if the state is ready to pay physicians to diagnose diseases, then it ought to follow up diagnosis by treatment.... Only in school clinics will treatment ever be effective.” The NLMF eventually accused the Chicago schools of using kids as “clinical material,” noting that in 1914, 75,476 students were physically examined; 45,176 (60%) were found defective; 35,425 were advised to seek surgery or treatment; and 9,244 were reported as corrected or healed. Similarly, 65% of the inspected students in Boston were found to be defective each year, and in New York, 74% of the students were defective, but 12,000 suffered from malnutrition or no nutrition and needed food, not medical treatment. In the lower east side of Manhattan, about 80% of the kids lived on scraps and slop at the time. Flower called compulsory medical examinations and treatment the “palliative makeshifts” of capitalistic political economy. “*They serve to divert the public mind from great economic wrongs that are root causes of the evils*” such as “involuntary poverty, child labor, the disease-breeding and overcrowding tenements, the sweatshops and other unnecessary evils—evils that would not be possible under just economic conditions, are major factors in the stunted and benumbed brains, the physically defective bodies of an army of little ones today.” Poignantly linking the “political doctors” to a “privilege-seeking class” “coining money” out of the working poor, he went on: “The parents and ancestors of these children have long been the victims of social injustice, and much is doubtless due to inherited weakness, which is reinforced by our evil economic conditions.” Medical liberty was personal inasmuch as it was a medico-political achievement (Fig. 7).²⁷

Medical progress, for the NLMF, meant a control of medical practice, on the one hand, and, on the other, a relentless medicalization of nearly all facets of everyday life through allopathic practices and policies. Through a series of contingencies, medical practices such as intelligence examinations, medical inspections, vaccinations, and the teaching of physical and school hygiene were increasingly institutionalized within educational systems of North America.²⁸ Medical freedom and liberty entailed practicing forms of healing alternative to the allopathic school while maintaining a site-by-site resistance to this medicalization. In *The Medical Question*, a book published from a series of articles in *The Naturopath*, A. A. Erz articulated an entire philosophy and politics of medical freedom and liberty. For Erz, a naturopathic and osteopathic practitioner and NLMF member in San

Fig. 7 Medical liberty. Source: *Medical Freedom* 4 (December 1914): 57



Francisco, medical freedom amounted to this in 1913: “Shall about 30,000 shrewdly organized politico-medical doctors, chiefly of the allopathic school, known as the AMA, which constitutes the Doctors’ Trust, and claims to represent the 150,000 medical men in the U.S. [52% were AMA members], have the right to dictate to every free citizen of this doctor-ridden country of liberty what kind of a physician he must take, or not?” Primarily through the work of the NLMF, resistance was inspired in cities such as Battle Creek, Berkeley, Davenport, Denver and Pasadena. In Battle Creek, Michigan, the mecca of natural dietetics and naturopathic healing, compulsory medical inspection legislation was soundly defeated (1,465 votes against; 475 in favor) on 6 September 1915. The plebiscite basically asked “inspection or no inspection?” or whether all students of Battle Creek schools should be “required to undergo compulsory medical, dental and optical examination by physicians selected by the board of education?” The NLMF moved its offices to Chicago, home of the AMA, in January 1913 and, after decisive defeat of the final iteration of the Owen bill in 1916, moved to disband. Upon the announcement of the termination scheduled for 1 September 1916, Diana Belais, President for the organization’s final year, proudly announced: “the NLMF deserves a prominent place as a movement in line with the struggles for liberty which have played such an active part in the history of the U.S.”²⁹

The AMA’s Propaganda Department tracked and documented nearly every turn the NLMF took over its 5-year existence and completed dossiers for the league’s officers and members. Weekly entries in the *JAMA* often looked like rap sheets intended to expose resistance to the medical establishment, contradicting an official AMA position dismissing the NLMF as a minor distraction. In 1911, the Propaganda Department’s weekly columns were collated in *Nostrums and Quackery*, a seven hundred page text reducing “medical freedom” to an attempt to “discredit and bring into disrepute the AMA.” A decade later, Cramp framed the history of the NLMF, writing that it “blazed its rocket-like course across the medical firmament—and in due time, the stick came down!... Tens, if not hundreds of thousands of dollars, were spent in newspapers advertising alone. But its effort was abortive

because it was fundamentally wrong-headed and the good sense of the American people penetrated the motives that were behind it.” Yet as the AMA was writing a house history of the NLMF they were monitoring the motives and moves of its successor.³⁰

The American Medical Liberty League (AMLL) was established on 15 August 1918 with headquarters in Chicago and, like the NLMF, a clear platform and diversified campaign to confront the AMA. Charles Higgins was elected President, had been active in the NLMF and New York Anti-Vivisection Society and was a long-term Treasurer of the Anti-Vaccination League of America. Higgins published a widely circulated pamphlet in 1915, *The Crime Against the School Child*, clarifying legal strategies for defeating compulsory vaccination and examination legislation. The AMLL’s governance extended to vice-presidents representing about thirty states with William S. Ensign as one of four directors elected.

Much like the NLMF, there was wide support from the drugless healers, but the AMA immediately concluded that the AMLL backed Ensign, whom Cramp called a “particularly blatant quack” dealing in patent medicine and the nostrum industry. Ensign was founder and manager of the Ensign Remedies Company, a family-run homeopathic mail-order company established in 1898 with offices in Battle Creek and Windsor, Ontario. The company offered a remedy for over 1,000 ailments from no. 1. Mental Diseases, no. 49. Impotency and no. 436A. Ivy poisoning to no. 1058A Joints, stiffness. The “Ensign Theory” combined homeopathy and biochemistry—“The Chemistry of Life.” “There are no crude drugs,” Ensign’s system proposed, “in any of these remedies and they are not dangerous in any sized dose.” In 1913, the Michigan Dairy and Food Commissioner reported that cures for appendicitis, hay fever and pneumonia were composed of 100% sugar. Ensign had published the *Peril* since 1914, a semi-monthly paper for medical freedom, continuing *Homeopathic News*, and especially critical of eugenics. The *Peril* was transformed into the *Truth-Teller* to serve as the AMLL’s official organ, described by Cramp as a “lurid publication, which periodically discharges voluminous verbal sewage against scientific medicine in general, and the AMA in particular.”³¹

Lora C. (Williams) Little, AMLL secretary and co-editor of the *Truth-Teller*, had more to do with organizing the AMLL than anyone else. Little anticipated that with the coming of peace in 1918, there would “burst forth” a “long-pent feeling over medical outrages, committed wholesale over the past two years.” Born in 1856 in Minnesota Territory, she was inspired into activism through the death of her 7-year old boy in 1896 while living in Yonkers, New York. With an experience very similar to but also opposite in its implications to that of Cramp, her son was vaccinated in order to enter public school but died of complications arising from the diphtheria and measles seemingly contacted from the serum. The story retold in her 1906 *Crimes Against the Cowpox Ring*, she subsequently launched a “crusade against legalized child murder by vaccination” through the *Liberator*, a Minneapolis monthly “devoted to freedom from medical superstition and tyranny.” Through various populist movements including the NLMF, Little honed her critique of “political doctors” and the “medical trust.” In *Medical Freedom* during 1913, for example, she reasoned: “What a single dissenter would have the right to claim, namely, medical freedom, thirty-four million dissenters [or advocates of drugless healing] should be able to take.” “And why do we not take it up?”, she asked. “Why do we empower medical examining boards to dictate who shall and who shall not aid the sick to regain health? And why do we, now that this medicalism is losing ground with the people, allow our public schools to be invaded and the minds and bodies of our children so worked upon as to imbue the rising generation with ideas which the mature minds of the time are fast outgrowing? Why?” She organized a number of intense antivaccination campaigns between 1911 and 1918 in Portland, Oregon, and relocated to Chicago with a charge of medical liberty.³²

Within a year, Little networked the AMLL with the National Public School Protective League creating the Central Health Committee (CHC) of the State of Illinois to take on the Republican Party and its “political doctors” in or running for office. The CHC endorsed AMLL member Frederick Freeark of Chicago as a delegate to the state constitutional convention in 1919 and petitioned for a “medical liberty” clause in the Illinois constitution. The clause drew on the AMLL’s definition of “medical liberty on the same basis as religious liberty:” “The free exercise and enjoyment of the profession and practice of the healing art, without discrimination, shall be forever guaranteed; and no person shall be denied any civil or political right, privilege or capacity, on account of his convictions with reference to the healing of the body... No person shall be required to employ, or pay taxes to support, any practitioner or any system of healing against his consent, nor shall any preference be given to any school or system of healing.” Similar legislation was proposed by the Public School Protective League in California, with far ranging regulations of medical and psychotherapeutic practice passing in Los Angeles. Letters from irritated physicians poured into the AMA’s Propaganda Department; one suggested that the AMLL was “camouflaging under the name of ‘liberty’” and out to “destroy all medical organizations including the AMA.” As his office did with the NLMF, Cramp responded to doctors with evidence that he had the AMLL under surveillance. Freeark lost his bid for the constitutional convention but the “non-partisan” CHC was able to help defeat the renowned allopath Leonard Wood in his bid for Presidential candidate at the Republican National Convention in June 1920 and helped keep Owen (of Owen bill fame) out of the Democratic Party race.³³

From 24 to 26 October, the AMLL held its second annual meeting at the Hotel Sherman in Chicago, with a string of distinguished advocates of medical liberty presenting, including criminal lawyer Clarence Darrow, suffragist Sophie Greve Kenyon, antivivisectionist Nellie C. Williams, chiropractic B. J. Palmer along with activists such as Belais and Freeark. In her report following the banquet dinner on the 25th, Little declared that seventeen damage suits were filed during October against Cook County “principals and Superintendent of Public Schools and the City Health Department, to test the rights of healthy children to attend public schools without compulsory” examination, treatment and vaccination. The Chicago ordinance of 1926 finally secured defense against compulsory “vaccination, injection or medication” without consent or assent of parents and guardians. Through meetings and rallies, or distribution of the *Truth-Teller*, pamphlets and stickers at public events or via mail, the AMLL continued to move public and political opinion. In *The Baby and the Medical Machine*, Little spoke directly to women, asking “how long are the wily medical grafters to control the women’s clubs of the country to further their ends?” “A doctor is always a doctor,” the AMLL reminded readers in *Why Doctors Should not be Health Officers*. “The doctor cannot forget that he is a doctor and when he becomes health officer, he proceeds to ‘doctor’ the whole community.” The AMLL recognized this as medicalization, including what in the mid 1920s they called the “medicalizing of the public schools.” By this point, to demonstrate the medicalization process, the AMLL had configured the AMA into “an AUTOCRATIC OCTOPUS whose tentacles are ever reaching out for more power, more money, more laws for the octopus and against the people” (Fig. 8).³⁴

Confidence in the AMA and the allopath’s medicalization was eroded and shaken throughout the 1920s despite the extensive reach of the “medical octopus.” Like the NLMF, the AMLL questioned reductions of medical progress to doctors or clinical and laboratory practices and the AMA and its practitioners continued to dismiss such denials as naïve and misinformed. Over the century, mortality rates from common disease epidemics dropped in

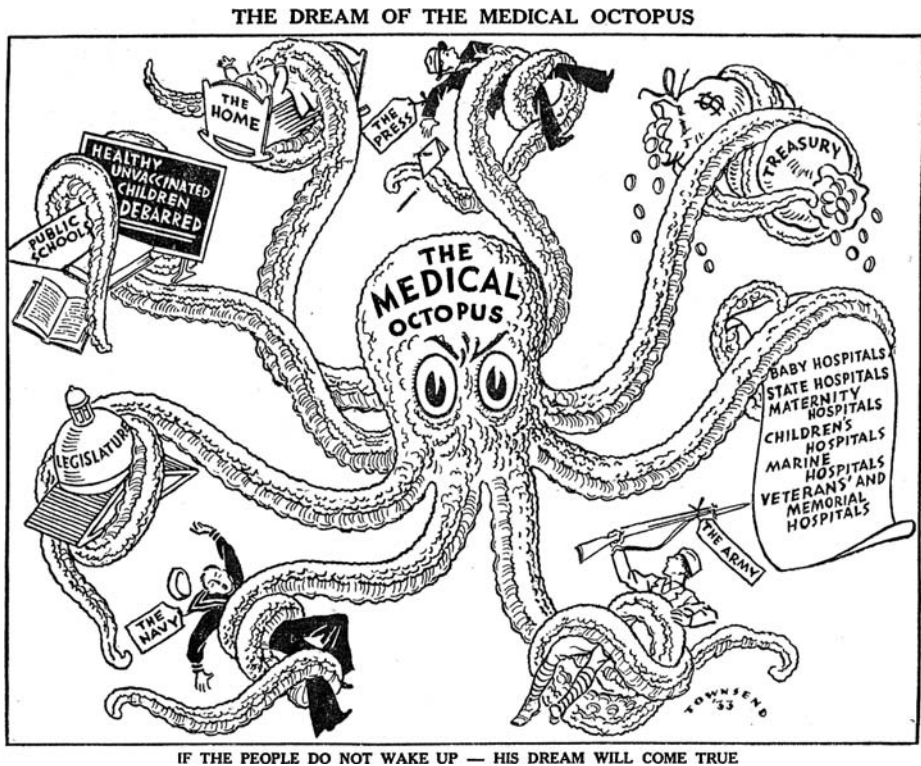


Fig. 8 Medicalization. Source: AMLL/50/05, AMA Archives, Chicago, IL

cities including Boston, Chicago, New York and San Francisco, but deaths from pneumonia and accidents were on the rise. Public health and sanitation engineering were the best predictors of decreases in mortality, yet with 489,583 involved in curative medicine (doctors, dentists, nurses) and only 17,180 involved in preventive medicine in 1923, doctors were reluctant to attribute power to such minor resources. To re-educate the public, the AMA published a second volume of *Nostrums and Quackery* (830 pp.) in 1921, distributed Cramp's *JAMA* entry on the AMLL, launched the popular magazine *Hygeia* in 1922, and mobilized an offensive against an AMA physician's exposé of allopathic power in the *Century Magazine's* series "Our Medicine Men." In 1923, the AMA published *Some Quasi-Medical Institutions* and reformed Cramp's Propaganda Department into a Bureau of Investigation while the Chicago Medical Society commissioned Buda Carroll Keller to explore why they were losing patients to "quacks and cults and practitioners of little value." After asking 6,772 subjects in Chicago and its suburbs, "what did you do the last time you were sick?" and "what led you to do that?", she and her team found that only 931 or 7% "had never dabbled in any cult or pseudo-science." Some said "the physician has too much graft. He looks at you once and charges you five dollars for a prescription which he gets from a book on the shelf." Others noted that "doctors resent questions. They either shut you up summarily or overwhelm you by an utterly incomprehensible explanation." The drugless healers, some admitted, "make you a factor in your own healing. It is subjective. Medicine treats you merely as an objective—a clod of a thing to be worked upon." The immigrant communities on the west side of Chicago "showed a smaller per cent experimenting with

doubtful healing practices than the exclusive Hyde Park and North Shore residential districts.” In her report to the society on 16 May, the physicians were ironically relieved to hear that 93% “of these people do not care to come to you unless they think they are going to die.” Presiding over the society, James Hutton recommended that doctors follow the example of the bankers, who seemingly won the public’s trust by educating it away from the temptations of financial schemers. The analogy proved to be a bad one as the stock market crash of 1929 made public trust in both bankers and capitalism almost non-existent.³⁵

For the AMLL, Herbert Hoover provided hope that liberty would be institutionalized in high public office, especially given his “Rugged Individualism” speech closing his campaign on 22 October 1928. Characterizing the principles of the USA as “decentralized self-government, ordered liberty, equal opportunity, and freedom to the individual,” President-elect Hoover received an endorsement at the AMLL’s tenth annual meeting. His reputation within the AMLL was short-lived however, as on 20 March 1929, Little demanded accountability when he proposed to combine Health, Education and Welfare into an executive department headed up by an ex-AMA president. She reminded the President that there is “deep and widespread hostility to any plan to extend the objectionable, because tyrannical and oppressive, power” of the AMA and allopathic medicine. In 1929, with branches in forty-one states, the AMLL established a new journal called *Medical Liberty Avalanche*, initiated free legal council to parents and drugless healers, and promoted John Spivak’s new book, *The Medical Trust Unmasked*. Although the AMA continued to document various AMLL literature through 1938 and physicians were still complaining about pamphlets trickling in through the mail in 1958, when Little died from kidney failure on 30 October 1931, the AMLL and basically medical liberty passed on with her. And even though the American Civil Liberties Union entered its second decade in 1931, liberty was manifest in the likes of the American Liberty League, established in 1934 to oppose the New Deal and represent the market and property rights and interests of Chase National Bank, Du Pont, General Motors, Goodyear Tire, Standard Oil, US Steel, and the Mutual Life Insurance Company, or \$37 billion in assets and capital. One observer of the times put it: “On the one hand is liberty to amass wealth and power through private ownership or management of industry, trade and finance. On the other is liberty of the wage-earners and recipients of small salaries, the farmers, the professional classes, to have jobs and security, to express themselves through organization and political control of government, to seek a higher standard of material well-being and culture.”³⁶

Medical liberty

In *The Birth of the Clinic*, Foucault sets up two discourses characterizing modern medicine in the late eighteenth century. The two “dreams,” he explains, “are isomorphic: the first expressing in a very positive way the strict, militant, dogmatic medicalization of society, by way of a quasi-religious conversion, and the establishment of a therapeutic clergy; the second expressing the same medicalization, but in a triumphant, negative way, that is to say, the volatilization of disease in a corrected, organized and ceaselessly supervised environment, in which medicine itself would finally disappear, together with its object and its *raison d’être*.” However, he warns, “we must not be misled by the manifest contradiction” of clinical and social medicine—free and individualizing on one hand and moral and normalizing on the other. The problem of health in the “liberated domain” of the democratic state is a problem of “medicine in liberty.” Foucault recognized that under

economic and political liberalism, public health and clinical medicine acquired unique problems of governmentality: “Can medicine be a free profession that is protected by no corporative law, no prohibition of practice, no privilege of qualification? Can the medical consciousness of a nation be as spontaneous as its civic or moral consciousness?”³⁷

The NLMF and AMLL tried to secure this spontaneity by politicking for individual protection from bureaucratic and state control of medical practice. Yet it is not merely this Lockean notion of freedom from or protection against tyranny and legal or bureaucratic coercion that underwrites medical liberty. With the AMA exercising license, privilege, and power in the interests of its physicians’ liberties, the NLMF and AMLL recognized that allopathic medicine and its political doctors were configured into the destiny of the state. They recognized, albeit not in the way Foucault explains, that asylums, clinics, courts, hospitals, prisons and schools were exemplary spaces in which technologies of disciplinary power and governmentality were deployed and tested and through which bodies and minds were made docile and resistant, embodying the rudiments of self-governance. Hence, it should be clear that allopathic power and medical liberty are co-emergent rather than reactionary.

By modeling schools on the clinic and dispensary, allopaths anticipated that their medical knowledge was sufficiently authoritative *and* liberal to preempt or accommodate any concerns or resistance that educators, parents and students entertained. Foucault reminds us that clinical knowledge is not merely constituted by discipline and surveillance; both discipline and liberality are inscribed within clinical medicine, albeit with a few contradictions and incompatibilities. Yet the NLMF and AMLL recognized that this license of liberalism was far from natural—they rejected a conflation of allopathic rights with natural rights to health; allopathic medicine, whether in clinics, courts or schools, was inherently political. Testing the limits of allopathic power, the NLMF and AMLL rejected particular processes of medicalization and regulation along with the liberality inscribed within, offering medical liberty from allopathic knowledge and power instead. And defined as free exercise of “choice in healing systems and practitioners” and free exercise of “right to serve the sick or well who desire services toward recovery of maintenance of health,” medical freedom was part and parcel with the practices of drugless healing. Designed within these practices, medical liberty was free expression of political ideas or, specifically, medico-political ideas contrary to the dominant healing system of the AMA and state. Nonetheless, for the state and corporate entities, among which the AMA could be counted, medical liberty was a “*technical* requirement” for a health product and services market wherein interests and privilege were maintained through a logic of individualized choice. Nowadays, medical liberty is reduced to “medical pluralism,” a realignment of interests and relations as integrative and complementary practice for consumer-oriented neoliberal markets. Pluralism has a much different historical trajectory than liberty.³⁸ And whether or not cognitive liberty, coined and made operative by the Center for Cognitive Liberty and Ethics in 2000, revives the social history of medical liberty is uncertain.³⁹

Endnotes

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