

◇ COLLEGE ASSOCIATION NUMBER. ◇



BULLETIN

OF THE

American Academy of Medicine.

NO. 18.—DECEMBER, 1893.

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TIME OF NEXT MEETING.—Wednesday and Thursday, August 29 and 30, 1894.

PLACE OF NEXT MEETING.—Jefferson, N. H.

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BULLETIN

OF THE

American Academy of Medicine.

No. ISSUED DECEMBER, 1893. 18.

THE AMERICAN ACADEMY OF MEDICINE is not responsible for the sentiments expressed in any paper or address read at its meetings.

THE METHODS OF THE MANUAL TRAINING SCHOOL IN MEDICAL EDUCATION.¹

BY E. L. HOLMES, M. D., LL. D., PRESIDENT RUSH MEDICAL COLLEGE, PROFESSOR
DISEASES OF THE EYE AND OF THE EAR, CHICAGO.

There can be mentioned scarcely a system of education so imperfect and so unphilosophical as that which prevails in the medical colleges of this country. The American physicians who have become skillful practitioners and distinguished teachers or writers, have become so in spite of the system under which they were taught in college.

Although there is improvement in our schools, there still exists too great disproportion in the efforts of teachers to tell and show students as compared with those which require them to do for themselves.

The absurdity of this system becomes the more apparent, if possible, by a comparison with the methods by which mechanics learn their trades. Young men in our machine shops do not spend nearly all their time listening to lectures on machinery and looking at workmen using tools in its construction. What apprentice could ever learn in this way to make a shoe, an engine, or sewing machine?

The apprentice commences from the first with his tools to perform the work to which he expects to devote his life. The

¹ Read at the Fourth Annual Meeting of the Association of the American Medical Colleges, Milwaukee, Wis., June 7, 1893.

art of medicine can only be well learned by acquiring skillful use of the necessary instruments and remedies.

The admirable address of Prof. Vaughan at the last meeting of this Association leaves little to be said regarding certain departments of medical instruction. I wish at this time to discuss some of the principles to which Prof. Vaughan made brief mention at the close of his address.

Assuming that the student in laboratory work acquires practical knowledge of the microscope sufficient for his progress in its use without a teacher, I wish first to direct attention to the importance of due instruction in the use of the ordinary instruments employed in studying diagnosis. These are chiefly the stethoscope, the hammer and pleximeter, the laryngoscope, rhinoscope, the ophthalmoscope, otoscope, the probe, the exploring needle, the catheter, and speculum.

It is a lamentable fact, whatever may be stated in the annual announcements of our colleges, that instruction in the manipulation of these instruments, even those used in auscultation and percussion, is wholly inadequate for the needs of the student.

Let me explain my meaning by referring to a method of teaching the use of three important instruments, two of which present considerable difficulty to nearly all students.

Models of the head in papier-maché may contain most admirable representations of the normal and of the abnormal tissues of the throat, nostrils, and ears. In the orbits may be placed ordinary transparent models of the eye (Schematic eye) such as are constructed for teaching the use of the ophthalmoscope. These eyes are remarkably like the human eye and illustrate accurately many of the intra-ocular diseases and also the errors of refraction. By the aid of these models the use of the laryngoscope, ophthalmoscope, and otoscope may be perfectly acquired. After due practice the beginner can easily and intelligibly examine eyes, ears, and throats of patients. The principles of this method may be applied in teaching the use of the other instruments of diagnosis I have mentioned, the human body—either dead or living—being employed in certain cases instead of models.

The instruments which are employed in treatment are chiefly

the knife, scissors, forceps, needle and thread, curette, drill, saw, chisel, sound, catheter, bandages, splints and braces, and obstetrical instruments.

Is it not true that the average student, even in our best schools, does not receive adequate training in the manipulation of these ordinary instruments? I emphasize the word adequate. To furnish such training is simply to introduce in their extent and perfection the methods of our best manual training schools.

In obstetrics we find a sad deficiency in practical instruction. The "alcohol baby" and the "rubber mother," the recent fetus and the eviscerated female cadaver afford excellent means for training the beginner in certain procedures. They should, however, simply prepare the way for bedside instruction.

It is far from my intention to attempt to persuade this assembly of teachers that undergraduates can become experts in the manipulations which are practiced in medicine, surgery, and obstetrics. I do, however, insist upon the proposition, that every young physician should be as well prepared for his future work as a young "journeyman" for his trade.

We may now consider certain difficulties which arise in attempting to introduce honestly and faithfully these methods into our schools. First, the expense. The laboratory instruction as arranged by Prof. Vaughan, and the practical work which I have suggested, in a school of 600 students, implies an aggregate of buildings which can be provided only at an enormous expense. The cost of material, including apparatus, human cadavers and the bodies of animals would also be very large. No small sum would be required for salaries of increased numbers of efficient professors, instructors, demonstrators, and assistants of various grades.

A lying-in hospital which could provide the adequate bedside experience, which every student should receive, would still further increase the expense beyond the means of nearly every school in the country. This difficulty, in the present state of medical education is absolutely insurmountable, for no school can provide instruction on the broad plan I have sketched, with the means derived solely from the fees of students. State

aid, private munificence, and increase of fees will render feasible the plans I propose.

The next difficulty to which I will allude is that of so dividing the student's time that he may perform all this variety of practical work and yet neglect neither lectures, recitations, clinics, nor the study of his books. There are several ways in which this difficulty may be diminished. A more careful, yet reasonable, preliminary examination in English literature, physics, mathematics and the rudiments of Latin will indirectly accomplish much to economize the student's time. The mental discipline in gaining this knowledge, and the knowledge itself, furnish the student with valuable mental time and labor-saving instruments. An obvious and simple means of diminishing this difficulty is to demand attendance during at least four terms of nine months each. Valuable time may be saved for the student by reducing the number of typical didactic lectures to such a minimum as may be consistent with the best interests of the student.

Since no student, however industrious he may be, can acquire more than a knowledge of the fundamental facts and principles of his science, the greatest care should be observed by his teachers that he spends little time on those matters which he can well pursue independently after he has been graduated. Turn for example to the subject of *Materia Medica* and *Therapeutics*. A good text book in which forty or fifty remedies only are carefully discussed may contain all the average student really needs. He can investigate at his leisure and understandingly all other articles of the pharmacopeia, after he has entered upon practice.

There is one more difficulty, which will not be overcome without great effort on the part of our schools and of the state. The mass of students in this country are seeking primarily, not a good medical education, but diplomas that they may at the least expense of time and money commence practice and earn a living. Our medical schools have been compelled from want of means to supply simply what students demand—diplomas with very inadequate teaching.

This is analogous to the condition which prevails in our

trades. Few boys are willing to learn well a trade. They are content to acquire facility in performing a very small part of what is expected of a thorough workman—so impatient are they to earn wages.

In our medical schools the state of affairs will at once improve if the license to practice shall depend upon an examination before a state board, which shall perform its duties strictly yet judiciously.

In conclusion I may say that it is the task of our schools to devise a curriculum, which in due proportion—whatever that may be—will employ laboratory methods in teaching the *art* as well as the *science* of medicine. By the science of medicine I mean that which may be taught by laboratory work in Anatomy, Physiology, Chemistry, Bacteriology, and Pathology. By the art of medicine I mean that which may be taught by adequate laboratory methods regarding every procedure and the manipulation of every instrument which is employed in medicine, surgery, and obstetrics.

In connection with this work will of course be clinics, recitations, didactic lectures and exercises in handling and measuring medicines and in writing prescriptions.

SPECIALISM IN REGULAR COURSE.¹

BY DUDLEY S. REYNOLDS, A. M., M. D., PROFESSOR OF OPHTHALMOLOGY, OTOTOLOGY, AND MEDICAL JURISPRUDENCE IN THE HOSPITAL COLLEGE OF MEDICINE, MEDICAL DEPARTMENT OF THE CENTRAL UNIVERSITY OF KENTUCKY, LOUISVILLE.

It is difficult to define specialism in medical teaching, since the curriculum of every regular medical college is made up of several branches, each one taught by an expert.

Now an expert teacher of chemistry and toxicology cannot be a practitioner of medicine, in any other than a special sense. The professor of anatomy, no matter what he practises, must devote a large portion of his time and attention to the study of anatomy, to enable him to teach it acceptably; he is, therefore, a specialist in this line of study, and must have more elaborate and extensive familiarity with the details than any other person not so engaged.

The obstetrician is likewise a specialist in his line of work, even though he may not devote all his time to this branch of practice; and for the purpose of medical teaching, the professor in any branch must, of necessity, be a specialist in that department.

Specialism in medicine is not exclusive, and so we sometimes observe ophthalmologists teaching physiology, materia medica, etc. These definitions are rather intended as suggestive, for the purpose of indicating the fact that specialism in medicine is not exclusive, and must arise in the ranks of the regular profession.

✓ Medical education advances in the schools *pari passu*, with the growth of experimental knowledge, and every well-appointed medical college must include in its curriculum everything which necessarily pertains directly to the profession of medicine in its broadest sense. There is so much required to make up the normal standard of medical education that no one man may apply all of it in practice and no one man be counted competent to teach more than one practical branch.

The field of general surgery must be taught both theoretically and practically; the teacher in this department must therefore

¹ Read at the Fourth Annual Meeting of the Association of American Medical Colleges, Milwaukee, Wis., June 7, 1893.

be experienced in practice. The exacting demands of this branch of professional labor gives to it the character of specialism; and, although this is looked upon as one of the fundamental branches of a medical education, it does not pretend to cover the whole domain of surgery.

Gynecology is now so important a subject as to require the services of an expert specialist to teach this acceptably in any first class medical college; it is an important branch of surgery, involving many of the gravest operations which the surgeon ever attempts to perform, and is thought to be beyond the reach of any person engaged in any other department of practice. This must always remain one of the fundamental principles of a general medical education; it must likewise remain one of the legitimate fields of specialism.

Ophthalmology and otology are necessary and legitimate fields of practice, and have come to be regarded as essential branches of a medical education. Laryngology, with the diseases of the respiratory system, requires such precision of instrumental manipulation as to constitute a separate field of specialism in practice, and has therefore, grown to the importance of a necessary place in the regular curriculum of a medical college.

The place which specialism should occupy in the regular course has not received that thoughtful attention which the necessities of an elaborate medical education seem to demand; in proof of this assertion the successful career of post-graduate medical schools may be observed. Now if the colleges generally gave the proper recognition to the various specialties in practice, there could be no room for post-graduate instruction, and I wish to distinguish between post-graduate and polyclinical schools; they occupy essentially different grounds; and there may always be a proper field for polyclinical schools to afford practitioners living remote from centers of education an opportunity to witness the methods of expert specialists to the best advantage.

The general practitioner of medicine must now comprehend the full significance of pelvic pains, with fever, and general prostration; he must, therefore, be instructed in the art of diagnosis by the skilled specialist in gynecology. He must be able to

recognize retinal hemorrhage; the meaning of headaches which follow from the long use of the eyes, and the conditions for the normal use not only of the eyes but of other organs. He should be taught, therefore, the use of the ophthalmoscope in diagnosis, and know something of the laws of refraction and accommodation of the eye. He must be able to manipulate the laryngoscope as an instrument of diagnosis at least; and he must learn from a chemist, and not from any other person, the details of those analytical processes which shall disclose to him the presence or absence of the normal amount of urea; of albumen, and other morbid urinary deposits.

Specialism in medical teaching must make up all the integral parts of the course, and a medical education which does not embrace absolutely everything relating to treatment of disease and injury cannot be counted complete, or even satisfactory. That all these practical requirements should be exacted no one will deny. That a tendency to their adoption by the better class of medical colleges is growing, the catalogues of the various institutions in this country abundantly show. We must not expect substantial advancement in medical education, except through the constant incorporation of the work of the specialist, in every practical field. If the specialist in diseases of the rectum can shed new light upon the practice in that branch it is at once demanded as a part of the legitimate work of the schools to teach these latest advances. Whenever the nature of the work is either so difficult of performance as to require special training, or so extensive as to require all one's time in the practice, it at once becomes a specialty, and must be taught by the expert specialist in the regular course of a general medical education.

DISCUSSION.

In discussing Dr. Reynold's paper, Dr. David Streett of Baltimore, said: We are not prepared to place in the catalogue of specialties the fundamental branches,—anatomy, physiology, pathology, and materia medica; admitting they are special branches, they are not *specialties* as usually accepted. We can claim as specialties only those branches bearing upon and describing the diagnosis and treatment of diseases, to which the former are necessary prerequisites, in yielding to the student indispensable fundamental knowledge. So many specialties in every department of medicine and surgery as now exist manifest a diminished in-

fluence and usefulness of the general practitioner and surgeon, rather than a broadening of medical science as a whole.

In the present state of our profession, we have specialists for every system, organ, and part of the body. May we not pertinently inquire, what is to be the future field of labor for practitioners? The existence of so many specialists and specialties, shows a demand, *not* for more *specialists*, but for better educated physicians, who shall be better qualified to render scientific and rational clinical services as required in the present era of human progress.

With the formation of such a class of physicians, their influence and usefulness will increase; the general tendency to specialism will cease; and specialists will be disproportionally diminished in number.

Specialism will then probably be confined to such branches, as "The Eye and Ear," "Nose and Throat," and other fields generally admitted to require special qualifications, delicate manipulation, and dexterity.

Can we, with the present college curriculum, completed in three terms of six months each, develop such physicians? To do so will require more thorough instruction in a more liberal curriculum than is now usually found.

Specialists cannot be made in our medical colleges; they must be developed by additional education and practice, in post-graduate schools or polyclinics, at home or abroad. If the medical colleges of the present cannot develop the *ideal* physician, let us do the best we can under the circumstances. Let us give more instruction on practice of medicine, surgery, and obstetrics, and proportionally less on special subjects. Then will we graduate better educated physicians, who will be better qualified to diagnose and treat diseases.

Some of these well-rounded physicians will pursue post-graduate courses and become specialists; and they will be *able* in their respective branches, because the superstructure of their special knowledge is supported by a sound and comprehensive medical education.

In this era, so prevalent is the desire of students to become specialists, that many of them, while pursuing the regular course of study, and before they have completed the fundamental branches, avow their determination to become specialists; if permitted they will pursue special instructions while yet undergraduates.

It is unnecessary for me to say such course should not be permitted or encouraged.

I am of the opinion that in many medical colleges, too much time, proportionally, is devoted to special branches, and too little to the major branches. *Two* lectures per week on each specialty, are frequently given, and only *three* on major branches like practice of medicine, surgery, and obstetrics. *Two-thirds* as much time is thus devoted to teaching each *special* branch, as is given to each general branch.

Students are taught minutiae of *special* branches before they have comprehended the general branches; they are required to construct the roof of the temple before the walls thereof have been completed.

Of the large number of graduates, comparatively few become specialists. Some special branches are rarely or never practised by the general practitioner.

Why, then, require of students so much time and study on branches which practitioners rarely pursue, when such time, in a short college term, is deducted from that required for fundamental and other important branches?

It is a misappropriation of valuable time; a misapplication of much study. Sufficient time should be devoted to special subjects, during the regular course, to enable students to comprehend their most important principles and facts; as much time and study as is consistent with a thorough knowledge of the more important branches. Such instruction will not qualify them as specialists. Why then, require for their study so much time, which can be more profitably applied to general medicine and surgery.

Practitioners should be taught a regular course in medical colleges; to become specialists they should receive special post-graduate instruction.

Recognition of such principles and a corresponding regulation of time and study, will result in the graduation of better physicians, the formation of better practitioners; in greater good to mankind and glory to our profession.

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appointment
by the ab. gap the- upon
he entered on the study
of medicine -
the
Sept*

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

TRANSACTIONS FOURTH ANNUAL MEETING.

MILWAUKEE, June 7th, 1893.

The fourth annual session of the Association of American Medical Colleges convened at the Pfister Hotel at 4 P. M., N. S. Davis, M.D., LL.D., presiding.

The minutes of the last meeting were read and approved.

The following named colleges were represented as indicated:

- University of California, Robert A. McLean, M.D.
- Medical Dep't, Howard University, Robert Reyburn, M.D.
- Medical Dep't, University Minnesota, Perry H. Millard, M.D.
- Medical Dep't, Northwestern University, N. S. Davis, M.D.
- Medical Dep't, Arkansas, Ind., University, Edwin Bentley, M.D.
- Medical Dep't, Central University, (Ky.), D. S. Reynolds, M.D.
- Medical Dep't, Syracuse University, H. D. Didama, M.D.
- Medical Dep't, Georgetown University, G. L. McGruder, M.D.
- Gross Medical College, Robert Levy, M.D.
- Miami Medical College, A. J. Steele, M.D.
- Michigan College of Medicine, Carl B. Storr, M.D.
- Sioux City Medical College, J. H. Talberg, M.D.
- Rush Medical College, E. P. Holmes, M.D.
- Woman's Medical College of Pa., J. B. Roberts, M.D.
- Keokuk Medical College, Geo. F. Jenkins, M.D.
- College Physicians and Surgeons (Chicago), Bayard Holmes, M.D.
- Detroit Medical College, H. V. Walker, M.D.
- University Medical College (Baltimore), J. J. Chisholm, M.D.
- Medical Dep't, University of Wooster, A. R. Baker, M.D.
- Cincinnati College Medicine and Surgery, C. A. L. Reed, M.D.
- Baltimore Medical College, David Streett, M.D.
- Barnes Medical College, C. H. Hughes, M.D.
- Toledo Medical College, John North, M.D.
- Medical Dep't, University of Michigan, A. J. H. Erdman, M.D.

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In the absence of members of the Judicial Council, Drs. E. L. Holmes, J. B. Roberts, and David Streett were elected to act as members pro-tempore. Dr. D. S. Reynolds, Chairman of the Judicial Council, reported favorably upon the application of the Sioux City Medical College and the Barnes Medical College, of St. Louis, for membership in the Association. In the matter of the application of the Hannibal Medical College, of Memphis, Tenn., the committee reported that they had not sufficient evidence as to the facilities of the College to base a decision and

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therefore recommended that in the interim they refer the question of membership to the Chairman, with the power to act.

Signed,

D. S. REYNOLDS, Chairman,
H. D. DIDAMA,
E. L. HOLMES,
J. B. ROBERTS,
DAVID STREETT.

Upon motion the report of the Committee was adopted and the Secretary instructed to furnish any evidence in his possession regarding the Hannibal Medical College.

Dr. Perry H. Millard reported the following system of blanks and register, from the committee appointed for this purpose :

BLANK FORM, No. 1:—

(No.....)

Name of College.....189..

This certifies that.....

has passed the Entrance Examination....., and paid the Matriculation and Annual Fees for the session of 189.. and 189.. and is entitled to registration or classification as a in this College.

Signed,

.....

.....

BLANK FORM, No. 2:—

(No.....)

Name of College.....189..

[SEAL] *This certifies that*.....

has attended per cent.* of the full course of lectures ending.....

..... 189.. and has been classified as a.....

and has completed the work in this College in the following named

branches, to wit:.....

.....

Conditions,

[Signed]

.....

*Attendance upon per cent. of all the work is required in order to be classified.

It is understood that no certificates are to be issued by the different professors, but that they are to report directly to the proper officers who are to issue all certificates to the students.

STUDENT HISTORY BOOK.

Name of the student..... Date of birth.....

Residence	{	State or Country.....
		County
		Town

Nationality..... Literary degree.....

Entrance qualifications	{	Graduate of.....
		Matriculate in

Examination in	{	Composition
		Latin
		Arithmetic
		Algebra
		Physics

Preceptor

Date of matriculation

Date of Classification

Date of Certificate of Attendance.....

CLASS RECORD.—FIRST YEAR.

Histology and embryology..... Materia medica.....

Anatomy..... Physiological laboratory.....

Physiology..... Chemical laboratory

Chemistry..... Practical anatomy.....

SECOND YEAR.

Date of matriculation..... Date of classification.....

Date of certificate of attendance

Bacteriology..... Medical jurisprudence.....

Anatomy..... Hygiene

Physiology..... Practical anatomy.....

Chemistry..... Therapeutics.....

THIRD YEAR.

Date of matriculation	
Date of classification	
Date of certificate of attendance	
Practice	Pathology
Surgery	Pedology
Obstetrics	Orthopedics
Gynecology	Surgical anatomy
Mental and Nervous.....	Laryngology
Ophthalmology.....	Physical diagnosis.....
Dermatology	Clinical medicine.....
Genito-urinary	Therapeutics
Remarks.....	
Diploma	
Post-graduate history	

The Secretary submitted the following amendment to the By-Laws which upon motion was adopted :

Resolved, That the by-laws be amended by the following insertion regulating membership to be known as Article V, Articles V and VI becoming Articles VI and VII.

MEMBERSHIP.

Membership in this association shall be divided into Active, Associate, and Honorary.

SECTION I.—The active membership shall consist of those persons duly appointed to represent the various colleges for the fiscal year.

SECTION II.—Associate membership shall consist of persons duly appointed to represent post-graduate medical colleges or State Boards of Medical Examiners.

SECTION III.—Honorary membership shall consist of former active members and distinguished teachers of medicine and surgery.

SECTION IV.—Associate and honorary members are not entitled to vote, but may participate in the proceedings of any meeting upon invitation of the president or presiding officer, or furnish papers upon invitation of the president and secretary.

The Secretary submitted the following communication from Chas. McIntire, M.D., Secretary of the American Academy of Medicine, and Editor of the BULLETIN representing that Association.

MILWAUKEE, JUNE 5, 1893.

TO PERRY H. MILLARD, M.D.,

Secretary of Association of American Medical Colleges,

Dear Doctor: The American Academy of Medicine, in its desire to have its BULLETIN of the greatest benefit to the profession in the lines along which the Academy is working, has instructed me to offer the use of its pages to your association for the publication of your transactions and papers. We will be pleased to put each college of your membership on our "exchange list," sending the copy to such officer of the college as you may suggest, and a complimentary copy to each of your officers. In addition we will endeavor to treat the authors of your papers in the same way that we treat our own fellows, by giving to the author of each paper twenty-five copies of the BULLETIN containing his article, and furnish them reprints if they desire at the cost of paper and press-work only.

Hoping to be able to receive a favorable reply from your association,

I remain very truly yours,

CHAS. MCINTIRE, Secretary.

Upon motion the proposition was unanimously adopted and the BULLETIN made the official organ of the Association.

In response to an inquiry by Prof. Chisholm regarding the proper classification of students and graduates of colleges of Dentistry, Pharmacy, and Veterinary Medicine, the advisability of giving such students advanced standing was referred to the Judicial Council with the request that it report at the next Annual Meeting.

The election of officers for the ensuing year resulted as follows:

President, N. S. Davis, M.D., LL.D. *Chic Med Coll*
 First Vice President, H. D. Didama, M.D.; *for vacated*
 J. B. Roberts, M.D. *Woman's Med Coll Pa.*
 Secretary and Treasurer, Perry H. Millard, M.D. *Minnesota*
 Judicial Council, A. R. Baker, M.D., J. J. Chisholm, M.D.

Present members of Judicial Council: D. S. Reynolds, M.D., term expires 1895; Victor C. Vaughan, M.D., term expires 1895; W. H. Pancoast, M.D., term expires 1895; Aaron Friedenwald, M.D., term expires 1894; J. H. Etheridge, M.D., term expires, 1894; A. R. Baker, M.D., term expires 1896; J. J. Chisholm, M.D., term expires 1896.

The Secretary reported that several colleges, now members, were violating the provisions of the By-Laws and requested that suitable action be taken in regard thereto.

Upon motion the Judicial Council and Secretary were

instructed to investigate the character of the work being done by the various colleges suspected of laxity in their curriculum and report at the next Annual Meeting.

Upon motion Drs. Reed and Millard were appointed a committee to enquire as to the character of instruction demanded by the various colleges of the Latin-American nations. Upon motion Association adjourned until 8 P.M.

Adjourned meeting convened at 8 P.M., President Davis in the chair. Dr. David Streett submitted the following motion providing for an amendment to the Constitution, to wit:—moved to amend Section IV, Article 3, by striking out the words, “by the Faculty of the College wanting the degree.” Upon motion the Secretary was instructed to submit the amendment for consideration at the next annual session. The question having been raised as to the propriety of giving Homeopathic students credit for work accomplished as such students was referred to the Judicial Council for subsequent recommendation to the Association.

Drs. H. Erdman, of the University of Michigan, and the Secretary were appointed a committee to confer with the Association of State Medical Examining Boards regarding the propriety of adopting a uniform system of credits for students coming from other colleges.

Dr. E. L. Holmes, of Rush Medical College, submitted an interesting paper upon the following topic:—“The Method of the Manual Training School in Medical Education.” The paper was discussed by Profs. Erdman, North, Bayard Holmes, Davis, and Jenks.

Prof. Dudley S. Reynolds, of the Hospital College of Medicine, Louisville, Ky., submitted an interesting paper upon the following topic:—“Specialism in Regular Course.” The paper was discussed in detail by Profs. Streett, E. L. Holmes, and North.

Prof. Bayard Holmes, of the College of Physicians and Surgeons, submitted a report of the system of laboratory book-keeping in use at the college he represented.

Upon motion the Association adjourned.

PERRY H. MILLARD,
Secretary.

THE DUTY OF THE STATE TO MEDICINE.¹

BY BENJAMIN LEE, A.M., M.D., PH.D., OF PHILADELPHIA, SECRETARY OF THE STATE BOARD OF HEALTH OF PENNSYLVANIA.

That much over-rated document, the Code of Ethics of the American Association, at once the most highly lauded and the best abused essay ever written by a respectable, elderly, medical gentleman for the amusement of his idle hours, the *fetich* of one faction of the profession and the *bête noire* or bugaboo of another, contains a brief article entitled, "Obligations of the Public to Physicians." Even the Dr. Putnam of the imaginary "Conversations" of our lamented second president, the distinguished Hamilton, whom the latter puts forth as the doughty champion of the Code, concedes that "the whole of this article should be stricken out as having no proper place in a Code of Ethics intended solely for the regulation of the conduct of medical men."

While entirely in sympathy with this decision, I yet find the article in question to afford material which may serve as a text for the brief remarks which I propose to offer. It reads as follows: "The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism; to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it."

Now, while it is of course folly for physicians, as individuals, to pose as public benefactors before the public as composed of individuals, and to exact of that public that in recognition of their active and unwearied beneficence, they, the individual members of the great public, shall treat them with the utmost

¹A paper read before the Academy of Medicine at its meeting, in Milwaukee, June 5, 1893.

consideration and respect, and make a proper discrimination between true science and the assumptions of ignorance and empiricism, yet it is quite reasonable that the public in its concrete shape, as represented by that crystallization of its forces and powers which we denominate government, or, "the State," should take cognizance of the existence of that respectable aggregation of its citizens and citizenesses who devote themselves to the practice of the art of healing or preventing disease, which delights to call itself "the Profession," and should recognize the fact that, as it is not slow to impose obligations upon this class of the community, it, in like manner, incurs obligations toward the same.

Among these obligations may be mentioned the following : The duty of according to physicians occupying official positions, whether under the National or State Governments, equal recognition, rights, privileges, ranks, and emoluments as those accorded to members of other professions, and notably of the legal and military professions, occupying similar positions; that of securing to the medical profession such a standard of education and attainment, both preliminary and technical, as shall enable it to command the respect of the people and to maintain its position as one of the learned professions; that of calling upon physicians for the performance of no service for which it does not offer compensation; that of protecting its members against malicious prosecutions for accidents for which they are not morally responsible; that of taking official cognizance of great achievements in medicine including surgery; and finally that of recognizing the importance of that branch of the art and science known as State medicine, and giving it that prominence in the administration of the body politic to which the benefits already conferred by it upon humanity amply entitle it.

The field for the exercise of the duty first named, it will readily be understood, is, in this country, the army and navy of the United States, and the militia of the several states. In no department of these services under the national government are the requirements for entrance more exacting than those imposed upon candidates for admission into the medical staff. As a natural consequence in no branch of the service are there more

intelligent, cultivated, and efficient officers. Furthermore, on no department does an army depend more for its success than on the medical, inasmuch as careful attention to the health of a command and insistence upon the best obtainable hygienic conditions assure the largest possible number of able-bodied fighting men. And yet the surgeon, as a non-combatant, is invariably outranked by his military compeer, and every opportunity is embraced to make him feel his inferiority. The horizon of his opportunities is comparatively limited, his pay is small and the occasions on which his services in the field receive the recognition of honorable mention so dear to the soldier's heart are lamentably few. Probably this is so to even a greater extent in the navy than in the army. In both it is an injustice which should be remedied. There are also many governmental appointments both at home and abroad which physicians are entirely competent to fill, such as embassies and important consulships, to which members of the legal profession or publicists are almost invariably appointed. Especially in view of the fact that so many of our consuls at foreign courts are called upon to perform the duty of sanitary inspectors in order to prevent the exportation of disease from foreign countries to our own, it is desirable that physicians should be called upon to take these positions much more frequently than they now are, and that the emoluments of such posts should be sufficient to command men of ability and standing, and to enable them to live in a style commensurate with the greatness of our country.

In the second place the State owes it to the medical body that it shall place such restrictions upon admission to its ranks that only men of liberal education and of, at least, a moderate degree of culture, shall be able to enter them.

The only way in which this desirable result can be obtained is by insisting upon the devotion by the candidate of a certain number of years to the preliminary study of the liberal arts and letters, followed by an equally well systematized course of purely medical instruction, the whole sealed by a just, impartial, but thorough examination. This has long been recognized as essential in all countries but our own. So long as this matter is left to the discretion of purely voluntary, mercantile, educa-

tional institutions, so long will the required protection fail to be afforded. The State must fix a standard both of preparatory and of scientific acquirement, and the State must appoint examining bodies to see that this standard is reached by every applicant for a license to practice the medical art.

At the present time, in this country, the most practicable plan is for each separate State to appoint such Board of Medical Examiners. The time will no doubt come, with growing civilization, when this will be deemed a function of the National Government. In this way the vexatious differences existing in the requirements and methods of the several states will be obliterated. The number of these Boards is steadily increasing, the last State to recognize the force of this obligation being that which I have the honor to represent, Pennsylvania. The fact of the extreme desirability of uniformity in the administration of such bodies is sufficiently attested by the session in this city during the present week of a national, or international, "Conference of State Medical Examining and Licensing Boards in the United States and Canada." The fellows of this Academy could not spend time more profitably, so far as the special objects for which the Academy was created are concerned, than by attending the meetings of this conference, to which I can assure them a hearty welcome. Among the topics to be discussed, under many subdivisions, are, the evolution of State Medical Examining and Licensing Boards; their composition; the provisions of the various State laws; and the methods of conducting examinations.

The State owes it to medicine to remove all unnecessary restrictions, imposed by fanaticism, superstition, ignorance, and false sentimentality upon the study of those prime factors in medical knowledge, anatomy and physiology, and of diseased conditions in the lower animals under guarantee of the avoidance of the useless infliction of suffering.

Whether the State should carry its enforcement of the necessity for an education of a certain character and value so far as itself to provide the means for such education in the shape of schools and laboratories may still be considered an open question, although there are strong and cogent reasons for viewing

it affirmatively. In our sister republic, Mexico, the State maintains a preparatory school, thoroughly equipped. No one can apply for admission to the medical school, who has not passed through the entire five years course of this admirable preparatory school or college.

Again, the State frequently calls upon the physicians for the discharge of duties in the way of returns of sickness and death. The duty is an imperative one, and no thoroughly conscientious man who appreciates his relations to the State will purposely shirk it. At the same time it involves the expenditure of care, time, and thought and sometimes risks friendship and popularity. The State has manifestly no right to demand this service of the medical practitioner without returning him a reasonable pecuniary recompense therefor. And when it enforces its demand by heavy penalties, as is now the rule, it is approaching dangerously near the exercise of tyranny.

Furthermore, physicians are constantly liable, even in cases to which they have given the most devoted attention and exercised all the skill of their art, to vexatious prosecutions because they are not omnipotent to heal, or because precautions on which they have insisted have been neglected. Such prosecutions are often almost ruinous in their results. The State owes it to the profession of medicine to devise some means by which its members, duly qualified according to its own requirements and practising under its ægis, may be protected from such vexatious assaults and not left to the mercy of ignorant or prejudiced juries.

Moreover, scarcely a decade goes by which is not marked by some great achievement in medicine or surgery, which will be the means of saving countless lives and relieving untold suffering. The State should take cognizance of such discoveries and achievements, and either by complimentary resolutions, honorable appointment, pecuniary reward or lasting memorial, at once signify its intelligent appreciation of the blessings thus conferred, and hold out a guerdon to encourage emulation of such praiseworthy effort and self devotion in the coming generation of physicians.

Finally, a phrase which would have conveyed no meaning to

the ears of many of us when students, and which brings into actual juxtaposition the two opposing members of my subject, the phrase "State Medicine" has in these later days become almost a household word. In one sense it is a misnomer. For the medicus is the remedier or healer—and medicine is the healing art; while State Medicine deals in prevention, deeming this far better than cure. We must bear in mind, however, that while medicine regards the life of the individual measured by years, State Medicine looks to the life of the nation measured by centuries, and does heal the race of its plagues. It would be a waste of time to parade statistics before the Academy to prove the inestimable benefits which State Medicine has conferred upon nations and upon humanity in the prolongation of life, diminution of the death rate, and prevention of suffering, and, as a corollary to all these, the increase of wealth and substantial comfort. And in the accomplishment of this grand work the physician and medical science have ever been the foremost agents. The State does not recognize this fact as it should. From our humblest hamlets to the central seat of authority in the nation the medical officer of health, under whatever designation he may be known, is discredited, thwarted, underpaid, provided with insufficient means to carry on his beneficent projects, and accorded the lowest place among functionaries. It is the duty of the State toward State Medicine to reverse all this, for, if, as was asserted by one of England's most astute *premiers*, "The Health of the People is the First Duty of the Statesman" then the statesman who performs this duty is entitled to the front rank among his fellows.

DISCUSSION.

Dr. J. McFadden Gaston, of Atlanta, Ga., in opening the discussion, said that the paper was suggestive of enough to occupy much time. (1) There is the benefit accruing to the public. If our profession is what it should be, this is evident, and we should compel the public to recognize their obligation to us. The state and government should recognize this obligation and give us authoritative enactments to aid us. Unfortunately in some states, having laws, they are not enforced. The people too often pay too much attention to quacks. (2) Certainly physicians should have equal rights with other citizens in occupying offices of public honor or trust. (3) The third point in the paper relates to the necessity of a standard of preliminary training established by legal enactment. The pro-

profession pays too little attention to this; too many think that even a preliminary training in English is hardly necessary. Dr. Gaston would insist upon some knowledge of Latin and Greek. Students should also be prepared in the office of a physician, otherwise they cannot very well understand the lectures at first. (4) The paper says that physicians should be properly compensated; this is self-evident. People respect you more if you present your bills. Many states have no law compelling the payment of fees for expert services. (5) In the next place the author of the paper suggests that the government should take official cognizance of remarkable work in medicine or surgery; this is hardly a proper or a high motive for us, if we receive either position or money. It may be a fitting thing in a monarchy hardly so in a democracy. (6) The sixth proposition refers to insufficient appropriations for boards of health, in this connection we should urge a cabinet position. (7) While it is hardly necessary to send medical men as ambassadors, still it would be well to send a physician to investigate yellow fever; we do not pay enough attention to inoculation in this disease. In like manner the cholera might be studied. (8) The author next reverts to state examining boards, this is a choice of evils, since the schools are tempted to send out improperly prepared men. An attempt was made in Georgia, but the bill did not require that men should be well instructed in medicine. The Boards should be appointed in such a way as to certainly secure this. Leave it to the profession, as, for example, let the appointments be made by the state societies.

Dr. H. O. Marcy, of Boston, thought that the code should be in the hands of the public as well as in the possession of the doctor. Preliminary education, important as it is, is not enough, the care should extend to the medical education as well.

Dr. Leartus Connor, of Detroit, suggested that the doctor was the teacher of the people. Were all the people properly taught many of the present problems relating to the physician would cease being problems and the difficulties would be removed.

Dr. Bayard Holmes, of Chicago, said that remuneration for public service should always be insisted upon. In a free hospital every one is paid but the physician, and on what ethical grounds can he give his services? He may receive remuneration in instruction; no service should be freely given except when the hospital will permit the clinical material to be used for the instruction of students, and there will come back a resulting good to rich and poor alike. If he gives his services gratuitously he does so as a delegate of the profession. No man should attend a hospital without an accompanying class.

THE SECRETARY'S TABLE.

THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

A prominent position is given in this number to the papers and transactions of the Association of American Medical Colleges. These are welcomed to the pages of the BULLETIN, and the members of that Association may rest assured that their papers will be read with interest by others than their own number; at the same time it is hoped that the rest of the present number, as well as the numbers that are to follow will be of personal interest to the faculties of our medical colleges. Nor is it to be desired that the contributions from the members of the college association cease with the publishing of their transactions. There are items of news, notices of changes, etc. of interest to their number and to others that should find a place in our pages and will be gladly received. The attempt will be made to have some space devoted to topics germane to the medical schools in each number. It is to be regretted that a fuller report of the discussion cannot be given but the gentlemen taking part failed to send a copy of their remarks to Dr. Millard, the secretary.

THE MEETING FOR 1894.

The Council, in endeavoring to arrange for the time and place for the meeting in 1894, found many difficulties in the way. For the past three years the meetings have been held just prior to the sessions of the American Medical Association and in the same place and they have been meetings of unusual interest. But the attendance at Milwaukee last year was less than one-half of what it was at Detroit the year previous, and less than any meeting since 1886; to go still further west and meet on the Pacific Coast with the Association would, it was feared, result in an exceedingly small attendance. To meet somewhere else in the spring months would deprive some of the privilege of attending the sessions of either the Association or the Academy, for this reason it seems to be better to meet later in the year. The autumn and winter months have not in the past proved altogether satisfactory, the winter's work, especially if the colleges have opened, must be broken into. For some reasons it is thought fitting to hold the meeting in New England; there is a large

membership in some of the states and the only meeting ever held in New England was at Providence in 1880. So, at last, it has been decided to hold the meeting at about the close of the usual vacation period, and amidst the grandeur of the White Mountains, enabling those who have been away from home on their vacation to attend the meeting on their way home (however round about that way may be); and giving a pleasant excursion to those who have been laboring during the heat of the summer. To secure the choicest spot, the judgment of Starr King, than whom no one was ever better able to give an opinion, was accepted, and the meeting has been fixed for Jefferson, N. H., on Wednesday and Thursday, August 29 and 30, 1894.

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Cannot the Academy signalize its second meeting in New England? Let the papers be the choicest; and let those who are thinking about the possible preparation of papers put themselves at once in communication with the committee on papers; then there can be a unity and still a variety in the topics presented. Let the gathering be the largest; it is not every year that so much is offered, in addition to the meeting, all along the way. Let every one who would like to attend communicate at once with the secretary; railroad concessions can sometimes be arranged for a definite number that cannot be secured for a party of unknown proportions. Then let there be an accession of recruits. If the individual fellow will each do an individual's duty in this regard five hundred picked physicians can easily be added to our numbers. To revert to the forcible language of undergraduate days: "Let us whoop her up for '94."

EXCISIONS.

"The difference between the college and the university I take to be this: the college is the place where men are made; the university is the place where scholars are made. The college attempts to develop all the educational sides of a man's character; the university confines itself primarily to one. * * * * To sum it up in a word, the college is the place for general education; the university is the place for specialization. In the college students are taught to imbibe; in the university they are taught to expound. In the college the goal is culture; in the university the goal is independence."—*Prof. Edwin B. A. Seligman, of Columbia College, before the 30th Convocation of the University of New York.*

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"A College of Liberal Arts is a society of elect persons, founded by lovers of wisdom and virtue, instituted and maintained under the sanctions of public law, for a two-fold purpose (1) of realizing the highest known ideals in individual and social character and life, and (2) of propogating these ideals from one generation to another, and from one land to another, so long as the world shall stand.

" * * * It is not a machine for the production of skilled workmen, mathematicians, philologists, naturalists, and so on. It is not a vague, impersonal, indefinable something called an institution. It is simply and essentially a society of living persons."—*Opening Day Address by President W. F. Warren, of the Boston University, September 22, 1892.*

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"In spite of all that we may learn from the educational experience of other nations, we have now reached a point when we should make it clear to ourselves that we shall be obliged to find for our American educational problem a distinctively American solution. Among the terms of the problem must figure prominently the facts of existing institutions. The "small colleges" constitute a very stubborn fact. Most of them will resist rechristening either into academies or into universities. It must now be regarded as a settled fact that the German dualism of gymnasium and university is to be represented in America by the triad of academy, college, and graduate school.

"There is a vast fund of loyalty and of goodly traditions—if not always of money—vested in them that insures their persistence, and with them, of the old A. B. course as intermediate between the school education and the special or technical education."—*Prof. Benjamin Ide Wheeler, of Cornell, before the 30th Convocation of the University of New York.*

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"The next thing to be said is, let all who enter on the career of medicine strive to be honest, independent-minded gentlemen. The qualities that go to make a gentleman are, of course, very desirable possessions in any profession, but we think they are more needed in the medical profession than in any other. It is comparatively easy to obtain the veneer, but the real thing is partly a gift and natural tendency no doubt, but it is largely a matter of breeding, education, and early companionship—the mixing with the 'right sort' of people—people of character and culture; and we certainly think that a university training for a degree in Arts improves a man all round. Experience shows that the graduates of a university usually have in after-life a certain amount of pre-eminence over the bulk of their fellow-men. It goes without saying that the better the preliminary education a young man has enjoyed the better it is for himself and indubitably for the profession to which he is to belong."—*Leading editorial article in the "Student's Number" of the London Lancet for 1893.*

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"If I were asked in a word to characterize the outstanding social feature of the time in which we live, I should reply—private oppression; public munificence. Squalor and famine, crime and prodigality, go hand in hand; virtue and vice embrace each other. It is gravely questioned by the foremost thinkers of the age whether, in the numerous ramifications of agencies which we term benevolent, we are not inflicting mischief and injustice on the better portion of mankind, thwarting, and dislocating the laws of nature, and of political economy, perpetuating the diseased and the physically unfit, and engendering improvidence, sloth and even crime, by our lavish and indiscriminating alms-giving."—*Inaugural address to the Physiology Class in Anderson's College (Glasgow), Session 1891-92, by D. Campbell Black, M.D.*

THE RAMBLER.

In "The Gold-Headed Cane" there is a charming scene, when Radcliffe visits Mead in his library. He says: "As I have grown older, every year of my life has convinced me more and more of the value of the education of the scholar and the gentleman to the thoroughbred physician. Perhaps your friend there, (pointing to a volume of Celsus) expresses my meaning better than I can myself when he says that the discipline of the mind, '*quamvis non faciat medicum, aptiorem tamen medicinae reddit.*'" (Though it cannot make a man a doctor, it makes him all the better doctor.)

The "Ram's Horn" says: ^{***} "The golden calf never grows into a cow that gives milk." Since reading this the Rambler has ceased to wonder why some doctors of medicine are never of any benefit to their profession.

^{***} "While it is undoubtedly true that there have been some excellent physicians who have not received an academic degree before beginning the study of medicine, I think it is also true that they have attained their knowledge at great sacrifice *after* they have graduated in medicine, and might have attained their eminence at a much earlier period if their previous education had been broader.

It is generally conceded that a man should not try to become a specialist in any branch of medicine until he has had a solid foundation of several years of practice in general medicine.

Is it not equally true that no man should devote himself to any one branch of science, such as medicine, until after he has been *thoroughly* founded in general knowledge—arts, sciences, languages, and philosophy?

The first step, then, towards the attainment of preventive medicine, is the requirement that all who desire to *begin* the study of medicine should

possess an academic degree or present proof of equivalent preliminary education. The next step is the requirement of a ninety per cent. standard for graduation."

These commendable sentences happened to catch the Rambler's eye in an address on the Prevention of Disease, delivered before the Buffalo Academy of Medicine by its retiring President, Dr. DeLancey Rochester. Would they could be brought to the serious attention of every undergraduate who contemplates entering upon his medical studies at the end of his Sophomore, or Junior year.

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"We might buzz its pages full of so-called scientific medicine. But that is not what you really want or need. Scientific medicine will do for Prof. Koch and others who have an immense pension from the government behind them. What you need is to know how to cure the sick, *now*. Not so much theory as knowledge."

And as the Rambler's eyes lighted upon these words his heart longed for the gift of the fairies in the children's stories. For could it be given him to wish one desire that would certainly come to pass, it certainly would be to be ever spared the ministrations of a physician who divorced his *theory* from his *knowledge*.

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After all are not these words the talismanic phrase that opens the door to the adytum. Here is the theory, spun finer than the spider's web, catching the gullable and tickling the ear in commencement oration. Here is the knowledge, the veriest empiricism, for every day use. May we, who try to frame our theories by our knowledge, in the words but not in the spirit of the Pharisee, be thankful that we are not as other men are.

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The winter's session of the Medical Practitioner's Association (of London, England), was inaugurated on Tuesday evening, November 7, when the president, Dr. F. H. Alderson, read a paper "propounding a scheme for the creation of State medical appointments, and the payment by Government of a large number of medical men by fixed annual stipends." The doctor thinks: "Just as it [the Government] now provided education for all by the School Board, so should it offer medical skill and surgical aid to all when overtaken by accident or dis-

ease, *i. e.*, free medical attendance for all, if desired, for it could not, of course, be made compulsory." The plan, while claimed as original by Dr. Alderson, is not altogether a new one. In that short lived Journal, *The Doctors Weekly*, the Rambler happened across an article entitled "Ideality of Medical Science," by Maurice J. Burstein, A. M., M. D., where under markedly different machinery the same plan is suggested. Editorially the *Standard*, from whose columns this information was obtained, does not agree with the conclusions of Dr. Alderson, and the Rambler thinks that the majority of thinking people will agree with the *Standard*. Let the State retain and properly pay medical men to perform the various duties growing out of the problems of State medicine, but beyond this it does not seem to the Rambler to be proper for the Government or beneficial for the individual.

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"Only one conclusion can be arrived at upon comparing this education [that of some of the more prominent medical schools in the United States] with that offered by the Universities and royal colleges of Great Britain to their students. It is not calculated to turn out practical men of the same calibre as are turned out on our side of the Atlantic. But it is equally clear that America does not intend to allow this position to remain unaltered. It is well known that sham education has flourished in America with peculiar vigor and that so-called universities and colleges have been rife there whose degrees were of no value, being obtainable in many places without work, and in not a few without any more formal proceeding than payment of fees."—*London Lancet on Medical Education in America, in Students Number, 1893.*

And can it be that the weak spot in our medical education is on the *practical* side of the subject? If a morsel of the bright and breezy language of the far West is permissible in commenting on these thoughts of the staid *Lancet*, it can be said that the effort, the sole effort of most of our medical schools, great or small, is to train the students to "get there;" and "not calculated to turn out practical men!"

MEDICAL COLLEGE ASSOCIATION.

The October number of the *University Bulletin* of Columbia College, making mention of the four years course in medicine to commence in October, 1894, gives the following reasons why

a four years course has become necessary: First, the great discoveries of the prominent part played in diseased processes by bacteria and micro-organisms and the consequent necessity to the student of a knowledge of these organisms. Besides the entire subject of prevention of disease by the destruction of these organisms prior to their entrance into the human body must be taught. Secondly, to enable more time to be given to clinical instructions, not only by attendance upon dispensary service, but it is hoped that some scheme will be adopted by which every student will be assigned to a certain amount of hospital work in his fourth year. Incidentally, the longer time spent in the medical course will enable each student to obtain a more thorough knowledge of every subject than is possible in the present three years' course.

CONFERENCE OF STATE MEDICAL EXAMINERS.

Dr. L. Slominski, of Burlington, Ia., in a letter to the *Medical Summary* for October, 1893, relates the following incident of successful fraud practised upon a State Board of Examiners. No effort has been made to ascertain whether it is the narration of an actual or a hypothetical case, as the moral is the same in either event.

"Dr. G. S., was a very good physician, a graduate of Bellevue College, New York, and Jefferson College, Philadelphia. He practised in the city of Bradford, Pa. Dr. G. S. married a young lady whose brother, John M., was a druggist in the city of Chicago, Ill. Mr. John M. was not a very sober young man. He was discharged as a soda water clerk for dishonesty. One day a certain young man met John, and knowing that he used to be employed in a drug store asked him to prescribe for a case of gonorrhoea which he had just met with. John did prescribe, and, receiving \$5 for his advice (which was very tempting), an idea occurred to him; to start in the practice of medicine with the little knowledge he had acquired at the soda fountain of the druggist. It occurred to him that all would be well but the laws. He must either have a diploma, or pass an examination; and then it was that John applied for help to his sister in Bradford. She consulted her husband, Dr. G. S. Of course Dr. G. S. could help his brother-in-law in such a little matter. John filled out an application. He had been in practice, he said, for five years, and in addition had been reading medicine with Dr. G. S., of Bradford, for two years.

"The Board, after receiving John's application and fee, notified him through their secretary that he should present himself before the Board, for examination, on the —th of the month. Dr. G. S. was immediately

notified by John of his success, and on the day named Dr. G. S. appeared at the capital, and introduced himself as Dr. John M. He went through anatomy, physiology, surgery, and other branches, with the knowledge of a veteran, and a license was granted him, stating that John M., of so-and-so, has on such-and-such a day passed a satisfactory examination upon such-and-such branches, and has been granted a license to practise in the State."

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The *Buffalo Medical and Surgical Journal* for November has its leading editorial article on "State Examination for License," in which it summarizes the two years work of the New York Boards, as follows :

"Two years have rolled by since the law, empowering the state *alone* to grant license for medical practice, has been in operation in New York, and the promises of the advocates of the measure have been more than fulfilled. The situation, fumed at by charlatan, fretted over by frightened students, and fought against by some college professors, has now become a matter of fact, and we hear of no one other than the barnacle that fattens in the absence of restraining influences, who is willing to return to the old order of things, which existed for so many years. * * *

"Most of the exemptions having ceased, the last academic year was a busy one for the New York State Medical Examiners. There were 327 candidates for license, showing that an annual influx of 400 physicians, rather than from 600 to 700 as of old, is very near the mark. It is more than probable that the current year will demonstrate this still more clearly. Of this number, 267 succeeded in meeting all requirements and passing the medical examinations, and are now registered as practitioners of medicine by virtue of a state license. Two hundred and forty-four of these are state board men, seventeen are homeopaths, and six are eclectics.

"Many persons suppose that the position of state medical examiner is a sinecure; and that from the fees collected a revenue of no mean proportions is returned to the individuals constituting the boards. It will be interesting, therefore, for such to study the following figures :

Gross income since September 1, 1891	\$10,005.00
Gross expenses of enforcing the law and conducting the examinations, disbursed by the regents..	7,835.40
Balance.....	\$2,169.60

Divided among the examiners *pro rata* according to the number of candidates examined, this has yielded to examiners representing the Medical Society of the State of New York \$246.21, or \$123.10 each, per annum; to those representing Homeopathic State Medical Society \$163.17; and 40 those representing Eclectic State Medical Society, \$54.40."

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The Massachusetts Legislature of 1893, passed an Act requiring plumbers to be examined and licensed. No such precautions were taken to secure properly educated physicians, however.

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Editor Culbertson, of the *Cincinnati Lancet-Clinic* has been doing knightly service in his efforts to arouse the physicians of Ohio to their duty regarding the kind of men to be sent to the Legislature of that State. The people of Ohio do not as yet realize that self-interest should impel them to secure a law compelling all persons desiring to enter upon the practice of medicine to pass an examination before a Board of Examiners of its own selecting. The efforts of Dr. Culbertson have been to arouse the doctors to use their influence so that only those men who have pledged themselves to support such a bill will be elected to the Legislature.

ACKNOWLEDGMENTS.

BOOKS AND PAMPHLETS.

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COLLEGE CATALOGUES, ETC.

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