

Author Takes Another Slap At His Physician Colleagues

BY GEORGE PALMER

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Dr. Robert S. Mendelsohn, Chicago physician and medical professor, ruffled the feathers of his peers two years ago when his first book, Confessions of a Medical Heretic, was published.

His second book, Male Practice: How Doctors Manipulate Women (Contemporary Books, \$10.95), was published earlier this month. Again, Mendelsohn pulls no punches in his criticism of what he calls "the institution of Modern Medicine, which I have been battling quietly for nearly 30 years."

In his new book, he zeroes in on what he considers are medical abuses specific to women. Even the print style of the book's title is a visual slap at his fellow doctors.

The title is printed on both the dust jacket and the hard cover in block capital letters—MALE PRACTICE. However, the E in MALE is a see-through letter, and, at first glance, the title can be read as MAL PRACTICE.

QUESTION: Why the concentration on women in this book?

Mendelsohn: Well, first, women make seven times as many visits to the doctor as men do. My argument is that this behavior starts with childbirth, when, until recently, a woman was left alone with her obstetrician in the delivery room.

When he delivered the baby, he would show it to the woman who would then lavish expressions of love and approval on the doctor. I think this should be more properly reserved for one's husband.

But I think at that point, the real bonding occurred—not between the mother and baby but rather between the mother and doctor. She then becomes dependent on doctors for the rest of her life.

QUESTION: The birth of the baby sort of locks her in?

Mendelsohn: Right. Another thing is that doctors refer to gynecologists as primary physicians for women. And yet, did you ever hear of a urologist who was primary physician for men?

And doctors are always willing to experiment with the hormonal treatment of women—such as with the birth control pill and postmenopausal symptoms—but they hardly ever do the same thing on men.

Doctors are always willing to remove the reproductive organs of women, but hardly ever remove the reproductive organs of men.

conversation

And it's very interesting—I mean, the words they use. For example, when they take out the uterus, they don't say they're doing a hysterectomy. They go right to the word, hysteria.

They say they're doing a hysterectomy. They're taking out a woman's hysteria. That's the Greek word for uterus. The derivation of the English word, hysteria, comes from the fact the Greeks felt the hysteria was the seat of the problem in a woman.

QUESTION: Do women have a greater proclivity than men for going to the doctor?

Mendelsohn: Yes, I think so. But let me go back to the beginning again. Because doctors have now defined pregnancy as a disease that lasts for nine months—a disease they, the doctors, must cure—women become dependent on doctors at the beginning of the baby's life.

You know, doctors now use an average of 14 drugs during pregnancy and delivery. That number used to be three—as recently as 15 years ago.

In general, doctors give more pills to women. The major seller right now is Valium, and 80% of all prescriptions for it are written for women. That's because doctors feel women are born with a congenital Valium deficiency which they, the doctors, must then correct.

QUESTION: What do you consider other manipulations of women by doctors?

Mendelsohn: Some doctors create certain dis-

example, they create something they call the tired housewife syndrome, the treatment for which is Valium, which only makes you more tired.

Some of the stuff being done on women today becomes outright bizarre. Take the sex abortions which are now going on at four major university hospitals—Johns Hopkins, UCLA, George Washington and Yale. They're aborting four female fetuses for every male fetus.

Parents come to the doctor and say they want an amniocentesis performed (extracting fluid from the womb) to determine the sex of the fetus. If the parents don't want a girl baby, they ask the doctor to abort the fetus and he does.

Of course, the doctors say, "We are performing this operation with reluctance." My comment is that I hope they are collecting their fees with equal reluctance.

QUESTION: What are your thoughts on breast cancer surgery?

Mendelsohn: As a matter of fact, since I've written this book, the incidence of bilateral prophylactic mastectomies has just spread around the country.

I'll explain that. A doctor asks a woman in her 20s who is perfectly healthy if she has a family history of breast cancer. If she does, they are recommending bilateral prophylactic mastectomies—removing both breasts, just in case. They practice just-in-case medicine.



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