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ADDRESSES.

THE AMERICAN MEDICAL ASSOCIATION; ITS PAST, PRESENT AND FUTURE.

President's Address, delivered at the Semi-centennial Anniversary
Meeting of the American Medical Association, at
Philadelphia, Pa., June 1, 1897.

BY N. SENN, M.D., Ph.D., LL.D.
CHICAGO, ILL.

The AMERICAN MEDICAL ASSOCIATION was born at the dawn of a great era in the history of medicine. Only a few years before its organization was effected anesthesia, which has robbed the operating room of its greatest terrors, came into general use and at once opened up new fields of usefulness for the surgeon. The new science of bacteriology, upon which is based our modern views regarding the etiology and prevention of disease, has been founded and firmly established since that time. The principles which govern the present treatment of wounds conceived by the immortal Lister and developed to the existing state of perfection by a host of his enthusiastic followers, have revolutionized the practice of surgery during the last quarter of a century. Normal and pathologic microscopic anatomy are recent acquisitions to our knowledge of living tissues in health and disease. Aseptic midwifery is the direct descendant of aseptic surgery and has secured for the lying-in-woman the same protection against puerperal complications, as the employment of aseptic precautions will prevent largely the occurrence of suppuration, sepsis and pyemia in the treatment of the injured and patients requiring operative treatment. Anesthesia and asepsis have created visceral surgery. Our knowledge of chemistry and physiology has been vastly increased during the last fifty years by thousands of earnest and devoted students in possession of improved instruments and apparatuses for accurate investigations. During the same time great strides have been made in the practice of medicine and the preparation and methods of administration of drugs. In the light of many of these recent advancements we have at least learned that disease is influenced for the better by aiding and assisting, rather than by combatting and opposing nature's resources. Translumination of the body by the wonderful Roentgen ray is the last and most important addition to our diagnostic resources in medicine and surgery. In these stirring events which have startled the medical world in such rapid succession during the last half of this century many members of our ASSOCIATION, dead and living, have taken a prominent and often leading part. In looking about for an appropriate subject for my address at this meeting I have deemed it expedient to utilize my time and this unusual opportunity in discussing as briefly as possible "The AMERICAN MEDICAL ASSOCIATION, its Past, Present and Future."

This is a day of rejoicing to the medical profession

of the United States. We celebrate today the semi-centennial, the golden jubilee of the AMERICAN MEDICAL ASSOCIATION. You have come here from all parts of the Union to do honor to this festive occasion. It is appropriate that you should have selected Philadelphia as the place of meeting at this time; it was here that the organization of our ASSOCIATION was completed half a century ago. Philadelphia is near and dear to every American citizen, as it is the birthplace of the greatest and most prosperous nation in the world. It is here that on July 4, 1776, the most precious document in the possession of the American people—the Declaration of Independence—was signed, read and approved by the representatives of a people who craved for freedom, liberty and independence. It was here that the sweet music of the liberty bell was first heard, the reverberations of which reached from the Atlantic to the Pacific, and from the Great Lakes to the Gulf of Mexico, and which has continued and will continue to echo and reëcho over our vast and free country for all time to come. It is a source of congratulation to every and all honest and progressive practitioners of medicine that that document, which was the means of planting a free government upon the virgin American soil and creating a new nation, was signed and heroically defended by America's greatest physician—Benjamin Rush. The blood struggle for independence by a united patriotic people and its great success culminated in the foundation of the great Republic of the United States which in time gave the medical men an opportunity to establish American medicine upon a free American soil. It required a long time after the permanency of our government was assured for our professional ancestors to appreciate this opportunity and to take the necessary steps to secure adequate facilities for our young men to obtain a satisfactory medical education in this country and to create a medical literature of their own. Foreign text-books were used and European universities continued to be the Mecca for American students who sought a higher medical education. The country was new, its resources limited, its inhabitants represented different customs and nationalities, and the number of qualified practitioners limited. It is, therefore, not surprising that the organization of the profession, the establishment of institutions of learning and the foundation of an American medical literature met with many difficulties which it required years to correct and remove. Philadelphia has a special charm for every practitioner of medicine who has the interest and welfare of his profession at heart, as it has been, and still remains, the center of medical education and medical literature in this country, besides being the birthplace of the AMERICAN MEDICAL ASSOCIATION.

The members of the medical profession of this city, with Benjamin Rush at its head as a noble and inspiring example, have always been loyal to the

cause of a united profession, advanced medical education and the foundation of an independent American medical literature of the highest merit. In coming here today from the most remote parts of the United States in such vast numbers you are performing a duty you owe to the city so memorable in the history of our country and its medical men, who have taken such a conspicuous and active part in the development of American medicine and surgery. We are assembled here today to commemorate the work of a group of earnest men, patriotic American citizens, who took such an active part in uniting the medical profession of this country by bringing into existence and active operation the AMERICAN MEDICAL ASSOCIATION. Most of those who were helpful in laying the corner-stone of this great national institution have gone to their reward; few are left to tell the tale of the early struggles, frequent disappointments and final triumph. Of those who have been permitted to live long enough to witness the celebration of the semi-centennial, four names are familiar to you all, Nathan S. Davis of Chicago, Alfred Stillé of Philadelphia, J. B. Johnson, St. Louis, D. F. Atwater, Massachusetts. Davis, the father of the ASSOCIATION; Stillé, its efficient and faithful Secretary for many years. These two names have illuminated the firmament of American medicine for half a century, and they will continue to shine brighter and brighter as the ASSOCIATION increases in influence and membership. Honor to these men. A monument of marble or bronze; resolutions of thanks printed upon white satin and framed in precious metal would be but a feeble expression of the gratitude we owe them for their work so unselfishly rendered in founding and maintaining this ASSOCIATION. Their greatest satisfaction must remain in having been instrumental in launching the ship, steering it through many a storm with resolute determination and firm hands safely into the semi-centennial harbor, clearing it and handing it over in splendid condition for another generation to manage. While our hearts are full of gratitude toward the few surviving founders of the ASSOCIATION, we must not forget the labors of the many who have joined the silent majority. Hundreds of former members of the ASSOCIATION have performed important duties, written scientific papers, and by their work and example have distinguished themselves sufficiently to have their names written upon a tablet to be placed in the Memorial Hall of the future permanent home of the ASSOCIATION.

History.—Time does not permit to give a full history of the ASSOCIATION from its foundation to the present semi-centennial year, but I regard it as a duty to the ASSOCIATION to give a brief account of the motives that animated its founders and to call your attention to a few of its early members whose worth stands out in bold relief in its early history.

The founders of the AMERICAN MEDICAL ASSOCIATION were deeply impressed with the dignity and responsibility of our profession. They had for their object to secure by united action a higher standard of medical education, a more general diffusion of medical knowledge and the creation of a respectable medical literature. The motives which incited them to action are well shown in the utterances of two of the early Presidents. At the Baltimore meeting in 1848 Dr. Chapman, the President, alluded to the necessity of the members of the profession to work in harmony and unity to secure a more uniform and higher stan-

dard of medical education and to preserve the dignity of the profession as follows: "From slumbers too long indulged, the profession has at last awoke, and shaking the poppies from its brows, is recalled to a sense of what is due to itself and the obligations it owes to preserve its heritage, to be transmitted to posterity unsullied and without detriment or loss. Excited by this generous impulse it comes forward in the majesty of its might to vindicate its rights and redress its wrongs. To no other tribunal does it deign to appeal for these purposes. No mean petition of grievances, or supplicatory memorial for relief, or more immediate addresses to popular feeling to engage its favor shall sully our proceedings. We have in a spirit becoming our just pride trusted, and will, I hope, continue to trust our cause exclusively to the clear heads, the warm hearts and strong arms of the host enlisted in its service. We do not want, nor will condescend to accept any extraneous assistance. Confiding in our own resources, we shall through them maintain the struggle till conducted to victory and triumph." The implicit faith in the work of the ASSOCIATION entertained by Dr. Chapman and the results obtained have been fully realized during the past fifty years of its existence. At the same meeting the President-elect, Dr. A. H. Stevens, pointed out the power and influence of a united profession in the following beautiful and truthful language: "Our profession, gentlemen, is the link that unites science and philanthropy. It is one of the strongest ligaments that binds together the elements of society. It teaches the rich their dependence, and elevates the poor to a sense of the innate dignity of their nature. Its aim is to add to the comfort and the length of human life."

Animated by such noble sentiments the founders of the ASSOCIATION commenced and finished their task with a spirit of unselfishness and a keen sense of responsibility and devotion to their important mission. The idea of organizing a National Medical Convention originated in the New York State Medical Society and was discussed for the first time at the meeting in 1844. The main object of the promotion of this project was the elevation of the standard of medical education, and consequently the betterment and advancement of the whole profession. The needs of such a step were very apparent at that time. The wonderful increase of the population of the New Republic by immigrants from all parts of the civilized world required a rapid increase of medical men. New medical colleges sprang up in rapid succession in different parts of the country, and the rivalry between them made it impossible to effect a change for the better without strong influences brought to bear upon them from without. Young men began the study of medicine without even a common school education, and had no difficulty in obtaining a diploma upon attendance of two courses of lectures of four months each. All students attended the same lectures with limited or no hospital and clinical facilities. To the thoughtful medical men of that time it was plain that such a condition of things would soon result in lowering the practice of medicine to a trade instead of elevating it to the dignity of an art and science. Quackery in its worst forms prevailed, the services of the honest physician were undervalued and his standing in the community, compromised on all sides by his less conscientious competitors with and without diplomas. The founders of the ASSOCIATION had in view, to effect through

their combined influence a higher standard of preliminary education of those who should enter upon the study of medicine, lengthening of the college terms and better qualifications for the degree of Doctor of Medicine. All this had to be gradually accomplished without any legislative aid. Such radical changes in our system of medical education could only be attained by our persistent efforts in the course of time, but during the fifty years of the existence of the ASSOCIATION they have been wrought and perfected to an extent far beyond the most sanguine expectations of its most enthusiastic founders. The ASSOCIATION during this time has accomplished much more than what it was originally designed for. Through its influence nearly all of the medical colleges have adopted a systematic graded course of instruction combined with ample hospital, clinical and laboratory facilities. Besides all this it has brought the members of our profession in the various sections of our vast country in close touch and intimate social relationship so beautifully described by one of its distinguished and most active members, the late Dr. Bennett Dowler, who in an editorial on this subject said; "As a social and professional *reunion* of kindred spirits and great minds, its memories afford perennial delight. It has given impetus to the progress of medical polity and science; it exercises moral suasion, rather than that of authority; it has brought together a bright constellation of intellect, cemented the bonds of friendship among good men and true, and it will leave a luminary track of light in the moral firmament of the Æsculapian heavens throughout the expansion of the Republic."

History has demonstrated the necessity of associated action in advancing the interests of the arts and sciences, commerce and the learned professions. The origin and the success of the AMERICAN MEDICAL ASSOCIATION have demonstrated the full meaning and force of this statement. Individual efforts accomplish but little in the correction of long standing and widely disseminated evils. In 1835 the faculty of the Medical College of Georgia proposed the holding of a convention of delegates from all the medical colleges of the Union. This proposition met with little encouragement on part of the remaining medical schools, and the first movement which contemplated a convention of delegates, not only from all the medical colleges, but also from the regularly organized medical societies throughout the New Republic, was made in the Medical Society of the State of New York, at the annual session in February, 1839. At this meeting, upon motion of Dr. John McCall, it was decided to hold a National Convention in the city of Philadelphia in 1840. The movement did not meet with sufficient encouragement to carry out the desired object. In the meantime the cause of medical education received a new and vigorous champion in the person of young Dr. N. S. Davis. He was born in the State of New York, Jan. 9, 1817. Until 16 years of age he assisted his father in managing a farm. After receiving the limited advantages of a rural-district school training he attended for six months Cazenovia Seminary. With this scanty preliminary education he entered upon his professional studies at Fairfield, in the old College of Physicians and Surgeons of the Western District of New York and graduated with the class of 1837, being then but a few days over 20 years of age. Endowed with a logical mind and great power of discrimination he became impressed during his college life with the importance of a systematic graded course of in-

struction. His attendance upon lectures was arranged with such an object in view and he is probably the first graduate of an American Medical College who enjoyed the benefits of a graded course of instruction, which was arranged by himself and not by his Alma Mater. Ever since his graduation as a member of the American medical profession and as a teacher he has been an ardent advocate of systematic graded medical instruction, and the medical college which he later founded was the first one in this country to formulate and carry out his ideas. At the time he entered upon the practice of his profession in New York the Medical Society of that State was fostered and guided by Dr. John Stearns. Almost from the beginning of his professional career Dr. Davis became a leader among his colleagues, and a strong advocate of much needed reforms in medical education.

Between the years 1830 and 1845 the number of medical colleges in the United States nearly doubled. As there was no concerted action between the schools and the profession this rapid increase of competing schools furnished a formidable obstacle to the cause of improved medical education. Two courses of lectures from thirteen to sixteen weeks were usually required. Dr. Davis served as a delegate from Broome County in 1844, and at once entered upon his life work in agitating the necessity of concerted action to elevate the standard of preliminary and medical education. He introduced a series of resolutions to that effect and was appointed Chairman of the standing Corresponding Committee, to which the resolutions were referred. The following year the subject was again discussed *pro* and *con*, but many of the delegates from the medical schools placed themselves on record as being opposed to such radical changes as proposed by Davis and others. It was at this meeting that Alden March privately suggested to Davis that the objections which were made might be possibly overcome by calling a convention of delegates from all the colleges and thereby inducing the institutions of the several States to act in harmony. A preamble and resolutions for the formation of a National Convention were then immediately prepared and read by Davis. Few of those present and who took part in the discussion which followed were of the opinion that it would be possible to carry the movement into effect. However, a committee of three, composed of Davis, Peter Van Buren and McNaughton, was appointed. The Chairman immediately entered into active correspondence with the officers of the colleges and medical societies and received unexpected encouragement from sources least expected. The animosity manifested toward the ASSOCIATION came principally from the representatives of the medical schools, many of whom were opposed to extension of the lecture term to six months and a higher standard of preliminary education. The medical colleges which openly refused coöperation were those in New York and Boston. It was decided to hold the National Convention in the College Building of the New York University on the first Tuesday in May, 1846. Dr. L. Ticknor in the meantime suggested the advisability of organizing out of the National Convention a permanent National Medical Society. The National Convention was held at the appointed time and was attended by nearly one hundred delegates, representing sixteen different States. Dr. Jonathan Knight, professor of surgery in Yale College was elected President. After completion of the organization of the Convention Dr. Gunning S. Bedford

presented a resolution to adjourn *sine die*, asserting that the Convention did not represent a sufficient number of States. As the mover of this resolution was a member of the faculty of the medical school in which the Convention met, his open opposition came as a great surprise. The motion was lost by a vote of seventy-four to two, the latter being cast by the mover of the resolution and his colleague Pattison. A committee of nine was appointed to frame propositions for discussion and action. Of the propositions presented by the committee the first provided for the organization of a permanent National Medical Association, the next two recommendations related to preliminary and medical education, while the fourth suggested the framing of a code of medical ethics. A number of committees were appointed for the purpose of completing the organization next year and to place the ASSOCIATION at once into working order. It will be seen that the most violent opposition to the organization of the AMERICAN MEDICAL ASSOCIATION came from New York and it, therefore, does not appear strange that years later, after the ASSOCIATION was completed and had demonstrated by the work done and influence exerted, that it was in this same State that a part of the profession rose in open rebellion and seceded. The meeting in Philadelphia in 1847 was held in the Academy of Natural Science, May 5, when the organization of the AMERICAN MEDICAL ASSOCIATION was completed. It was attended by two hundred and fifty delegates, representing more than forty medical societies and twenty-eight colleges, embracing medical institutions in twenty-two States and the District of Columbia. Jonathan Knight was reelected President. Harmony characterized this meeting. The report on Medical Ethics made by Drs. Bell and Isaac Hayes was full and explicit and was unanimously adopted. In the preamble preceding the Constitution, the purposes for which the ASSOCIATION is organized are declared to be "for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor and interests of the medical profession; for enlightening and directing public opinion in regard to duties, responsibilities and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession; and for facilitating and fostering friendly intercourse between those engaged in it." The sentiments contained in the preamble show that the founders of the ASSOCIATION were infused with a spirit of enthusiasm and energy regarding the future welfare and usefulness of their profession and laid a wide and firm foundation upon which to build the temple of American Medicine. At this meeting committees were appointed representing the different departments of the healing art which were expected to report at the next meeting. The articles of the Constitution were adopted without much discussion and only a few amendments. The Convention then resolved itself into the AMERICAN MEDICAL ASSOCIATION, and the committee to nominate officers made a report which was unanimously adopted. Dr. Nathan Chapman headed the list of officers. The permanent organization of the ASSOCIATION gave a new impetus toward the formation of State medical and local societies, which soon became auxiliary to the National ASSOCIATION and excited a spirit of scientific investigation throughout the Union. The membership increased very rapidly. At the meeting in Baltimore the following year four

hundred and ninety-two delegates were registered, of which number two hundred and sixty-six were in attendance, representing the United States Army and Navy, twenty-four States and the District of Columbia. The annual meetings were held with regularity and with increasing attendance, until the great War of the Rebellion drew a line between the North and South, which temporarily parted the profession. The firing upon Fort Sumter brought on the greatest war the world ever witnessed, which for five long years made the earth tremble and saturated our soil with the blood of those engaged in the deadly conflict. Accounts of battles and rumors of battles filled the columns of our newspapers and furnished the all-absorbing subject of discussion in the home circles, business places, offices, the pulpits and at the seat of war. The brave men in blue and gray fought with a determination that could only be inspired by a sense of conviction of the justice of their respective cause, and born of a spirit of patriotism that has always typified the American citizen. Our profession took an active and honorable part in this terrible contest. The medical schools on both sides became almost depopulated, as many of the students shouldered the musket and hurried with the improvised armies to the bloody scene. The medical officers of both armies, composed mostly of men with a ripe experience as practitioners, but entirely ignorant of the many details required of military medical officers, ministered to the sick and wounded with an efficiency and devotion that challenged the admiration of the world. No armies ever enjoyed to a greater extent the blessings of military surgery. The services rendered by civilians so suddenly pressed into military life did much to mitigate the horrors of the many battlefields, and are remembered with gratitude by many of the surviving scarred and maimed veterans. The work done by the medical officers on both sides will always occupy an honorable position in the annals of military surgery, and in the history of our own country it will remain as a bright spot, a shining star during its most trying ordeal, when the very foundations of our Government were trembling from the desperate attacks of an honorable, well-meaning but misguided enemy.

The ASSOCIATION voted to meet in Chicago in 1865. The War of the Rebellion interrupted the meetings until 1865, when it was practically over, and after a number of adjournments, the ASSOCIATION met in Boston in May, 1865. It required repeated and continued efforts on the part of N. S. Davis to secure a meeting at this time, as the chairman of the Committee of Arrangements was strongly in favor of adjournment for another year. This meeting was attended by two hundred delegates. The only thing which savored of war and which showed the intense excitement which still prevailed and which caused a serious discord was the expulsion from the ASSOCIATION, without trial, of Dr. Montrose Pallen, an alleged sympathizer with the South and who then resided in Canada. Dr. Pallen was charged with the most unreasonable and heinous crime of introducing smallpox among the people of the North and East. In spite of earnest protests by a number of more cool-headed delegates, he was expelled without trial. Seventy of the delegates entered protest against this hasty and unwarrantable action. As the only redeeming feature in this unpleasant episode in the history of the ASSOCIATION, I find that after the close of the war Dr. Pallen

was exonerated and reinstated at the next meeting, which was held in Baltimore in 1866. After the close of the war the delegates from the South at once resumed their attendance, the most cordial relations were restored and many of the largest and best meetings have taken place in Southern cities. The attendance has increased steadily and the influence of the ASSOCIATION has been felt throughout the Union and has extended far beyond the limits intended by its founders. The ASSOCIATION is now in a healthy, vigorous condition, a precious and responsible heritage of its founders. Its membership now consists of nearly nine thousand physicians. The responsibility of its officers and members increases with every additional advantage it offers. Its influence for good will increase with every new membership. Every regular physician practicing his profession owes a duty to the ASSOCIATION, and the least he can do is to join its ranks. There is no reason why, in the course of ten years, our membership should not increase to fifty thousand. It is my duty and your duty to bring within its folds every respectable physician of our acquaintance. Increase the army of regular conscientious physicians, secure concerted action and be helpful in inciting among its rank and file a spirit of scientific investigation, and you discharge a part of the duties imposed upon you by the founders of the ASSOCIATION.

MEDICAL EDUCATION.

One of the principal subjects in view of the founders of the AMERICAN MEDICAL ASSOCIATION was to effect a much-needed reform in medical education, looking toward a higher standard of preliminary preparation, lengthening of the lecture course and a systematic graded course of instruction. These objects have been nearly attained and largely through the influence of the ASSOCIATION. Nearly all of our medical schools, large and small, now require four years' attendance, of eight months each, of a systematic graded course, and with few exceptions furnish adequate laboratory and clinical facilities. Our printed transactions from the beginning of the ASSOCIATION until the present time are loaded down with matter pertaining to medical education. This mission of the ASSOCIATION is about fulfilled. We have medical schools that are on a par with those of the older nations. There is no further excuse for our medical students to seek foreign universities to obtain a thorough medical education. Some of the very best practitioners of the United States are men who graduated in our own schools and who have never left their native soil. It requires no stretch of imagination to predict with certainty that our country will become the center of medical education within twenty-five years and our medical institutions will be sought by foreign nations, as they will in the course of that time furnish facilities for teaching far in advance of those of any other country. Our medical schools are not tampered by politics and they are undergoing a rapid evolution by acquiring unlimited financial resources and by the ceaseless activity, the wide-awake, energetic and enthusiastic practitioners who by hard work, frequent intercourse with representative medical men at home and abroad become model practical teachers. The next function of the ASSOCIATION, as far as medical education is concerned, lies in another direction—post-graduate education.

MEDICAL SOCIETIES AS POST-GRADUATE INSTITUTIONS.

We are all aware of the fact that the best medical education obtainable anywhere is but the entering wedge, the foundation for a broader practical education needed at the bedside, which occupies a lifetime and which is never completed. The diploma from any college is but an evidence that its possessor is prepared to enter with understanding upon this post-graduate study of medicine. The recent graduate has but a faint idea of the limitation of his knowledge when measured with the rigid requirements at the bedside. The successful progressive physician is, and remains, an earnest steady student. He enters at once upon a course of post-graduate instruction in an institution which he never leaves and from which he can never expect to graduate. It is and must be one of the principal functions of medical societies, National and local, to receive the young practitioner and direct and supervise his post-graduate work. The medical societies, large and small, are the legitimate and proper post-graduate medical schools. The policlinics and post-graduate medical schools, which have recently appeared upon the field of medical institutions and which had their origin in this country, have done good work in furthering the objects and directing the ambitions of the progressive practitioners, old and young. They have fostered and favored specialism, and have as often retarded as advanced the true interests of the science and art of medicine and surgery. They never did and never will take the place of the medical societies as post-graduate institutions for the enlightenment and advancement of the great mass of practitioners. Post-graduate medical education must be systematic, graded, continuous and not spasmodic. Is it not true that many city, village and country doctors, after a few years of active practice, tired of the monotony of their work and the severe exactions placed upon the general practitioner, seek one of our post-graduate institutions, after a term of two or three months, receive their certificate printed upon the finest sheepskin, signed by forty or fifty professors, most of them themselves recent graduates and next appear upon the surface as full-fledged specialists? I am willing to accord our post-graduate medical schools a field of genuine usefulness, but they can never take the place of medical societies in imparting and supervising post-graduate instruction. Rational post-graduate work consists in the reading of the current medical literature, in mastering the contents of modern text-books and monographs, the diligent use of the microscope as a means of scientific investigation and as a diagnostic aid, in acquiring and maintaining an adequate practical knowledge in interpreting disease from a bacteriologic standpoint, and a regular attendance of the meetings of medical societies, local, State and National. Not a single day should be permitted to pass without absorbing something useful from the mass of medical literature or the study of some specimen, histologic or pathologic, under the microscope. Application and practice will soon initiate the intelligent seeker of knowledge into a systematic course of study. The fruit of such individual efforts belong to the medical profession and should be brought into the proper channel through medical societies or the medical press. Every recent graduate should affiliate himself with the local, State and National societies, and the time and money spent in attending their meetings will be well invested. He should always be an

attentive listener, and as time and opportunity present themselves, an occasional contributor. There are at present two apparent prevailing evils regarding medical societies as educational institutions; too many societies and too many papers. The multiplication of medical societies of all kinds has gone on with unwarranted speed, and the *furor scribendi* that is prevalent at the present time is unparalleled in the history of medicine. Specialists have their own societies, all of which are doing excellent work. There can not be too much said in favor of city, county and State medical societies, all of which should be in affiliation with the AMERICAN MEDICAL ASSOCIATION, which is now and always will remain the recognized representative body, the final tribunal of the American profession. The organization of district and sectional medical societies is of questionable utility, as these societies detract from the attendance and scientific work of the National associations, and the State and county medical societies. Medical societies are especially intended for scientific work. The great majority of doctors who attend the meetings, do so for the sole purpose of receiving or imparting knowledge. There are, however, men who attend these gatherings from less pure and unselfish motives; they are the political doctors, the wire-pullers who are always on their feet making and discussing motions, offering amendments to amendments, often to the great consternation of the presiding officer and the detriment of the scientific work of the society. These men appear more for the purpose of being seen and heard, to kill time rather than to promote the legitimate work of the society. Every society contains more or less of this morbid material. These men come early and place themselves on record at the very first possible opportunity; they seldom read papers or take part in the discussion of scientific subjects. Some of them have been mayors, aldermen, or if fortune smiled upon their political career, perchance, members of the State legislature. They know something about parliamentary law and are anxious that their more timid and less informed colleagues should know it. The general meetings of the ASSOCIATION have on many occasions resembled more a political caucus or a stirring debate in the Senate or House of Representatives than the calm proceedings of a scientific body. Many valuable hours have been consumed by discussing subjects that should never have appeared. Our constitution and by-laws have undergone so much mending that even those best informed would find it difficult to tell what is old and what is new. Let this part of our work be referred to appropriate committees who take the necessary time and pains to inform themselves correctly and in a calm deliberate way make the necessary recommendations to the society. Let us in the future devote our whole time to scientific work and not tempt the patience of those who come for that sole purpose by the prolonged discussion of business and executive topics that can be done much more satisfactorily in the committee room than the general sessions of the ASSOCIATION. To make medical societies a proper and useful training-school for the practitioner, young and old, the scientific work must be done in a systematic manner. The young graduate with a practical experience dating back two or three years should not feel called upon to appear in any of our sections and occupy our time by relating wonderful cases or a series of daring surgical feats. His maiden efforts belong to the local society, the smaller the better. After a training for

five years or more he is then qualified to serve the State medical society in an active capacity, preparatory to his entering the working ranks of the AMERICAN MEDICAL ASSOCIATION at the expiration of six or ten years of active practice. By taking such a course he is adopting a systematic course of post-graduate education and instruction which will slowly but surely bring success and recognition. The ephemeral reputation which occasionally rewards early literary efforts on high-sounding subjects is frequently followed by a depression from which it is difficult to recover. It is the slow growing solid oak, and not the slender poplar that reaches out early for the sky, that offers the greatest resistance to wind and storm. The young physician will do well to select subjects for his early literary work from the primary branches of the science of medicine, anatomy, physiology, histology, chemistry, pathology and bacteriology and reserve his efforts in writing on practical subjects until he has acquired sufficient experience to speak authoritatively. By pursuing such a course he will interest and instruct his older colleagues and command their respect and admiration at the very threshold of his professional career. One of the glaring faults of the medical societies of the present day as teaching institutions is the presentation of too many papers. A bulky volume of transactions is no indication of the value of the work accomplished. The papers should be few, concise and thorough, the discussions free and general. It is usually more difficult to discuss a paper intelligently than to write it. It is seldom that in a prolonged discussion the remarks remain limited to within the legitimate limits of the subject under consideration. To discuss a paper properly requires careful preparation. Off-hand statistics must be regarded with suspicion. A sense of honesty should compel participants to report their unfavorable as well as their favorable cases, and to record their mistakes as well as their successes. Embellished, painted statistics, too prevalent at this time from ambitious operators, are dangerous traps and should be scrupulously excluded from the current medical literature. Honesty in medicine, as elsewhere, is always the best policy and will be amply rewarded at the proper time. Clinical reports are valuable when properly made; harmful and misleading when based on superficial observation and written from memory instead of from an accurately kept case-book. The results of postmortem examinations should be given with the same candor as the clinical history and the reasons which lead to the diagnosis and the treatment pursued, as it often furnishes the last argument in favor of or against what was surmised or done for the patient during life.

Scientific work of the Association.—The published transactions and the volumes of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION are a mine of information for the general practitioner as well as the specialist, as they contain valuable contributions to medical literature, embracing all the departments of the healing art and the allied sciences. Many of the contributions have found a permanent place in our general literature and must be referred to by authors who write on the subjects of which they treat. It is a source of regret that many of the most important and interesting papers read during the early history of the ASSOCIATION have been buried in the volumes of the transactions. The value of these compendious volumes are as a rule underestimated by medical literary men, and are not consulted and quoted with the

frequency they deserve. No other works contain a more accurate report of the early history of anesthesia. Indigenous medical botany receives well-merited attention. Endemic and epidemic diseases which prevailed in this country at that time are discussed by the most prominent and competent medical men. Surgery is ably represented by a number of the most distinguished surgeons of that period. From the very beginning of the ASSOCIATION hygiene and sanitation were given a prominent place in the proceedings. Anatomy and physiology received more attention then than now. During the early history of the ASSOCIATION the scientific work was done by committees and the reports were read and discussed in the general sessions. The reports were comprehensive and long. W. T. Wragg made the first report of the Committee on Medical Sciences in 1848, which occupies fifty pages of the first volume of the transactions, and embraces the current medical literature of that year in a condensed clear form. The same year the Committee on Practical Medicine reported through their Chairman, Joseph M. Smith, "On the Contagions and Infectious Epidemics." The report was quite a lengthy one and deals largely with the etiology and pathology of typhoid fever. In the same volume the Committee on Surgery gives a detailed account of Brainard's work on the "Treatment of Spina Bifida and Serous Effusions by Tapping and Injections of Tincture of Iodin;" and a very interesting treatise on "Anesthetic Agents."

A special and comprehensive report on "Anesthetic Agents, Their Mode of Exhibition and Physiologic Effects," by J. R. Bigelow, contains the most authenticated account of the early history of anesthetics and some practical suggestions how they should be administered, which are the safest guides today. The members of the Committee on Obstetrics discussed the "Use of Anesthetics in Labor." Their conclusions are summed up as follows: "The committee do not think it important to express an opinion as to the comparative value of sulphuric ether and chloroform in obstetric practice. While the latter is more convenient, the former is probably more safe, owing to the fact perhaps that it is not cumulative in its operation. They are both efficient and either may be employed at the option of the accoucheur." The Committee on Medical Literature, headed by Oliver Wendell Holmes, gave short abstracts of the more important articles published in the medical journals of the United States during that year and of the works on medicine and surgery by American authors and translators. N. S. Davis writes the report of the committee on "Indigenous Medical Botany," which includes the botanical description, medical properties and uses of *Lycopus virginicus*, *Hamamelis virginica* and *Cimicifuga racemosa*. Adulteration of drugs is treated by T. O. Edwards.

In the second volume Dr. James Wynne makes the "First Report of the Committee on Public Hygiene," which covers 223 pages. In the same volume Francis C. Porcher read the "Report on the Indigenous Medical Plants of South Carolina," which occupies 250 pages and includes a description of 319 plants and their medicinal uses. It was soon found that these lengthy reports, although extremely valuable, did not meet with the requirements of the profession. Consequently, at the Charleston meeting, the standing committees were abolished upon motion of Dr. Isaac Hayes, and upon motion of Dr. G. B. Wood it was

Resolved, that a committee of seven be appointed to take into consideration the arrangement of committees for future action, and to report as soon as possible. In accordance with the action of this committee the future scientific work of the ASSOCIATION was to consist of discussions of special subjects selected for the next year. The committee also recommended the appointment of a Committee on Volunteer Communications which should be authorized to award a prize of \$50 for each of the essays approved by it, not, however, exceeding five in number in one year. The action of the committee led to the appointment of twenty-seven special committees. This arrangement proved satisfactory for a number of years, when the rapidly increasing attendance made it necessary to do the scientific work in sections representing the different departments of the healing art, adding new sections for the study of special branches as specialism asserted itself. This plan has proved eminently adapted for the needs of the general practitioner, as well as the different specialists. A vast amount of valuable material is brought to the different sections annually by many men, who, at the same time, take an active part in the proceedings of societies devoted to special work. Most of the prominent men in the profession attend our meetings annually and are always sure of bringing the fruit of their labors and product of their pen before an appreciative audience. Our section work is improving from year to year, and has done much toward creating and moulding the medical literature of this country.

Prize essays.—Literary work in this country is appreciated only by the profession, and the only prospective reward is a consciousness of a duty performed and the recognition it may receive from the profession. Government recognition, such a strong stimulus to hard work in many of the countries abroad, is out of question here. For the purpose of stimulating original research the AMERICAN MEDICAL ASSOCIATION during the first few years of its existence took the necessary steps to establish prizes for meritorious literary productions. The origin of awarding prizes for essays was by the following resolution offered by Dr. Alfred Stillé, while Chairman of the standing committee on medical literature at the annual meeting in Cincinnati in May, 1850:

"Resolved, that the sum of \$100 raised by voluntary contributions, be offered in the name of the ASSOCIATION, for the best experimental essay on a subject connected either with physiology or medical chemistry, and that a committee of seven be appointed to carry out the objects of this resolution; said committee to receive the competing memoirs until the first day of March, 1851, the author's name to be concealed from the committee and the name of the successful competitor alone to be announced after the publication of the decision."

The Treasurer's report at the next meeting showed that \$50 had been paid in through Dr. A. Stillé and \$50 through Dr. F. G. Smith; and at that meeting, Charleston, S. C., May, 1851, the first prize was awarded to Dr. John C. Dalton, his subject being "On the Corpus Luteum of Menstruation and Pregnancy." The prize in 1852 was awarded to Austin Flint, who wrote "On the Variations of Pitch in Percussion and Respiratory Sounds, and Their Applications to Physical Diagnosis." The successful competitor the following year was Washington L. Atlee, who presented a notable paper on "The Surgical Treatment of Cer-

tain Fibrous Tumors of the Uterus Heretofore Considered Beyond the Resources of Art."

In 1853 Walter J. Burnett presented a paper on "The Cell, Its Physiology, Pathology and Philosophy, as Deduced from Original Investigations, to which is added its History and Criticism," and received the coveted prize.

The following year the prize was awarded to Daniel Brainard, the most distinguished surgeon at that time of the great and distant West, for his classical paper: "An Essay on the Method of Treating Ununited Fractures and Certain Deformities of the Osseous System." Among the remaining prize essays, the one on "Resection of Joints," by Culbertson, is entitled to special mention for its thorough exposition of this subject and its statistical value.

Prizes were annually offered in the name of the ASSOCIATION until 1880, when at the annual meeting in New York, all previous regulations awarding prizes were abolished and a new system for awarding prizes through the agency of the several sections was adopted. Since that time no essays have been offered and no prizes awarded.

It will be seen from what has been said, that the prize essays of the AMERICAN MEDICAL ASSOCIATION take a high place in American medical literature, and it must appear plain to everyone that the practice should be resuscitated. Authors and investigators should be encouraged in their work. The awarding of medals and prizes will encourage the younger members of our profession to apply their talent and energy in a proper direction. The recognition by the American profession of the merits of a literary production is a source of greater satisfaction to the author than the gratification afforded by the intrinsic value of the prize.

I would recommend as the greatest stimulus to original research the awarding of an ASSOCIATION gold medal for the best essay on any subject pertaining to the healing art. The gold medal to be offered by and at the expense of the ASSOCIATION. I would suggest that one side of the medal should bear the bas relief of the father of the ASSOCIATION, Dr. N. S. Davis, and the name of the AMERICAN MEDICAL ASSOCIATION; the other inscribed with the name of the successful competitor, the date of the award, with an Æsculapius staff in the center. The ceremony of awarding the medal should be in public on the last day of the meeting of the ASSOCIATION, preceded by an appropriate speech by the presiding officer. The competitive essays should be placed in the hands of a special committee on prize essays three months before the date of the meeting in the same manner as was customary in competing for prizes in the past. It is time that the profession of this city, the home of the distinguished Benjamin Rush, should do something substantial to commemorate his memory. They can do nothing better than to establish at once, before this meeting adjourns, a Rush Memorial prize to be awarded for the best treatise on any subject relating to the science or practice of medicine. This city has the enviable reputation for its distinguished, enthusiastic and wealthy physicians, and I am confident they need only to be reminded of this late obligation to their most eminent colleague of the past to step forward and subscribe the necessary fund of five or six thousand dollars. I am sure if Benjamin Rush had a voice in this matter he would prefer such a monument to one of marble or bronze. I trust that

in the near future every section will establish an annual prize. If this is done we may expect a rich harvest of the most valuable contributions to indigenous medical literature.

American medical literature.—During the early history of our country students and physicians had to depend upon foreign authors for their text-books. With the Declaration of Independence came a sense of responsibility to our representative medical men to create a literature of our own. The first timid attempts consisted in translating or editing foreign books. The great evil of this then, and to a certain extent even now too general a practice, did not escape the good sense and keen eye of one of the early members of this ASSOCIATION, whose name has become a household word throughout the civilized world—Oliver Wendell Holmes, who alludes to this subject in the following plain but significant language: "It can not be denied that the great *forte* of American medical scholarship has hitherto consisted in 'editing' the works of British authors. The committee are not disposed to disguise the fact that this business has been carried on in a very cheap and labor-saving fashion. A tacit alliance between writers and publishers has infused the spirit of trade into the very heart of our native literature. The gilt letters of the bookbinder play no inconsiderable part in the creation of our literary celebrities. Sometimes the additions by the 'American editor' have been real and important, often nominal and insignificant." Dr. S. D. Gross, the Nestor of American surgery, and the foremost medical author this country has produced, raised his voice against such a parasitic literature at the meeting of the AMERICAN MEDICAL ASSOCIATION in 1850 by offering the following preamble and resolutions, which were unanimously adopted:

WHEREAS, The interests and dignity of the medical profession of the United States, as well as the true spirit of patriotism and a love of independence, demand that we should use all proper and honorable means for the establishment of a National Medical Literature, and

WHEREAS, We have hitherto paid too blind and discriminate a deference and devotion to European authority;

Resolved, That this Association earnestly and respectfully recommend to the medical profession generally, and to the various medical schools in particular, the employment of native works as text-books for their pupils, instead of the productions of foreign writers.

Resolved, That the editing of English works by American physicians has a tendency to repress native literary and scientific authorship, and ought therefore to be discouraged by all who have at heart the object contemplated in this preamble.

Resolved, That this Association will always hail with satisfaction the reprints in their original and unmutated form, of any meritorious works that may emanate from the British press.

At this same meeting Dr. G. B. Wood spoke upon this subject and said, among other things: "Our literature will start forward at a rate that will probably astonish the world as much as our profession in the arts, in wealth and in all the comforts of life. It will have the advantages, moreover, of conformity with our institutions. It will intertwine itself with the popular feelings, convictions and habits, imparting to them consistency, strength and durability; growing with their growth, at once giving and receiving support, and, above all other means, adorning, ennobling and strengthening the natural character."

The utterances of these three eminent members of the AMERICAN MEDICAL ASSOCIATION were made at a time when our ASSOCIATION was passing through the stage of infancy, and yet how forcible and positive is

the language pleading for an undefiled, pure American literature. Largely through the influence of this ASSOCIATION their wishes have been realized. Foreign works edited by American authors are becoming fewer year after year, while books written by American authors have nearly displaced English text-books in our college and physicians' libraries. Today the best text-books for students and the safest guides for physicians and surgeons are those written by American authors. We have every reason to take a just pride in the rapidly growing and high standing of our American medical literature. Our foreign colleagues will soon be compelled to acknowledge our literary independence and to recognize more fully the pen-products of American authors. The time is coming and is near at hand when we will be in a position to pay our indebtedness to them and their predecessors with compound interest, and they will follow to a limited extent our example in the past and commence to edit and use American text-books. Let us stimulate the awakening and growing interest of American authors by creating the necessary funds for a number of prize essays and the future distinction and preëminence of American medical literature will be assured.

Journal of the American Medical Association.—One of the potent agencies in the hands of the members of this ASSOCIATION to place American medical literature upon a sound basis is our official organ, the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. It should be and already has become the mouthpiece of the American medical profession. It depends for its support, not upon a wealthy publishing firm or drug house, but upon the profession upon which its existence and maintenance depend. It has only one object in view, the advancement of the science and art of medicine and surgery. Its editor is chosen not for his influence to secure a large subscription list, but for his abilities to manage the JOURNAL for the benefit and betterment of the American profession; in other words, not so much for his business as literary attainments. The JOURNAL has become a permanent institution. It has passed through the trial stage; it has become a power for good in the land. It required years of discussion, preambles and resolutions before the ASSOCIATION abolished the publication of its Transactions in volume form and decided to journalize its proceedings together with the papers read in the general and section sessions. The first suggestion to publish a journal was made by Dr. J. B. Flint of Kentucky at the Richmond meeting in 1852, who gave notice of a proposition to amend the Fifth Article of the Constitution, "So as to provide that, instead of the annual volume of Transactions, the ASSOCIATION may establish and maintain a quarterly journal to be a medium for the publication of the proceedings, and of the most valuable contributions of its members; an organ of resolute and impartial criticism, and an efficient exponent and advocate of the views of the ASSOCIATION on medical science, education and ethics."

It required years for this proposition to come into effect, and when finally, largely through the efforts of N. S. Davis, the Society voted to journalize its Transactions, many had serious doubts as to the ultimate outcome of the new enterprise. At the earnest solicitations of the Board of Trustees, Dr. Davis consented to become its first editor, and placed the JOURNAL upon a sound basis. He was followed by J. H. Hollister and J. C. Culbertson, both of whom labored earnestly and faithfully in the trying editorial chair.

The present editor, Professor John B. Hamilton, assumed the responsibilities of the office with an ability and confidence born of thorough preparation and long practice. He took charge of the JOURNAL at a time when it was in a critical condition. He was well prepared for the duties of this position by nature and education. His long and successful career as a public officer, his keen knowledge of human nature, his good judgment and power of discrimination, his classical education, his intimate acquaintance with the history of medicine and his long experience as a teacher of pathology and surgery, had amply prepared him to manage successfully and edit with ability the official organ of our ASSOCIATION. You are familiar with what he has accomplished. The number of subscribers has been increased threefold, the JOURNAL has been increased in size and greatly improved in quality. Under his editorial management it threatens to become in a few years a dangerous competitor to the *British Medical Journal*, which it will soon equal in the number of subscribers and perhaps in influence. The JOURNAL deserves our undivided influence, as it is the organ which strengthens the ASSOCIATION and binds together in one great brotherhood its members, and its columns are largely devoted to the medical literature of our country, of which it has become its foremost exponent.

Code of Ethics.—At the time the AMERICAN MEDICAL ASSOCIATION was organized the profession of our country was in a most trying condition. The standard of medical education was at the lowest ebb. Of preliminary education there was none. Quackery in all forms was rampant, and no restraints to practices of all kinds by legal enactment. Those who had at heart the elevation of the profession had to make some provision in singling out from the incongruous mass the men who were entitled to professional recognition and public confidence. This was done by the founders of the AMERICAN MEDICAL ASSOCIATION by framing a Code of Medical Ethics, which was called for in the preamble introducing the Constitution. The Code of Ethics was framed by a Committee of seven with Dr. John Bell as Chairman, and was adopted in 1847 without discussion and by an unanimous vote. The Code is liberal in tone, lofty in its sentiments. It requires nothing of its devotees but what would be most willingly subscribed to, observed and carried out by anyone who has the true interests of his profession and his patients at heart. Its language is closely akin to that of that great book, the authority of which but few have the audacity to doubt. The language is that of Percival and our own Benjamin Rush. It is a document which is the backbone and corner-stone of the AMERICAN MEDICAL ASSOCIATION. It is the very foundation upon which the ASSOCIATION is built. It is the rock of Gibraltar upon which all attacks have foundered. Remove it and the AMERICAN MEDICAL ASSOCIATION will be no more; let it remain, and it will continue to grow, flourish and exert its influence for good for all time to come. No changes in the Code have been made whatever since its adoption, except the addition of Section or Paragraph 2, under the head of "Duties for the Support of Professional Character," second division of Code. That addition originated from a charge against admitting delegates from the Michigan State Medical Society on account of the Society having elected as one of its delegates Prof. E. S. Dunster, who was represented as engaged in teaching and giving certificates to students in the Medical Department of the

Michigan University knowing them to be intending to practice an "irregular exclusive system of medicine." The charge was made near the close of the annual meeting in 1877 and referred to the Judicial Council, but too late for the latter to investigate and report at that meeting. At the meeting in 1878 the Judicial Council made an explicit report, declaring that the Code of Ethics contained *no provision* touching the subject under consideration. After much discussion, the members of the Judicial Council were appointed a special committee to report such an amendment to the Code as would cover the subject. Accordingly, at a later stage of the same meeting, the committee reported a paragraph to be added to the first section of the second division of the Code, under the head of "Duties for the Support of Professional Character." But the President decided that amendments to the Code of Ethics must be subject to the same rules as amendments to the Constitution, and the ASSOCIATION acquiesced in his decision. Consequently the proposed amendment or addition to the Code was laid on the table until the next meeting, which was held at Atlanta, Ga., May, 1879. At that meeting the amendment was taken from the table and briefly discussed, and again laid on the table until the next annual meeting. The next meeting was held in New York, June, 1880, and the amendment to the Code seems to have escaped attention until near the time of final adjournment, when, on motion of Dr. Foster Pratt of Michigan, it was postponed and made a special subject for consideration at 10 o'clock of the second day of the next meeting, which was held in Richmond, Va., May, 1881, and at the appointed time the proposed amendment was taken up, and it was discussed in opposition to Dr. E. S. Dunster and H. O. Marcy, when further consideration was postponed until 12 o'clock the next day, at which time it was taken up and advocated by N. S. Davis and opposed by Dr. Dunster, and again postponed until the following morning, when a substitute was offered by Dr. J. S. Billings, seconded by Davis, which was adopted by a three-fourths vote of the ASSOCIATION. (Trans., Vol. xxxii, pp. 38, 39.)

It is evident from the lengthy and complicated proceedings necessary to make this unessential addition to the Code of Ethics, that the American profession fully endorses the action of the Committee which drafted it, and are unwilling for any alterations or additions to be made. The Code has fulfilled the purposes for which it was intended, and will remain a *noli me tangere* for generations to come. I am sure that this feeling will prevail at the centennial celebration fifty years from now, and that our successors will be grateful to us for handing it down to them in an un mutilated form.

Rush Monument.—I have mentioned Benjamin Rush in this address in various connections, but I feel constrained to refer to him once more regarding a movement initiated by Dr. A. L. Gihon to erect to his memory a suitable monument in the City of Washington. The City of Washington is embellished and graced by many statues of the men whose lives are part of the Nation's history. The services of Presidents, heroes and patriots have been commemorated by the erection of statues of marble and bronze, the gift of an appreciative and grateful people. Law and science have been recognized in a similar manner by the erection of monuments or costly oil paintings to the memory of the leaders in the legal profession, and the exponents of science and art, as a token

of respect by the legal profession and the devotees to art. Religion and philanthropy are represented among the group of statues as an evidence of gratitude to representative men who devoted their lives to the church and the welfare of the needy. It is only recently that the disciples of Hahnemann have erected a beautiful statue to the memory of the erratic renegade of the regular medical profession, the founder of a medical sect who originally attributed nearly all disease and suffering to the *acarus scabiei*, and pretended to cure disease by producing a duplicate with high potency dilutions and triturations. What have the people done to immortalize the name of the greatest physician this country has ever produced, the man who had the honor and courage to sign the Declaration of Independence? Nothing, absolutely nothing. Is it not time that the AMERICAN MEDICAL ASSOCIATION should take hold in earnest to correct this wrong and remove from the medical history of this country a blemish that has been permitted to remain too long? Can we afford to let this semi-centennial celebration go by without securing sufficient funds to erect a suitable monument to the memory of Benjamin Rush? No! a thousand times no! The time is at hand to act and not to talk. Dr. Gihon has labored incessantly for a number of years in this worthy cause, but he has not met with the encouragement he had a right to expect. In 1884 he introduced a resolution at the annual meeting which was held in Washington, which had for its object the appointment of a committee to report at the next meeting as to the advisability of erecting a monument to Benjamin Rush in the City of Washington, as commemorative of the part taken by the profession of medicine in the establishment of the Republic of the United States. The resolution was unanimously adopted, and the President, Austin Flint, appointed a committee of seven with Dr. Gihon as chairman. This committee reported favorably upon the proposition at the next meeting, which was held in New Orleans. It was the desire of the committee that the statue should be completed and dedicated with appropriate ceremonies coincident with the meeting of the International Medical Congress at Washington in 1887. It was originally resolved that the necessary funds for the erection of the monument should be obtained by subscriptions limited to \$1, from each physician and student of medicine in the United States, and by voluntary donations of such additional sums as might be tendered by persons interested in the work. The burden of work in accomplishing this purpose has been consigned almost exclusively to the shoulders of the enthusiastic and energetic mover of the proposition—Dr. Gihon. Year after year he has addressed the members of this ASSOCIATION in the most earnest and eloquent language, pleading the cause which has possessed his body and soul. He has written thousands of letters and spent a small fortune in purchasing postal stamps, and what has been the result of his thirteen years of faithful endeavor in accomplishing a task that ought to have been performed before this ASSOCIATION was born, the erection of a monument to our immortal patriot-physician, Benjamin Rush? He only asks \$40,000, and of this sum, by constant appeals in this ASSOCIATION, State medical societies and the medical press, he has received up to date less than \$4,000. It has been well said that "Dr. Gihon deserved to have a monument himself for his efforts." But Dr. Gihon's labor is an unselfish one; he looks for no other reward than the con-

sciousness of having done his duty. What he does want, however, is that the profession sustain and aid him in this noble enterprise. No wonder he has often been discouraged, his patience has been severely tried, and it is time that we should hasten to his rescue. The necessary funds should and must be raised during the present session, or at any rate during the semi-centennial year. Loosen your purse strings and let the people of this country know that the profession is loyal to one of its greatest lights. See to it that the capital city will soon be graced by a magnificent statue of the idol of the American profession, the patriot-physician, and one of the greatest benefactors of our country—Benjamin Rush.

Prominent deceased members of the Association.—I have incidentally alluded to a number of the founders and prominent members of our ASSOCIATION. On an occasion like this it is appropriate to mention additional names of deceased members who took a most active interest in its organization and proceedings. Time does not permit to enumerate the names of all who deserve a permanent place in the memories of those who have enjoyed the privileges of the ASSOCIATION since their time. Among the physicians the following merit special mention:

Askew, H. F.	Griscom, John H.
Arnold, Richard B.	Hartshorne, E.
Bowditch, H. I.	Haxall, R. W.
Bache, Franklin	Holmes, Oliver Wendell
Blatchford, Thos. W.	Ives, Eli
Bartlett, J. K.	Johnson, H. A.
Brodie, Wm.	Jones, Joseph
Bowling, Wm. K.	Jackson, Samuel
Butler, S. W.	Lindsley, J. B.
Beck, John B.	Lee, Chas. A.
Bell, John	Mendenhall, Geo.
Clark, Alonzo	McNaughton, James
Comegys, C. G.	Palmer, A. B.
Chapman, Nathaniel	Pitcher, Zina
Clymer, Meredith	Parish, Isaac
Cooke, James	Smith, Francis Gurney
Dunn, Theophilus C.	Swett, John A.
Delafield, Edward	Stewart, F. Campbell
Drake, Daniel	Stearns, John
Dixon, Samuel H.	Thayer, Samuel W.
Elliott, Elsworth	Toner, Joseph
Francis, J. W.	Van Dusen, Harmon
Flint, Austin	Wood, Geo. B.

Anatomy and physiology are well represented by

Dalton, J. C.	Horner, Frederick
Draper, J. W.	Wistar, Casper

Of the surgeons who made a deep impression on American surgery and who fostered the AMERICAN MEDICAL ASSOCIATION, the following brilliant array of names grace from time to time the proceedings of our ASSOCIATION:

Agnew, D. Hayes	Norris, G. W.
Brainard, Daniel	Pope, Chas. A.
Buck, Gordon	Pancoast, Joseph
Briggs, W. T.	Pancoast, Wm.
Bigelow, A. J.	Parker, Willard
Carnochan, J. M.	Post, Alfred C.
Campbell, Henry F.	Richardson, T. W.
Dawson, W. W.	Stevens, Alex. H.
Eve, Paul F.	Smith, R. N.
Gross, S. D.	Stone, Wm.
Gross, S. W.	Smith, H. H.
Hamilton, F. H.	Wolcott, E. B.

Hodgen, John T.	Warren, John C.
Knight, Jonathan	Watson, John
March, Alden	Watson, A. B.
McDowell, Joseph W.	Wood, James R.
Mussey, Reuben D.	Yandell, D. W.

A number of the members of the AMERICAN MEDICAL ASSOCIATION have done pioneer work in the development of rational gynecology, and the names I shall quote now are frequently met with in text-books on diseases of women here and abroad:

Atlee, Washington	Drysdale, Thos. M.
Atlee, John L.	Goodell, Wm.
Byford, Wm. H.	Kimball, Gilman
Batley, Robert	Lente, Fred D.
Dunlap, Alexander	Sims, Marion

American obstetrics was advanced and honorably represented by

Barker, Fordyce	Meigs, Chas. D.
Channing	Miller, Henry
Elliot, G. D.	Storer, D. Humphrey
Hodge, Hugh L.	White, J. P.
Howard, W. T.	

Richard J. Dunglison, treasurer of the ASSOCIATION for a number of years, is best known as the author of a medical dictionary which has served a useful purpose to students and physicians for half a century. Isaac Hayes, one of the most influential members of the ASSOCIATION, was a distinguished oculist and editor of the *American Journal of the Medical Sciences* for many years. I might continue to enumerate the names of additional illustrious members of our ASSOCIATION, but enough has been said to show that much scientific work has been done by many distinguished members of our profession through the AMERICAN MEDICAL ASSOCIATION. The AMERICAN MEDICAL ASSOCIATION has been a post-graduate medical institution in which most excellent work has been done, the influence of which has extended far beyond the limits of our own country.

I have attempted to give you a brief account of what has been accomplished by the AMERICAN MEDICAL ASSOCIATION during the first fifty years of its existence, but it is impossible to estimate the benefit derived by the thousands of members who have attended its meetings, men who have contributed little or nothing, but who have been attentive listeners, and who never failed in returning to their homes with knowledge increased and renewed enthusiasm in resuming their responsible and onerous duties. At each meeting new friendships have been made and old ones renewed and more firmly cemented. One of the pleasant and attractive features of our annual meetings is the free social intercourse between the members, coming as they do from all parts of the Union. The social element of our gatherings should be encouraged and I know of no better way in which to foster it than to establish a new departure by making provision and establish the custom of making arrangements for the evening of the second day of our meeting for an

Association dinner.—The Committee of Arrangements are always severely taxed in procuring suitable entertainments for the members at each annual meeting. Much time and money have been spent for this purpose and all of us can testify to the lavish hospitality extended year after year by the local physicians and public spirited citizens. The evening receptions have been enjoyable and conducive in bringing the

delegates and members in closer contact. But I am sure you will all agree with me that they can not take the place of an ASSOCIATION dinner in making strangers friends and in affording the best possible opportunities for an interchange of ideas and experiences often of much more value than in listening to the reading of a scientific paper. Let us relieve our Committee of Arrangements of the greatest burden of their work and take the necessary steps to become independent, as far as our social enjoyments are concerned, by gathering around the festive board at our own expense. Section dinners have been a failure and should be abolished. Let us have a dinner where the sturdy country physician can sit with his more nervous and excitable colleague from the city, where the surgeon can meet the physician, the physician with the specialists of all kinds, that is, an easy, informal commingling of the different professional elements. Occasions like these could not fail in strengthening the ASSOCIATION and in diffusing knowledge not obtainable in any other way. The great medical societies in England and Germany have followed this custom for years, and the annual dinner is always looked for with anticipations of pleasure and profit. Let us imitate their example and I am confident we shall never regret the departure. It will not be difficult to furnish a mental feast for the guests by a number of well chosen toasts to be responded to by some of our members and representative men from the clerical and legal profession. Medicine, law and theology, the three great learned professions, have many things of common interest, and a closer acquaintance and relationship will prove of mutual benefit to all.

Annual addresses.—The scientific work in the general sessions is largely limited to the reading of addresses on medicine, surgery and State medicine. These addresses, as a rule, are carefully prepared and are always listened to with interest. The Chairman of each Section prepares an address which he delivers at the opening of the section over which he presides. A distinction should be made in designating the work done in the general sessions and in the different Sections, and I would respectfully suggest that the addresses delivered in the general sessions should be known as orations, instead of addresses, and the persons delivering them as orators, to still further distinguish them from the Chairmen of the Sections and their work.

Evening demonstrations.—It has occurred to me that the third evening of each session should be devoted strictly to scientific work of a special character. It seems to me that nothing would prove more profitable and attractive than a lecture on bacteriology, histology, normal or morbid, illustrated by magic lantern pictures from photomicrographs, projected upon a screen. The lecturer should be chosen by the Nominating Committee from year to year. We have an abundance of men well qualified for such a task within the ranks of our ASSOCIATION. A lecture of this nature, with numerous illustrations, would secure a large attendance and would be one of the means of keeping our members informed of what pure science is doing for the healing art.

Permanent home of the Association.—One of the present needs of the ASSOCIATION is a permanent home, with an editorial office and press room, for its official organ, a hall for the meetings, at least every three years, which could also be utilized for the meet-

ings of local societies, a library room for American medical literature, and a memorial hall for paintings, busts of distinguished members of the ASSOCIATION, and a room for a collection of indigenous medical plants and surgical instruments, the invention of American physicians and surgeons. The site for such a home should be decided by vote of all members of the ASSOCIATION. The present financial status of the ASSOCIATION justifies the taking of the necessary steps to bring such a project into effect at an early date. I am sure the profession of the city that will be honored by becoming the site of such a wonderful institution will contribute liberally toward erecting and maintaining it. Such a modern Æsculapian temple would soon become the Mecca for those in search of American medical literature, and a rich storehouse for everything pertaining to the medical history of this country.

A glimpse of the future.—Fifty years of steady growth has made the AMERICAN MEDICAL ASSOCIATION strong. It has passed the experimental stage; it has done a great deal in advancing and diffusing medical knowledge, and in the prevention, alleviation and cure of disease. It is the recognized final tribunal which directs and controls all other medical societies and medical educational institutions. It is the final Court of Appeals to which the regular practitioners and the public can look with confidence for the enforcement of a pure discipline and needed protection. It is the highest post-graduate medical institution in this country which without tuition provides a course of instruction annually of a scientific and practical character, well adapted for the busy practitioner, from which everyone returns with a firm determination to do more and better work. It is the great bond of fraternal union which binds and cements together the physicians and surgeons and devotees to special departments of medicine and surgery. The ASSOCIATION has done much for the profession and the people in the past, it can and will do more in the future. The organization is now completed and in excellent working order. We can devote in the future all of our time to scientific and practical work. The increase in membership during the last two or three years is unparalleled in the history of the ASSOCIATION. An awakening interest in the usefulness and prosperity of the ASSOCIATION is noticeable on all sides. The papers read in the sections and the discussions are becoming better from year to year. The fiftieth birthday of the ASSOCIATION will give a new impetus to the work and growth of the ASSOCIATION. It is difficult to foretell the possibilities of the second half of the first century of the existence of the ASSOCIATION. It is, however, safe to predict that when the first centennial celebration will be held in this city fifty years from now, the membership will have increased from 9,000 to 75,000 or 100,000, and our official organ at that time will be recognized the world over as the most enterprising and best medical journal. Few, if any, who, constituting my audience today, will live to see that day to bear testimony of the proceedings, festivities and incidents commemorating the first semi-centennial. The President who will then occupy this Chair and who probably at this time is laboring with his lessons in arithmetic, spelling, geography and grammar in some public school will then review the work of the ASSOCIATION for the first century, and may we trust from the records we shall leave behind that he may adjudge us faithful

servants in the cause of science and humanity. Taking up the thread of history from this day he will chronicle inventions and discoveries of which we have now no conception. The literature of today will be as old and useless as that of fifty years ago. We have the satisfaction of have been permitted to live and labor at a time when the science and practice of medicine and surgery were undergoing a complete revolution. We are now laying the cornerstone and are slowly but surely building the foundation for rational medicine and surgery. The work of the next fifty years will no doubt contribute much toward making what has been sought for ages in vain, the rendering of medicine and surgery exact sciences. The American profession will contribute liberally toward accomplishing this object.

In conclusion, let us implore Almighty God to shower the richest blessings upon the AMERICAN MEDICAL ASSOCIATION and the labors of all and every one of its present and future members. May it please Him who, during His earthly career, went from place to place as the Great Physician to heal the sick and maimed, through His boundless mercy and tender sympathies for suffering mankind, to so guide our lives and labors as to imitate His inspiring example in relieving suffering and in adding to the happiness of our fellowmen.

RECIPROCITY IN MEDICAL LICENSURE; A PLEA FOR INTERSTATE INDORSEMENT.

Presidential Address before the National Confederation of State Medical Examining and Licensing Boards, at its Seventh Annual Meeting, held at Philadelphia, Pa., May 31, 1897.

BY WILLIAM WARREN POTTER, M.D.

EXAMINER IN OBSTETRICS, NEW YORK STATE MEDICAL EXAMINING AND LICENSING BOARD, BUFFALO, N. Y.

For the second time it becomes my duty to assume the functions of presiding officer over the deliberations of this Confederation, and I beg at the outset to offer you my best thanks for this renewed mark of your favor.

Since our meeting at Atlanta last year the Confederation has suffered beyond measure in the death of Dr. Perry H. Millard, of St. Paul, one of its most able and useful members. Since the death of Dr. Rauch, I know of no one whose counsel has been so necessary to our welfare and of none whose devotion to the interests of the organization has been greater. It was my sad privilege to visit him at Johns Hopkins Hospital only a month before his end and then, though feeble in body, his clear and active mind was busy with the affairs of this Confederation; and especially with the report of the committee on minimum standards which he, as chairman, hoped to make at this meeting. But his final summons came on Feb. 2, 1897, when this accomplished physician and useful citizen passed to his immortality. "His spirit was twenty, his years were fifty, but, alas! his body was eighty. Farewell."

At our meeting last year it seemed proper to explain in considerable detail the objects of this organization in order that there might be no misunderstanding as to its purpose. For some time previously the medical schools, or at least some of them, had looked with oblique eyes upon our movements, fearing possibly that we might be scheming to interfere with their prerogatives in the educational field. At first, too, some of them were inclined to criticise the provision

made in most of the States that teachers in medical colleges shall not be eligible to appointment on examining boards. The wisdom of this proviso, however, must be apparent to every thinking man. No one disputes the fact that there must be absolute impartiality in the examinations; but how could this prevail if college teachers were made members? Obviously, one college would be jealous of another, and there would be no end of criticism and contention over the work as well as the representation on the boards; especially so in those States in which there are several schools. It was further alleged in some quarters that none but teachers were competent to prepare questions or mark answers. The absurdity of this suggestion has been abundantly proven. As a matter of fact the test of the State examination is different from that applied to undergraduates. The State examiners must by a few well chosen and comprehensive questions in each topic determine a man's general fitness to practice the science and art of medicine. They must so frame the few questions they are permitted to ask and which there is but scant time to answer so as best to develop that fact in a general way. On the other hand, teachers having been in close relationship with their pupils for three or four years merely examine upon the subjects in which they have given instruction; they often ask categorical questions or those admitting of incomplete answers—a defect that is expected to be supplied in answer to the next question, in further elaboration of the subject, which is easily understood to follow. This method is quite right and proper in a teacher's relation to the pupil or the candidate for the doctorate degree, but not admissible from our standpoint. Here each question must be clear, comprehensive and complete in itself, not susceptible of being answered by "Yes" or "No." Ours is, or should be, essentially a post-graduate examination.

In order to test this matter I have asked teachers in a few instances to submit groups of question; but I have found them, speaking generally, not adapted to the State test although quite satisfactory to ask at pass examinations or of candidates for the doctorate degree. A State examiner will soon acquire the skill of asking the sort of questions best adapted to his work, especially those that will best test the quality of instruction the candidate has received. Once this important knowledge is obtained his services become of incalculable benefit to the State and he should be retained as long as he will consent to serve.

Another fear of the schools was that the high standards would empty their benches or that there would be such a diminution of pupils as to materially deplete their incomes. Quite the contrary has been the fact. Bellevue, at New York, graduated a larger class this year than in some years past and its lecture rooms are reported to have been full. The College of Physicians and Surgeons (Medical Department of Columbia University) has found it difficult to provide room for its overflowing classes. In the city of Philadelphia, which since an early day has been a center of medical education, the schools are full even to embarrassment. In Buffalo the University Medical College never had so many matriculates nor so large a graduating class as this year; and so it is wherever high standards have been adopted. The explanation is not difficult; students want the best; it costs them no more in the end and serves them much more satisfactorily in their early struggle for recognition and professional favor,