

WHAT CREDIT, IF ANY, SHALL BE GIVEN THE HOLDERS OF BACCALAUREATE DEGREES FOR ADMISSION TO ADVANCED STANDING IN MEDICAL SCHOOLS? *

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PRINCIPAL CAUSES FOR THE DISCUSSION.

When beginning preparation on this paper I was surprised to find how closely the closing paragraph of my remarks before this Association last year applied to the theme of this year's discussion. The substance of this paragraph may properly begin the discussion of my topic:

The allowance to be made graduates of colleges of liberal arts and science must receive careful attention. The independent colleges and medical schools suffer by the drifting of their students to the universities that can afford both lines of work and a combined course, saving one or two years of time. The presidents of independent colleges plead for subjects that they regard as essential to liberal culture—for example, psychology—while the deans of the independent medical schools plead for their share of the stronger students with the college training. All seem agreed, however, that the matriculate possessing the baccalaureate degree, other things being equal, is better fitted for entrance on medical study than the graduate of the high school.

NEW YORK ESSENTIAL STATUTORY REQUIREMENTS.

The New York medical statute requires for admission to the licensing examination three essentials:

Educational.—1. Evidence of a general education preliminary to receiving the degree of bachelor or doctor of medicine in this state; the medical student certificate.

2. Evidence of the study of medicine for not less than four full school years of at least nine months each, including four satisfactory courses of at least six months each, in four different calendar years, in a medical school registered as maintaining at the time a satisfactory standard.

3. The degree of bachelor or doctor of medicine from some registered medical school.

The Principles of Registration.—The statute also requires that New York medical schools and New York medical students shall not be discriminated against by the registration of any medical school out of the state whose minimum graduation standard is less than that fixed by statute for New York medical schools.

All matriculates prior to Jan. 1, 1898, who graduated prior to Jan. 1, 1902, had to present evidence of three years' study of medicine in a registered medical school; subsequent to those dates, four years. And the earning of the medical student certificate two years prior to the date of graduation on a three years' course, when the majority of the strong schools were affording four-year medical courses, permitted the registration of most of the stronger medical schools of the United States.

For registration subsequent to Jan. 1, 1898, it soon became evident that but few medical schools of the United States could meet the New York statute if both preliminary and professional requirements were to be exacted of the school applying for registration. Under a ruling of the Attorney General, the registration by the

regents of the general preliminary requirement, independent of the professional, seemed permissive. This permitted the registration of many of the stronger medical schools of the United States that formally agreed to meet the professional statutory requirements.

A widespread endeavor, however, to recognize the baccalaureate degree, as well as the degrees from schools of dentistry, veterinary medicine, pharmacy, osteopathy and the like, precluded the registration of a number of the stronger schools.

The Amendment of 1902.—After a careful discussion of the question by representatives of both the medical schools and of the medical profession of the state, an amendment to the medical act was passed in 1902, providing that:

"The regents may in their discretion accept, as the equivalent of the first medical year, evidence of graduation from a registered college course, provided that such college course included not less than the minimum requirements prescribed by the regents for such admission to advanced standing."

Meanwhile, as the amendment was passing through the legislature, it became apparent that the profession did not favor the extension of time to graduates of schools of dentistry, veterinary medicine, pharmacy, osteopathy, and the like.

THE DISCUSSION AT CONVOCAION, 1902.

A careful discussion of this question in all its bearings occurred at convocation, 1902.¹

This discussion was participated in by representatives of both the medical and the liberal arts faculties of representative New York institutions. In continuation of the study, a suggested outline was prepared and sent to many leading educators.

Results of Discussion.—For convenience, the theme was called the "Combined Baccalaureate and Medical Course," and it seemed uniformly agreed:

1. That the baccalaureate degree should meet the university ordinances now in force, i. e., be granted on four full years of collegiate work, subsequent to at least three years' high school preparation or the equivalent.

2. That the combined baccalaureate and medical course should consist of seven full years of baccalaureate and medical work.

3. That subjects the full equivalent of the present first medical year should be found in the college and high school course.

Discussion by Correspondence.—The first question on conclusion 3 was: Is there a practical unit of measure for the first medical year, or can one be determined? And the second: Can the medical schools readjust their curricula so as to admit to the second medical year graduates of registered colleges that present the full requirements of the first medical year, tested by that unit?

In order to determine whether the medical schools and colleges of New York state could agree on such a unit of measure, an outlined first medical year's requirements in anatomy, biologic sciences, chemistry, physics and physiology was carefully prepared by representatives of the medical profession and schools and sent to representatives of the independent medical schools, to the universities maintaining both departments, and to independent colleges.

From the replies received, I quote the following representative of each:

PRESIDENT STRYKER of Hamilton College, representing the independent colleges, writes: "As to our courses in the subjects named, you will nowhere find more thor-

* Read at the annual meeting of the Association of American Medical Colleges, Atlantic City, N. J., June 6, 1904.

1. See Regent's Bulletin, No. 58.

ough college courses in the physical sciences. And our teachers are strongly-equipped men, doing stiff work. . . . A student can have 353 hours in biology, exclusive of sophomore year; 235 hours in chemistry, and 198 hours in physics. We can give a man all that is called for. . . . Surely, we meet all you ask."

PRESIDENT WILSON, Princeton, writes: "We do not here in Princeton believe in the principle of combining the baccalaureate and medical courses. We have not, therefore, studied out the proper details for such a combination."

DR. RAYMOND of the Long Island College Hospital, representing the independent medical school, through members of his faculty, writes: "I can see no reason why the courses in physiology, as now given in the L. I. C. H. can not be rearranged so as to harmonize with the plans suggested. I approve of the course in anatomy as outlined. I heartily approve of the plan outlined as a proper course in chemistry and physics."

DR. ALBERT VANDER VEER of the Albany Medical College writes in answer to the question: "Is the work too severe for the majority of the medical schools?" "No." "Is the time devoted to instruction in laboratory work properly proportioned?" "It is all right." "Can your medical school adjust its curriculum?" "It is going to be very difficult for us to arrange the subjects of anatomy and physiology, but these are conditions that will arrange themselves in due time. There must be a concession on the part of colleges as well as medical schools, and this question will have to be studied with a great deal of care. I admire the caution, but firmness, with which you are handling it."

PRESIDENT J. G. SCHURMAN of Cornell University, representing an institution that maintains both faculties, writes: "It seems to me that there is more need of the extension of the course from four years to five than of the substitution of the work proposed."

DEAN POLK of the medical faculty writes: "You see that I would make the reason for shortening the course, not the possession of an A.B. degree, which might mean anything, or, so far as medical study is concerned, nothing, but the previous mastery of the sciences embraced in the medical curriculum of the state of New York."

DEAN DIDAMA of Syracuse University writes: "The full equivalent of the present first medical year can not be found in the college and high school course. This university provides a joint baccalaureate and medical course of seven years. If either course is to be shortened for the benefit of the other, it should be the baccalaureate and not the medical."

DEAN RICHARDSON of Harvard University says: "Students who can finish, or practically finish, the requirements for a degree in three years, which usually takes four, but prefer waiting until a later period for graduation . . . may be admitted to this school with the understanding that their degrees will be received the following year."

DEAN SMITH of Yale says: "The year's work is not too severe for any medical school to which college graduates would be likely to go. The proportion of laboratory work is less than we devote to analogous subjects. It does not seem practicable to change our curriculum."

DEAN CHARLES H. FRAZIER of the University of Pennsylvania writes: "First-class medical schools, willing to admit students to their second year, should not regard the specified requirements as too severe. The required hours of laboratory work are inadequate. Three years ago this school recast its curriculum, adopting the 'semiconcentration' system."

DEAN VAUGHAN of the University of Michigan says: "The year's work is not too severe for medical schools. I do not think that the proportion between hours devoted to instruction and laboratory work is good. I do not think it would be possible for a student having taken the course as outlined in some literary school to finish his medical work with us in three years."

DEAN DODSON of Rush Medical College writes: "From the point of view of this institution, it seems to me that your board has undertaken a difficult, if not impossible, task."

DEAN RITCHIE of University of Minnesota writes: "The work is not too severe for our school. As laid down, it is not equivalent to the work done in our laboratories. If we were inclined to admit the A.B.'s to our second year, our state board of examiners would not permit it."

DR. CHARLES MCINTYRE of American Academy of Medicine says: "I see no reason why it should be too severe for the majority of medical schools. If the hours of lectures are supposed to be text-book work, with recitations, the ratio between the lecture and the laboratory work is a fair one. It will require some readjustment of the medical curriculum."

These replies are samples that can be increased both in number and length.

PROPOSITIONS.

1. If credit is to be given to institutions without the state of New York, more accurate registration, both of the college course and the medical course, is essential. To illustrate this proposition from the state board standpoint, let me quote from a recent letter and its reply:

LETTER.—Will you have the kindness to advise me by return mail as to your knowledge of the University of Sciences Francis Joseph at Kalozvar, Hungary, concerning the degree of Universal Medical Science?

REPLY.—It gives me pleasure to inform you that the Royal Hungarian University Francis Joseph is located at Klausenburg, Hungary, has a medical faculty of 12 full professors, an attendance of 106 medical students in 1901-02. The program of actual studies for the doctorate calls for ten semesters. On completing the studies, candidates enter on three examinations for the doctorate, in the presence of a commission composed of specialized professors, under the presidency of the dean of the faculty. A candidate satisfactorily passing this examination receives the degree of Doctor Medicinæ Universæ. Admission to the practice of medicine in Hungary is obtained at the end of the examinations for the doctorate, as in France, and differs from Germany, where the state examination, independent of the university examination, is obligatory.

Let another testify concerning college degrees. U. S. Consul James H. Worman, Munich, Bavaria, writes regarding American academic honors:

On the assumption of consular duties in Munich, in 1899, I found that American academic honors were a subject of general discussion in Germany. So many German possessors of the American doctor title were illiterate persons that university men from our best institutions were looked at askance. A careful inquiry into the whole matter soon disclosed a lamentable state of affairs in some states at home. . . . In the criminal history of the United States these cases will some day figure as evidences of official corruption of the most daring character. . . . Has not the time come for an earnest and united effort of the American colleges, the educational associations, state and national, and all other bodies interested in the good repute of American scholastic and professional institutions, to harmonious action in the states of our Union for such legislation that will bring the degree-conferring power under strict state supervision? . . . A council of educators should

be entrusted with powers similar to those vested in the regents of the University of the state of New York, this council to be composed of the most eminent men in the state without any reference to political considerations. Further, that no degree-conferring institution should be incorporated without the approval of this council of education. In the self-same spirit the legal section of the American Bar Association resolved, in 1897, that the degree-conferring power should be subject to a strict state supervision to be exercised in a manner somewhat similar to that which is exercised by the regents of the University of the State of New York.

The provision under the laws of New York to which these various propositions refer absolutely prevents any abuse by the academic or professional institutions of the state of their power to confer degrees.

2. Accurate registration is dependent both on examinations and inspection.

Pio A. Da— submitted a certificate from the University of Montevideo, Uruguay, to the University of ———, United States, and was admitted to the class of 1904. The certificate showed entrance examinations for admission to secondary studies and secondary subjects as follows:

Algebra	3
First and second year French	6
Physics, parts one and two	4
Chemistry, part one	2
First and second year philosophy	3

Total, a year and a half in high school work.. 18

Consul Worman says, regarding the kind of legislation state boards should effect:

The authority vested in the inspector of education has in many states not been exercised on behalf of the professional schools and colleges. Its exercise should be exacted of him by the profession in each state where such an official exists for the supervision of educational and professional institutions. Where legislation is necessary to make the authority sufficiently abundant to suppress illegal acts by incorporated institutions, it should be urged by the profession without delay and with persistency. Europeans, and especially the Germans, look on our whole educational fabric with distrust because of the swindling institutions that have been possible in certain states. The courts, weary of distinguishing between the true and the false, have ruled out all of them as private enterprises.

To illustrate another phase of the necessity of accurate registration, dependent both on examination and inspection, I quote from another recent letter from a state of Australia:

The information furnished by you will be most useful to this board, and I am directed to convey the thanks of the members for your courtesy in the matter.

In future no application for registration from Americans who do not possess the certificate granted by your university will be entertained by this board. . . . Any British qualification is registerable in this state, but the board reserve to themselves the right of refusing to register any foreign qualification.

The rules regarding registration in the other states are practically the same, with the exception that no American qualifications are registerable in Queensland, and no foreign qualifications whatever in Western Australia. . . .

I shall be glad if you will furnish me annually with a list of registered and accredited colleges of America for the guidance of this board.

3. Reciprocity between states must be based on actual requirements met by licensees, and a uniform minimum statutory requirement for all states of the Union is at present impracticable.

To illustrate: A practicing physician of the state of New York, having met requirements plainly above those of a neighboring state, was compelled by declining health to remove to that neighboring state to save her life. She was dependent on her practice for her livelihood and could enter on a profitable practice if she could secure the requisite license. The reciprocity clause of the statute in force in the state to which she would remove provided for reciprocity between states that conferred the same privileges on its licensees. There was no question regarding her professional attainment. She was denied the right to practice in the new state because the state from which she planned to move could not reciprocate the favor conferred on her by registration in the state to which she would have moved for the purpose of saving her life.

4. State control should concern itself with the minimum statutory requirement for admission to practice, i. e., the licentiate credential, and leave to the schools the determination of the maximum scholastic, i. e., the degree.

THE VALUE OF THE CONVERSATIONAL METHOD OF MEDICAL INSTRUCTION.

THE "STUDENTS' CONFERENCE."

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The methods of medical pedagogy have undergone many changes during the last twenty-five years, the most important being that the antiquated didactic method of teaching has in a large measure given place to practical, clinical and laboratory teaching. Some excellent authorities now advocate the complete abandonment of the didactic method, recommending that in its place certain text-book readings shall be assigned to the student, and that demonstrations and conferences between the teachers and pupils covering this subject-matter shall constitute the essential part of the instruction. It has always seemed to me illogical to entirely do away with the didactic method, which I believe occupies an important and indispensable place in medical pedagogy; first, because there are many subjects that can be far better treated didactically than practically; second, because new and controversial matters can be far better summarized and treated by the professor whose business it is to familiarize himself with the advances of the subject than acquired by the student from text-books, and, third, because an enthusiastic and alert teacher can arouse the interest of his pupils by presenting his subject to them in a systematic, attractive and logical manner.

I do not wish to be misconstrued to favor reversion to the didactic method exclusively. I simply favor what I conceive to be an essential amount of didactic teaching, to be supplemented by work in the laboratory and by conferences.

Nearly all of our ideas are based on opinion rather than on experience, and it was with much interest that I availed myself of an unusual opportunity to demonstrate, practically and statistically, the value of the conference method of teaching.

In the Medico-Chirurgical College of Philadelphia during the years 1903 and 1904, the sophomore class of the medical department was divided into two sections for practical work in the laboratories. The section schedule was arranged in such a manner that during the first