

Document from the collections of the AAMC. Not to be reproduced without permission.

BULLETIN

OF THE

American Academy of Medicine.

NO. 19.—FEBRUARY, 1894.

CONTENTS:

✓ I—SHOULD THERE BE ELECTIVE STUDIES IN A MEDICAL COURSE. By Elbert Wing, A.M. M.D., Chicago.....	417
✓ II—THE IMPORTANCE OF THE STUDY OF MEDICAL SOCIOLOGY. By Charles McIntire, A.M., M.D., Easton, Pa.....	425
✓ III—REPORT OF THE COMMITTEE ON THE REQUIREMENTS FOR PRE- LIMINARY EDUCATION IN THE VARIOUS MEDICAL COLLEGES IN THE UNITED STATES. By Frederic Henry Gerrish, A.M., M.D., Portland, Me.....	435
IV—REPORT OF THE COMMITTEE ON ELIGIBLE FELLOWS. By Charles W. Hitchcock, A.M., M.D., Detroit, Mich.....	440
V—SECRETARY'S TABLE.....	442
✓ VI—MEDICAL COLLEGE ASSOCIATION.....	442
VII—CONFERENCE OF STATE BOARDS OF MEDICAL EXAMINERS.....	444
VIII—CONDENSATIONS	445

*Published Bi-Monthly by the Academy at the Office of the Sec-
retary, Lafayette College,
EASTON, PA.*

Annual Subscription, \$3.00.

Entered at the Post Office at Easton, Penna., as Second Class Matter.



J. FEHR'S "COMPOUND TALCUM" "BABY POWDER"

The "Hygienic Dermal Powder"
for Infants and Adults.

Originally investigated and its therapeutic properties discovered in the year 1868 by Dr. Fehr and introduced to the Medical and the Pharmaceutical Professions in the year 1873

COMPOSITION—Silicate of Magnesia with Carbolic and Salicylic Acid

PROPERTIES—Antiseptic, Antizymotic and Disinfectant.

USEFUL AS A GENERAL SPRINKLING POWDER,
With positive Hygienic, Prophylactic and Therapeutic properties

GOOD IN ALL AFFECTIONS OF THE SKIN

Sold by the Drug Trade generally. Per Box, 1/2 1/11
25c . perfumed, 50c. Per Dozen, plain, \$1.75; per-
fumed, \$3 50.

THE MANUFACTURER

JULIUS FEHR, M.D.,
ANCIENT PHARMACIST, HOBOKEN, N. J.
Only advertised in Medical and Pharmaceu-
tical prints

AMERICAN ACADEMY OF MEDICINE--OFFICERS, 1893-'94.

President: George M. Gould, Philadelphia.

Vice-Presidents: C. C. Bombaugh, Baltimore; J. McFadden Gaston, Atlanta; S. W. French, Milwaukee; C. W. Foster, Woodford, Me.

Secretary and Treasurer: Charles McIntire, Easton, Pa.

Assistant Secretary: Edgar Moore Green, Easton, Pa.

Council: The Officers Ex-officio, and Traill Green, Easton, Pa.; Henry O. Marcy, Boston; Benjamin Lee, Philadelphia; Albert L. Gihon, U. S. N.; R. Stansbury Sutton, Pittsburg; Frederic H. Gerrish, Portland, Me.; Leartus Connor, Detroit; Samuel J. Jones, Chicago; Theophilus Parvin, Philadelphia; P. S. Conner, Cincinnati; Justin E. Emerson, Detroit.

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

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

7

BULLETIN

OF THE

American Academy of Medicine.

No.

ISSUED FEBRUARY, 1894.

19.

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

SHOULD THERE BE ELECTIVE STUDIES IN A MEDICAL COURSE.¹

BY ELBERT WING, A. M., M. D., CHICAGO.

The nature of this question naturally opens for discussion the entire subject of medical education, and this liberal interpretation of the subject is offered in explanation of what may seem a rather indirect manner of dealing with it. By way of an introduction to an affirmative answer of the question, attention is asked to the outline of an argument, an elaboration of which follows in course.

I. Systems of medical education must deal in a practical way with the problems which are presented for solution.

II. The problems which are presented for solution in any new country, such as ours, are: (1) To take such material as presents itself and make physicians of its individuals. (2) To make of them physicians that will be fitted for the various communities of the country at large.

In the realm of politics, one of the most striking characteristics of the Anglo-Saxon race has been the ability to adapt its forms and methods to the changing conditions of national life; and it will be instructive in this discussion to call attention to the striking manner in which this trait has shown itself in what may not inaptly be called the evolution of medical education in the United States.

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

In the early times, in this country, the amount of medical knowledge was relatively small, the great mass of details concerning normal and pathologic histology, organic chemistry, gynecology, neurology, etc., the magnificent results of modern scientific activity in medicine, were unknown. There were very few medical books, the medical library of many a fairly competent physician, of that time, contained little more than comparatively simple treatises on anatomy, practice, materia medica, and obstetrics. But although medical knowledge was then relatively small, medical wisdom was not. Wiser medical men the world, perhaps, has never known than many of the doctors of those early days. For example, in the history of medicine, what names are more deserving of honor than those of our own countrymen, Benjamin Rush, Valentine Mott, and Samuel Gross? Great as the honor due him is, Sir Joseph Lister is in no wise the superior of his countrymen, Abernethy, Bell, and Cooper. The application of these facts to this discussion is to show that medical wisdom is not necessarily dependent upon a knowledge of a vast array of scientific medical details, and to place one of the pegs upon which is hung affirmative answer to the general question under discussion. The most important factor in the medical education of that time was the preceptor—then a great factor, now a great figure-head; and the medical colleges were little more than finishing schools, to which rather than for important information, the aspiring undergraduate may be said to have gone for a general polishing up, a diploma, and a silk hat. The fellows of this Academy are sufficiently familiar with the process which has reversed the relative importance of these two factors, and has given the medical college its present paramount importance. It is the wonderful story of the application by countless workers of scientific methods in the investigation of the structure and of the normal and pathologic processes of the body and of the record of these results in books. In the preceptor's day many a doctor knew more than the books; now no practical and busy practising physician can possibly keep himself informed in all of the various departments of medical science. And to-day the graduate of our first-class medical colleges must know more facts about the human body and its diseases, not only than the

venerable and honored fellow, Dr. Garceloin, from Maine, knew when he graduated fifty-four years ago, but more than probably he, or any one of the rest of us, knows to-day. But it would be a sad mistake to assume that this same recent graduate, embarrassed with the riches of his knowledge, is a better medical counsellor or a wiser physician than is our esteemed ex-governor.

If the proud aim of The American Academy of Medicine were already fully realized, and only carefully trained men presented themselves as students at the medical colleges, only small attention need be given in this discussion to a consideration of the material out of which the coming doctors must be made. Unfortunately, in this respect, the Academy has much missionary work ahead, but, for the sake of the argument, even if no student presented himself with a preliminary training less than that "required by the Ohio College Association for the degree of A. B.," it would still be true that men differ so widely that there will always be at least two classes of physicians, let the strictly medical training be what it may. These two classes may be conveniently defined as consisting of those who will never hold other than a relatively ordinary rank in medicine, and those, all of whom will be careful and prominent physicians in their communities; and some of whom will become eminent as consultants and specialists. And if this proposition is correct it is neither fair nor wise to ask the second class to rest content with a medical training which is amply sufficient for the needs of the first. And the truth of this statement is entirely independent of the question of preliminary training. It rests upon the great fundamental differences in natural mental equipment so frequently observed. And when the wide differences in preliminary training, which must for many years exist between students, are considered, it becomes more forcible. And this then is the second peg upon which the affirmative answer to the general question is hung. A given medical education may easily make a safe, practical, and intelligent physician of the first class, let the material be what it may, which is far short of that which the second class both desire and ought to have.

The third point in the argument is really an extension of the

second, and relates to the communities which the physicians of the United States must serve.

In the halcyon days, before railroads and the telegraph, and all those factors of civilization which have developed with them, there were small, and not only rural, communities, in which life was fairly attractive for a well equipped physician, but with the rapid strides of modern progress it has come to be true that there are many communities which are not attractive to such men, which, nevertheless, must have physicians. And in these unhappy times when the degree of M.D. carries with it the right to "write death warrants in Latin," the medical colleges must supply the demand thus created. Of course it is ignoble to cater to unworthy ends, but borrowing and perverting a simile, life is real and earnest to a great many medical colleges. One of the finely cherished hopes of this Academy is that through its own, or other benign influence, the world may be brought to a recognition of the error of its ways, and become so truly eclectic as to refuse all medicine which has not the subtle aroma which a tincture of only Greek roots can supply. Such a golden medical age is as yet a dream of the future, and to bring it about must be the aspiration of the present. While this Academy is squarely on record touching its recognition of the superior quality of Attic salt, it cheerfully grants the occasional merit of some other brands. And what we want to secure and what the world needs is ability, knowledge and wisdom in the medical graduate. And it is a pertinent and timely inquiry to ask, "Should there be Elective Studies in a Medical Course." An affirmative answer may be given to this question because such an arrangement will aid in educating both doctors and patients in an appreciation of the value of superior equipment on the part of physicians. The education of the laity in an appreciation of the superior value to themselves of a well-equipped physician is a slow and difficult task. This is due largely to three factors. One is the fact that superior equipment occasionally fails to make a forceful and practically successful physician. Another is that the nature of a physician's work is such that recognition of true merit in him by his patient is often difficult. And the last factor lies in the appreciation of many laymen of the elo-

quence of printer's ink and an oily tongue. These facts make the education of the laity a necessity for the profession. This claim admits of an elaborate defence, but such is not needed before this Academy.

The presence of elective studies in a medical course will educate professional opinion in many ways. Among other things it will have a natural tendency to place the more inferior men in a class by themselves, and thus magnify their failings by aggregation. In the present method they are hidden and protected by contact and association with abler students, of course occasionally a superior student will take the shorter course but that will not modify the working of the rule, and if a man can be made to feel his inferiority in an inoffensive way, what the revivalists refer to as the "seeds of hope" are planted in his mind.

Finally the bold assertion is made that medical science is rapidly becoming so elaborate that the average doctor cannot reasonably hope to, and ought not to try to master all the facts of its various branches. If this is true it must happen later that there will come about a separation of medical undergraduates into at least two classes. In one class those will be found who, by choice or necessity, will spend their lives in the ranks of average practitioners of general medicine, for many years to come a noble aim. In another class will be found those who by reason of early choice or special fitness are seeking superior equipment for general or special work. And it is not wholly an extravagant idea to suggest that a time may come when much of the work now done in post-graduate, may be more thoroughly done in undergraduate schools, not that post-graduate instruction is to pass away—but that some of its present work may receive such extension and elaboration that it can be better, because more leisurely, done in undergraduate institutions. It seems to me that the strongest reasons for the introduction of elective studies in medical schools are developing along this line, *i. e.*, the extension of medical knowledge, the great and rapidly increasing number of what may be called medical facts. The simpler, less elaborate, and less extensive methods of education might easily be made to answer if the growing com-

plexity of social life presented the only problems involved, for in such matters cleverness and address can find many adequate subterfuges and short cuts, which in the domain of pure science and accurate knowledge do not avail.

But the already great and rapidly growing wealth of medical knowledge is forcing upon physicians an elective classification into the three groups already mentioned, of ordinary general practitioners, special general practitioners and specialists. In this emergency the indications and the remedy are the same—special training for special work.

In this connection a general consideration is desirable as to what changes are advisable in present educational methods. The greatest stumbling block in the way of progress is allowing a college diploma to confer the right to practise. This should be removed and a license to practise given only after a satisfactory and vigorous examination, by a carefully selected State board, who are well paid for their time; this proposition is too evident to require elaboration.

It is not so easy to say what would be an ideal preliminary training. It may answer, however, to generalize by saying that all study which is simply disciplinary should be antecedent to the study of medicine.

There remains as pertinent to this discussion the questions as to what studies should be in the respective compulsory and optional courses. In arranging a compulsory course a great deal which has gotten in and is getting in might be cut out. Assuming that when a student enters a medical college he has had disciplinary training, every effort should be directed to enable him to recognize, understand and treat disease. This does not necessarily mean that for the compulsory course instruction in anatomy, histology, chemistry, materia medica, and physiology shall be reduced to a high school level, but it does mean that the time given to these branches in the average medical school can be very materially shortened without detriment to the usefulness of the future physician.

There are two reasons for this assertion—on the one hand most medical lecturers are not good teachers; on the other there is a lack of suitable text books. Natural ability to teach is a

rare quality, and relatively few of the medical lecturers of this country have had time to learn to teach. With the exception of chemistry the branches named should be taught by practising physicians; and physicians in active practice who have the ability to be good teachers are apt to be too busy to find time enough for sufficient preparation to do good teaching. This evil might be remedied by the employment of good text books, and recitations, and medical teaching is rapidly drifting that way. These, together with the increasing amount of clinical teaching, are the welcome tendencies of the time. Any scheme framed to carry out the suggestion made concerning a diminution of the amount of knowledge demanded in the proposed shorter and compulsory course leading to the degree of M.D., would probably have to be changed many times, for methods in education are truly growths.

It is perhaps an easier matter to indicate roughly the lines of the elective course. These should be in laboratory and clinical work. The discoveries of Pasteur, Koch, and Lister, have started a wave-circle of scientific enthusiasm, the diameter and importance of which no man can measure, and yielding to the impetuosity which this movement has in common with all epoch making discoveries, we are in danger of exacting too much laboratory work from our average undergraduates. Undergraduates cannot know the relative value of different kinds of laboratory work, and should be protected in their ignorance by lines drawn by the faculties of the colleges. But nevertheless an important part of elective work should be done in the laboratories of biology, physiology, and pathology.

The great function of a physician is to treat disease. The great physician must be a healer of the sick. And it matters not whether his skill and power lie in giving, or withholding drugs, or in producing metaphysical effects, his usefulness depends upon his ability to treat his cases. All preliminary and medical training leads up to this. No amount of knowledge of the scientific facts of medicine is of value to a physician who has not also skill in diagnosis and treatment. Medical knowledge without these two factors is like character without charity. And as diagnosis and treatment are to be learned only by actual

observation at the bed side, clinical teaching is the most important, and to it in an elective course the greatest attention should be given.

Hence the suggestion is, that methods of medical teaching be improved, and that the amount of time required in the study of anatomy, chemistry, histology, physiology, materia medica, and therapeutics be shortened, and that in the other branches usually in the courses of medical colleges, be arranged with both relatively shorter, compulsory, and extended elective courses. In this group also bringing forward physiology and chemistry.

55 THIRTY-THIRD ST.

DISCUSSION.

In discussion of Dr. Wing's paper, Dr. Bayard Holmes, of Chicago, said:

Dr. Wing does not express my idea of an elective course at all. He speaks of what might be termed supplementary courses. I should suggest to you a course of forty-eight educational units of sixty hours each required for graduation. Of these courses twenty-four should be fixed and required in a definite order. The other twenty-four should be elective with restriction or supervision. The dean of the school should see that the electives were so made as to give a well rounded education, and that the order of the electives be such as to accomplish an educational object, not graduation alone.

At present our medical schools do not offer enough work to give sway to a very broad elective system; they have no adequate laboratory facilities, no libraries for research work, and no provision for advanced work in special clinical or literary lines. The association of city boards of health, sanitary and factory inspection, out-door relief and social medical studies must be perfected before a sufficiently extended elective course can be offered. All this must wait for endowment and state support. However, the elective system, in a restricted way, should be begun at once in every four-year course. It should especially be undertaken in the State Universities that have homeopathic or eclectic teachers, and in all university schools that are able to increase their facilities of instruction without trenching upon the rights and privileges of professors to the exclusive right of teaching one branch or another in the institutions to which they belong.

Dr. Leartus Connor, of Detroit, thinks that in the undergraduate courses it is well and wise in certain branches to permit a substitution in the hours of study, the one to take the place of the other; but it would be unfortunate to abbreviate the course for any student.

Dr. E. H. M. Sell, of New York, agreed with the conclusions of Dr. Wing. It may also be said that good teachers are not always good practitioners. Fothergill respected his teachers in Germany, but did not wish to fall in their hands if ill. He called them Philistines and said if under their treatment they would soon have his carcass on the autopsy table. Should the autopsy confirm their diagnosis they would glory in their skill.

THE IMPORTANCE OF THE STUDY OF MEDICAL SOCIOLOGY.¹

BY CHARLES MCINTIRE, A.M., M.D., EASTON, PA.

"The science of social phenomena, the science which investigates the laws regulating human society; the science which treats of the general structure of society, the laws of its development, the progress of civilization, and all that relates to society."

CENTURY DICTIONARY.

As the Century Dictionary is among the latest products of the lexicographer, we may unhesitatingly accept the statement in its entirety, feeling assured that the rush of the current of progress has not yet swept the word beyond this definition into new relations and a changed signification. A question then arises, can there be a particular department of the science of sociology worthy the name of Medical Sociology? Are there any peculiarities in the phenomena attending the existence of the members of the medical profession distinctive from the phenomena environing the lives of the same set of people apart from their profession? If this is the view taken of the trend of the subject, one need but refer to the codes of ethics which have been deemed to be necessary by the wisest and most progressive of our craft in the years gone by, and which, to-day, are the subject of no little discussion. But there is another view of the relation which medicine may bear to the science of sociology. While the physician as a member of society has a certain relation and duty which relation would not change should the individual cease to be a physician, and become a lawyer, a business man, or what not, there are, in addition to this, other relations to society which are peculiar to the profession and because of the profession.

Medical Sociology then has a two-fold aspect. It is the science of the social phenomena of the physicians themselves, as a class apart and separate; and the science which investigates the laws regulating the relations between the medical profession and human society as a whole: treating of the structure of both, how the present conditions came about, what progress

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

civilization has effected, and indeed everything relating to the subject.

In order to determine the importance, if any, of the study of the subject it will be necessary to examine some of these points a little more in detail. And first, has that variety of the *genus homo* known as the physician any marks by which the strain can be determined? or are the supposed peculiarities merely incidental and in no way either characteristic or distinctive? To formulate a reply, it will be necessary to pass some of these in review.

There is, *e. g.*, the language of the physician, as characteristic or as cabalistic as the Romany, depending upon one's initiation. Our fellow Academician, Dr. F. H. Gerrish, in an introductory address before the Medical Department of Bowdoin College in 1891, on the "Medical Dictionary," makes this fact very clear. I quote two or three paragraphs.

"As medical men, our interest is peculiarly drawn to the special dictionary, which treats of the language of medicine, and to this work I shall devote my attention for the remainder of the hour.

"You are supposed to have a reasonable knowledge of your mother tongue already; and, knowing your teachers are of the same nationality as yourselves, those of you who are just entering upon your professional studies may have a belief, firmly held because never jarred by a doubt, that the lectures to which you will listen, and the books which you will read in your medical course are spoken and written in the language which you already know. Fond, delusive hope, so soon to be blasted! I do not mean to imply that the instruction is to be given in a foreign tongue; but it will be imparted in what many of you will find to be almost the equivalent of an exotic speech,—the language of medicine. * * * *

"The fact is that the study of medical language is like that of French, German, or whatever language you please. * * * * *

"Medical language once learned is so well adapted to the needs of medical men that it is difficult for them to express themselves, on professional topics, in ordinary English, even when they try to do so. Its employment is so habitual as to be automatic, like almost every movement of the body or in the body, which is well done. I had a striking illustration of this while still a student. My preceptor came into his office one morning, fresh from a case which was so curious as to excite his interest in an unusual degree, and told me of its remarkable features. For a few minutes we had an animated conversation about it, and then he started again on his round of visits. Hardly had he closed the door, when the office-boy, a very alert, intelligent little fellow, who had list-

ened intently to all that was said, spoke up and asked, 'what language was that which you and the doctor were talking in?' He had failed to catch a word of our discourse; if we had spoken in Sanskrit, he would have gathered no less from what he had heard. And yet we had not consciously obscured our remarks by the introduction of ultra-technical expressions, but had simply framed our thoughts in words which conveyed them with the greatest precision and conciseness."

Having this testimony from one of our craft, permit me to summon another witness that by the mouth of two the fact may be established. A friend and a chum of my medical student days was the son of a physician; and his mother would, at times, endeavor to report to me some of the interesting topics for conversation between father and son at the breakfast table. It was before the days of antiseptic surgery please remember. She told me that she would become quite interested as they were absorbed in the discussion of some very entertaining topic; and as they spoke of its being of a "creamy consistence," of a "healthy yellow" and "laudable in every way," whose praiseworthy function seemed to be to "bathe healthy granulations," her curiosity was not only excited but she was filled with a desire to become more intimately acquainted with so useful a substance, when the single word "pus" escaped from the lips of one of the pair and she was disillusioned.

Then there are customs *sui generis*. These may vary in different parts of the world depending upon environment, but as the claim is for a variety, and not a distinct species, this lack of uniformity does not invalidate the claim. For a number of years the physicians of Pennsylvania had been endeavoring to secure a bill creating a Board of Medical Examiners for Licensure to Practise; and a committee of the State Medical Society was untiring in its zeal and inexhaustible in its resources. One of its plans was to ascertain the opinion of the aspirant for legislative honors before his nomination, and to use the influence of the profession for those candidates who would be in favor of the bill; for this purpose the candidates for nomination were interviewed in each county. In one of the counties there was a man, a graduate in medicine, who had afterward studied law and was in the active practice of both professions. Being quite prominent in the counsels of the dominant political party of his

county he was requested by this Committee of the State Society to interview the candidates for the nomination for the purposes named. He replied that he would be very glad to act for the committee upon the receipt of a retainer: whether he followed the customs of the law or of medicine, I will leave you to decide; and as well the other question, whether this incident illustrates a fact of customs peculiar to the physician.

But the thought has a broader meaning, and I am reminded, in this connection, of the words of President Eliot, of Harvard, at the last Annual Dinner of the Harvard Medical Alumni Association.¹

"I believe," he says, "that all this [the lower salaries of the teachers in the Medical School] hangs on our English inheritances on this subject. I need not tell you, gentlemen, that in England the profession of medicine, the profession of surgery, does not now to-day stand on a level with the other learned professions. This is not the case on the Continent; it is conspicuously the case in England at this moment. They have the inheritance of the barber and the barber-surgeon still in their minds in England, and we have inherited two things from England, a lower standard of general education in the medical profession, the lower standard of requirement for admission to that profession or admission to the studies of the profession, and we have inherited this lower rate of compensation."

Clearly this indicates a special condition having a legitimate development from a definite cause. The condition of the profession in London was very pleasantly presented by a close observer in an anonymous paper read at the "Re-union Session" last year.

Some one has defined a "crank" as a specialist in a subject in which you have little or no interest. A characteristic of the present generation of physicians is the development of crankism, for specialties multiply and very little interest is manifested outside of the one line of practice. Then another distinguishing mark is a combination of the blind following of custom as marked as the Arab fellaheen who plough with a crooked stick because their grandfathers many times removed did the same, and an eager acceptance of every new fancy that is wafted on the breeze of the medical journal or diffused by the itinerant agent of the manufacturing pharmacist.

It would seem then that there are common conditions peculiar

¹ Boston Medical and Surgical Journal, July 12, 1892.

to the physician, the study of which for the purpose of improving the race (the developing those characteristics to be desired and getting rid of those marks not to be wished for) is not unworthy the serious effort of the mightiest intellects of our profession.

Were Medical Sociology thus confined to the study of the physician himself, it would include many fields of interesting study. But there is a still broader field; the physician is because there are those who are not physicians, who in their individual and collective experience need the help of just such a variety of the *genus homo* for their comfort. In this busy, many-sided civilization of ours, the physician is brought into contact with almost every side and angle. Reference is not made in this connection to the individual intercourse of a professional nature with all classes and conditions of mankind so much as the professional factor of the social problems themselves. Does the "lower side," the "under half," the "darkest spot" loom up with suffering and disease superabounding? There is no class of men more faithful or self-denying in their efforts to ameliorate than the physician. The story, simply told, of the labors of the physicians of America for the people so characterized, in the hospitals alone, would furnish a history abounding in scenes of greater self-sacrifice and permeated with more unassuming bravery than the recital of all our wars would afford. Do you touch the municipal question in our body politic? What could be done in these days were it not for the solution of the questions pertaining to the public health by the sanitarians of the land; physicians largely. In like manner the influence of the medical profession is manifested in the marching of our armies, in the sailing of our navy; in the mansion of the wealthy, and the improved tenements for the poor; while the condition of the criminal and the unfortunate classes in prisons, asylums, and poor-houses is made much more endurable through the labors, often unrewarded, of our guild. In courts of justice, while often much abused, he is necessary for the securing (or aborting) of justice.

Turn we to the children of the land and investigate the processes necessary to educate them to be useful citizens and we find many problems for the medical profession alone. There

must be for the good of the State a mind that is active in a body that is sound. Physical education, under the pioneering of the elder Edward Hitchcock, of Amherst, sustained in his plans by the board of trustees under the direction of one of our fellows, the late Nathan Allen, of Lowell, and nobly forwarded by a score and then by hundreds of others, among them Sargent, of Harvard, and the younger Hitchcock, of Cornell, likewise Academicians, has become an important factor of the educational problem of to-day. Even in so brief a reference it would not do while in Milwaukee to overlook the tremendous help given by the Turner Bund to these efforts were one so inclined; but the idea did not get a firm, scientific position in our American educational system until the American physician entered upon the study of this sociological problem.

These illustrations are enough to illustrate, and probably to demonstrate, the proposition, that there is a close relation between the medical profession and the problems of general sociology; or, better perhaps, that general sociology has problems which can only be solved from a medical standpoint: and these two divisions together form what is designated in this paper as Medical Sociology.

It might be well to inquire what components constitute this comprehensive subject. A very satisfactory working classification is given by Mr. Melville Dewey, librarian of the State Library at Albany, N. Y., in his "Classification and Subject-Index for a Library," which is now the standard for classification in many of our public libraries. His classification is a decimal one, and sociology is made the third of the nine grand classes. The chief of sub-divisions are:

1. Statistics. 2. Political Science. 3. Political Economy.
4. Law. 5. Administration. 6. Associations and Institutions.
7. Education. 8. Commerce and Communication. 9. Customs and Costumes.

And wherever medicine or the physician comes in touch with either of these divisions there are to be found problems of medical sociology.

The Academy has, in reality, been devoting its energy to a branch of this subject, included under the division of education. Happily its life has been in a time when the need for a more ex-

tended education for the physician became apparent, and its growth has been contemporaneous with the opening of opportunities for this improvement. While the goal has not yet been reached and there is still need for labor and an opinion expressed in no uncertain words on this subject, still so much preliminary work has been accomplished that all the energy of the organization is not now needed in this direction; and as there lies open this extensive and interesting field of study at the present unoccupied by any medical society (the wilderness indeed in which an occasional excursion is made but inhabited by none), it behoves the Academy to pre-empt the land and secure for itself a field so full of natural wealth, which will be sure to yield to us, if we enter upon it with the proper spirit, harvests of value in the marts of thought and of scientific literature.

Having, it is hoped, demonstrated the existence of medical sociology, and shown to some degree its extent and its limitations; there remains a plea for the study of this subject on the ground of its importance. Possibly this can be done in no better way than by mentioning concrete examples. On June 28, 1883, Dr. Balthazar Foster delivered the presidential address before the Birmingham and Midland Counties Branch of the British Medical Association, selecting for his theme the striking caption: "The Political Powerlessness of the Medical Profession." It is not proposed to review the address nor to restate its propositions, but to appeal to the experience of you all for the truth of the proposition suggested by the title of this address. And yet the medical profession very rarely asks for political aid for self-advancement; its efforts uniformly are for the welfare of the commonwealth. Surely the benefit resulting to the country at large and to the increase of the true dignity of the profession itself from the discovery of the cause of this asthenia, and of a true remedy for the same can be fairly classed among the important questions of the hour.

Or again, the prevention of pauperism is a question of the greatest importance. How to give to the worthy poor and enable them to retain their self-respect; how to prevent the unworthy or the miserly from being recipients of the bounty of the charitable, are questions attracting attention on every hand.

The free dispensaries of our land have in them possibilities of starting more people on the road to pauperism than any other agency on the one hand; and the ability to accomplish more real good in the alleviation of suffering on the other. If the philosophical study of the question can reduce the possibility to the minimum and elevate the ability to the maximum, who can compute the importance of the results of such a study to the medical practitioner or to the country at large. The educational problem is one of far reaching influence for good or ill. The increase of scientific knowledge causes a greater demand to be made on the student; the general advance in the literary culture of the people necessitates a general higher training than formerly; the changes in the manner of living have weakened, possibly, the physical stamina. The proper adjustment of hours and subjects to enable the pupil to properly develop his mind without a prodigal expenditure of his vital energy, whereby his body is made to suffer; the use of manual training schools, and of physical education, and other problems of the educator involve questions that can only be solved by physicians; and should be discussed from a purely medical standpoint before they are rendered more complex by the other factors which the teacher must take into consideration. And on the proper solution of these questions much of the future welfare of the nation depends.

There are other questions, some of more, others of less importance, but the specific instances given already, open important fields of study wide enough to keep us employed for some time to come, hence they will suffice for the present purpose.

There may be a possible criticism in the thoughts of some that should be noticed before closing. "The themes are all right in their way," you may be thinking, "and interesting enough, doubtless, possibly even important; but they are not practical and, therefore, not worthy the attention of serious men in this serious life of ours." This criticism is a just one if, and please mark the "if," if you put the definition of practical on low enough a plane. If you think the time given to the study of pathology wasted and had better be devoted to committing to memory "favorite prescriptions;" if, when any new remedy is mentioned, you do not waste your practical mind on its compo-

sition, properties or mode of action, but simply ask: "What is it good for?" and, "What is the dose?" if you savor at all of what our friend, the talented editor of the *American Lancet* has so fitly characterized as the G. T. R.—Get There Regardless—Doctor; I grant you that these themes have little of such practicability in them. But if you are built after a different pattern and give to the word its true significance: to achieve rather than to accomplish. If you understand in medicine that is practical which tends to produce the best, the noblest physician; the most accurate knowledge of cause and condition of the sick and the precise action of the remedy to cure; the greatest ability to prevent the ills of flesh; the development of the highest type of manhood, and the fruit this type should bear; then, while the study of these problems, their presentation and publication may not bring you a single consultation nor add a single dollar to your not too large bank account, you will find in them topics intensely practical. There is the *'ανηρ*, and the *'ανθρωπος*; the *homo*, and the *vir*; the *Mensch*, and the *Mann*; the former will care for none of these things; the latter will unite with us in their study.¹

DISCUSSION.

Dr. Leartus Connor, of Detroit, in opening the discussion, desired to disclaim the authorship of the phrase, "G. T. R. Doctor," the editorial

¹ After writing the paper I came across the address of Prof. Francis A. Walker, President of the Massachusetts Institute of Technology, delivered at the convocation of the University of the State of New York, Albany, July 9, 1891, on "The Place of Scientific and Technical Schools in American Education." The following paragraph so admirably describes the position advocated in the paper, that it is quoted in extensu.

"Economists and people generally are so much accustomed to think of the more usual condition in which demand creates supply, that they often forget—indeed, to many it never occurs—that there is another large class of cases, and these the far most important of all, in which the opposite rule obtains. In the lower ranges of life, in matters of clothing, food, and shelter, and indeed in holding on to whatever advances civilization has once fairly and fully made, whether in material or higher things, the conscious wants of humanity will in all ordinary cases suffice to secure the due supply, without any organized public or private effort other than that originating in public interest. But in all things high and fine, and generally also in every advance which material civilization is to make, there must be a better intelligence than that of the market, which shall apprehend, not what the people want, but what they ought to want; there must be disinterested efforts on the parts of the natural leaders of society, which shall secure, at whatever sacrifice, such a demonstration of the merits and advantages of the yet unknown thing, such a supply of the new good, as to create a demand for it. It will not be until that want has been fairly and fully wrought into the public consciousness, that the supply may thereafter be left to take care of itself."—*Technology Quarterly*, IV, 294.

article referred to in the paper was from the pen of Dr. George M. Gould, of Philadelphia. Continuing he characterized Medical Sociology as the study of the physician himself; studying him as any other object of nature is studied. This study is necessary because of the peculiarities of the physician as a man. I. On account of the secrets we hold from our position, we are the silent men in the community even in our families. And to our honor be it said the knowledge intrusted to us is usually kept, but often we are crippled thereby since we cannot speak. II. On account of the character of our professional knowledge. Let us use the simplest language at our disposal, nevertheless our relations to the outside world is peculiar, for it does not comprehend us. III. On account of the trust that is placed in us as no other class of people are trusted. Then there is, IV, that question of vital importance, which calls for faithful and constant study: How shall I treat my brother, and how shall he treat me? The physician is the only guardian angel that mankind has, and his success depends much more upon his knowledge of these things than one, at first thought, might think; this knowledge along with the highest technical knowledge is the essential. This outside relation also applies to the conduct of corporations, who are doing what they can to squeeze the life out of the physician. It would be well to have a chair in medical schools to teach the relations of physicians to patients, to criminals, to idiots, to hospitals, to dispensaries, to the insane, etc., in short to teach medical sociology. The subject is practical and has to do with our success; it is a large one and has only been a little studied.

Dr. E. W. Krackowitzer, of Milwaukee, (by invitation) suggested that our being crowded to the wall by hospitals, dispensaries, etc., is a condition resulting from the progress of communism and should be made the best of. The physician becomes but a small portion of the community and much of his individuality is lost. It is not always wise to forget the progress of events.

REPORT OF THE COMMITTEE ON THE REQUIREMENTS FOR PRELIMINARY EDUCATION IN THE VARIOUS MEDICAL COLLEGES IN THE UNITED STATES.¹

BY **FREDERIC HENRY GERRISH, A.M., M.D., PORTLAND, ME**

Six years ago I made a report to the Academy on the same subject. On the first thought it would seem that the duty of this committee was merely clerical, for the annual report of the State Board of Health of Illinois enumerated the published requirements of every medical institution in the country. But I had reason to distrust some of the catalogue announcements, and decided that the best (indeed, the only practicable) way of ascertaining the truth was to employ detective means. A little child, who had just learned to write, was engaged to make inquiries of the schools from which it was necessary to get information, every letter confessing ignorance of some branch or branches which the advertisements declared to be essential, and showing by its appearance the illiteracy of the writer. About half of the replies indicated an honest purpose to abide by the public declarations of the schools from which they came, though in almost all cases the demands for preliminary education were pitifully inadequate. But the remainder of the schools fairly tumbled over each other in their indecent scramble to secure this prospective student, who frankly proclaimed his unfitness even according to their miserable standard. They hastened to say that they did not mean what they had deliberately asserted; that they never intended to exclude a student so well prepared as this particular applicant; some even said that they had never rejected anybody at the examination; and they held out allurements of the most enticing character to this aggressively ignorant correspondent.

Depressing as was this revelation from the intellectual point of view, it was still more so from the moral. The investigation demonstrated, what had never been as well understood before, that a few medical schools made no pretence of requiring an

¹ Presented to the Academy at its Meeting, in Milwaukee, June 13, 1893.

educational qualification ; a small number actually demanded of every applicant something like a proper mental equipment ; very many insisted upon a common school education, and a few exacted, in addition to this, a trifling knowledge of Latin and physics ; and a vast horde paid the tribute to virtue of publicly expressing their conviction of the necessity of a preliminary training of a more or less respectable kind, and privately confessed with shameless eagerness that their printed words were brazen falsehoods, cunningly designed to make a favorable impression upon such official bodies as had established a standard and were sufficiently credulous to accept as truth whatever might be found in the circulars of the schools.

The investigation of the condition of the schools in this respect at the present time seemed to demand a less extensive employment of the method which was used six years ago. Having been persuaded of the honesty of purpose of a school then, a renewed demonstration of its attitude now was considered unnecessary : for, if an institution lived up to its professions at that time, it is fairly justifiable to assume that it still persists in its righteous course, when the general tendency of professional and public opinion is so much more favorable to advanced ideas. Consequently, I have undertaken no correspondence, directly or indirectly, with the institutions which, according to their published standard, were dealing uprightly with the profession and the community a half dozen years since. It was not only much easier, but far more in accordance with my feelings, to take for granted agreement between their preaching and their practice. It is gratifying to observe that, while many of these schools have not set a better ideal for themselves, some have made an advance, and in a few cases the progress has been quite marked. Still, however, there are but few schools which require what this Academy considers an adequate equipment. I am aware that there are differences of opinion among our fellows as to the details of preliminary education. But there is no disagreement upon the general lines of preparatory study or the amount of intellectual furnishing which a medical student should have ; and, as just stated, outside of a lamentably small number of institutions, there is no approach to

our mark. In the rest of the lot the scientific, linguistic, mathematical, and general literary attainments demanded are so very meagre that matriculation in any one of them cannot be deemed the slenderest evidence of fitness for medical study. I recognize with profound regret the fact that the standard is not always above the most elementary and trivial in institutions whose faculties include a considerable representation of our own fellows.

The device which yielded important results on the former occasion was resorted to again in the effort to discover the present status of the schools which made a bad record in 1887. A non-medical friend in a far western State kindly gave me his assistance, and an accurate idea was obtained of the sincerity or deceit of their advertisements. Letters, decently composed and spelled, and in a plain chirography, were sent to these schools, inquiring if certain branches, which their lists of pre-requisites included, were insisted upon, and stating that the writer could not undertake to acquaint himself with Latin and natural philosophy.

It is pleasant to be able to state that some schools gave evidence of great improvement. This will be seen by contrasting the following replies from the same institution.

In 1887. "The examination is not difficult. Reading, spelling, writing, arithmetic, and geography are the principal things touched upon. No one has as yet failed to pass them."

In 1893. "The New York State law requires preliminary examination in English branches, and the Faculty in addition requires Algebra, Geometry, and Latin. These examinations have to be passed without conditions before college work is begun!"

The satisfaction legitimately to be derived from the later letter depends not merely upon the increase of requirements, but quite as much upon the manly rigidity of insistence upon the genuine passage of the examination before actual admission. An answer from another quarter says:

"If you can meet the requirements for admission in other branches with the exception of these two, you can be permitted to matriculate with the privilege of making yourself proficient in Latin and Natural Philosophy during the first year of your student life."

This method of opening the doors to unqualified men is very common and equally pernicious. Everybody knows that there is too little time in the lecture term for the medical branches; and no

enormous sagacity or extended observation is needed to determine which set of studies will be sacrificed. The cases in which a student has attended a school a year, and then is denied a continuance of pupilage on account of failure to make himself "proficient" in any preliminary study must be phenomenally rare. The requirement is instantly emasculated by this volunteered grace, and the sincerity of an institution permitting such practices may well be doubted.

The contrast, however, between the former and present attitude of the schools is not uniformly as encouraging as the one just exhibited. Indeed, the advance is the exception. Some institutions have apparently had experiences which taught caution, and give non-committal replies to specific questions; but they strongly urge the inquirer to come at the beginning of the term, and wish him to believe that he will find no trouble about entering with credit. While they do not openly assert that they are willing to violate their regulations for the benefit of an avowed ignoramus, they craftily wish him to infer that such is the case.

The major part of them come out flat-footed, and vociferously bid for anybody who can be induced to attend. Scholarships to pay the fees partly or wholly are sometimes suggested, even to a man who has not intimated the smallest need of or desire for pecuniary assistance.

Here is a sample from a southern school. Six years elapse between the first and second acts of the drama.

"If you will present me this letter at the opening of our session in January next I will receive you without examn or certificate."

"You can enter our freshmen class, even if you are not fully posted on our requirements, and make up such deficiencies any time before the opening of the Junior year. The philosophy will give you no trouble whatever, and as for Latin, the amount required is very small. Do not let this stand in the way of coming to our college."

The following specimens are from a college in a great city not quite half way between the oceans.

In 1887. "Call and see me when you reach the city: and I will arrange matters for you. so that there will be no trouble."

In 1893. "We do not require Latin nor philosophy, but of course they are good studies and would help some, If you desire to study medicine

we can give you first-class advantages and our offer is cheaper than any first-class college in the country."

A university, located below Mason and Dixon's line, makes the following display. The same fine touch will be recognized in both epistles.

In 1887. "The fact that you have never studies "*natural phylosophy*" will not act as a barrier to your admition to our School. The clause was originally designed so as to prevent applicants who were totally unqualified from admission."

In 1893, "Yes, we advise a man to know "Latin and Natural Philoso-phy," if he can—! but, if a practical man, who can wright a good letter (like yours)—, and is well balanced and educated in all the practical walks of life, and desires to enter our college, I have, as the proper examiner, always given him the advantage of his practical knowledge of the world! as I have found these men better balanced in Judgement, and generally make better practitioners."

How familiar the argument, and how appropriately expressed!

These examples will suffice to indicate the outcome of my investigation. It does not seem to me to be desirable to make a tabulated and detailed statement of the facts, as the general condition is the matter of especial interest to us. To my mind it is clear that only a minute minority of the medical schools of the United States demand of applicants for admission anything approaching a suitable preliminary training; a somewhat larger number require an amount of education which excludes the most grossly unqualified; and the vast majority welcome with open arms almost any man who will pay for his tickets.

In the reports which I have made the institutions referred to have not been named, as it manifestly would be unjust to hold up to praise or derision a few, and omit others who are equally worthy of admiration or contempt. But it seems to me that it might be well for the Academy to take some means of learning the exact truth of this matter about all of the schools in our country which confer medical diplomas, and to publish a complete report on the subject, including the names of the institutions.

REPORT OF THE COMMITTEE ON ELIGIBLE FELLOWS.¹

BY CHARLES W. HITCHCOCK, A. M., M. D., Detroit, Mich., Chairman.

TO THE AMERICAN ACADEMY OF MEDICINE :

Your Committee on Eligible Fellows found plenty of work as its inheritance from the Committee of 1891-2.

To Dr. J. E. Emerson, the chairman of that Committee, is deserving the credit of the work which he so ably planned and faithfully followed for two years. It only remained for the present Committee to do all possible toward getting this work into a state of such completion as to warrant its presentation to the Academy. This we have nearly succeeded in accomplishing and the lists submitted will best testify to the labor which for three years has engaged the attention of this Committee.

These lists embrace over 5000 names and addresses of such of our profession as are eligible to fellowship in the Academy (including, of course, our present fellows) and, in cities, these addresses include the street and number. This list has been made at the expense of no little time and labor, from the catalogues of literary and medical colleges (principally the former). It has been the effort of the Committee to get possession of such catalogues, as now issued, of all reputable literary colleges. This, simple as it may seem, has, in many instances, proved to be of the greatest difficulty and, while we have been in the main successful, it has been impossible to get response from some institutions addressed and from the University of Pennsylvania no adequate list of its graduates has been received.

The work of the Committee has been of use each year and this year a list of some 1200 eligible fellows was sent to the Secretary that they might receive the April BULLETIN and be attracted to the work of the Academy. This list embraced chiefly graduates living in the Northwestern states, and the graduates of Harvard University. It was believed that this truly missionary work would have best fruit for the Milwaukee meeting, if expended largely in the region of the North-west. It will, at least, bring to our ranks several new and desirable fellows.

Your Committee entertains a lively hope that the Academy will not receive this list and file it away in the archives (with a vote of thanks). To make this work of any use, the list should be published and, in such form, that it can be added to, from year to year.

One of the greatest apparent difficulties in the perpetuation of this work is the securing, each year, of a complete list of new available fellows. To this end, such of our fellows as are members of the faculties of medical colleges can lend us the most valuable aid. Their assistance must be invoked and, in many instances, that of secretaries of faculties of both literary and medical colleges. In this way, a fair knowledge

¹ Presented to the Academy at its meeting, in Milwaukee, June 3, 1893.

should be secured of new additions to the number of those eligible to our fellowship.

The following up of this work is urgently commended to future committees. When the lists are published, they can be arranged both alphabetically and by states, if desired, or by colleges, if that be deemed preferable.

If the purposes of the Academy are to be fulfilled and the aims of its work reached, it will be, to no small degree, owing to the fidelity and energy of future committees on Eligible Fellows. It is all important that the field from which we have to draw, be as accurately known as possible and that the work and interests of the Academy be, each year, judiciously and attractively presented to such part of the field as bids fair to yield the best harvest for each particular year. How best to present the interests of the Academy to those outside our number is a question which we commend to the careful consideration of future committees. It may or may not be by means of the BULLETIN. A vigorous and forcible appeal sent direct to those whom it is intended to reach might possibly involve greater expense but also secure, possibly, greater attention, in this day and age of numerous publications, so many of which must of necessity be consigned, without reading, to the waste-basket.

The solution of this problem we leave as a legacy to our successors.

The evidence of our work, too, we give and bequeath to them, earnestly entreating that they will see that it is early published in fitting form.

To them also we have the responsibility for much of the future success of the Academy.

Some work we must leave to them, which this Committee has been unable to do, because of the large amount of labor, to which we became heir. It was referred to this Committee to ascertain what proportion of professors and instructors in medical colleges were college graduates and actually Fellows of the Academy or eligible to its fellowship. This we must leave to our successors.

Our work has dealt only with American literary institutions. Appropriate means should be devised and applied for ascertaining information with reference to American graduates of European colleges and universities. We thus, in turn, can leave to our successors a goodly inheritance asking that the value of our work may be assured by its publication and faithful perpetuation.

SECRETARY'S TABLE.

The April number will contain the proceedings of the Milwaukee meeting of the Conference of State Boards of Medical Examiners, together with the papers read at that meeting. If any one should desire extra copies of this number please notify the secretary (of the Academy) by not later than the tenth of March, to enable him to have a sufficient number printed. It would be gratifying to the BULLETIN if both the Conference and College Association could arrange to have the discussions of the papers fully reported. Only by the fullest report of the discussions can the greatest benefit be given to those who are unable to attend.

* *

The President has appointed Dr. W. T. Smith, of Hanover, N. H., an additional member of the council; Dr. Justin E. Emerson, of Detroit, chairman of the Committee on Eligible Fellows; Drs. F. H. Gerrish, Alfred King, and John F. Thompson, all of Portland, Me., as the committee of arrangements for the next meeting. The program committee will include the president and secretary, and it is hoped to announce the outline in the April number of the BULLETIN. It is not betraying any secret when the secretary announces that Dr. Gould is developing a program that promises a meeting of rare interest and positive worth.

* *

Much of the force and beauty of the oration of Dr. Banks is lost by its attempted condensation at our hands. Notwithstanding, it is printed on the principle that half a loaf is better than no bread, and with the hope that many will look up and read the entire paper.

MEDICAL COLLEGE ASSOCIATION.

[The remarks made by Dr. Herdman in the discussion of Dr. Holmes' paper should have followed that paper on page 389 of the present series of the BULLETIN, but they were not received in time for publication in the December number. It may not be amiss to again suggest that the discussion of any of the papers appearing in the BULLETIN can be

continued with profit in its pages by those who did not have the opportunity of listening to the paper when read. Most of the subjects presented are of vital importance, and growth to the most perfect development can best be attained by a full and free discussion. The "other side" will always be accorded a respectful hearing. Secretary A. M. A.]

REMARKS BY DR. W. J. HERDMAN, OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN, ON THE PAPER READ BY E. L. HOLMES, M.D., LL.D., BEFORE THE AMERICAN COLLEGE ASSOCIATION, AT MILWAUKEE.—I have been greatly interested in listening to the admirable suggestions in Dr. Holmes' paper, the more so since many of them have been in practical operation in the Department of Medicine and Surgery in the University of Michigan for two years past. We have established in connection with our clinical work at the University Hospital what we have chosen to designate "Demonstration Courses." Each clinical professor has an assistant called a "demonstrator," whose duty it is to drill junior students in the technique of diagnosis of that class of cases which are referred to the professor in charge for examination and treatment. The demonstrator attached to the chair of surgery drills the section of the class which he has in charge in surgical anatomy, the ligaturing of arteries, intestinal anastomosis after excision, bandaging, the application of splints, antiseptic dressings and all things pertaining to the diagnosis of fractures, dislocations, abscesses, etc. The demonstrator attached to the chair of ophthalmology drills sections of the junior class in a like manner in the use of the ophthalmoscope, both by means of models devised for this purpose, and by the examination of the normal and the abnormal eye. Other students and patients are used as subjects for this purpose. The demonstrator attached to the chair of the practice of medicine drills the students under his charge in auscultation and percussion of the various viscera and the essentials of symptomatology. So, likewise, the demonstrator of the diseases of the nervous system, carries the students over the entire range of nerve distribution and the tests applicable to the general and special sensibilities, motor reactions, etc., and instructs them practically in the matter of electric diagnosis and the application of the electric current in the treatment of various forms of nervous disorder. We have already found that such courses greatly increase the efficiency of our students so that by the middle of their senior year they have become very fair diagnosticians. This efficiency is tested by giving them the opportunity to practise their skill in the clinic when new cases are presented for examination. I can, therefore, strongly endorse the suggestions made by Dr. Holmes and hope that this method of teaching will soon become customary in all of our medical schools. Wherever a subject is taught that has reference to the doing of a thing the student is best taught that subject by being required to do it himself. Our laboratory teaching, which is becoming so universal in medical instruction, has

already demonstrated the superior advantages of this method of instruction, and clinical teaching in order to accomplish its best results, must follow in the same line.

CONFERENCE OF STATE BOARDS OF MEDICAL EXAMINERS.

Governor Pattison, of Pennsylvania, has appointed under the law passed May, 1893, the following State Boards of Medical Examiners:

From members of the Medical Society of the State of Pennsylvania: Drs. H. G. McCormick, (Jefferson, '74), Williamsport, Henry Beates, Jr., (Univ. Penn., '79), Philadelphia, and W. J. R. Kline, (Long Island Col. Hosp., '63), Greensburg, for three years. Drs. A. H. Hulshizer, (Jefferson, '74), Philadelphia, and W. S. Foster, (Jefferson, '66), Pittsburg, for two years. And Drs. J. E. Silliman, (Jefferson, '74), Erie, and S. W. Latta, (Univ. Penna., '68), Philadelphia, for one year.

From the Homeopathic State Medical Society: Drs. C. S. Middleton, (Hahneman, Phila., '62), Philadelphia, Hugh Pitcairn, (ibid, '80), Harrisburg, and Isaac G. Smedley, (ibid, '80), Philadelphia, for three years. Drs. Edward Crangle, (Hahneman of N. Y., '75), Erie, and C. F. Bingamen, (Hahneman, Phila., '71), Pittsburg, for two years. And Drs. Augustus Korndoerfer, (ibid, '68), Philadelphia, and J. E. Cooper, (ibid, '53), Allegheny City, for one year.

From the Eclectic State Medical Society: Drs. H. Yeagley, (N. Y. Reformed Medical Col., '47), Lancaster, Augustus Niles,¹ Wellsboro, and L. P. O'Neale, (Washington Univ. Med. Col., Baltimore, '65), Mechanicsburg, for three years. Drs. H. B. Piper, (Phila. Univ. of Med. and Surg., '66), Tyrone, and J. R. Borland, (ibid, '65), Franklin, for two years. And Drs. W. H. Blake, (Eclectic Med. Col. of Pa., '70), Philadelphia, and A. B. Woodward, (also* in Polk's), Tunkhannock, for one year.

¹ Neither Keil's nor Polk's Directory give the name of a Dr. Niles at Wellsboro. Polk's Directory gives three "A. Niles" in Pennsylvania, but each are* ("no report received in answer to inquiry regarding graduation.") Tioga County, the County of Wellsboro made no returns of its registered physicians for the report of the State Board of Health in 1888; for these reasons no information can be given.

These boards are to meet and organize in Harrisburg on Tuesday, April 3, 1894.

CONDENSATIONS.

Dr. William Mitchell Banks, professor of anatomy, University College, Liverpool, selected as his subject for the annual oration before the Medical Society of London, "The Relations Between our Profession and the World of Letters."

The study and practice of medicine are not of the nature to attract men to the field of literature. It is too matter of fact, in the study to permit a poetic fancy free to dazzle and divert our sober reason. And, in the practice, sickness, pain, grief, misery, and death confront us; so many things that are sad and repulsive that we have to string up all our inner man to battle against them. It is often no easy task for the medical man to maintain that amount of cheerfulness without which his own life would be wretched, and without which his patients would be bereft alike of hope and comfort. The temperament so engendered is certainly not likely to direct a man's mental footsteps to poetry or fiction; and yet, in spite of all this, a greater number of distinguished literary men began life as physicians than those who started in the law or theology. Thus Goldsmith, Akenside, Sir Samuel Garth, Crabbe, or, among prose writers, Smollet, Arbuthnot, and John Locke may be mentioned.

In Scholarship, some of the former giants were physicians. Linacre, the first president of the College of Physicians and its founder, read Aristotle and Galen in the original and taught Greek at Oxford. Radcliffe Library and Caius College were built by doctors.

Coming down to the present, the enormous amount of professional knowledge necessary to the practitioner prevents him rivalling these worthies of the past; notwithstanding, have we not been neglecting too much general learning and varied knowledge, (apart from things medical) which should be understood by those who claim to be members of a "liberal" profession? While the individual medical man is more deeply versed in professional knowledge than ever before, the accomplishments, the

¹ *London Lancet*, May 6, 1893.

mental culture, and the extent of reading of our profession as a body are far from ideal, and three things conspire to bring this about. a. The defective school training of the boys destined for physicians. b. The period of professional study is so exacting on the time and brains of the student that he has no time for general reading and loses his taste for it. c. The exactive and exhaustive nature of our calling.

First: The inferior school training. This especially exists in England. The youths who elect to join our profession are from the middle class of society. A great proportion of them receive their preparatory education from the private day schools of their towns, and in none of the schools is the teaching apt to be so bad as in this class of schools. The truth is that at the present moment the middle class boy has not even the guarantee for good teaching that the school-board boy has. I often ask a new dresser to read a report of his case and at the end of it am compelled to say, "Sir, your production is on a par with the letter of the cook to her intimate friend, which winds up with 'this cums hopping.'" In truth, to that young gentleman, grammar, capital letters and stops are of no more moment than vowels to an etymologist. The fault lies with the teacher, and then with the examiner. There are certain university entrance examinations in arts for medical students which exact a good amount of knowledge from the candidates; but, possessing, as I do, a very intimate acquaintance with the subject, I maintain that with regard to the examinations for the licensing colleges there are a vast number of students rubbed through their sieve who ought to have been caught and retained on the way. The General Medical Council, in exacting a five years' medical course, has done a remarkable thing for the advancement of the medical profession, and the details for the curriculum will soon shape themselves properly. The chief concern now should be the character of the entrance examination.

The undue prominence given to athletics is also telling seriously upon the sound education of our boys. I have always been a lover of sport and exercise, but I object to a boy being encouraged to regard the life of a mere athlete as the highest to which a human being with an intellect can aspire. Now-a-

days thews and sinews seem to be objects of admiration, here, brains are out of fashion. As to what should a school boy learn? my own experience teaches me to express it in a seeming paradox, *viz.*: "That if a boy destined for a profession were to be taught nothing but reading, writing, and arithmetic till he was eleven, and after that nothing but Greek and Latin and mathematics till he was eighteen, at fifty that boy would turn out a more widely cultured, and better read man than if in his early years he had been stuffed with geography, history, philosophy, and the two-penny, half-penny fragments of chemistry, botany, and zoology, which constitute school science."

Let us now look at the second condition. During the period of medical study there is no possibility for him to keep up his general reading, the professional subjects require all one's time. And, unless there be some stimulus at the end of that period, all desire for general reading will have ceased, when the duties of active practice are entered upon.

And this leads to the third point. The argument that the practitioner jaded and exhausted by the day's work has neither bodily nor mental strength to sit down and read. While this may be true for professional reading, if he but love good books, he will find in them rest and comfort that he can get from nothing else. That it is possible for a medical man to carry on systematic general reading is shown by the lives of those men who are our acknowledged leaders. Every one is a man of cultivated mind, knowing many things outside of their own special craft. No one will claim that they are less busy, or have had a less laborious life than the rest of us. "Every wise man feels in his heart that, if he lives sufficiently long, a time will come when ambitious toil and money getting labor will cease to satisfy. He recognizes early the fact that in order to enjoy his old age he must not only have well-lined pockets, but a well-stored brain; for the Frenchman La Bruyère was right when he said that man too often employs the greater part of his life only to make the remainder miserable."

Sir John Lubbock has always tried to make us look upon our books as our friends, and indeed they are, and like our associates, can be either a blessing or a curse; you will look in vain

for the book-case of that man who elects to associate exclusively with trashy novels and cheap magazines. Our profession has advanced with wonderful strides and no longer is it the scoff of every would-be wit or poetaster. Lord Beaconsfield, at Manchester, in 1872, indicates the present position of the profession, when he said: "In my mind the great social question which should engage the attention of statesmen is the health of the people, for it refers to all those subjects which, if properly treated, may advance the comfort and happiness of man. A very great man and a very great scholar, two or three-hundred years ago, said that he always thought that in the Vulgate that wise and witty King of Israel, when he said *Vanitas vanitatum, omnia vanitas*, should really have said *Sanitas sanitatum, omnia sanitas*. I am sure that, had King Solomon said that, he could not have said a wiser thing." And, if medicine is then to occupy a more prominent position than she has, is it not incumbent that we should be something more than mere prescribers of physic and healers of wounds. I am quite certain that a teacher who knows nothing but the details of that section of the healing art which he practises never has the influence over his students that a man of general culture and catholic reading possesses.

By mere virtue of our profession we do not rank socially with other professions. The most callow curate with his Oxford B. A., the youngest sub-lieutenant of a marching regiment or a gunboat who wears her majesty's uniform, by mere virtue of his cloth is taken into any drawing-room in the land. It can not be said that this is the case with the medical man. His profession alone will not take him anywhere. He has to make his social position for himself. Hence an additional reason why our whole profession, down to the youngest graduate, should be men of such good general culture that their company should be welcomed not merely by the rich (for of these I make little account) but by all those whose well-trained minds, whose liberal ideas and whose refined manners constitute them the true society of our country.

☉ NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, ☉

(Chicago Medical College),

Offers a carefully graded course of four years. The new laboratory building is now in use, and a separate building expressly designed for clinical and didactic teaching will be ready for the Fall term. For circulars of information, address the Sec'y.,

Dr. FRANK BILLINGS,

235 State street, Chicago.

COLLEGE OF PHYSICIANS AND SURGEONS
OF CHICAGO.

Preliminary Examination in English, Physics, Mathematics and Latin. **Fees \$100 a year.** Ten Annual Scholarships to College Graduates, each Scholarship \$100 a year. Four Year Course.

For announcement, address

Dr. BAYARD HOLMES, Sec'y,

Venetian Building, Chicago, Ill

PORTLAND SCHOOL FOR MEDICAL INSTRUCTION.
THIRTY-SEVENTH ANNUAL ANNOUNCEMENT.

The aim of the school is to afford to Medical Students greater facilities for obtaining a higher grade of professional education than can usually be given under the direction of a single preceptor.

Systematic Daily Recitations; Familiar Lectures and Demonstrations. Ample Clinical Instruction, Abundant Facilities for Practical Anatomy

ISRAEL T. DANA, M.D., Theory and Practice, STEPHEN H. WEEKS, M.D., Surgery, CHARLES O. HUNT, M.D., Materia Medica, FREDERIC H. GERRISH, M.D., Surgery, SETH C. GORDON, M.D., Diseases of Women, CHARLES A. RING, M.D., Obstetrics, AUGUSTUS S. THAYER, M.D., Theory and Practice, LEWIS W. PENDLETON, M.D., Physiology, WILLIAM LAWRENCE DANA, M.D., Anatomy, ADDISON S. THAYER, M.D., Adjunct Instructor in Theory and Practice; JOHN F. THOMPSON, M.D., Adjunct Instructor in Diseases of Women; ALFRED KING, M.D., Adjunct Instructor in Surgery, WILLIS B. MOULTON, M.D., Adjunct Instructor in Ophthalmic and Aural Surgery

Summer term of thirteen weeks begins 6th of July, 1893; Winter term of thirteen weeks begins 19th of October Tuition for the year, \$60

☉ Circulars, with full information, sent on application to any instructor, Portland, Me

LAFAYETTE COLLEGE,

EASTON, PA.

Classical, Scientific and Technical Courses, ample laboratory facilities, thorough training.

For catalogues, announcements, etc., address

REGISTRAR, Lafayette College, EASTON, PA

SCIENTIFIC AND BUSINESS PLATFORM.

We respectfully invite the attention of physicians and pharmacists to a brief statement of the ethical, scientific, and business principles upon which we strive to base our operations as manufacturing chemists. We shall be pleased to communicate with any member of either profession who may desire further literature in amplification of any or all of these principles, and cordially invite such correspondence.

We hold that the manufacturing pharmacist who desires the patronage and values the respect of the physician, should study and conform to those principles of medical ethics which affect the production and marketing of medicinal preparations, therefore:

A We strive to maintain the highest standard of quality

Our facilities for securing crude drugs of first quality are unequalled, our processes of manufacture are the latest and best approved, and the highest degree of skill is employed at every stage. Wherever the nature of the drug will permit, the strength of every preparation is determined by repeated assays, from the acceptance of the crude material to the finishing of the product for the pharmacist's shelves. Under other conditions the product is made to conform to some physiological or other recognized test to ascertain its therapeutic efficiency.

B We do not market any preparation protected by copyright, patent or trade-mark, or by concealed or misrepresented formula.

Please apply to us for literature fully explaining the distinction between these several classes of proprietary preparations, and demonstrating their respective objectionable features.

C We do not so label or advertise our products as to encourage, or admit of, their use by the public without the advice of the physician.

Any physician who has seen a former patient purchase for himself, and without a doctor's advice, a remedy labeled with the disease which it is designed to cure or alleviate, with full directions as to dose, etc., and which he himself had prescribed on a previous occasion, will appreciate the bearing of this principle upon his purse and reputation.

D To the end that the product, and the art of its manufacture, may never become lost to science, every medical preparation should have a proper name, open to general scientific usage, and its formula should be published in scientific literature in such a manner that any competent pharmacist may readily prepare it.

Many articles claiming to be pharmaceuticals cannot be admitted to the Pharmacopœia, or accepted in scientific literature, for the reason that the names are claimed as private property, and their formulæ, or art of manufacture, are nowhere published, but are things of trade secrecy. Our processes and formulæ are open to the inspection of all properly interested persons at any reasonable time, and any pharmacist may market any of our preparations under its proper name, if only the same be not represented as of our manufacture.

E We hold further that the manufacturing chemist should lend his superior resources to the advancement of both medical and pharmaceutical science, that he ought not to act altogether from a selfish pecuniary motive, but should have in view the general well-being of humanity and, as tending to this end, the continued progress of medicine and pharmacy.

In pursuance of this belief, we have expended large sums in therapeutic, physiological and chemical research, employed able botanists in exploring the habitats and studying the characteristics of new drugs, promoted exhaustive physiological experiments to determine their therapeutic value; made expensive tests in our laboratory to determine the most available form of preparation; and have then placed, free of cost, at the disposal of the medical profession, samples of the same for clinical experimentation, until the medicinal value was ascertained. Where no therapeutic worth was found, the drug has been relegated to deserved oblivion, yet as the outcome of our individual efforts, the medical profession now has such valued remedies as: Cascara sagrada, Grindelia robusta, Jaborandi, Coca, Jamaica dogwood, Black haw, Berberis aquifolium, Cheken, Pichi, and others.

Basing our claims to the consideration of the physician and pharmacist upon the foregoing statements, an investigation of the truth of which we earnestly solicit, we remain,

YOURS VERY TRULY,

PARKE, DAVIS & CO.