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THE PRESIDENT'S ADDRESS.

THE MISSION OF THE AMERICAN MEDICAL ASSOCIATION.

Delivered at the Thirtieth Annual Meeting of the American Medical Association, Cincinnati, Ohio, May 8, 1888.

BY A. Y. P. GARNETT, M.D.,
OF WASHINGTON, D. C.

Gentlemen of the American Medical Association:

Unlike my distinguished predecessor of the past year, who presented you with an able address replete with speculative interest and scientific research, I shall leave the abstruse problems of our science to be discussed and elaborated by the different Sections into which this Association has been divided with special reference to such themes and such discussions.

In casting about for a subject more concrete in its nature and directly useful in its application, I have determined to submit for your consideration a few practical reflections upon the mission of the American Medical Association.

I am especially moved to select this subject at this time by the fact that at no period since the formation of the American Medical Association have its enemies been so bold, so reckless, and so unscrupulous in their efforts to destroy its influence and power with the medical men of this country.

The paternal relation held by this organization to the entire medical profession of the United States imposes upon it duties and responsibilities of the gravest character. It stands out before the world as the chosen custodian of all that pertains to the preservation and advancement of professional interests, as well as to medical science *per se*; it is intrusted with the delicate and difficult task of elevating and maintaining the medical character of this country upon the highest moral and intellectual plane.

Taking a retrospective view through the almost half-century of its existence, we have no reason to be discouraged when we consider what has been accomplished; indeed, we have cause for congratulation as we recognize the many evidences of progress due directly to its influence, important results which could only have been achieved by combined and co-operative effort. The crystallizing at its very birth of the hitherto segregated elements of medical strength into one compact organization gave to it a power and authority recognized and felt by the entire medical profession of this country.

But while we may well feel gratified by a contemplation of the fruits of our labors in the past, it is obviously important that we should not be flattered into the belief that we have accomplished our mission, and permit ourselves to lapse into supine indifference with regard to the preëminently important object which yet remains to be worked out, I trust, through the instrumentality of this body. I refer, gentlemen, to a radical and thorough reform in the present medical education of the United States—the subject which, at this moment, presses itself more urgently than all others upon our attention.

Until this has been worked out we can never hope to see realized the grand designs of those wise and conservative men who, inspired by a true love for the profession of medicine and actuated by a high and honorable ambition for its success and commanding influence in this country, conceived and perfected the machinery which they considered adequate to the duty of achieving such a noble purpose.

Have we, gentlemen, who followed them, so controlled and directed this machinery as to fulfill their anticipations? Have we as yet fully tested its capacity to meet such expectations? Have we exhausted with unavailing results all the means at our command? To me it seems not.

In directing your attention to this apparent dereliction on the part of this Association, I trust that I may not be regarded as a sensorious pessimist, or that I am actuated by any other than the most earnest and sincere love for our noble profession.

It is but natural that those of us who have at heart the true interests of the medical profession, and who desire to encourage such progress and effect such reforms as must permeate and influence each section of our country, should make every endeavor to elevate our system of medical education to a standard equal in dignity and attainment to that which obtains in Europe, and hopefully look to this great representative body as the only central, dominating power through which such reforms are to be accomplished and perfected.

Our annual meetings must not be regarded solely for the purpose of considering the science of medicine either in its theoretical or practical aspect and supplemented by the pleasures of social intercourse. While we have ample cause to be gratified with the rapid progress made by some departments of medicine in this country within the last decade under the direction and stimulus of this Association, we are still confronted by the fact that very little has been effect-

ed in the direction of a general reform in the medical schools.

We all know that this subject of medical education and medical license has been an almost endless theme for discussion, coeval, indeed, with the establishment of medical schools in America, and more particularly has it been earnestly and ably considered since the organization of this Association; yet the question still presents itself, What can the American Medical Association do to further raise and promote a higher standard of medical education in the United States, to curtail the number of medical schools, and thereby gradually restrict to a conservative limit the annual hosts of graduates turned loose upon the public by those institutions? It will be borne in mind that in order to effect these desirable ends the initial step must be taken by this body in some mandatory form—experience has demonstrated that separate State societies and individual college regulations looking to such reformation have so far proved conspicuously futile. For a long period all measures brought before this Association having for their object an interference with or material modification of the systems pursued by the medical colleges were met by a determined and successful opposition on the part of those members who represented such institutions.

So manifest did it become that no important change could ever be effected in this direction while these schools were permitted to be represented as such in this body by their own officers that an amendment to the constitution was adopted abolishing this feature of representation in order, as it was hoped, that the proceedings of the Association might not be trammelled or embarrassed by the misguided efforts of such delegates.

Whilst the purpose and intent of this move was, as already stated, to free the Association from the predominating power of the schools and permit it to legislate in a fair, unprejudiced, and conservative spirit upon this important question, it has so far unquestionably failed to do so. It occurs to me that an explanation of this may be found in the fact that a large proportion of those who now attend our annual meetings are directly or indirectly connected with medical institutions, and no doubt are to a large extent, unconsciously, perhaps, influenced in their conduct on this floor by the supposed interest of their respective schools.

Permit me to disclaim here any purpose or desire to impugn the motives or loyalty to our profession of these distinguished representatives of our medical colleges. From my standpoint alone do I offer this hypothetical criticism upon their conduct in this regard; and while I cheerfully concede to them the honor and merit of having largely participated in laying the foundation of this Association, and having subsequently sustained its character, influence, and power as an agent for the general welfare of the medical profession in the United States, I can not permit myself to ignore the fact that they have not, collectively and unitedly, coöperated and wielded the power which they indisputably possess to advance and elevate our standard of medical education. Nor

do the records of the American Medical Association at any period of its past history show that unselfish and honest effort in this direction on the part of those who control and direct the educational movements of our profession which can either challenge our admiration or command our unqualified approval.

While it can not be denied that there are medical colleges in this country unsurpassed by those of Europe in their essential appointments and facilities for the education of medical students, the equally undeniable fact remains that we fall far behind them in the systems of study pursued.

This is more unfortunate and baneful when we consider the radical difference in point of education between the mass of students in this country and those of Europe. Contrasting the two from this standpoint, we find, as a rule, when the European student aspires to become a professional man, he recognizes the fact that in order to pass the ordeal of a college course successfully he must have the basis of a preliminary education, in most cases including a classical one. He is confronted at the very threshold by the rigid requirements of a fixed collegiate standard. He knows and appreciates that unless he possesses some educational capital or mental training to build upon he can not hope to master the complex and difficult work before him.

On the contrary, in this country the multitude of medical schools scattered throughout the land, to be found in almost every town and village, offering inducements to the uneducated as well as the educated by low fees and short terms of study to enter the profession, added to the almost universal desire prevailing among the working classes to become doctors and lawyers, have not failed to work incalculable mischief. The half-educated artisan, ambitious of becoming a professional man, meeting with no obstacle in the way of a preliminary education, throws aside his implements of trade and walks into the halls of some medical school to emerge therefrom after two short courses of lectures a full-fledged M.D., licensed to go forth as the accredited representative of a so-called learned profession. This, gentlemen, is no exaggerated picture resting alone upon some isolated or exceptional instance, but a practical fact of frequent occurrence, and one for which the schools are directly responsible, since they alone have the power to correct this evil. I am not unmindful of the many labored and specious arguments which have been advanced in defense of the schools, and the efforts made to relieve them of all censure in this regard by placing the responsibility on other shoulders. We have been reminded of the fact that all great revolutions move slowly; that we must not expect to accomplish radical reforms in our system of medical education in a few years; we must patiently wait for the seeds of reform, which, having been sown in rich soil, will in good time and season be sure to spring up, flourish, and reach a glorious fruition. All over the land, it is argued, under the stimulus of this Association, State and county societies have been organized upon a firm basis, engaged in active and efficient work, and destined to prove the direct instruments through which the desired reform is to be effected.

We have waited, and nearly half a century has rolled by in anxious expectation of seeing these educational centers take the initiative in pushing forward this great object, an object which in reality dominated all other considerations at the very birth of this Association. Have those expectations been realized? On the contrary, with a few notable exceptions, they have turned a deaf ear to the repeated suggestions and earnest demands of this body, and stubbornly pursued that course which they selfishly believed would secure to them the largest patronage through the shortest route from the hall of the matriculate to the platform of the licentiate. We are further told that colleges should not be held responsible for graduating illiterate and incompetent students. It was not reasonable to suppose that the faculties of those institutions would ignore or disregard the certificates and letters of recommendation presented by students applying to enter a college, when such letters were furnished by preceptors who were, perhaps, personal friends of some one or more of the professors. It does not seem to have occurred to the authors of such arguments that the final judgment which was to determine the student's fitness to receive a diploma and authorize him to present himself to the public as a competent person to practice medicine rests entirely with those who issue such diplomas. Can they so far disregard their duty to the profession and to the public as to accept the partial judgments or recommendations of irresponsible or prejudiced preceptors?

Almost all institutions of learning that possess the authority to grant licenses require preliminary examinations to determine the qualifications of students before accepting them as such, notably the two national academies of the United States—the Army and Navy. Why should not the medical schools, whose vast and comprehensive field of study more imperatively demands it, also require such examinations? The catalogues of many colleges state that certificates of educational acquirements are required of all students before matriculating; but I have the strongest grounds for believing that this rule is far more honored in the breach than in the observance.

Again, it has been alleged, by way of explanation for the recognized and unfortunate educational deficiencies pervading many medical communities, that it proceeds from a lack of study on the part of the general practitioners, especially those residing in rural districts, who find more congenial occupation in discussing politics, hunting, and farming than in the study of medical works, that the schools should not be held responsible for this condition of things. I would reply to this apology by asking if such members of the profession are, by reason of their surroundings, to lapse into this state of indifference and ignorance, is it not the more important that they should, before completing a collegiate course and receiving a diploma, be required to lay a solid foundation of education, both academic and medical, that would stand by them through this rust of negligence and decay of interest, than to commence in ignorance, progress in ignorance, and, like unto the man to whom only one talent was given, go and hide that in the earth? No, gentlemen; there is no escape for the medical schools of

this country from the responsibility of the obvious defects in our system of medical education; and the odium of a failure by them to reform that system must, like the shirt of Nessus, ever cling to them.

That the professions of law and medicine are overcrowded in this country, no man of common observation will deny. The ratio of professional men in the United States to the population exceeds that of any other country in the civilized world, so that any legitimate means of checking this evil which can be devised and carried into practical effect must be hailed by the medical world, as well as the general public, as an inestimable boon. The statistics recently published by the Illinois State Board of Health tending to show the annual number of graduates in medicine within the last three years, and the conclusions based upon those statistics published by the medical journals of the country, I have reason to believe, are not entirely accurate. In support of this opinion and the views expressed in the foregoing part of this address I shall take the liberty of directing your attention to a résumé of statistics bearing upon this subject, furnished me through the kindness and courtesy of Hon. N. H. R. Dawson, United States Commissioner of Education.

These will, no doubt, exhibit in a more forcible and impressive manner to your minds the especial subject under consideration than any individual argument, however logical or conclusive, that could be presented, particularly when it is remembered that they are prepared under the immediate authority and direction of the United States Government, having at its command far greater resources than any one State or county could employ.

"Total number of medical schools in the United States, 126; of these 95 are regular, 11 are 'eclectic,' 13 are 'homeopathic,' 3 are 'physio-medical,' and 4 are too indefinite for accurate description.

"Of these, 2 regular, 1 'eclectic,' 1 'physio-medical,' and 4 'indefinite' schools are not recognized by this Bureau, by State boards of health, by medical licensing boards, etc. Four other schools have been established or organized so recently that they reported no students or graduates for the year 1885-86. There remain 89 regular, 10 'eclectic,' 13 'homeopathic,' and 2 'physio-medical' schools from which statistics were obtained and tabulated in another part of that letter.

"Proceeding thereto, the list of medical schools on pages 5-11 showed that 63 regular, 2 'eclectic' and 4 'homeopathic' schools admitted male students only; that 1 'homeopathic' and 4 regular schools admitted female students only; that 19 regular, 8 'eclectic,' 8 'homeopathic,' and 2 'physio-medical' schools admitted both male and female students; and that 3 other schools, all regular, admitted colored pupils, one of these admitting both sexes and both races. As a whole, 70 schools admitted males only, 5 women only, 38 both sexes, and 1 everybody of suitable age.

"Studying this table further, we find two methods of instruction prevailing. One, the older, requires a student to attend substantially the same course of lectures twice before his examination for a degree; the other requires him to attend three distinct and

graded courses of lectures before his final examination. Of the 114 reporting schools, 1 requires only 1 course of lectures; 86 require 2 courses; these 87 I group together as following the older, or *repetition* method; 26 schools require 3 graded courses, and 1 school 4 such courses; these 27 I group together as prescribing the newer, or *graded*, method, with the following result as regards *numbers*:

Designations.	Graded method.			Repetition method.			All.		
	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.
Regular.....	21	1,839	383	68	7,752	2,826	89	9,591	3,209
Eclectic.....	1	24	14	9	578	187	10	602	201
Homeopathic.....	5	314	104	8	748	351	13	1,062	455
Physio-medical.....	0	0	0	2	47	28	2	47	28
All designations..	27	2,177	501	87	9,125	3,392	114	11,302	3,893

"This tabular summary is not introduced in order to discuss it, but in order to furnish a basis of *concrete* numbers, upon which the *percentage* numbers given below may be verified.

"The percentages are calculated so as to show for each kind of medical school the proportion preferring each of the two methods. I give first those relating to the 'graded' method:

Designations.	Percentage of—		
	Schools.	Students.	Graduates.
Homeopathic.....	38.5	29.6	22.9
Regular.....	23.6	19.2	11.9
Eclectic.....	10.0	4.0	7.0
Physio-medical.....	.0	.0	.0
All designations.....	23.7	19.3	12.9

"Next those percentages relating to the 'repetition' method:

Designations.	Percentage of—		
	Schools.	Students.	Graduates.
Eclectic.....	90.0	96.0	93.0
Regular.....	76.4	80.8	88.1
Homeopathic.....	61.5	70.4	77.1
All designations.....	76.3	80.7	87.1

"The foregoing percentages are instructive in two ways. We may compare the proportion designated 'regular' with the others in its own group, or with the proportion similarly named in the other group.

"The percentages of 'regular' schools, students, and graduates following the 'graded' method of instruction was less than the corresponding homeopathic percentages in that group. This would indicate that the regular schools, as a whole were less careful in the *method* of their instruction, so far as

the grading of studies is concerned. Is this a sign of less care in other ways? Does it explain any part of the success of well-educated homeopathic physicians in modern times? I do not draw this as a conclusion, but submit it as a query.

"Upon comparing the percentages designated 'regular' in both groups, we see that those in the 'repetition' group exceed those in the 'graded' group 52.8 as to schools, 61.6 as to students, 76.2 as to graduates.

"This indicates that regular schools following the older, two-course, or 'repetition' method admit students more readily, and confer degrees more copiously, than regular schools prescribing 'graded' courses of instruction. Do the schools in the 'repetition' group admit and graduate more readily *because* they have, as a whole, a lower ideal? I do not assert this. I ask the question.

"Returning now to the tabular summary on page 2 of this letter, I extract and summarize yet further the statistics relating to 'regular' medical education, and give percentages of graduates to students in each group, as follows:

Method of Instruction.	Number of students.	Number of graduates.	Per cent. of graduates to students.
21 "graded" colleges....	1,839	383	20.8
68 "repetition" colleges....	7,752	2,826	36.4
89 All methods.....	9,591	3,209	34.5

"This indicates a possibility that the requirements for graduation from the 21 colleges prescribing a graded course are more severe than those of the larger group. If the per cent. of graduates from the 'repetition' method colleges had been 20.8 instead of 36.4, *they would have graduated only 1,612, instead of 2,826.* On the other hand, if the 'graded' method colleges had graduated as many in proportion, 36.4 per cent., as the others, they would have granted diplomas to 669, instead of 383. If all these schools had graduated 20.8 per cent. of their students, those graduates would have numbered 1,995; if they had graduated 34.5 per cent., the graduates would have numbered 3,495. They actually graduated 3,209, or 34.5 per cent."

For the present year 1888, upon the basis of a population in the United States of 61,420,000, the ratio of practitioners of medicine to the population will average about 1 to every 580. In the city of Washington we have 1 practitioner to about every 485 inhabitants.

This very carefully prepared analysis of the medical schools of the United States, it will be observed, like that contained in the statistical report of the Illinois State Board of Health, rests largely upon the correctness of the catalogues put forth by these schools, and, though possessing some additional sources of information, can not be regarded as conclusively accurate, for the reason, as I have elsewhere stated, that in many instances the catalogues of colleges do not correctly represent the practical operations of

those institutions. In the city of Washington, with a population of 180,000 inhabitants, we have four medical schools, with the following list of matriculates during the past three years: One school of $41\frac{2}{3}$ per annum, or 125 for the three years; one school of 30 per annum or 90 for three years; one of $21\frac{2}{3}$ per annum, or 65 for three years; one school of $3\frac{1}{3}$ per annum, or 10 for three years—making a total of $113\frac{2}{3}$ matriculates per annum divided between four schools. Three of these require a three years' course of study; one requires that the student must belong to the *genus homo*, without regard to age, sex, color, or previous condition. With these figures before us, gentlemen, no fears, it seems to me, need be entertained of limiting to too small a number the professional men in this country; the supply will always be found equal to the demand. Even as far back as the days of Addison, more than a hundred years ago, when the facilities for obtaining a medical education must have been greatly restricted as compared with the present time, you will find the following language used by that celebrated author of the "Spectator" in speaking of the learned professions. He says:

"If, in the third place, we look into the profession of physic, we shall find a most formidable body of men; the sight of them is enough to make a man serious, for we may lay it down as a maxim that when a nation abounds in physicians it grows thin in people. This body of men in our own country may be described like the British army in Cæsar's time—some of them slay in chariots and some on foot."

If they are to continue to augment, through the reckless conduct of the colleges in this country, in the same ratio as they have done in the past ten years, let us at least endeavor to place them beyond the reproach and ridicule which at present so often attach to the name of doctor.

Entertaining the views above expressed, based in part upon these tabulated expositions, and inspired by the hope of initiating some practical move in the direction of educational reform, I respectfully submit for your consideration the following suggestions:

PROPOSITION 1. That a standing committee, to be called a committee on legislation, be appointed for each State, Territory, and the District of Columbia, to consist of five members of the medical profession in good standing, three of whom shall have no official connection with any medical school or college, whose duty it shall be to carry out as far as possible the following instructions:

First. That each one of said committees, or a majority thereof, shall attend the sessions of their respective Legislatures, or from time to time as their duties may require, for the purpose of using all honorable means looking to the reduction of the number of medical schools in the United States, and a consequent diminution in the annual number of medical graduates; that as a practical measure to this end they urge the passage of a law requiring that in the future granting of charters for creating medical schools, there shall be a clause in every such charter, requiring that all schools or colleges thus created shall demand a full term of four years' study before

granting a diploma to any student thereof, and that no student shall be admitted to matriculate who has not passed a satisfactory examination, both oral and written, in the ordinary branches of academic study; and, further, that any college failing to show a greater number than fifty matriculates annually for three consecutive years shall forfeit its charter and be abolished.

Second. That they use all diligent effort to secure an ordinance creating in each State and Territory where no such board at present exists, and the District of Columbia, a board of medical examiners, which shall have no connection with any medical school, and which shall be required to examine all applicants for license to practice medicine in their respective States, Territories, and the District of Columbia; and that any person who may be detected in practicing any branch of the healing art without a license granted by said board shall be subject to such penalties as the law may provide. That this committee may be authorized by statute to select and nominate to the governors of the States, Territories, and the District of Columbia seven competent and learned members of the medical profession to constitute said board of examiners, who shall have the exclusive power to issue licenses to practice the art and science of medicine and surgery.

Third. That the chairman of said committees of five be required to submit at each annual meeting of this association a report embracing a full statement of what has been accomplished by each.

PROPOSITION 2. That the faculties of the several medical schools within the limits of the United States be once more urgently requested to call a convention at some central point for the purpose of consultation, and adopting some general and uniform system of medical education more comprehensive and rigid in its requirements, and more in accord with the spirit of the age and the advanced progress of medical science, suggesting a four years' term of study, the requirement of a preliminary education, including some knowledge of the classics.

That any college or school which shall refuse to enter into such an arrangement as may be decided upon by said convention shall be excluded from all connection with the American Medical Association, and its alumni not recognized as members of the regular profession.

I am aware that these suggestions embrace some very radical and seemingly impracticable changes; but as they point, in my judgment, to the right direction, I trust that they may not prove to be seeds sown upon barren soil. Be that as it may, I shall at least enjoy the consciousness of having honestly, conscientiously, and fearlessly met the great and pressing issue of the day within the domain of our profession, and of having executed, to the best of my ability, the most important duty imposed by the responsible position to which you have elevated me.

It is with no little satisfaction that I can here refer to the recent successful meeting of the Ninth International Medical Congress which took place at the capital of the United States in September last.

To my lamented and distinguished predecessor as

president of this Association, the late Dr Austin Flint, belongs the credit of having suggested in his address at the meeting of the Association in 1884, that this congress of eminent scientists, embracing distinguished and renowned representatives of the medical profession from almost every civilized nation of the world, should, through the authority of the American Medical Association, and in the name of the entire medical profession of this country, be invited to hold its ninth meeting in the United States, and that a committee, appointed by this body, to attend the eighth meeting of the Congress at Copenhagen, be charged with the duty of conveying to that meeting this invitation.

Through the personal influence, ability, and diplomatic tact displayed by the judicious gentlemen intrusted with this delicate mission, the invitation was gracefully accepted by our foreign brethren, and Washington City selected as the place of meeting for the Ninth International Congress. It was a source of deep regret to those upon whom the duty devolved of arranging the preliminary work for this important gathering, as well as to the profession at large in this country and abroad, that so many of those who were identified with the movement at its inception should have subsequently disassociated themselves from all connection with the Congress, and thereby limited, in some degree, its influence, importance, and scientific value.

Notwithstanding this defection, however, we have abundant reason to congratulate the medical profession of the United States, and especially the members of this Association, upon the gratifying outcome of this fraternal reunion; and while contemplating with pride the fruits of our labors, we entertain no misgiving, now that a large portion of the scientific work has been submitted to the verdict of the medical world, as to what that verdict will be—*equal if not superior, to the work of any preceding Medical Congress.*

I should be recreant to the dictates of my individual feeling, as well as to that which, I doubt not, animates this entire assembly, were I to omit here any allusion to the particular occasion which at this moment awakens such widespread interest throughout this magnificent city. It is meet that we should avail ourselves of the opportunity to give expression to our sympathy and participate in the common rejoicing which greets this centennial year of her existence. Especially is such a manifestation on the part of this body appropriate, when it is remembered that just one hundred years ago this city of Cincinnati was founded and named by a member of our own profession, Dr. Arthur St. Clair, a native of Scotland, and first Territorial governor of Ohio. This spot, occupied by a fort in 1788, was selected by him as the seat of government, which he named Cincinnati, after the society of Cincinnatus, of which he was a prominent member. From this humble beginning, in the comparatively brief period of one century, like the ancient city of Rome, perched upon its seven hills, and claiming to be the mistress of the world, she now majestically reposes upon her many hills the queen of the West—conscious of her great-

ness, and justly proud of her achievements in all that constitutes a progressive and perfected civilization; esthetic in art; potential in physics; pre-eminent in science. We, her honored guests, offer the tribute of our admiration and our praise.

At this point, gentlemen, I deem it my duty to revert to a subject which has occasioned me a profound feeling of regret, and which, I trust, may awaken in your minds a responsive sentiment. I refer to the mortifying position in which the Rush monument committee has been placed by the apparent lack of interest and liberality on the part of the medical profession of this country. When we are reminded of the fact that this enterprise was inaugurated under the auspices of this Association, and the committee, authorized to raise, by voluntary subscription, a sufficient fund to proceed with the work, derived its power to do so from this body, it will be seen that we stand committed before the world as the projectors of this undertaking and justly responsible for its execution.

I shall make here no appeal upon the merits of the case, nor do I propose to attempt a eulogy upon so eminent a citizen and distinguished physician as Benjamin Rush. The record of his life as a patriot, a philosopher, and a physician, stands out as much a part of the history of his country as that of Washington himself.

We owe it, then, to ourselves to recognize the fact that in honoring the memory of such a representative of the medical profession we do honor to ourselves. Let me exhort you, therefore, to avert this impending shadow of reproach which now hovers over the medical men of our land.

All over the capital of our country we find statues erected in memory of statesmen, warriors, philosophers, and patriots, nor has the ever-active and ignoble sentiment of sectional prejudice failed to find there its expression in monumental brass and intended to perpetuate the bitter memories of a fratricidal strife. Let us, as members of a liberal and humane profession, set the example of seeking a higher moral plane to do honor to the man who loved his whole country for his country's sake, who loved science for the sake of science, and who loved mankind through the divine attributes of his nature.

In concluding this address, I desire to offer to you, gentlemen, my congratulations upon the proud and enduring position now occupied by this Association. Resting, as it does, upon the solid foundation of a moral, intellectual, and scientific basis, it has steadily from its birth gained in strength and influence and won for itself the support and approval of our brethren throughout the length and breadth of this country—to-day more powerful, more self-reliant, more progressive, and stronger in the affection of its members than at any former period of its existence. Let us indulge the hope that those of our earlier friends whose allegiance and interests have been temporarily alienated from us may ere long so subordinate the discrepancies of individual judgment and impulses of resentment to the fraternal agencies of a common calling, and the pacific de-

mands of a common science, as to feel justified in once more uniting with us in our efforts to maintain and perpetuate the power, influence, and usefulness of this wise, conservative, and philanthropic organization.

THE PRESIDENT'S ADDRESS TO THE MEDICAL EDITORS' ASSOCIATION, 1888.

Delivered at the Annual Meeting in May, 1888,

BY WILLIAM PORTER, M D.,

OF ST. LOUIS.

Brother Editors :

It was your good pleasure to elect me your President for the year that closes with this session. It has been a year of anxiety and of work; a campaign year, and a year of achievement. I thank you all for the honor which your choice conferred, and for the support which accompanied that choice; yet I have greater satisfaction in remembering what you have done in 1887 to strengthen our National Association and to aid in the affairs of the last Medical Congress.

Through the success which has crowned both of these enterprises, a new dignity has come to the profession of our country, and you, gentlemen, as watchful guardians of what is rightfully yours, will see that the prestige does not depart from those who have so richly earned it.

Two things have been clearly demonstrated during the year that has gone. 1st, the power of the medical press, which has so large a part in this Association. 2d, the value of unity.

It was, to a large extent, through the united efforts of the editors of medical journals here represented, that a once desperate possibility became a glorious certainty. A heavy responsibility was lifted from your shoulders as in last September the world's representatives grasped your hands in hearty approval.

Pleasant as is the retrospect, we must not yet rest upon our oars, satisfied with the progress already made. The current of life bears us not onward but backward, unless continued effort is put forth.

In our land with its ever new development, in our profession with its continued advance, there is no rest for the medical editor, no point of complete attainment. While there has been much to do in the past, there is more to do in the future. While we have had need of each other in the last decade, we have greater necessity for union in years to come.

Fully impressed with our strength and our requirements, I have desired to depart from our usual custom to-night and to discuss with you plans for a stronger organization and questions of importance in our work.

It may be asked, why have we need of a well-organized association? The clouds of '87 have rolled by and the peace of '88 is upon us; all is well.

Gentlemen, let me remind you that the God who made men, made them ambitious, and ambition in our day means rivalry.

I would not attempt to detract from the honor and

dignity to which many of our great institutions in the East have attained, nor would I undervalue the untold influence of some of the few medical journals not represented here. We are proud of their work, but we must not forget our part in life's struggle. While the long years of advantage have given to the East the older and stronger universities, the new wealth and energy of the West is giving large promise of a most substantial harvest.

Do not understand me that I would urge strife or sectional jealousy. Not for a moment would I hinder the dove which returns to the grand old ark of our National Society. But though science is cosmopolitan, personal interests may be local. I love my city better than some other city. I esteem my true and tried associates better than those of whom I know but little. I appreciate all honest workers in medical journalism, but I especially want to see the success of those interests here represented. This success we can accomplish if we are willing to labor with honest united effort.

It is one thing, however, to work for individual advancement; it is another, yet not necessarily antagonistic, to do all possible for the largest general result. While it is right that men should form local attachments, and have preference for place and person, it is wrong if in so doing they ignore others who would exercise the same right, and deny that equality which in this land is the birthright of every member of our glorious guild.

I am not an alarmist. I have abiding confidence in the ability of this Association and of the great National body with which we are so closely related, to go onward, to preserve their identity and usefulness, and withal to represent the profession of the United States.

But I fully understand that this position can only be maintained by resolving to stand firm, determined that those interests which are the inheritance of each of us, shall not be narrowed by sectional lines, nor be endangered by personal jealousies. I believe in peace and harmony, but I prefer that peace which is made secure by strength, and that harmony the key-note of which is well secured right. It is well to meet those with whom we have differed should they so desire, but it may be that in advancing half way we should do so in solid column.

The honest wish of every true American physician is that we may have a united profession and that the sharp dividing lines so recently drawn may be obliterated. Let me urge upon you that, in attempting to reach this end, we must not permit a process of absorption to go on which shall reduce one part of our land to the condition of an outlying province, controlled by and tributary to another part.

Rather let us seek to cement the union of professional brotherhood which should everywhere exist, by being true to our own sense of right. Let us honor the proffer of fellowship by extending the hand of self-respect filled with the fruits of patient labor.

If we would grow stronger and more worthy of the trust which is reposed in us by the students of current medical literature, we must guard against two dangers: The first is dissension in our own ranks; the