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ORIGINAL ARTICLES.

REPORT ON LAWS REGULATING MEDICAL PRACTICE.

Read before the American Academy of Medicine, at its Fourteenth Annual Meeting, at Philadelphia, December 4, 1890.

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The changes in the laws of medical practice during the interval that has elapsed since the last annual meeting of the Academy at Chicago, have not been numerous or worthy of any lengthy notice. As the committee whose duty it has been to make the usual inquiry from gentlemen in each State familiar with the subject, I submit, with a few preliminary remarks, some brief extracts from the letters of such of my correspondents as have graciously responded. It will be seen that restrictive legislation is progressive and that the various State laws are, as a rule, working harmoniously and satisfactorily to the benefit of the public and the credit of the medical profession which has so zealously and actively interested itself in these statutory enactments for the protection of communities and individuals. It has been stated that nine of the different States of the Union now require an attendance upon three complete courses of lectures and graduation to entitle the holder to practice medicine in their limits. Five out of the above number are Southern States and were among the first to make the requirement of a more thorough medical education.

Dr. John H. Rauch, the efficient secretary of the Illinois State Board of Health, is of the opinion that "the rule of three courses of lectures before graduation is already assured of general observance."¹ Perhaps in the not very distant future we may still further advance to the principles laid down in a statute of Henry VII, of England, which reads as follows: "The practice of the healing art should be limited to those persons that be profound, sad and discreet, groundly-

¹ The chief work of reference for all inquirers as to the provisions of laws regulating medical practice is, of course, the Report by Dr. Rauch of the Illinois State Board of Health, especially its latest issue.

learned and deeply studied in physick." And yet we are startled occasionally by the retrograde movement visible even in medical teachers of reputable schools, one of which institutions recently made this frank statement in its annual announcement:

Our graduates may not be classed as scientific physicians; they may not be able to locate cerebral diseases with the accuracy with which the old phrenologists could place the mental faculties; their abdominal surgery may lack the boldness of "Jack the Ripper;" they may not distinguish the bacterium termo from the comma-bacillus, but they will in a few years be able to apply the resources of medical science and treat the peculiar diseases of their localities with a practical shrewdness which would astonish those of more ambitious training.

The published questions and answers of the State Board of Examiners of Virginia are occasionally to be found in the medical press of the country, and present some of the strongest arguments that can be advanced in favor of restrictive medical legislation. The profession, and especially the public, are to be congratulated on the fact that in that State at least it will not be possible for those who made the following responses to legitimate questions to practice medicine:

Symptoms of cedema of the glottis are that the patient feels husky and has sore throat. I would amputate it if necessary. I would do the operation within three or four months if it was a bad case.

The dose of morphia sulph. for a child of five years, hypodermically, would be one-fourth grain, and if that doesn't give relief, I would give one-half grain.

The dose of antipyrin for a child five years old is fifteen grains every three hours.

The kidney is a muscular formation, in shape oblong, color quite dark, weight about one pound to one and a half, but may vary considerable.

The sympathetic system is composed of all the filament of nerves that start from the spinal cord, and are distributed to all parts of the system, especially the brain. The cervical portion ramifies the encephalon in general. The dorsal portion ramifies the anus.

Extra uterine pregnancy may be a fungoid growth or tumor fibroid in its character or any extra growth in the uterous would be called extra uterine pregnancy.

A breech presentation may be known by the sense of touch, the buttox being different in formation from the cranium. The anus is different from the mouth, absence of tongue and nose. Get your finger in the inguinal region soon as possible and assist your patient by firm but gentle tention.

Dr. John B. Roberts, one of the Fellows of the Academy, in a paper read before the Medical

Jurisprudence Society of Philadelphia, last winter, referred to the same subject, and related a number of similar illustrations of ignorance, some of which were quoted from an interesting paper presented some time since to the American Medical Association by Medical Director Albert L. Gihon, U. S. Navy, a former President of our Academy:

The normal temperature of the human body is from 112° to 140°.

The temperature of the system is variable. In health the cuticle stands at 70°.

The average respirations are 70 per minute.

The best way to facilitate the expulsion of the placenta is to let the woman get up and walk about the room, allowing five minutes to elapse after delivery before requiring her to get up and walk.

Phymosis is the result of old age.

The difference between galvanism and electricity is that one of them is the substance itself and the other its use.

Phosphorus burns and makes nitrogen gas.

The technical name of rhubarb is columbo.

The Minnesota Board has also published some of the far from brilliant replies of applicants in that State (*North-Western Lancet*, May 1, 1890). The public should feel happier in the exclusion from the opportunity to practice of such a respondent as he who stated, in reply to a question, that "the gland penis passes through the prostate gland;" or that "in cases of death from suffocation the bronchia remain *in situ quo*;" or that "one of the principal symptoms of scarlet fever is malice on the part of the child . . . the sequelæ may be death or recovery."

Perhaps if education should ever approach in its completeness that said to be now required by the University of Coimbra, there would be hope that even these aspirants for a place in the ranks of qualified medical practitioners might in time be enabled to pass a respectable State's examination; for we learn that in that institution fourteen years' study are exacted; six spent in obtaining an ordinary education, three in a preliminary scientific course, and five in purely medical studies.

We will now, as briefly as possible, pass the various States in review, quoting the opinions of recognized authorities, as exhibited in their personal correspondence up to the latest possible date.

Dr. Jerome Cochran, Senior Censor, Medical Association State of Alabama, writes as follows:

No change has yet been made in our law to regulate the practice of medicine, but efforts to have the law amended are now pending before the General Assembly, with the prospect in our favor.

We understand that additional legislation is required in that State to enforce the penalty.

Dr. R. G. Jennings, Secretary of the Arkansas Industrial University, at Little Rock, writes as follows:

In 1881 was passed an Act "To Regulate the Practice of Medicine and Surgery in the State." This Act has not

been amended or changed, although we have at every session of the legislature made earnest efforts to do so. It establishes County Boards of Examiners, and an applicant passing *any county* board, however careless and indifferent it may be to the interests and welfare of the people, is granted the license or privilege of exercising, or rather practicing, in any other county in the State. Some county examiners, therefore, who are *liberal for the fees*, do most all the examining, and thereby injure the profession. We hope to accomplish something in the way of a change this winter, the legislature convening in January, 1891.

In regard to California, a recent editorial in the *Pacific Medical Journal* (August, 1890) makes the following pointed remarks:

California needs a new medical law because her standard is too low, and there is no other way by which to elevate it. It is much lower than that required by many other States in the Union, by Canada and by most, if not all, European countries. The result is plainly apparent. California will become the dumping ground for third-rate practitioners who cannot receive recognition in other places. The *pro rata* of physicians to the population, already high, will assume frightful proportions, and this, coupled with the fact that many of these have been forced from other places because they were illy qualified, or unscrupulous, or both, puts the medical future of California in no flattering position. The people will be in a great measure at the mercy of ignorant and bad men, and the medical profession will suffer disgrace and defeat. This is not an admission that scientific medicine is not able to take care of itself. It means that we, as a State, cannot afford to be behind all others and be compelled to receive and use the material which they cast out as refuse. France has one physician to every 3,000 people, Germany one to 1,500, the United States one to 600, and California, that boasts of her climate and the good health of her people, one to 500. A year ago, Los Angeles had one physician to 301 people, and San Jose one to 221.

From Dr. Frank H. Caldwell, Secretary of the Orange Co. Board of Health, Fla., we learn that:

There has been no change in the laws regulating the practice in Florida. The law in the Seventh Judicial District has been effective; we have succeeded in convicting several who were endeavoring to practice without the necessary license. Our Board will meet on December 12 and there are quite a number of applicants for certificates. Our standard is 80 per cent. As soon as I can get out the questions for examination, I will forward you a copy; and I feel assured that you will recognize the fact that none but qualified practitioners will be able to pass the examination which we give.

The report of the State Board of Health of Illinois for 1889 illustrates the efficacy of its laws for the regulation of medical practice. When the law went into effect there were in the State, engaged in practice, 7,400 persons. Of these 3,600 were graduates from some medical college, while 3,800 were non-graduates. In other words, the graduates constituted only 48 per cent. of all engaged in practice. On January 1, 1890, the percentage of non-graduates to the whole number was only 9. From 3,800 the number has been reduced to 575. The total number of physicians in the State is less now than it was twelve years ago.

Dr. J. F. Kennedy, Secretary of the Iowa State Board of Medical Examiners, writes:

The only change in the Medical Practice Act of this

State since its passage was an amendment to issue certificates to those who had passed satisfactory examinations before *other* State Boards. The law originally did not admit this. Our law is working well. Its beneficent provisions are thwarted somewhat by our pharmacy law, which allows the Commissioners of Pharmacy to issue a vendor's permit to itinerating medicine proprietors, whether physicians or not. Under this permit they practice the grossest charlatanism. Our medical law is yearly growing in favor. It is too liberal in that it allows all kinds of advertising and takes no cognizance of professional or moral character, except that it permits the revocation of a certificate upon the conviction of a felony in connection with his practice.

Dr. J. N. McCormack, Secretary State Board of Health of Kentucky, states that the law has met with general favor with both the medical profession and people. He calls especial attention to the provision which prohibits traveling empirics from registering or practicing at any place in the State. His best information is that it has forced about 400 to either retire from practice or leave the State.

Dr. Lucien F. Salomon, Secretary of the Louisiana State Board of Health, writes that no changes have recently been made in the laws regulating the practice of medicine, and adds:

In regard to my views as to the working of the present Act regulating practice in this State, I have nothing to add to what I have already expressed in a previous communication, except that time has to a great extent cured the defect which existed under section 3 of Act 1882 of the General Assembly of Louisiana (the law under which we are now working). It is very seldom that we now have an application from any one to be registered without a diploma and having been engaged in the practice of medicine for a period of five years prior to the passage of the Act, as provided in said section.

At the last session of the Legislature efforts were made to have the present law amended, but without result. A bill was introduced providing for the appointment of an Examining Board and other regulations, but was killed in committees, owing to the efforts of the homœopathsists, who had friends in the Legislature.

From Dr. A. G. Young, Secretary of the Maine State Board of Health, we learn that there have been no changes as to laws regulating the practice of medicine, and that there are no laws whatever bearing upon this point. Some of the legislators who will meet in January are said to be interested in doing something in this direction.

Dr. George H. Rohé, of Baltimore, Md., writes that the last Legislature of Maryland passed a new medical law, but the Governor failed to sign it. They are therefore living under the old law passed in 1888, which is not enforced.

Dr. H. B. Baker, Secretary of the State Board of Health of Michigan, writes as follows:

I think the profession in Michigan are much nearer an agreement on what should be done, than ever before.

At the October, 1890, meeting of the State Board of Health, the subject of an attempt to stop the continued influx of unqualified practitioners was brought up, through a communication from George Duffield, M.D., Secretary of a committee of the State Medical Society, whereupon the following preamble and resolutions were adopted:

WHEREAS, It is agreed by all classes of people that the public health would be much better protected if none but properly qualified persons were permitted to practice

medicine, and thus to have in their keeping measures relative to life and death.

Resolved, That it is believed to be practicable, through judicious legislation, to so organize the present legal medical practitioners in Michigan, as that through representatives, elected by themselves, they shall guard the entrance to the profession, by a preliminary examination of students and a final examination of graduates of colleges and of proposed practitioners who come from other States, so that the entire medical profession of this State shall be united in the effort to improve the qualifications of its new members.

Resolved, That the Secretary of this Board be directed to transmit a copy of the foregoing preamble and resolution to the chairmen of the committees on public health in the Senate and House of Representatives in the State Legislature, as soon as it is in session.

Dr. Arthur Sweeney, Secretary of the State Board of Medical Examiners of Minnesota, writes as follows:

No changes have taken place in the Minnesota Medical Act since its passage in 1887. The three years of legislation in Minnesota have demonstrated the wisdom of the framers of our law. During the two years from July 1, 1885, to July 1, 1887, 429 licenses were granted by the former Board, under the law which recognized diplomas from reputable schools and exacted examinations only from non-graduates. During the three years of the present law 223 applicants have been examined, of whom 138 were licensed (61.92 per cent.) and 85 rejected (38.08 per cent.). This lessened number of applicants is due in part to a wholesome fear of not being able to pass the examination on the part of poorly educated physicians, and in part to that provision of the law which requires that candidates having graduated later than 1887 "must present evidence of having attended three courses of lectures of at least six months each," thereby excluding graduates from short term medical schools.

The law has passed the stage of opposition, its beneficial operation awakening a public sentiment in its favor which ensures its permanency. The law is administered, not in the interest of the physician, but for the benefit of the community, in order that the public may be assured of the character, ability and education of its physicians. It has proven a bulwark against quackery and the less obvious peril of ignorance and incompetency, and has practically rendered Minnesota free from "cancer doctors," itinerant medicine vendors and other mountebanks that disgrace so many States. It has operated with severity upon half-educated and incompetent physicians, and has mercilessly driven from the State all except those whose ability and fitness were demonstrated by rigid examination. The law has reduced the number of "irregulars" (those who were non-graduates or who were licensed by reason of practice prior to the passage of the law), from 351 in 1883 to 263 in 1888, and to 149 in 1890. This is due to the fact that the advent of a better educated and more scientific class of physicians has driven to the wall the larger part of that dangerous element.

The especial benefit of the law is in the fact that the standing of the physician in the eyes of the public is improved, for practically the license of the Board is a certificate of ability and competency.

My experience leads me to believe that the best results in the line of higher medical education can be derived from compulsory preliminary examination by medical colleges, the lengthening of the term of instruction, and the separation of the diploma-granting body from that which gives the instruction. The establishment of a uniform medical law in all States, on the basis of that recommended by the American Medical Association, would be a great benefit; but, unfortunately, the time has not yet come to render it feasible.

In conclusion I would say that the Minnesota medical

law has proven its efficiency, has raised the standard of medical education within the borders of the State, has driven out and prevented the influx of quacks, has promoted harmony among physicians, and has protected the public. I would call your attention to the fact that North Dakota has adopted a law identical with ours, and that Washington has one based upon it.

Dr. George S. Homan, Secretary of the State Board of Health of Missouri, reports that no changes have been made in the law regulating the practice of medicine in that State since its enactment in 1883. In his opinion the change desirable to be made would be in the direction of placing this duty exclusively in the hands of the medical profession of the State through a body chosen by themselves—briefly the right of self-government.

The *Boston Medical and Surgical Journal*, October 9, 1890, states that the new law of the State of New Jersey, which went into operation recently, contains some features worthy of note.

The execution of the law is vested in a Board of nine members, appointed by the Governor for terms of three years. It is provided that the Board "shall consist of five old school, three homœopaths, and one eclectic," and further, that "no member of any college or university having a medical department shall be appointed to serve as a member of said Board." The new regulations apply only to those who commence practice in the State after the passage of the Act, preceding practitioners being already registered under a previous law.

All examinations are to be in writing and both "scientific and practical, but of sufficient severity to test the candidate's fitness to practice medicine and surgery. If the applicant intends to practice homœopathy or eclecticism, the member or members of the Board of those schools shall examine said applicant in materia medica and therapeutics." A license shall not issue unless the applicant passes an examination satisfactory to all the members of the Board.

A somewhat peculiar feature of the law provides that any applicant refused a license by the Board "for failure on examination, may appeal from the decision of said Board to the appointing power thereof, who may thereupon appoint a medical committee of review consisting of three members, one from each school of medicine, who shall examine the examination papers of the said applicant, and from them determine whether a license should issue, and their decision shall be final. If said commission by an unanimous vote reverse the determination of the Board, the Board shall thereupon issue a license to the applicant. The expense of said appeal shall be borne by the applicant."

The Board may by a unanimous vote refuse to grant a license for the following causes: "Chronic and persistent inebriety, the practice of criminal abortion, conviction of crime involving moral turpitude, or for publicly advertising special ability to treat or cure diseases which, in the opinion of said Board, it is impossible to cure."

The power of the Board is evidently very great, but it would be difficult to arrange a greater number of safeguards. In fact, it may be a question whether the safeguards against possible injustice are not so great as to hamper the action of the Board.

In New York State, it was mentioned, editorially, in *THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, that:

The law approved by the Governor on June 4, 1890, will mark a new era not only in New York, but, incidentally, in the entire country. . . . The first cardinal point which occurs to us is this: that the State presumes to re-

affirm and to emphasize the fact that it alone has jurisdiction over the practice of medicine within its own limits. It may not only determine as to who may practice medicine, but it also presumes to assert what the qualifications of its practitioners shall be. In the exercise of this power it recognizes the responsibilities which it assumes, and seeks to make the best provision. In the second place, it proposes to redeem the profession from illiteracy by the requirement of a satisfactory preliminary education as a condition to an entrance upon the study of medicine. In the third place, it provides for a definite and uniform standard of examinations, and each and every student must attain to that standard as a condition to graduation. In the fourth place, it divorces medical teaching from the licensing power. To this end the Examining Boards are under the supervision of special examiners, who are appointed by the Regents, and who themselves cannot be members of those Boards. And finally, it compels the colleges to teach their students three years, instead of two.

We have, then, in this single bill, the requirements of preliminary education; a definite standard for examinations; a separation of teaching from the licensing power; and a three years' college course. Thus grandly has the State redeemed itself from what had threatened her as a sad misfortune.

The *Medical Record*, in an editorial written soon after the approval of the bill, is not wholly satisfied with its provisions. It states that:

The law allows any person who wishes to matriculate as a medical student, to pass his preliminary examination at any time during his first three years of study. This practically nullifies the law, and permits any man to enter upon the study of medicine without a test of his educational fitness. The law, as it stood before, had some defects which could have been easily remedied. The present amendment totally destroys its force. It was secured, as is well known, through the political influence of the managers of certain medical colleges of this city, and against the wishes and judgment of the medical profession of the State as a whole. The second piece of pernicious legislation was the enactment of a law establishing three Boards of Medical Examiners. This was done, also, despite the protests of the vast majority of the medical profession, including even many prominent homœopaths. We trust that next winter there will be concerted action to secure the repeal of the triple board law. A law was passed providing that physicians who come from another State must pass a qualifying examination before beginning to practice here. This law is a wise and proper one.

Dr. W. J. H. Bellamy, of Wilmington, N. C., writes as follows:

No one can now practice medicine in North Carolina unless licensed by our Board of Medical Examiners. The penalty for violation of law is fine and imprisonment. All physicians had to register prior to January 1, 1890. Since that time only licentiates can register. The law seems to be working well.

According to the new law regulating medical practice in North Dakota, no one can practice medicine until he has passed an examination in all the primary and final branches. No one will be admitted to such examination until he has taken at least three courses of lectures of six months each.

Oregon has a Medical Practice Act, and it was not long in force before it drove from one of the cities a certain advertising specialist. A local paper commented upon this result as follows:

Upon what hypothesis the Board rejected his diplomas

we can't divine. Dr. A—— is one of the oldest specialists on the American Continent, and seventeen years ago he practiced in this city for a period of four years. He has practiced in San Francisco, Philadelphia, Chicago, and many other cities of like importance, and is recognized as one of the greatest eye and ear physicians of this age. This unfortunate circumstance will certainly be an unwelcome piece of news to the press of this coast, as the doctor is one of the heaviest, and most extensive advertising physicians in America, and had he located in Portland, as he expected to do, he would have advertised in every newspaper on the coast, and probably spent \$50,000 the first year with newspapers.

The *Medical Record* recently referred as follows to legislation in Oregon :

In a bill to regulate the practice of medicine, recently introduced in the Oregon Legislature, there is a clause, providing for the revocation of licenses for "unprofessional conduct," which is defined in the bill as follows: First, the procuring, or aiding or abetting in procuring, a criminal abortion. Second, the employing of what are known as "cappers" or "steerers." Third, the obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured. Fourth, the wilfully betraying of a professional secret. Fifth, all advertising of medical business in which untruthful and improbable statements are made. Sixth, all advertising of any medicines or of any means whereby the monthly periods of women can be regulated or the menses reestablished if suppressed. Seventh, conviction of any offence involving moral turpitude. Eighth, habitual intemperance.

At the last annual meeting of the Pennsylvania State Medical Society, it was decided that the presidents of the State and county medical societies should constitute a legislative committee "to secure the passage of a medical law that will give protection to the people of this State against incompetent practitioners of medicine." The present registration law has never been regarded as anything more than a stepping-stone to restrictive laws of greater force and character.

Dr. H. D. Fraser, Secretary of the State Board of Health of South Carolina, reports that the laws regulating the practice of medicine have undergone no recent changes. The profession is satisfied with them, as they seem to be all that is necessary.

Dr. D. E. Nelson, Secretary of the State Medical Society of Tennessee, states that

The only laws that have ever been passed by the legislature of this State were passed two years ago, and although imperfect as you will see, or have seen, they work a great deal of good, and I think, after some modifications, which we hope to secure at this winter session of the legislature, will do a great deal more of good. There is no rebelling against the law. There are two points in our law which I think should be changed. One is that any one can act as a *midwife*; the other is that all parties should be subjected to an examination, for, as we all do well know, some unworthy men are allowed to practice with a diploma from what stands as a good school.

Dr. George Cupples, the efficient Chairman of the Committee on Legislation of the Texas State Medical Association, has prepared a circular letter to the medical profession of that State in reference to the total neglect of preventive medicine in Texas, through the failure of previous legislatures to frame enactments on sanitation, notwith-

standing the earnest and repeated prayers of the profession; the widespread necessity for such legislation, has placed that great and wealthy State in a contrast anything but honorable, with the position occupied in this matter by no less than thirty-five States which have created Boards of Health, charged with the care of the public health, and with the care of admitting none but competent physicians to practice medicine and surgery in their limits. A draft of a law is offered by this committee which, it is hoped, will be adopted by the legislature when it convenes.

The Medical Examining Board of the State of Washington consists of nine members, appointed by the Governor, three only of whom are regular physicians. A committee of the State Medical Association was appointed to draft a communication to the Governor protesting that over 700 of the 800 practicing physicians in the State are regular, yet the profession is in a minority on the board, and asking that a redistribution may be made whereby they may have a pro rata representation in that body.

A correspondent of the *Medical News*, under date of August 16, 1890, referring to the examination in that State, writes that

Laying aside all prejudices, a perusal of some of the questions of the "physio-medic" and eclectic members will show the injustice of having men of that class on the board. During the examination the writer carefully copied the questions, and, in some instances, the spelling—for the question-sheets came to us in the handwriting of the members by whom they had been prepared. The "physio-medic" asked, "What is *pertusses*?" and also the very comprehensive question, "What does delayed dentition prognosticate?" To this last I could not answer, nor could the two or three members of the board, to whom I afterward repeated the question. In Diseases of Women he questioned upon "*leucorrhœa*," "*amenorrhœa*," and "*dysmenorrhœa*." Other questions of his were, "Define *mammary abscess*," and "What is pelvic *abscess*?" while the last question was upon "*lacerated peroneum*."

The eclectic prepared questions on anatomy and physiology, one of which read as follows: "Name the divisions of the abdominal aorta, large branches, and from where does the lower extremities derive *there* blood supply?" Another asked, "What's the *percentory* condition of pepsin in the stomach?" to which we afterward discovered he wished us to answer "Hydrochloric acid." Another question was, "What's the effect of *too much* red corpuscles in the blood?"

Under the heading of Preventive Medicine in the list of questions prepared by a homœopath, we found two as follows: "What means would you take to resuscitate from an overdose of chloroform?" and "How would you treat a case of poisoning from opium or morphia?" He evidently looks at the subject broadly, and thinks that any means of preventing death should be placed under the head of preventive medicine.

Dr. T. A. Harris, Parkersburg, W. Va., says :

I think that with time the laws regulating the practice of medicine in this State are being enforced. At first there was some difficulty, but I think with each year that difficulty has grown less, and year by year there is less objection manifested and less disposition to evade them; and further, the body of the people, the laity, are more and more disposed to support them. At first there was a feeling that certain doctors had gotten the law

passed for their personal advantage, but the people are coming to see the true purpose of the law; and it is certain that neither this nor any law can be enforced in face of a decided popular opposition.

Dr. J. T. Reeve, Secretary of the Wisconsin State Board of Health, writes that there have been no new laws enacted and no recent changes have been made in the laws of that State.

Dr. Francis W. Campbell, Secretary of the College of Physicians and Surgeons, Province of Quebec, states that the present Medical Act has been in force in this Province for ten years, and seems to give, upon the whole, good satisfaction.

Dr. R. A. Pyne, Registrar of the College of Physicians and Surgeons, of Ontario, Dominion of Canada, writes as follows:

There have not been any changes made in our Medical Act since the year 1887, when we got some amendments, the important features of which are, limiting the time of action in cases of malpractice. The other part of the amendment refers principally to the erasing of names for unprofessional conduct; some similar powers exist in the Imperial Medical Act, and every year they strike the names of practitioners from the list for irregular unprofessional conduct.

This paper concludes the series of annual reports in regard to "Laws Regulating Medical Practice," which it has been my pleasant duty to prepare and offer, as Secretary of the Academy, annually for your consideration, and which, by my resignation of the office, it will become the duty of my successor to continue.² A retrospective glance at these annual sketches, from their inception, would exhibit evidence of gratifying progress in the different States of this country in the effort to repress quackery and to protect the public against the imposition of the ignorant and incompetent.

THE BASIS OF SCIENTIFIC MEDICINE AND THE PROPER METHODS OF INVESTIGATION.

Introductory Lecture delivered in the Post-Graduate Medical School of Chicago, January 6, 1891.

BY N. S. DAVIS, M.D., LL.D.,
OF CHICAGO, ILL.

Gentlemen and Members of the Medical Profession:

We have assembled this evening to inaugurate the first formal course of post-graduate medical instruction in this building, recently completed and dedicated to the interests of the sick and to an important department of medical education—a department, indeed, that had its first beginnings in this city and in connection with the Chicago Medical College.

At the close of the regular annual college term of the Chicago Medical College in the spring of

1880, the faculty inaugurated a well arranged course of four or six weeks' duration, exclusively for the benefit of practitioners or graduates in medicine. The course was largely clinical and practically demonstrative, but included also a review of whatever was new in etiology, pathology and therapeutics. It was attended by thirty-nine practitioners from this and seven of the surrounding States, and was repeated annually for several years. Its marked success attracted general attention, and speedily led to the institution of similar courses in connection with the Rush Medical College, and with several of the leading medical colleges in other cities. This rapid increase in the number of such courses in different cities, and nearly at the same season of the year, so divided the number of practitioners who could afford to leave their practice, that the number in any one college was too limited to make it profitable to maintain them, which naturally led those teachers connected with the several schools and hospitals to unite in forming separate schools for post-graduate instruction, in which short courses to limited classes could be given, in nearly all parts of the year, and on all practical subjects of importance. The important department of post-graduate medical education, thus inaugurated in this city only ten or eleven years since, has not only demonstrated its importance and established its permanent institutions, called polyclinics and post graduate schools, in the leading cities of this country, but the same is now beginning its development in London and other places in Europe. It is appropriate, therefore, that I should embrace this opportunity to emphasize both its origin and gratifying progress, before entering upon the discussion of the topic announced for this evening.

What constitutes the basis of scientific medicine, and what methods of investigation are best adapted for its study and more complete development, are questions worthy of most thoughtful consideration. There are still those, both in and out of the profession, who deny that medicine has any scientific character, and who talk and write of old and new "schools of medicine" consisting of the theoretical dogmas of some dreamers of past generations. But in doing so they only betray the shallowness of their own attainments, and especially their ignorance of the real medicine of to-day.

If there be no scientific basis for modern medicine, then there are no sciences known to the human family except those of pure mathematics; for the facts and materials that constitute the different branches of medicine are taken or segregated from every other science or department of human knowledge. Some sciences, as the mathematical, are composed of such facts and propositions as are capable of being so placed in relation to each other as to admit of the deduction of fixed and uniform conclusions, and hence are called

² Dr. Dunglison was, by a special complimentary resolution of the Academy, at its annual meeting December 4, 1890, appointed a committee of one to continue annually his interesting reports on the progress of medical legislation and the working of laws regulating medical practice.—Editor JOURNAL A. M. A.