roborate everything he says about the operation. I modified the operation slightly. I use a lid clamp. By dissecting one end of the tarsus at a time and then moving the lid clamp on to the other end, I can do the operation practically without any blood obscuring the field. The operation can be done quickly and the patient is an ambulatory case.

A REGISTRATION FEE FOR PHYSICIANS *

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At a committee meeting held in connection with the Illinois State Medical Society in Springfield, a prominent member of the society made a speech in violent opposition to a proposal for an annual state registration fee for physicians. His main argument was that medicine, being the oldest and most honorable of the professions, was in a class by itself, and that it was entirely beyond reason to think that the physicians could ever be grouped for registration purposes with architects and barbers, blacksmiths and plumbers, dentists and druggists, structural engineers and veterinary surgeons, all, of course, so he implied, far beneath the physicians in dignity and honor. He was exactly like one who would magnify the "noblesse" and forget the "oblige"; who would stand unmoved when the things he was pledged to defend to the death were insolently attacked. And that is the text for what follows:

The Civil Administrative Code of Illinois specifically provides that the officers of the Department of Registration and Education, under whose jurisdiction the administration of the Medical Practice Act comes, shall be neutrals. The exact language is:

The Director of Registration and Education, the Assistant Director, and the Superintendent of Registration shall not be affiliated with any college or school of medicine, pharmacy, dentistry, nursing, optometry, embalming, barbering, veterinary medicine and surgery, architecture or structural engineering, either as a teacher, officer or stockholder, nor shall they hold license or certificate to exercise or practice any of the professions, trades or occupations regulated.

The officers of the department approached the work of enforcing the Medical Practice Act without any bias, but, confessedly, with something of the accustomed reverence for medicine as a great and honorable calling, represented by men of far more than ordinary professional ideals. They expected to find a medical nobility, with a lively appreciation of its obligation to protect its honor. They confidently looked to find the drawn sword and the defending shield bearing the significant words, "No one attacks our profession with impunity."

But this is what they actually found, during a year's experience and study:

DISCOURAGING ELEMENTS IN ILLINOIS MEDICAL SITUATION

They found a poorly organized profession, with less than half of its members associated in its state society, and with no clearly outstanding champions ready to tilt their lances against foes of medical honor. The *Bushido* ideals of the sometimes despised Japanese were nowhere in evidence. The unity and professional

spirit of other crafts, often ridiculed by physicians as of far lower social standing, were entirely lacking.

They found an army of advertising charlatans, some with fixed offices and others appearing "for one day only," making extravagant claims of curative skill in handling all diseases, specialists in everything, blatant fakers, robbing the poor and the ignorant, preying on the superstitions of gullible foreigners, as bold and daring bandits as ever sandbagged a lone wayfarer at night; and yet unattacked in any effective way by the plumed knights of medical chivalry, but permitted to continue in shameful practices that would not be tolerated for a day by representatives of other professions and trades counted far inferior to medicine.

They found a motley array of so-called "doctors," of every name and cult under the sun; regulars, homeopaths, eclectics, osteopaths, chiropractors, napropaths, spondylotherapaths, mechanotherapaths, neurotherapaths, electrotherapaths, hydrotherapaths, suggestive therapaths, psychotherapaths, naturotherapaths, iridologists, magnetic healers, religious healers, and many other varieties, the list forcibly reminding one of the description which Masson gives in his "Life of Milton" of the sects which flourished in England in the poet's time. After naming a great many, he includes in a sweeping classification the remainder of the some hundred-odd varieties of "fluent, rancorous, inquisitorial and on the whole nasty kinds of Christians." Even such a comprehensive description would hardly include all of the so-called medical practitioners of Illinois, nor would it cover the radicals who oppose all regulation, claiming for the people "the inherent right to choose any sort of a doctor they please, even to 'dope' doctors or Christian science if they want it."

They found chains of doctors' offices, managed by real estate agents or other nonpractitioners and attended by licensed physicians who were paid from \$8 a week to \$35, with a possible commission of 10 per cent. on all gross business over \$500 a week; the manager getting all the receipts, paying rent, furnishing light and providing equipment; the physicians being paid off like barbers or other hired hands on a Saturday night; the offices using common literature, apparently printed by the ton, distributed by hand in mail boxes and front yards, and bearing the name of the doctor nearest the region of distribution, who for himself was unable to read the circular in the language used, and so knew nothing of the glowing promises made to his prospective patients.

They found many doctors alleged to be abortionists, who, when questioned about the wholesale murder of unborn babes, took refuge in assertions of the guilt of all the craft, and claimed that if, in any company of members of the profession, the ancient invitation were renewed, "Let him who is without sin among you cast the first stone," as in the days of old so now, within a short time, no man would be left except the accused and the judge.

They found doctors, all over the state, who were guilty of unethical practices, who were known to be quacks of the worst type, and against whom sufficient evidence could not be secured to convict because of the unwillingness of reputable physicians to give testimony or to encourage deluded victims to give to the department for legal use information given to them in quiet hours of confession.

They found men and women in many places in Illinois practicing medicine without license and defy-

* Read before the Madison County Medical Society at Alton, Ill., Aug. 2, 1918.

ing the provisions of the Medical Practice Act. But they could not secure convictions because regularly licensed practitioners refused to aid, because state's attorneys declined to enforce the laws, and because county medical societies have been too weak or too fearful to demand that such prosecuting officers perform their sworn duty, or too little interested to help in creating public sentiment in support of law and decency.

The plain, unvarnished, easily supported truth is this: There are more fakers and charlatans in medicine than in all other professions and trades put together. There are more irregular, improper, indecent and immoral things connected with medicine than with all the rest. There is less real reason, so far as conditions in Illinois are concerned, for medicine to claim nobility and plume itself because of its high estate than there is for almost any occupation followed in the commonwealth by the sons of men. There seems to be no medical nobility which feels any obligation. There seems to be no champion, either individual or corporate, that is quick to resent attacks on medical honor. With one exception, not a county medical society in all Illinois has given to the Department of Registration and Education during its first administrative year that hearty cooperation, that united and determined support which is so desirable if its attempts to enforce the Medical Practice Act are to be successful. The exception was the society in St. Clair County, where, as the result of shameful riots which stirred the entire United States, the social forces desirous of the maintenance of law and order were encouraged to express themselves in demands for a general clean up. In this process the department was able to secure in that county ninety-three convictions for violations of various statutes, eight being infringements of the Medical Practice Act. Sixteen cases are still pending. Among the individuals convicted was the notorious Vizgird of East St. Louis who vainly tried to escape the officers of the department and the penalties of Illinois laws by seeking a hiding place in Missouri, but was caught in his old haunts one evening and given his deserts by the court.

Perhaps this is enough of the discouraging side of the Illinois medical situation. But the need of cooperative effort on the part of all interested in better conditions is great. This is a most favorable time for advance movements. The mobilization of our army has emphasized the importance of discipline and respect for authority. The rejection of so many men as unfit to fight for their country has led to much serious thinking on the part of the people. Certain forms of disease have been studied in an entirely new light. The potential soldier who has barred the door of his admission to the Army by venereal disease, contracted by cohabitation with prostitutes, is looked on almost with the scorn that attends the slacker or the traitor. He who has weakened his fighting strength by excess in the use of intoxicating liquor finds the hand of every man against him. Sobermindedness, clean living, unimpaired efficiency are demanded everywhere. The individual who, in any way, contributes toward the restriction of the output of American man power in this critical hour of world conflict has no influence, no political pull, no effective support anywhere. It is the time for the friends of medicine to strike and to strike hard against those of its adherents who drag its honor in the dust. The fact that so many honorable physicians have gone to war, and

that so many communities are left to the mercy of the irregular, unethical or illegal practitioner lends added importance to the situation now faced.

PROGRESS IN MEDICAL EDUCATION

Considerable progress has been made in the direction of improved conditions in education. A few years ago Illinois had fourteen medical schools, some of them so poor in quality that a great historic survey declared Illinois to be the plague spot of medical education in America. The finger of scorn was pointed toward Chicago by every one connected with the profession. Now there are but five medical colleges recognized as in "good standing." Each of these five colleges has been visited and inspected by the department during the year, one of them twice. The student records have been searched with care by a special representative of the department. Where irregularities or improper methods have been discovered, the facts have been called to the attention of the officials of the institution affected, and prompt promises of rectification have been made. New rules and regulations connected with the Medical Practice Act have been established and put in force, after a conference participated in by the administrative officials of the department, by the members of the Medical Examining Committee, and by the deans and secretaries of the five schools. Each of the five institutions, through the proper official, has indicated in writing its intention to abide by these regulations thus agreed to. One of these new rules raises the minimal entrance requirement to two premedical years. Future licensees in medicine in Illinois, before being eligible for examination, must have had preparation for active practice represented by four years of high school, two years of college premedical instruction, four years in a medical school and one year's internship in a recognized hospital. Another new regulation provides that each student, at the time of his admission to a medical school, must present a qualifying certificate, issued by the Department of Registration and Education, certifying that all requirements for preliminary education have been met. It is believed that this provision will end forever the most troublesome feature connected with the regulation of medical schools, namely, the admission of inadequately prepared students, either on conditions or on defective certificates.

Attempts are being made through mandamus proceedings to secure the restoration to "good standing" of two medical colleges, namely, the Jenner Medical College and the Chicago Hospital College of Medicine, institutions which had been declared by the state board of health to be no longer "in good standing" with the licensing authorities of the state. A large amount of time and attention has been given to the consideration of these petitions. The institutions were reinspected, one of them twice. Several meetings for conference were held, attended by representatives of the department, administrative and professional, and by those interested in the colleges. In one of these conferences, representatives of the office of the Surgeon-General of the United States Army participated. It was gratifying to find that their judgment was the same as that given with entire unanimity by the representatives of the state of Illinois, namely, that the institutions should not be recognized. Whether the courts will force an action contrary to the best wisdom of those entrusted with safeguarding the interests of the people remains to be seen.

EXAMINATIONS FOR LICENSURE

Examinations for licensure in Illinois are better conducted now than ever before. The Civil Administrative Code provides carefully for the safeguarding of this door of entrance to the medical profession through a committee of five persons, all of whom shall be reputable physicians licensed to practice medicine and surgery in this state, no one of whom shall be an officer, trustee, instructor or stockholder or otherwise interested, directly or indirectly, in any medical college or medical institution. For the purpose of preparing questions and rating papers on practice peculiar to any school, graduates of which may be candidates for registration or license, the director may designate additional examiners whenever occasion may require.

In the March examination a new feature was introduced in the form of a practical test, consisting of one hour with patients in eye, ear, nose and throat; one hour with surgical patients; one hour with diagnosis and medical patients, and one hour in the laboratory identifying slides. Through the courtesy of the officials of the Cook County Hospital, the facilities of that great institution were placed at the disposal of the department. Both examiners and examined entered into the spirit of the new arrangement with hearty interest. The results of the experiment were so gratifying that it was decided to make this a permanent feature of the examination plan. In the June examination the same method was followed, with an unusually large class of candidates, the results again being satisfactory in every way. It has also been determined that no license by reciprocity shall issue hereafter, except after the presence of the candidate before the examination committee and the passing of a satisfactory practical test.

These two advanced movements have placed Illinois in the forefront, since the practical examination for licensure has not made much headway in America. The members of the examining committee have determined to make the entrance into the profession more difficult by closer scrutiny of the written and oral reports of the candidates. They share with other representatives of the department in the earnest desire to make the Illinois license in medicine most honored of all state licenses because most carefully guarded.

REGULATION OF PRACTITIONERS

With conditions in the recognized medical schools more satisfactory than ever, and with the examinations for licensure greatly improved, the next important task of the department is the regulation of practitioners within the state. But here it is beset with many obstacles. Its two principal weapons for warfare are the Civil Administrative Code and the Medical Practice Act. The first confers on it far greater powers than were enjoyed by the former state board of health. The second goes far ahead of any statute heretofore adopted for regulating medicine. Its provisions correct many of the weaknesses of previous statutes. Under it, it is now possible to revoke licenses issued under any preceding practice act, whereas the law which it superseded was powerless over some practitioners. The act also gives larger range in the matter of revocation of licenses, the following nine types of offender being indicated:

1. A person who has been convicted of the practice of criminal abortion.

2. A person who has by false or fraudulent representation obtained or sought to obtain practice in his profession.

3. A person who is a habitual drunkard, or habitually addicted to the use of morphin, opium, cocain or other drugs having a similar effect.

4. A person who has by false or fraudulent representation of his profession obtained or sought to obtain money or any other thing of value.

5. A person who has advertised under a name other than his own.

6. A person who shall advertise or profess publicly to treat human ailments under a system or school of treatment or practice other than that for which he holds a license.

7. A person who has been committed, by the judgment of a court of competent jurisdiction, to a hospital for the insane.

8. A person who is guilty of any wilful violation of the rules and regulations of the Department of Registration and Education governing examinations, or who is guilty of any fraud or deceit by which he was admitted to practice.

9. A person who has been guilty of any other unprofessional or dishonorable conduct.

It will be noted, however, that these provisions have their limitations. For example, the rumor that a physician is guilty of abortion is not sufficient ground on which a license may be revoked. Even the dying declaration of a victim is not adequate. The law provides that the accused shall be convicted, and the presumption is that this means convicted in a court of justice. In like manner, if a practitioner has become insane, the law does not cover his case unless he is actually committed to an asylum. In a recent hearing of the department in Chicago at which some forty reputedly unethical practitioners were summoned, three of these on examination showed clear evidences of insanity, and that, too, to the satisfaction of all the representatives of the department present. But the law does not cover their cases, and they will continue their practice until, by reason of some violent outburst, they at last find their way to the sanatorium where they should now be incarcerated.

The cause set forth in the ninth paragraph covering general unethical and unprofessional conduct has not been considered by legal authorities as in itself sufficiently definite to warrant a revocation of license, although it may well be used in supplement to other charges.

While there are some defects in the law as it is, yet, as has been stated, it is far ahead of anything the state has yet had. The act applies to two classes of citizens: one, the individual who, not being regularly qualified by proper licensure, as provided for in the law, attempts to practice medicine; the other, the practitioner who has been regularly licensed. It might be taken for granted by every one that an untrained individual of the first class should be prohibited from practicing medicine. As a matter of fact, however, in a number of cases in which the evidence has been conclusive, the department has been unable to secure conviction because of the attitude taken by prosecuting officers, some of whom have actually attempted to explain their failure to enforce the law by statements that the provisions of the law are foolish or should never have been enacted. A notable instance of this kind occurred in one county where a retired farmer of considerable wealth and social prominence was known to be treating human ailments at the county seat as a chiropractor, although he had no license whatever so to do. The state's attorney, while not absolutely declining to prosecute, made all sorts of excuses for not doing so, saying that he was too busy with other

matters to take up this particular question; so the department was powerless. The folly of such a condition was soon shown, however, by the verdict of the coroner's jury in a certain case in which it was declared that the death of a child had been brought about because of the improper practice of this particular man and another with whom he was closely associated and who likewise was not prosecuted as he should have been.

Another case not unlike this was reported from southern Illinois. An inspector for the department filed an information in the court against a noted chiropractor. The state's attorney of the county delayed action and later wrote a letter to one of the state officials asking him to go to the Department of Registration and Education and induce its officers, if possible, to withdraw the information, when its sworn duty is to follow up the offense with prosecution. It is needless to say that the department declined to take the action requested and that the case is still pending. Many other cases of a similar nature might be mentioned.

The department believes, however, that if it had the hearty backing of all regularly licensed physicians—and with that would come a sufficient public opinion to force all prosecutors to act—it would be able to make notable advances in clearing the state of unlicensed practitioners within a relatively few months.

But the Medical Practice Act was designed in the main for those who have been licensed through the regular processes. There is no doubt that its spirit contemplates that the business of the profession shall be carried on in an ethical manner. It does not reach those who use flamboyant advertisements proclaiming their great skill, but it does give power enough to require the advertiser to keep within the bounds of possibilities so far as his promises to his prospective patients are concerned. It does not reach the itinerant physician who practices in hotels in various places "for one day only," but it does have power enough to require him to register his license in every county where he practices and to restrict to some degree his advertised pretensions. When the itinerant is unlicensed, the law may be readily invoked. A case in point is that of the well-known Rev. Dr. Hawkins who has visited many places in Illinois in recent years. Not long ago he came to Springfield. Inspectors from the department called on him, one of them for physical examination and treatment. When the latter found that the gentleman who tried to use the cloak of religion as a shield to his illegal practice simply rubbed his hands over his victim's body, speaking practically meaningless words as he did so, he swore out a warrant for the arrest of the faker and had the satisfaction of seeing him placed in the Sangamon County jail, where he spent several unhappy days, part of the time as a result of being charged with working a confidence game. However, between 9 and 11:30 o'clock in the morning on which he was arrested, the reverend gentleman had been successful enough in his practice to secure fees of more than \$300. This would have been a fair morning's work had he not had the misfortune to be caught by the officers of the law and consequently faced with the probability of being compelled to pay a large fine.

NEED OF ANNUAL REGISTRATION

The department needs another administrative aid, an annual registration, in order that it may be able

better to serve the interests of the people and at the same time to protect those rightfully entitled to the honors and the emoluments of the medical profession.

The records show that, under the first medical practice act of 1877, 18,626 individuals were licensed—16,905 by the presentation of diploma, 1,236 by years of practice, and 485 by diploma and supplementary examination. Under the acts since 1899, there have been licensed by examination and by reciprocity 11,310, making a grand total of 29,936. How many of these licenses are active at the present time, nobody knows. The department has no check on them, as it has on licentiates in other lines by means of an annual registration requirement. In 1916 the American Medical Association made a computation which placed the number of living physicians in Illinois at 11,600. Counting for deaths and removals, and estimating additions by examinations, there probably are about 12,000 at the present time who hold Illinois licenses. Ignorance on this vital matter of administration places the department under a great handicap. It does not have any means of knowing where its licentiates are or what they are doing. It receives a daily press-clipping service which helps to some degree in checking deaths and removals. But its inspectors find impostors who are using the licenses of honorable practitioners long since dead; impostors who secured their licenses through fraud; charlatans who are claiming to be authorized representatives of patriotic physicians who are "over there" ministering to the wounded and dying among our soldier boys on the far-flung battle line; men long retired from active practice who are using their medical licenses in forwarding unworthy commercial enterprises; men who have abandoned all notion of reputable practice almost from the start of their professional career; fakers, quacks, irregular, illegal, immoral, unethical, untrained men, who grow rich on gullible humanity and trail in the dust and the dirt the banner of one of the great professions. To be asked to enforce a medical practice act, without having the machinery for ascertaining who is entitled to its privileges and who is ignoring its restrictions, at best is a difficult situation. The advantages of an annual registration on the payment of a nominal fee as an effective weapon for protecting the profession and for aiding in the prosecution of pretenders and offenders have been proved beyond question in connection with many professions, trades and occupations. It is surprising that the medical profession, which has needed such a bit of administrative machinery so greatly, has not availed itself of it, although it has been successfully used by others.

ADVANTAGES OF ANNUAL REGISTRATION

No greater help could be furnished the department in its administration than an annual registration of physicians. The argument for it, in brief, is this:

1. It would enable the department to keep in touch with legal practitioners. As has already been said, under present conditions the department has no definite knowledge concerning the number of medical practitioners in Illinois. When an individual has passed the required examination and has received a license to practice, he goes his way so far as the state is concerned, and possibly is never heard of again unless he is arrested for wrong doing or corresponds with the department for some special reason of his own.

2. It would be a great aid in keeping a correct roster of addresses. As it is, the American Medical Directory, published biennially, is a directory through which an attempt is made to indicate the location of every physician in the country, Illinois being included in the classification. Deaths, removals and withdrawals from active practice make this volume out of date before a new edition can be prepared. There is published annually in Chicago a volume bearing the title "Chicago Medical Directory," but this is more or less of a commercial proposition, and its lists of practitioners are sometimes defective. The state board of health, from time to time, was accustomed to prepare a list of regularly licensed practitioners, but this was confessedly faulty also. The importance of having as correct a list as possible of those who are entitled to the privileges of the Medical Practice Act needs no argument. With such a list available, department officers are able to state at once whether an individual is licensed or not.

3. It would enable the department to discover cases of individuals using the licenses of others who have died or have left the state, or from whom certificates may have been stolen or purchased. While such instances, under present arrangements, are brought to light only by accident, if there were an annual registration required, they would be quickly discovered.

4. It would enable the department better to control some of the unethical practitioners whose actions bring discredit on the profession. The occasion for the annual registration renewal would afford opportunity to the Medical Examining Committee and the officers of the department to consider whether on the whole it was desirable to permit the continuance of such an individual in the practice of his profession. There is no doubt at all that this annual review of methods pursued by a relatively small number of unethical physicians would be a powerful policing agency.

5. The annual registration fee of, say, \$2, would furnish funds for the activities of the department at slight cost to the individual physician. It should be kept in mind that the larger part of the appropriation made to the department by the legislature is in the nature of a reappropriation of fees paid into the treasury through the department by members of various professions, trades and occupations. This money is used for the maintenance of the office staff, which includes the inspectors on whose shoulders falls the burden of making investigations throughout the state. The larger the amount of these fees the more effective the department can be in its administration, because better supplied with a working force. It may be worth while to note that the annual renewal fee for structural engineers and for master plumbers is \$10; for architects, \$5; for chiropodists, \$2; for registered pharmacists, \$1.50; for barbers, embalmers, horseshoers, assistant pharmacists and journeymen plumbers, \$1, and for dentists, \$1 paid biennially.

6. The willing payment of such a relatively small amount would provide an effective argument against the imposition of a larger annual state license fee, easily possible in these days of regulation when governments are seeking everywhere for increased opportunities for raising needed funds.

7. It is strictly in line with the best practice in other professions which, in nearly all of the states of the Union, have long been accustomed to the registration

plan for the protection of their members and for the general interests of their special occupation.

8. This fee is favored at the present time by many of the leaders of the medical profession throughout the country who realize the pressing importance of thorough supervision of those who claim the privileges of the physician.

OBJECTIONS

Only two objections have been made to the proposition as it has been discussed with many prominent persons. One has already been sufficiently considered, namely, the alleged superior dignity of the medical profession when compared with others. As a disinterested layman, it is my frank opinion, for the reasons already set forth, that there is absolutely no basis, except possibly a historical one, for any such pretensions.

The other objection is one of inconvenience of having each year to send a small check in response to an official notice from the Department of Registration and Education. The one who first stated that objection to me wore on his coat lapel a jeweled emblem which indicated that probably he was a member of at least four branches of a certain fraternal order. If the methods of these bodies are those usually followed, he cheerfully pays at four different times a year a relatively small amount in the shape of dues in order to keep himself in "good standing." To any one sincerely interested in the welfare of medical practice in the state of Illinois, such an objection carries little weight.

CONCLUSION

The department attempted, during its first year of existence, to enforce the Medical Practice Act to the best of its ability. Its officers are confident that if it could have the additional machinery which would be furnished by the inclusion of an annual registration provision in the law, it would be able to render greater assistance to the profession which the county society represents. We ask the earnest aid of the members of county medical societies throughout the state in securing this desired movement. The irregular, illegal and unethical will oppose it. It is those who stand for the better things of life, who have pride in the profession they practice, who are quick to resent imputations against its honor, to whom the department must look for the cooperation which will bring to it the one bit of administrative machinery which it now lacks in order to do what the Medical Practice Act clearly intends should be done.

An Objection to Dried Milk in Infant Feeding.—The Cheshire (England) Local Medical and Panel Committee in a letter to the president of the Local Government Board objects to the Board's unqualified approval of dried milk in infant feeding as follows: "The Local Government Board leaflet, "Dried Milk for Infants," dated March, this year, states: "Experience during the last twelve or fourteen years shows that dried milk is one of the most satisfactory forms of cow's milk for use in the feeding of infants." That is a most misleading statement. The very large and carefully recorded experience of the Manchester Children's Hospital on the relative sickness incidence in breast-fed babies, babies fed on cow's milk, and babies fed on dried milk, shows that while breast-fed babies suffer least, babies fed on dried milk have a far higher sickness rate than those fed on fresh milk. Dr. Ashby, physician to the Manchester Children's Hospital, writes on June 11, 1918: "I have no hesitation in saying that I have found cow's milk superior to any dried milk or artificial food in my work with infants and young children at Manchester and Salford."